

**MINUTES OF THE MEETING OF THE HOSPITAL SERVICES SUB-
COMMITTEE OF THE CENTRAL MEDICAL ADVISORY COMMITTEE
9 JUNE 2006 AT 2.15PM
IN ROOM C3.18,
CASTLE BUILDINGS**

Present:

Dr R F Houston (Chairman)
Dr D Allen
Prof. B Atkinson
Dr B Lacey
Mr M McCann
Dr W McConnell
Dr C J McClelland
Mr F J McMullan
Dr G McKee
Dr M Parker

In attendance:

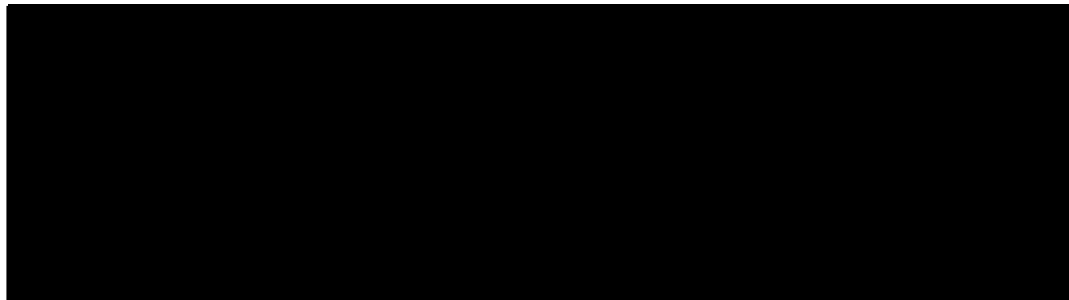
Dr G Mock
Dr H Neagle
Dr P Woods
Dr D McMahon

1. Apologies.

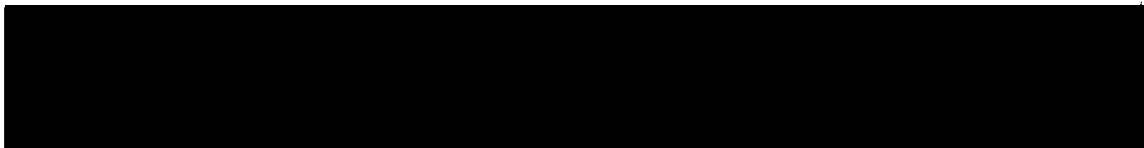
[REDACTED]

2. Chairman's Business.

[REDACTED]



3. Minutes of the last meeting



4. Matters Arising

4.1 Consent

Dr Neagle reported that, in line with the views from various sources, it had been agreed that the consent forms would be amended and the option to record a verbal consent in the patient's notes was being explored. The new consent form will ensure a basic level of consent being sought.

Further to a query raised at the last meeting about the need to consider consent issues for students, members were advised that students at QUB have a consent form for intimate examinations.

Dr Neagle confirmed that any information obtained would be made available to the Cancer Register.

Dr Neagle advised members that a circular would be issued to Trusts shortly to advise them of the consent process.

4.2 Modernisation and Service Reform - ICATS

Members expressed concerns about the ICATS process and made the following points.

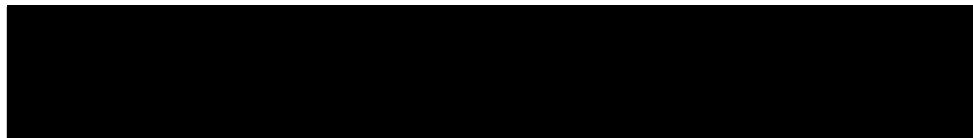
- ICATS will improve some services but may undermine others;
- It was unclear whether a GP can continue to refer to a specified consultant colleague for specialist advice;

- It is important that there is a consultant specialist in the ICATS team;
- Concentration on waiting times to the exclusion of other quality issues is a matter of concern.

Members requested that a representative from the ICATs team should be invited to attend the next meeting.

ACTION POINT: SECRETARIAT TO PUT ICATS AS AN AGENDA ITEM FOR THE NEXT MEETING.

4.3 Review of Major Trauma



5. Best Practice, Best Care

- **Review of Medical Appraisal Systems**
Members were referred to Paper 13/06 which set out the results of the recent evaluation, commissioned by the Department, of the effectiveness of the current system within HPSS Organisations. The report highlights a number of recommendations for HSS Trusts, Boards, The Northern Ireland Medical and Dental Training Agency and the DHSSPS to consider.

6. Review of Public Administration

The Chairman welcomed Dr Denis McMahon, Organisation and Modernisation Unit, and invited him to update members on the progress to date.

Dr McMahon gave a brief background on the Minister's decisions and the key policy goals. In summary, these were;

- A smaller, more tightly focussed Department;

- A Health and Social Services Authority to manage performance;
- Seven Local Commissioning Groups to ensure a strong devolution of responsibility;
- Five HSS Trusts bringing together the provider function for all services; and
- NI Ambulance Trust.

It is envisaged that the new arrangements would be fully operational by April 2008.

Dr McMahon outlined the proposals relating to the roles and responsibilities' for the new structures:

Management Structures

Department

The Chief Medical Officer will continue to provide leadership on public health issues and the Department will determine policy along the lines of that set out in *Investing for Health and Developing Better Services*.

Health and Social Services Authority (HSSA)

The HSSA will have a substantial role in planning, commissioning and performance management.

Local Commissioning Groups (LCGs)

Public health specialists would have a major role within LCGs and there would be a multidisciplinary team of health professionals including Social services in each LCG.

Medical Advisory Committees/Professional Advisory Framework

The Chairman referred members to correspondence between the DPH of WHSSB and the acting CMO. He advised that a workshop on the medical advisory structures under the new arrangements had been scheduled in the near future.

Dr McMahon outlined the agenda and timeframe for the implementation of the new structures. He highlighted the challenges and advised members on communication mechanisms by which they can be kept informed of progress.

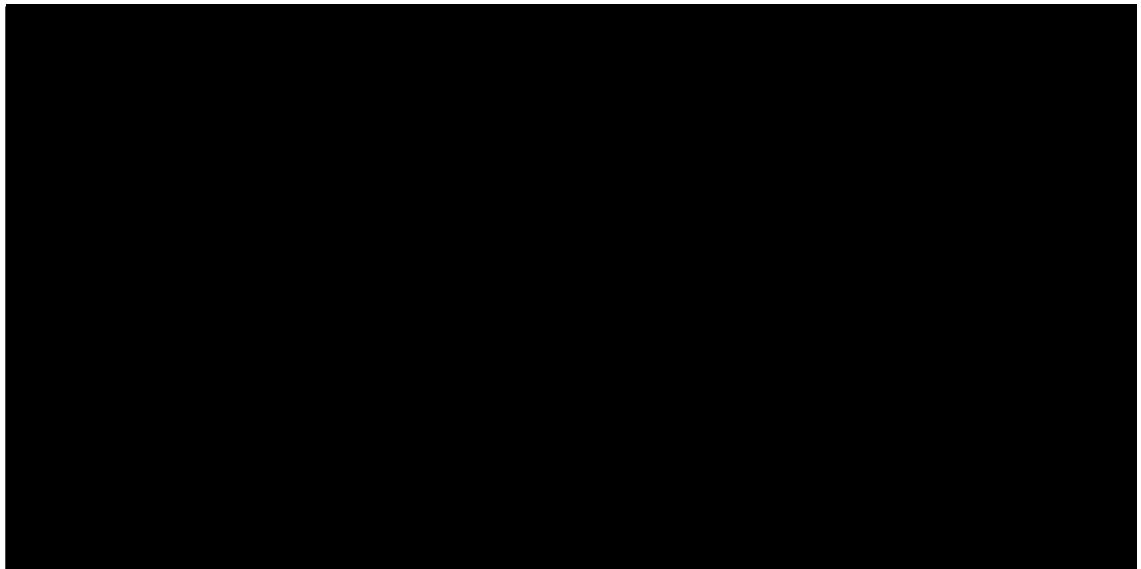
A lengthy discussion followed and the Committee made the following comments:

- That medical advice was needed at specialty, locality and regional level;
- These reforms presented an opportunity to strengthen advisory structures and ensure advice was valid and representative; and
- There was concern regarding the capability of LCGs fulfilling their commissioning role.

Dr McMahon said it would be helpful to hear member's thoughts on the future role of Central Advisory Committees.

A copy of Dr McMahon's presentation is attached at Appendix 3.

7. Specialist Registrar priorities 2006/2007



8. Modernising Medical Careers (MMC) (Paper 16/06 tabled)

Paper 16/06 informed members of the transition arrangements for the new specialist training programmes which will come into effect from August 2007. The principles governing transition will assist employers in making timely arrangements for recruitment. Implementation will be approached flexibly in each country.

Dr Woods stated that those exiting Foundation Programme will not get preference over the SHO grade. There will be entry points at different levels into programmes which will allow doctors who do not hold a

national training number to compete with those of similar experience and training to get into the new programmes at a level suitable for their educational needs.

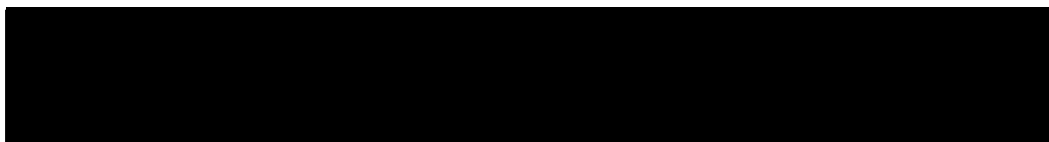
Dr Woods advised members that Employers should not appoint to SHO posts with contracts which extend beyond 31 July 2007. Doctors currently in Specialist Registrar (SpR) posts will have their contracts honoured while they are completing their training programmes.

Dr McConnell raised concerns about the lack of clarity around doctors moving across from one speciality to another. Dr Woods advised that this particular area was the least developed in terms of how it will actually work in practice. The various training bodies are looking at this rather than the Department.

Members highlighted the following:

- Competency based assessment may help.
- Careers advice plays an increasingly important role.
- The variety of experience available in Foundation Programmes should assist young doctors in making good career choices.
- Lack of awareness with MMC – student doctors need to be advised

9. Re-grading to Associate Specialist



10. Any Other Business



11. Date of Next Meeting

