

**MEETING OF THE GENERAL MEDICAL CARE SUB-COMMITTEE OF THE CENTRAL  
MEDICAL ADVISORY COMMITTEE TO BE HELD AT 2.00 PM WEDNESDAY 25  
NOVEMBER 1998 IN CONFERENCE ROOM C3.18 CASTLE BUILDINGS**

**Agenda**

1. Apologies
2. Minutes of last meeting (Paper 9/98)
3. Matters arising:-
  - Out of Hours Arrangements for Death Certification
  - Emergency Services in the Community
4. Workforce Planning for General Practice (Paper 10/98)
5. Review of Vocational Training
6. SMAC Report - 'The Path of Least Resistance' (Paper 11/98)
7. Cardiology Review (Paper 12/98)
8. CREST Drugs Advisory Group - Growth Hormone Document (Paper 13/98)
9. Prevention and Treatment of Osteoporosis in Primary Care (Paper 14/98)
10. Review of Acutely Ill child (Paper 15/98)
11. Review of Paediatric Surgery ( Paper 16/98)
12. Report of the High Risk Pregnancy Group (Paper 22/98)
13. Fit for the Future
14. Implications of a Devolved Administration
15. Commissioning Pilots (Paper 17/98)
16. Influenza Immunisation Policy (Paper 18/98)
17. Clinical Quality and Clinical Governance (Paper 19/98)
18. Tobacco White Paper (Paper 20/98)
19. Nomination for Regional Health Promotion Advisory Group (Paper 21/98)
20. Any other business

Also enclosed for your information are copies of the minutes of meetings of CMAC (1/6/98) and HSSC (18/8/98).

**M ANDERSON**


General Medical and Ophthalmic Services Branch

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

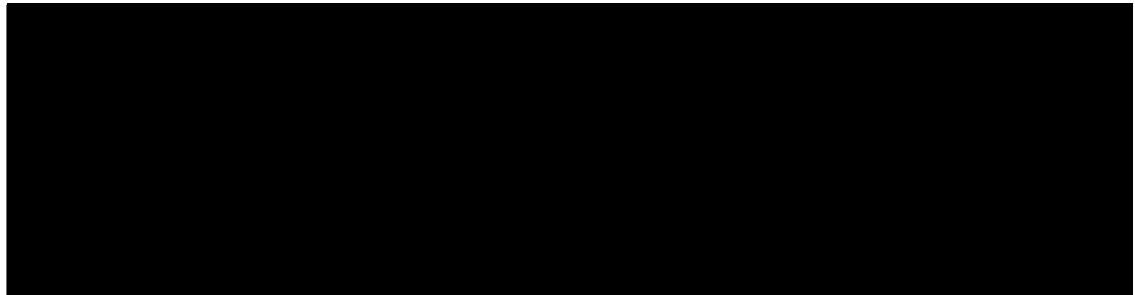
**Minutes of the 29th meeting of the General Medical Care Sub-Committee held on  
Wednesday 25 November 1998 at 2.00pm in Room C3.18, Castle Buildings**

**Members Present:** Dr HA Jefferson (Chairman)  
Dr SM Lyons  
Dr JS Garvin  
Dr B Dunn  
Dr WR Thompson  
Dr D Boyd  
Dr L Maguire

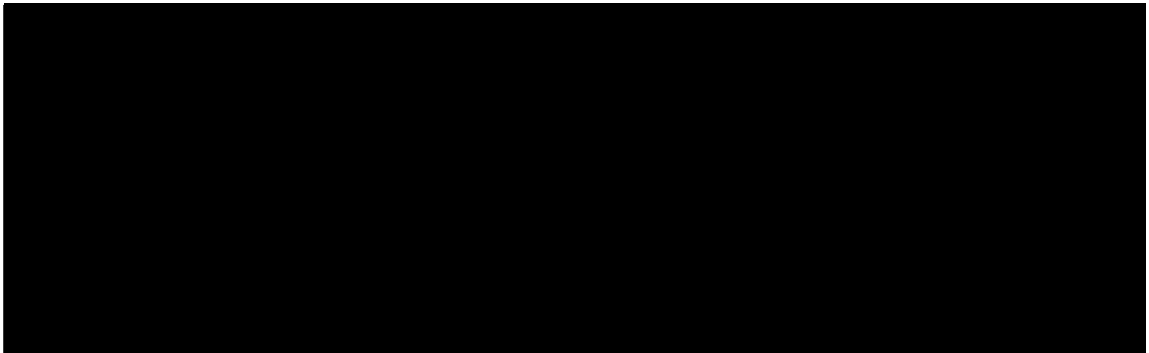
**Present:** Dr D Gibson (in place of Dr A McKnight)  
Dr M Brown (in place of Dr McConnell)  
Dr K Booth (in place of Dr Stewart)

**In Attendance:** Dr E Campbell (CMO)  
Dr M Briscoe  
Miss J Dixon  
Dr P Woods  
Mr N Magowan  
  
Mrs P Hawthorne

**1. APOLOGIES**

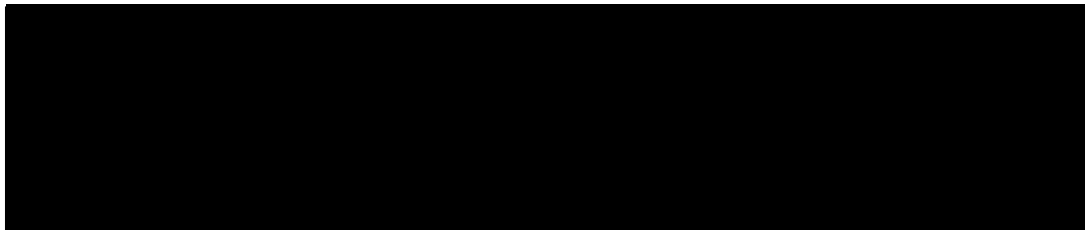


**2. MINUTES OF THE LAST MEETING**

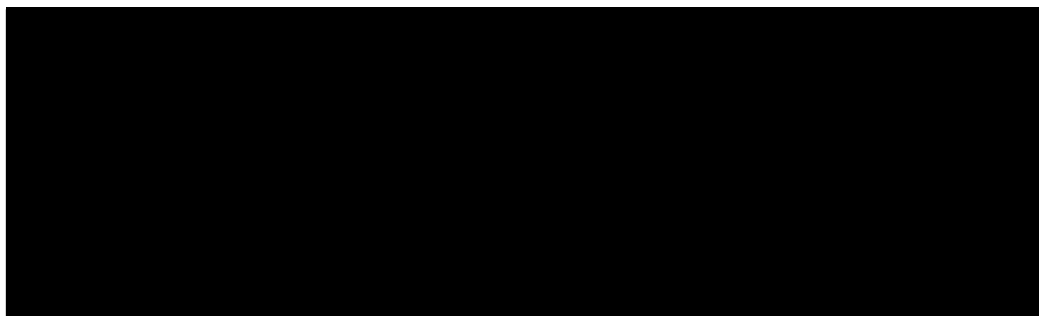


**3. MATTERS ARISING**

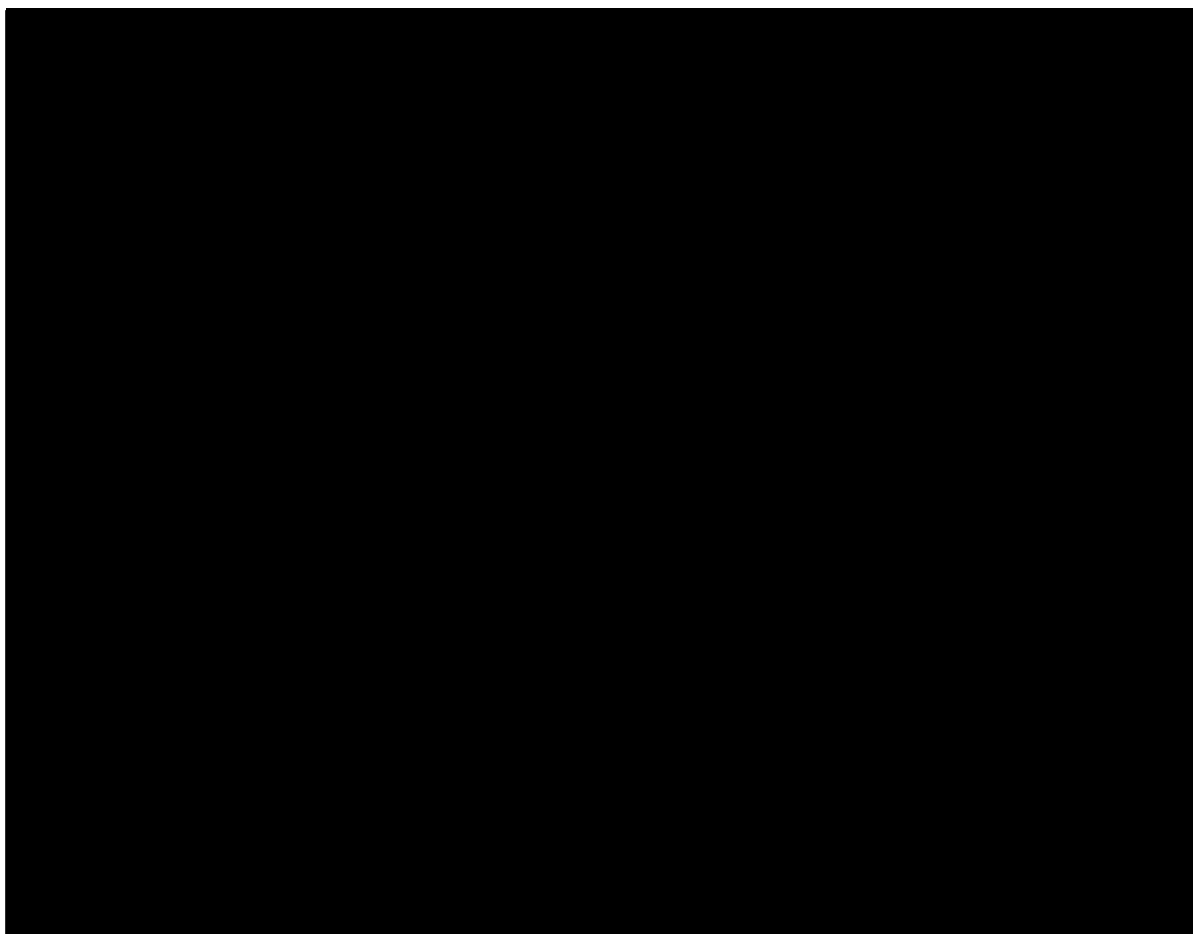
**3.1 Out of Hours Arrangements for Death Certification by GPs**



**3.2 Emergency Services in the Community**



**4. WORKFORCE PLANNING FOR GENERAL PRACTICE**





**5. REVIEW OF VOCATIONAL TRAINING**

The Chairman introduced Mr Neil Magowan from Medical and Dental Unit to speak on behalf of the Department.

Mr Magowan advised that a formal response to the review was due shortly and he could only give a preliminary summarised response to members. The Department viewed the report as very timely and constructive and of course there were elements which would require further discussion. He concentrated on two of the key recommendations:-

- 5.1 Introduction of an integrated 3 year VT scheme - whilst the Department agreed in principle there were a number of concerns. Legal advice is currently being sought on two points related to selection of GP SHOs i.e. the possibility of limiting applicants and representation on the panel of all potential employer Trusts.**

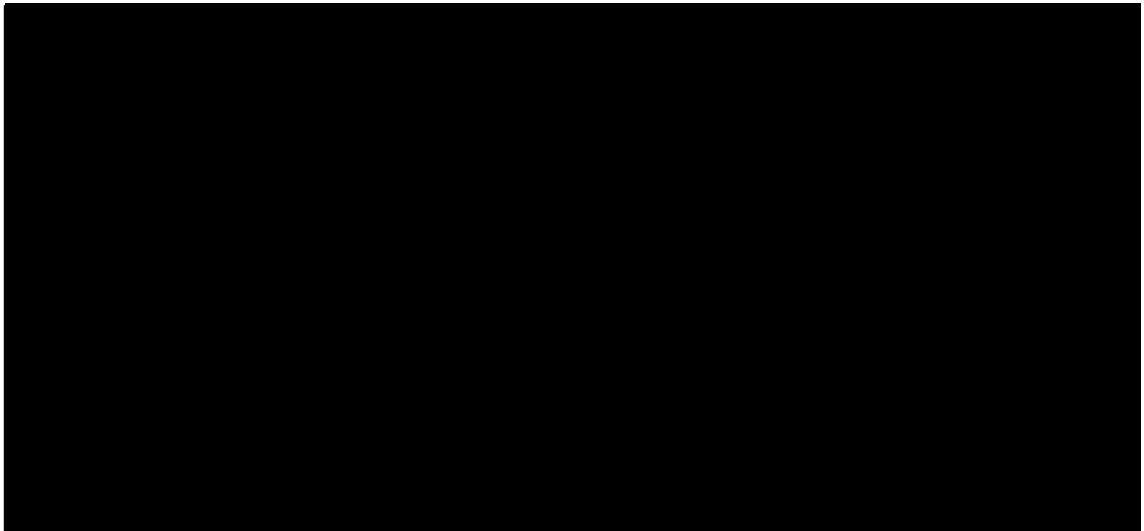
Regarding GP-based Study Leave, there is a need for a costing and decision on how it is to be facilitated. Trusts have expressed concerns regarding the setting of a precedent of specialisation this early in careers and creating a "two-tier" system where GP SHOs are being treated differently from other SHOs.

Dr Gibson, on behalf of the Northern Ireland Council for Postgraduate Medical and Dental Education, stated that a selection panel consisting of 20 members was not feasible. He expressed concern on the timescale in view of the need to negotiate with all the Trusts and asked that the procedure be moved forward speedily. Dr Briscoe stated that her concern was that some SHO applicants may have already done part of the prescribed GP training. The selection of these SHOs would not be appropriate as they could be selected in the usual way prior to entry into the GP registrar year.

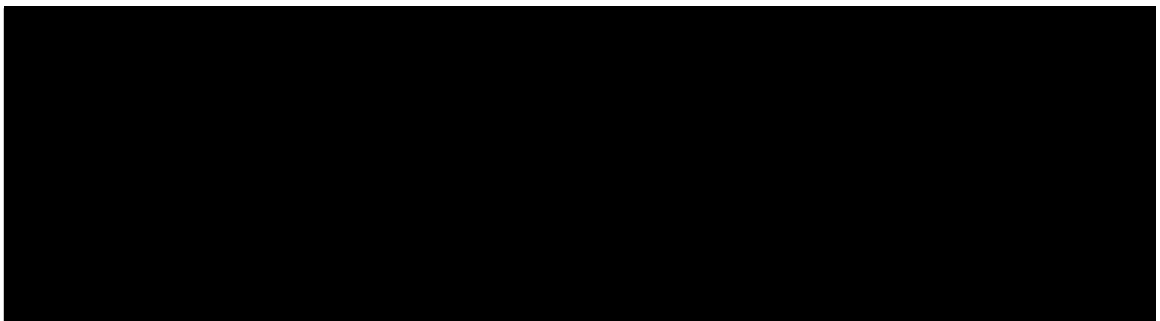
- 5.2 Mr Magowan mentioned the need for clearance both internally and with the CSA on the transfer of the VT budget from GMS to the Council, and the need to satisfy themselves regarding the appropriate level of funds. There was also a need to discuss implications with regard to the administration of the funds.

The Chairman thanked Mr Magowan and it was agreed that further discussions must take place between the Department and the Council on this topic.

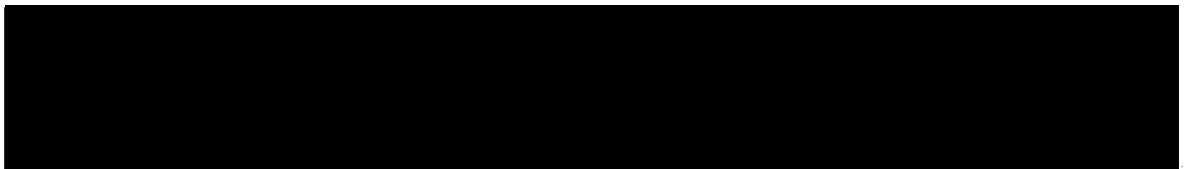
6. **'THE PATH OF LEAST RESISTANCE'**

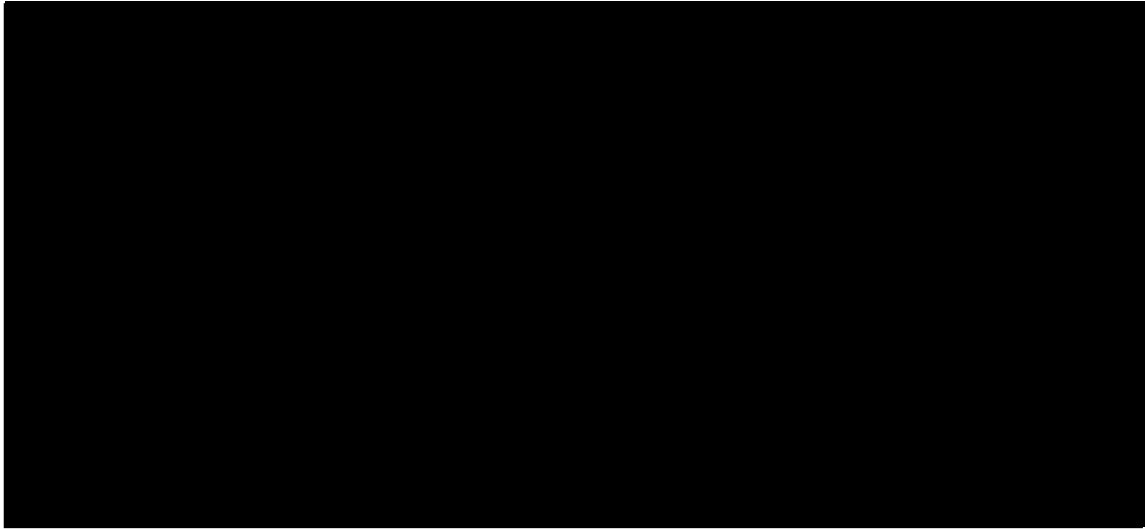


7. **CARDIOLOGY REVIEW**



8. **CREST DRUGS ADVISORY GROUP - GROWTH HORMONE DOCUMENT**





**9. PREVENTION AND TREATMENT OF OSTEOPOROSIS IN PRIMARY CARE**



**10. REVIEW OF ACUTELY ILL CHILD**

CMO informed members that the review had been prompted by the situation of desperately ill children arriving at hospitals that were not equipped to deal with them. It was recognised that these children could arrive at any hospital or surgery. Some of the recommendations of the report were:-

- Clearer information for ambulance staff, GPs, the public etc. to direct people to the appropriate A & E
- The need for more widespread training in resuscitation
- Better links with area hospitals and vastly improved retrieval services
- Availability of e.g. specialist nurses at A & E, twenty four hours a day, who had expertise in advanced life support

Dr Dunn emphasised the importance of the role of the ambulance service in the recommendations. Miss Dixon suggested that the recommendations of this review needed to be taken into account by those conducting the review of the Ambulance Service. Dr Gibson highlighted the need for adequate training of GPs in resuscitation and that SHOs who had no training should not be involved in looking after sick children.

A general discussion followed in which members agreed there was widespread need for resuscitation training and need for highlighting the importance of getting the desperately ill child to the appropriate hospital in the first place.

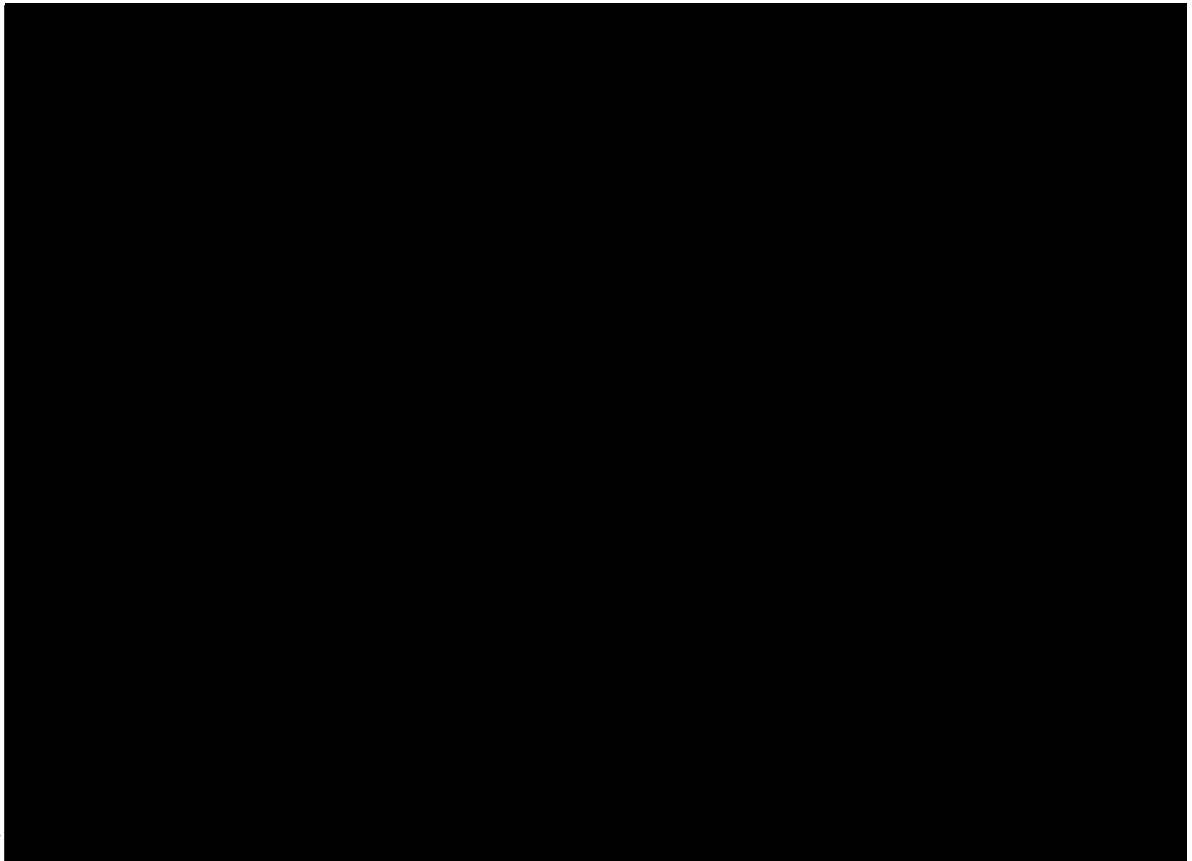
CMO stated in response to a question posed by Dr Lyons that the report may be issued as 'best practice' but that the financial implications of the review, particularly in relation to the neonatal and children's retrieval service, required further consideration by the Department.

**11. REVIEW OF PAEDIATRIC SURGERY**

CMO advised members that it was the view of the group that there was a need for greater specialisation in paediatric surgery and anaesthesia. Otherwise it was too difficult to maintain appropriate skills. The Colleges had recently produced guidelines and the Review had taken account of these recommendations.

There was a need to develop greater specialisation in paediatric surgery and, outside the Belfast area, to ensure that people were referred to the location which had the expertise and best equipment. Dr Dunn asked if hospitals would be able to cope with surgeon specialisation. CMO stated that this was an increasing trend and pointed out that the interests of the patient must be kept to the fore. She added that emergency space must be made available in the RVH in order to avoid regular disruption of other routine activities.

**12. REPORT OF THE HIGH RISK PREGNANCY GROUP**





**13. FIT FOR THE FUTURE/IMPLICATIONS OF A DEVOLVED ADMINISTRATION**

The Chairman invited CMO to update members on these issues.

CMO advised members that the many comprehensive, detailed responses to the document were being looked at by the Department. However, as we were currently between two administrations, the Department needed to await the commencement of the NI Assembly. The Assembly would have a major say on the future of the Health Service. She highlighted a number of issues which could move on before formation of the Assembly, namely the whole quality and clinical governance agenda.

Miss Dixon stated that there could be no decisions made until the Executive of the Assembly had been sitting for some time. The major issue facing the Department now was the development of primary care centred commissioning. Dr Jefferson asked for some clarification on this matter. Miss Dixon replied that the Department could not force an early decision and that all should use the longer transitional period in NI to observe what was happening in Great Britain. The Department needed to work with the incoming administration to aid their understanding of the issues.

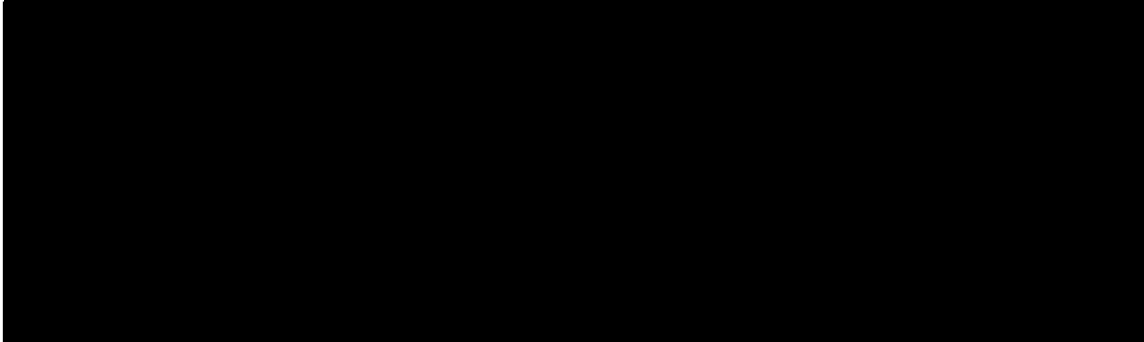
**14. COMMISSIONING PILOTS**



**15. INFLUENZA IMMUNISATION POLICY**







**16. CLINICAL QUALITY AND CLINICAL GOVERNANCE**

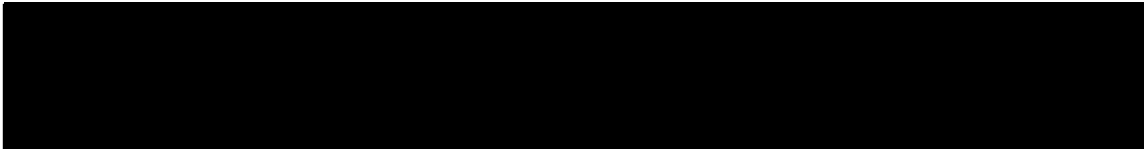
CMO informed members that clinical governance would become a statutory duty for organisations under the Health Service. There was a need to develop structures that would support this in Northern Ireland and in taking the quality agenda forward in primary care in particular. She acknowledged the very successful programme of quality driven by the CREST team in NI in recent years. She stated that the mechanisms for monitoring quality needed to be looked at carefully. It was acknowledged that monitoring of processes was relatively easy in primary care but outcome measurements may prove more problematic.

CMO asked for comments on how to take this forward. She stated that Dr McClements (DCMO) would be dealing with this and would be delighted to hear from any groups. Dr Thompson, as representative of the Royal College of General Practitioners, expressed their enthusiasm to become involved at an early stage.

**17. TOBACCO WHITE PAPER**



**18. NOMINATION FOR REGIONAL HEALTH PROMOTION ADVISORY GROUP**



**19. ANY OTHER BUSINESS**



**20. DATE OF NEXT MEETING**

