

**GENERAL MEDICAL CARE SUB-COMMITTEE OF THE CENTRAL MEDICAL
ADVISORY COMMITTEE**

**Minutes of the 28th meeting of the General Medical Care Sub-Committee held on
Wednesday 13 May 1998 at 2.00pm on Room D4.2, Castle Buildings**

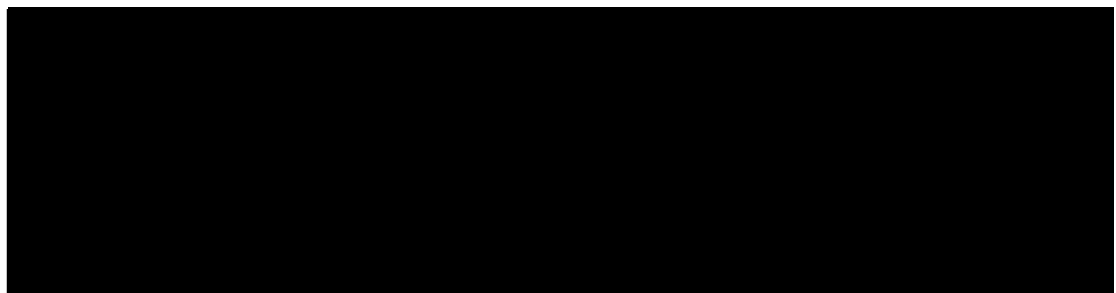
Members Present:

Dr HA Jefferson (Chairman)
Dr A McKnight
Dr JR McCluggage
Dr E Deeny
Dr D Stewart
Dr U Gillan (in place of Dr Telford)
Dr SM Lyons
Dr EP Beckett
Dr M Eakin (in place of Dr Watson)
Dr JS Garvin
Dr B Dunn
Dr W Thompson

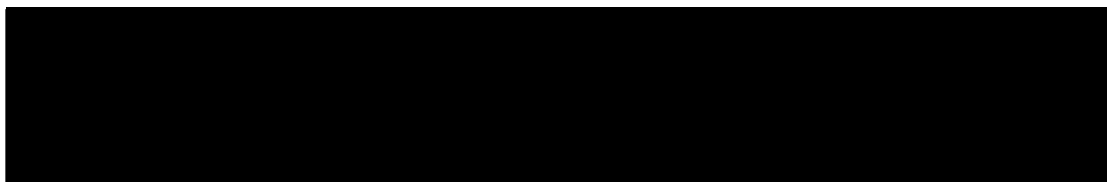
In Attendance:

Dr P McClements
Dr M Briscoe
Miss J Dixon
Mr D Baker
Mr C Stewart
Mr N Lunn
Dr L McWhirter

1. APOLOGIES

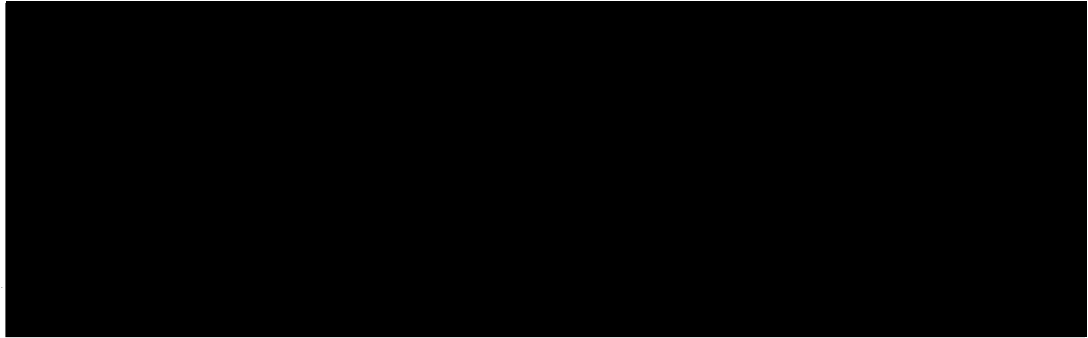


2. MINUTES OF THE LAST MEETING

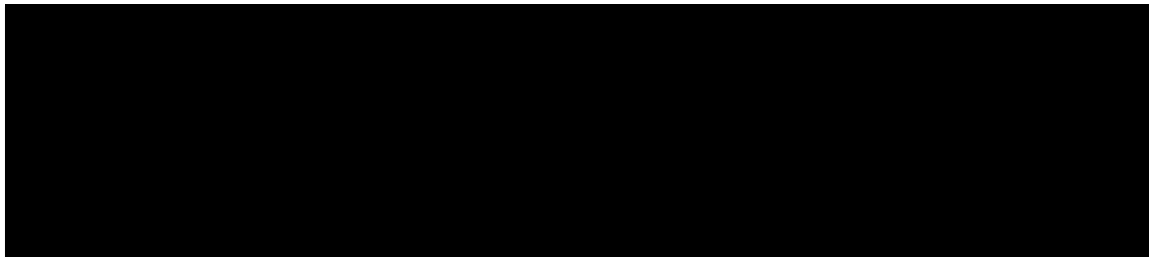


3. MATTERS ARISING

3.1 Out of Hours Arrangements for Death Certification by GPs



3.2 Child Health Surveillance



3.3 Supplement for Undergraduate Medical and Dental Education

Dr McKnight asked for an update on premises development for undergraduates in practice. Dr Briscoe replied that Dr Campbell had received a letter on this subject and that a reply was presently being drafted. This should be available within the next few weeks.

3.4 Review of Continuing Professional Development in General Practice

Dr Briscoe gave members a progress report as follows:-

The final report had not yet been published but the core content remained the same as that discussed at last year's GMCSC meeting. There had, however, been minor amendments to take account of the recent White Paper in England. The CPD Review was due to be published within the next few days. It suggested a framework for CPD which highlighted the need for practice and individual development plans to be linked. There were some recommendations for PGEA but further work was required before implementation. It was likely that a dual system for obtaining PGEA would coexist. Dr Briscoe confirmed that consideration would have to be given as to how the recommendations could be taken forward in a NI context. Miss Dixon stated that the Primary Care Policy Paper would have to include a statement on the development of CPD. Dr McKnight and Dr Dunn asked if GPs would be given an opportunity to contribute to the development of CPD. Dr Briscoe agreed that GPs should have a chance to contribute.

4. WELL INTO 2000

The Chairman welcomed Mr N Lunn, from Strategic Planning Branch, to speak on this subject.

Mr Lunn said that he welcomed the opportunity to discuss *Well into 2000*, particularly as the Department's central advisory committees had not been consulted in the course of the development of the document. Explaining the background, he said that the Regional Strategy for Health and Social Wellbeing 1997-2002 had been published in July 1996 and became operative from 1 April 1997. After the change of Government in May 1997, Mr Tony Worthington, the new Minister for Health and Social Services, decided that his Government's approach, goals and priorities for improving health and social wellbeing in Northern Ireland should be placed on public record in a Government "vision" paper. *Well into 2000* sets out, among other things, Labour's greater emphasis on improving public health through inter-sectoral working, tackling the root causes of ill health, and reducing inequalities in health. Mr Lunn also said that there were important constants between the Conservative and Labour administrations and it was worth emphasising that the new Government had endorsed all the detailed objectives and targets in the Regional Strategy.

Mr Lunn asked the Committee for comments and suggestions on what action the Department might take to promote the implementation of *Well into 2000*, and how the profession might be effectively involved in this and the effective communication of the strategy.

In discussion members made the following comments:

The Chairman stated that no one could disagree with the issues involved and the acknowledged link between income levels, education etc and longevity but questioned how it was proposed to drive the strategy along. Members generally concurred with this opinion. Dr Deeny stated that in order to tackle social exclusion there was the need to co-opt several different departments and authorities such as Housing, Employment and Education to tackle the issues. Dr Stewart added that there was currently a strong drive for joint initiatives and improved relationships with the Education and Library Boards for example and these should be welcomed and supported. Dr Lyons said that some of the issues were in any case outwith GP control, for example provision of safe food, and there is a major issue surrounding the matter of individuals taking personal responsibility for their own health. They should endeavour to link CPD with this strategy and promote co-operation also between hospitals and primary care. Dr McKnight remarked that a recent GP survey had highlighted health promotion as a No.2 priority issue but they already have so much pressure on their resources. Miss Dixon commented that there should be recognition given to the priority of their role of health promotion. She pointed out that GPs are paid for this provision.

Suggestions were put forward as to how as a committee it could encourage promotion of the strategy. It was confirmed by Miss Dixon that money would be available from the Primary Care Development Fund for projects based on innovative approaches and not being funded from other sources. The Chairman concluded that there was a need for representatives including the Boards to put together some constructive ideas. Mr Lunn confirmed there would be resources available to assist with this.

5. NEW PUBLIC HEALTH AGENDA

Dr Briscoe gave members an update on this topic as follows:-

She referred members to Paper 3/98 which detailed the work of the Ministerial Group on Public Health chaired by Mr Tony Worthington. This group was currently working on several issues including a strategy for children's health. Focus groups had been established to concentrate on various aspects such as the particular needs of the 5-18 age group.

Dr Briscoe distributed a paper entitled 'Healthy Living Centres'; an initiative which would be funded by the National Lottery Fund. How the Fund would be taken forward in NI had not finally been decided, but may be by the establishment of a Regional Committee. Funding in UK was to begin in April 1999. A key factor was that projects could not cover areas which were already funded out of taxpayers' money.

Dr Beckett pointed out that there were inconsistencies in Departmental policy on this front. He quoted an example where DENI was reducing or withdrawing funding for sports playing fields in schools while at the same time the DHSS was promoting the need for young people to exercise. Dr McClements agreed there was a need to avoid these situations. It was agreed to bring this to the attention of the Ministerial Group.

6. NEW APPROACHES CONSULTATIVE PAPER - 'FIT FOR THE FUTURE'

The Chairman welcomed Mr Derek Baker and Mr Chris Stewart from the New Approaches Unit and invited Mr Baker to speak on this item.

Mr Baker gave a brief outline of the origins of the document. General commitments had been given by the Labour party, a key issue being the replacement of the internal market. The GP Fundholding Scheme was perceived to have allowed a 2-tier system to develop, although benefits of the Scheme were also recognised. In addition to applying national policies, Mr Worthington had included a review of the structure of the health and social services in Northern Ireland resulting in the production of the consultative paper 'Fit for the Future'. Mr Baker stressed that this was a true consultation paper and that no predetermined decisions had been taken on the way forward.

There are two models outlined in the paper, Model A being the English model. The question we need to ask is could this work in NI? Model B is the more radical option, bringing together commissioning and providing arrangements. The consultation period is due to end on 31 August (there is a possibility this will be extended) and this will be followed by a policy paper later in the year. The timetable thereafter is not known, as factors such as the introduction of the necessary primary legislation and the possible setting up of the new NI Assembly will obviously have an effect.

Mr Baker invited comments from members and in discussion various points emerged.

Dr Jefferson said he wished to have some personal comments noted, not in his capacity as Chairman of the Committee. He stressed that as primary care providers GPs should not underestimate the power of their *collective* viewpoint, and disparate views on the paper will not have the same effect. He stated that cost could not be ignored: there was no money flowing into primary care, despite an increase in 'out of hospital' work. Management costs are already among the lowest in the Western world yet there is constant pressure to reduce them further. There appeared to be a conflict in Model B between the public health role and the need to protect the provider because of the loss of the provider/purchaser split. He questioned how the proposals could produce good value for money, and was concerned that, if Model B were chosen, the situation would revert to that of the 1970's.

Mr Baker replied that the need not to confuse bureaucracy with management was recognised in the document, as was the realisation that changes could not be achieved 'on the cheap'. Dr McClements said a paper had still to be produced specifically dealing with quality. Dr McKnight added that education and training should be at the top of the agenda in any paper. Mr Baker reaffirmed that this was a serious consultation and he had been tasked to present all views to the Minister. Obviously, the status of groups making comments will be taken into account. Miss Dixon stated that if primary care provision could produce a unanimous response to the paper this would have a major impact.

Concerns were raised regarding possible adverse effects on GP incomes with the introduction of unified budgets. Mr Baker replied that they were aware of a potential problem in GB and we in NI would be kept informed. Mr Baker was asked if there was going to be a political acceptance of the application of 'rationing' of health service provision and it was time this was introduced into the public arena. Mr Baker could not comment on this.

Dr McCluggage stated that he supported Dr McKnight's comments and asked the committee to read the Glossary at the back of the paper very carefully and consider whether they were trained to deal with the issues involved. He hoped an effort would be made to audit the process better than had been done in the past. Dr Deeny said the BMA were determined to hold a roadshow for GPs around the Province with the intention of giving a unified and united response from the GMSC at least, and hopefully to include other primary care organisations.

7. REVIEW OF VOCATIONAL TRAINING SCHEME

Dr Briscoe introduced this item and explained that the remit of the review had been to look at selection procedures and current arrangements for training. The review had taken place as a result of the GMCSC meeting last year and the meeting between NICPGMDE and Dr Campbell. The findings were presented to the Committee.

Dr McKnight asked for comments on the recommendations.

The Chairman noted that the period of training of one year was very tight, especially with the Summative Assessment requirement. Dr McKnight acknowledged this and said GB were implementing an eighteen month scheme on a small scale without having amended the 'Red Book' and she hoped that a move forward here would not depend on a review of the SFA. She indicated that the Review contained a recommendation for extension of training to eighteen months on a limited basis.

A request was made that if the training was to be extended to an eighteen month period it should ensure that some time was spent by the Registrar in a rural practice. Dr McKnight agreed that in the past the restriction to a one year period had hampered new innovations being tried out. She added she continually received requests from outside groups requesting that specific training be given to GPs on some specialised area. She therefore considered eighteen months to be absolutely vital.

Dr McKnight confirmed that money had already been made available in this financial year for the development of hospital course organisers. This allowed a major improvement of the hospital component of training to take place.

Dr McCluggage asked how point 11 of the review document concerning the movement of the GMS budget could be taken forward. Dr Briscoe replied that the Department was currently looking at the implications of moving monies. Dr Briscoe stated that it was the intention to discuss this matter with colleagues in GB in the near future. Dr McCluggage added that this was a very important issue and that the Committee should be advised of the outcome.

It was agreed that GMSC would be consulted prior to any decision being made on the movement of monies from the GMS budget.

Miss Dixon requested that the points raised about the funding and extension of training to eighteen months in other territories be incorporated in the report before it was presented to the Department. Dr McKnight agreed to do this.

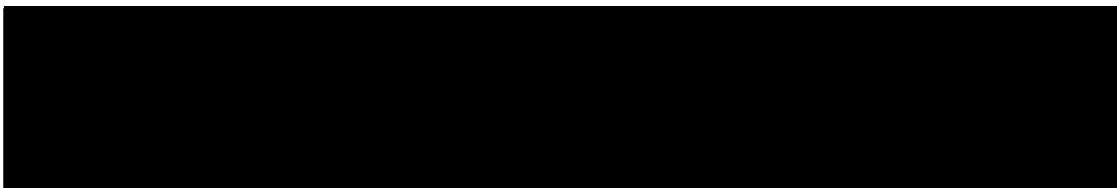
The Committee requested that this very important issue be moved on without delay. The Report of the Review of Vocational Training received the strong endorsement of the Committee.

8. UPDATE ON RESEARCH AND DEVELOPMENT - (SEE APPENDICES)

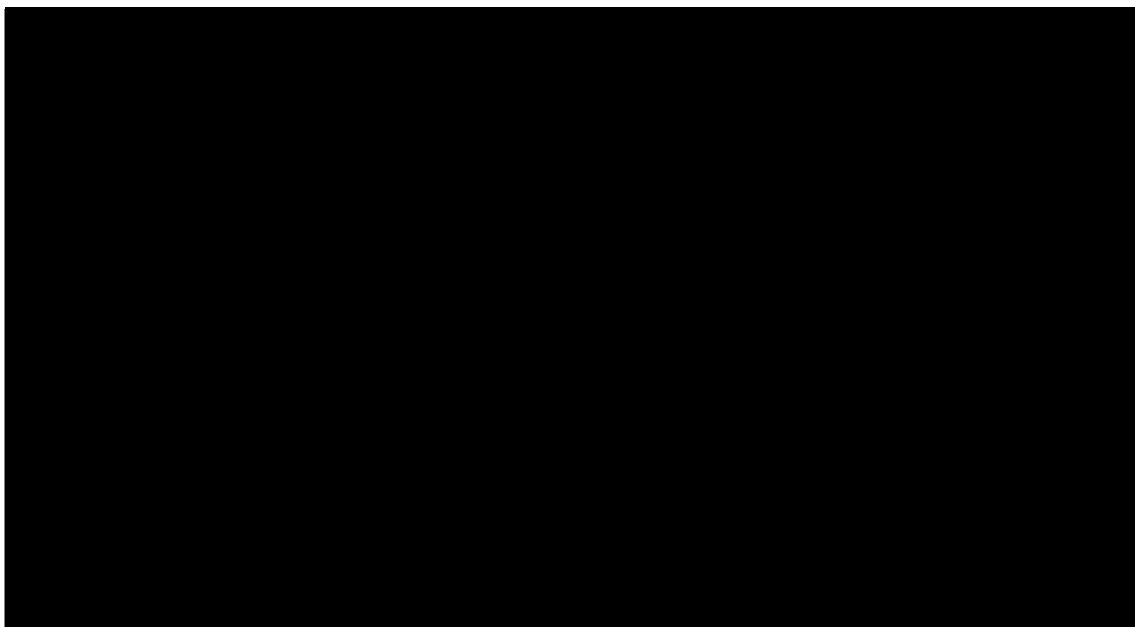
The Chairman welcomed Dr Liz McWhirter from the Research and Development Office to make a short presentation on this item.

Dr McWhirter referred to the recommendations of the Culyer report and advised that the timetable for competitive bids had somewhat slipped as the RDO was still awaiting the establishment of the fund by the Department. She stated that little could be achieved this financial year unless more money became available, but referred to the successes of the RDO to date such as the holding of workshops, including one on primary care, and the granting of training awards. It is hoped, as planned, that the structure of funding will change from next year and the wheels have been set in motion to move towards a unified biomedical, health and social services research programme. The RDO is now a separate directorate within the CSA. Nominations have been sought for membership of the Strategy Committee. The Office plans to issue a draft R & D Strategy in the autumn for consultation

9. UPDATE ON GP FUNDHOLDING



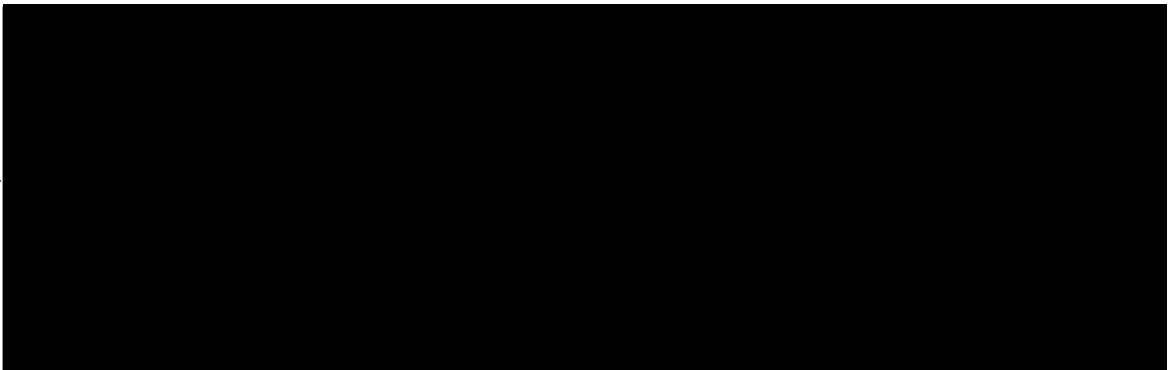
10. PRIMARY CARE DEVELOPMENT FUND



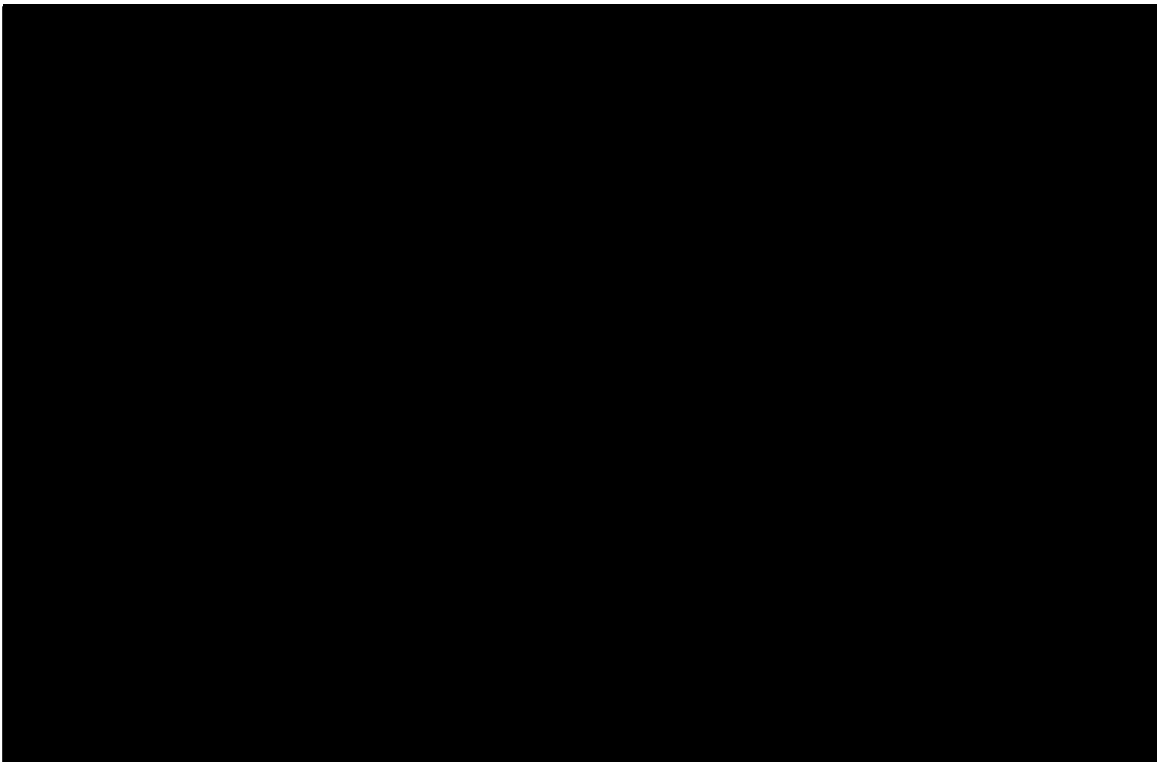
11. DISEASE MANAGEMENT PACKAGE



12. EMERGENCY SERVICES IN THE COMMUNITY



13. ANY OTHER BUSINESS



14. DATE OF NEXT MEETING

