

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

**Minutes of the 31st meeting of the General Medical Care Sub-Committee held on
Thursday 9th December 1999 at 2.00pm in Room C3.18, Castle Buildings**

Present: Dr WR Thompson (Chairman)
Dr DAJ Keegan
Dr M Brown (In place of Dr McConnell)
Dr K Booth (In place of Dr Stewart)
Dr JD Boyd (In place of Dr Watson)
Dr M Crawford (In place of Dr McKnight)
Dr D White (In place of Dr Garvin)

In Attendance: Dr H Campbell (CMO)
Dr M Briscoe
Mr D Baker
[REDACTED]
Mrs P Hawthorne

1. APOLOGIES

[REDACTED]

2. MINUTES OF THE LAST MEETING

[REDACTED]

3. MATTERS ARISING

Vocational Training Review – Selection of GP Registrars

[REDACTED]

4. REMIT OF THE GMCSC

The Chairman stated that following his appointment as Chairman, he had looked at the remit of the group and felt that it could be broadened to take account of the changing nature of primary care. In addition, Dr Thompson felt that the Committee had an obligation to comment on secondary care issues where they impact on primary care. It should also try to anticipate changes happening in GB and consider these for the Northern Ireland situation. The revised remit was agreed by members and on Paper 11/99, under the entry "to advise on possible future developments within primary health care provision and to commission appropriate research or feasibility studies" the word 'propose' was substituted for 'commission'.

Dr Campbell stated that the Committee had a valuable role in the advisory structure of the Department. She added that there was a significant sum of money available for R & D. It would be useful to have the Committee's views on policy or organisational issues before putting forward research proposals to ensure R & D money was spent to match the needs of the profession. The linkages with other professional groups were discussed.

A discussion followed about the constitution of the Committee, and suggestions were put forward with regard to improving attendance at meetings, including the appointment of named deputies. CMO agreed to write to members for suggestions as to how attendance could be improved. The letter from Dr Chris Leggett (RCGP) was considered and the changes suggested by Dr Leggett regarding RCGP membership were accepted. It was stated that these had already been discussed with Dr Brian Patterson, Chair of GPC.

5. CLINICAL QUALITY AND CLINICAL GOVERNANCE

The Chairman referred members to the two papers on this issue and asked for comments. Mr Baker advised that Mr Gowdy had since written to Dr Brian Patterson with a view to meeting the signatories of the letter (Paper 18/99).

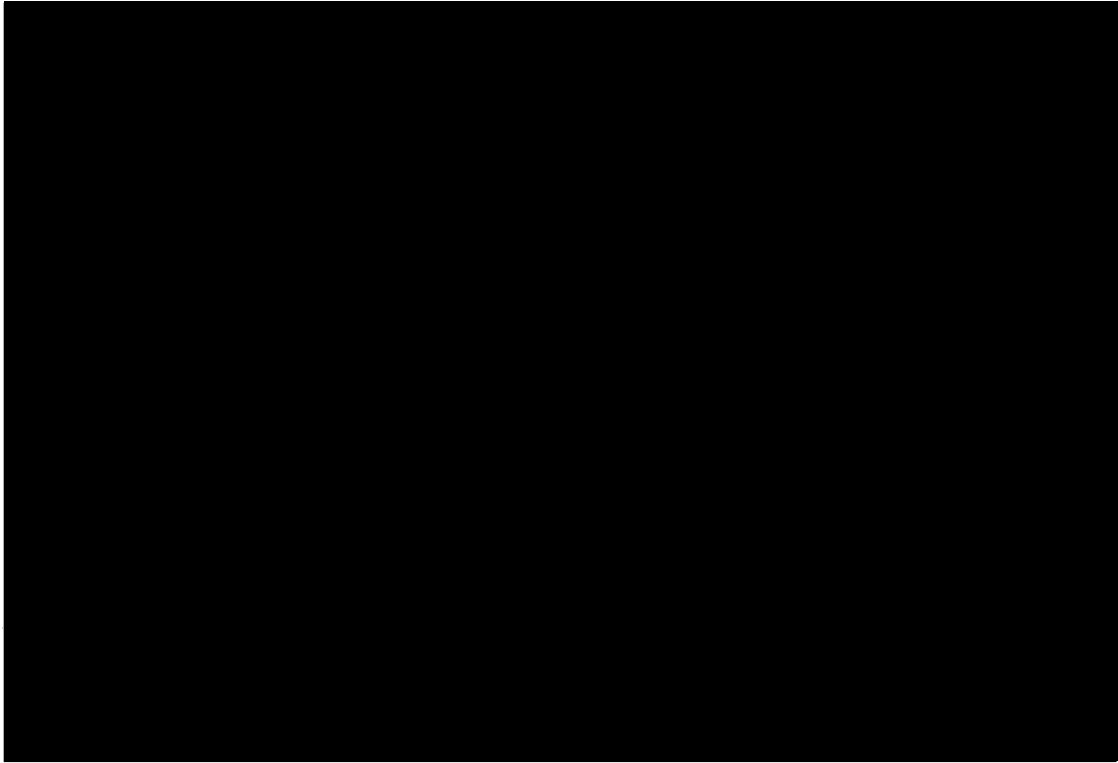
CMO stated that the Department's document on clinical quality was in the final stages of completion. The new DHSSPS Minister would then decide if she were content for it to go to consultation stage. It was considered that the committee should highlight, to the Minister and the Health Committee, the importance of the quality agenda to the profession.

A general discussion followed regarding the revalidation/appraisal proposals currently under discussion in England and the problems involved in trying to improve quality without additional resources. Concern was also expressed by Dr White about the amount of information needed for these processes. Dr Booth expressed the view that future revalidation must be relevant to improving services to patients and not just a bureaucratic process. "Good Medical Practice for General Practitioners" was discussed. CMO added that she considered the RCGP paper to be an excellent one. The Chairman encouraged replies to the RCGP. It was agreed that the principles outlined were sound and comprehensive.

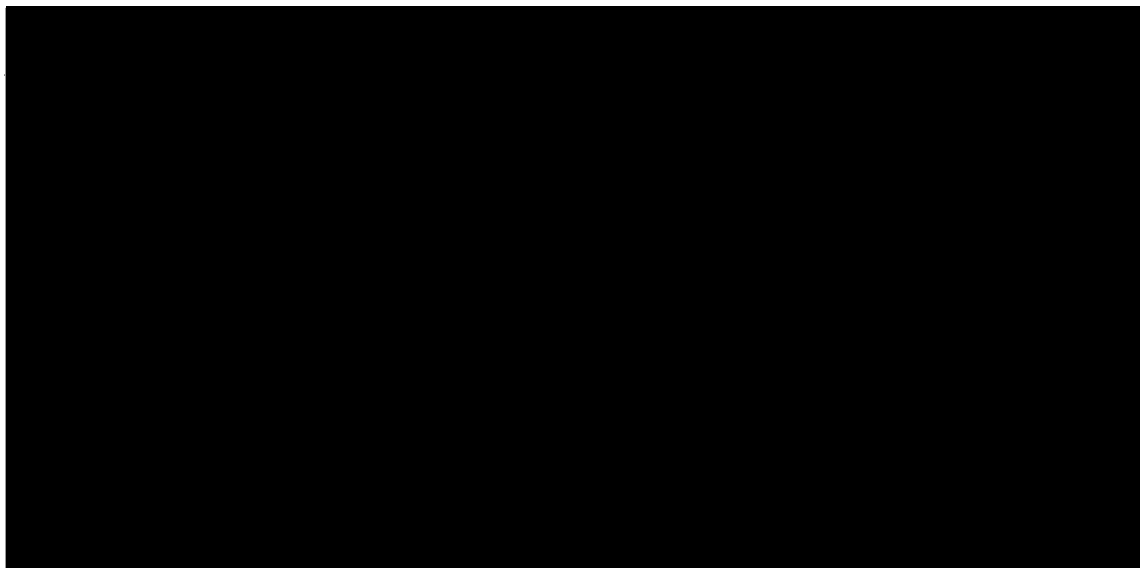
6. CPD IN PRIMARY CARE



7. REPORT OF SURVEY OF GP NON PRINCIPALS IN NI



8. REFERRAL GUIDELINES FOR SUSPECTED CANCER



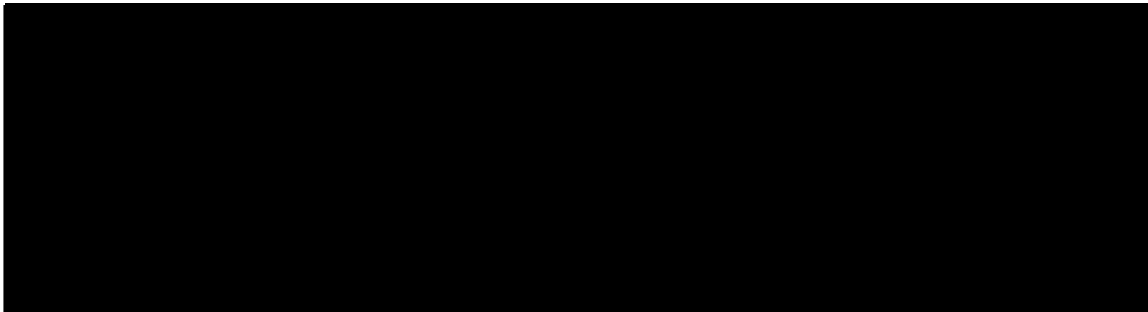


9. FIT FOR THE FUTURE

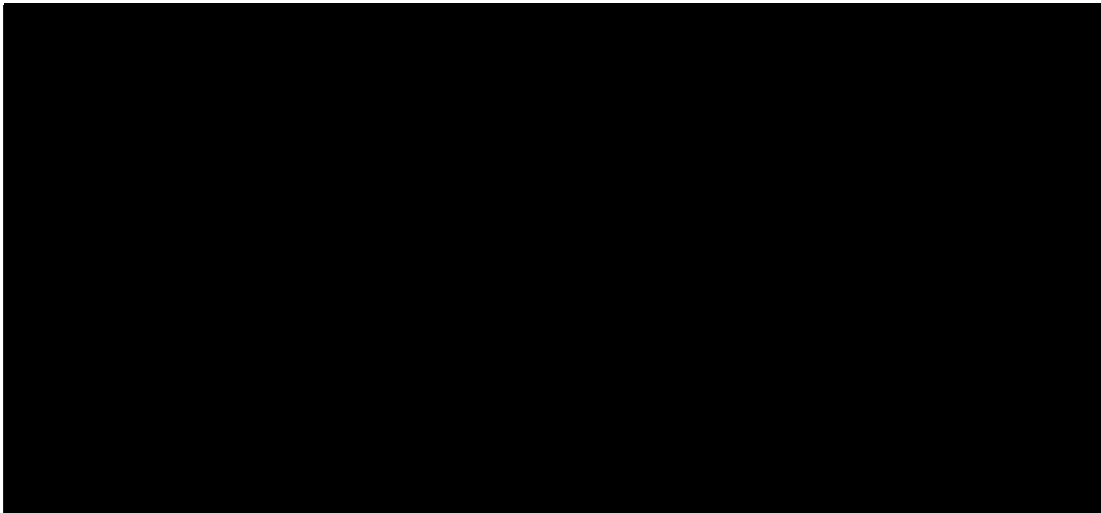
The Chairman invited Mr Derek Baker from the Department to update members on this initiative.

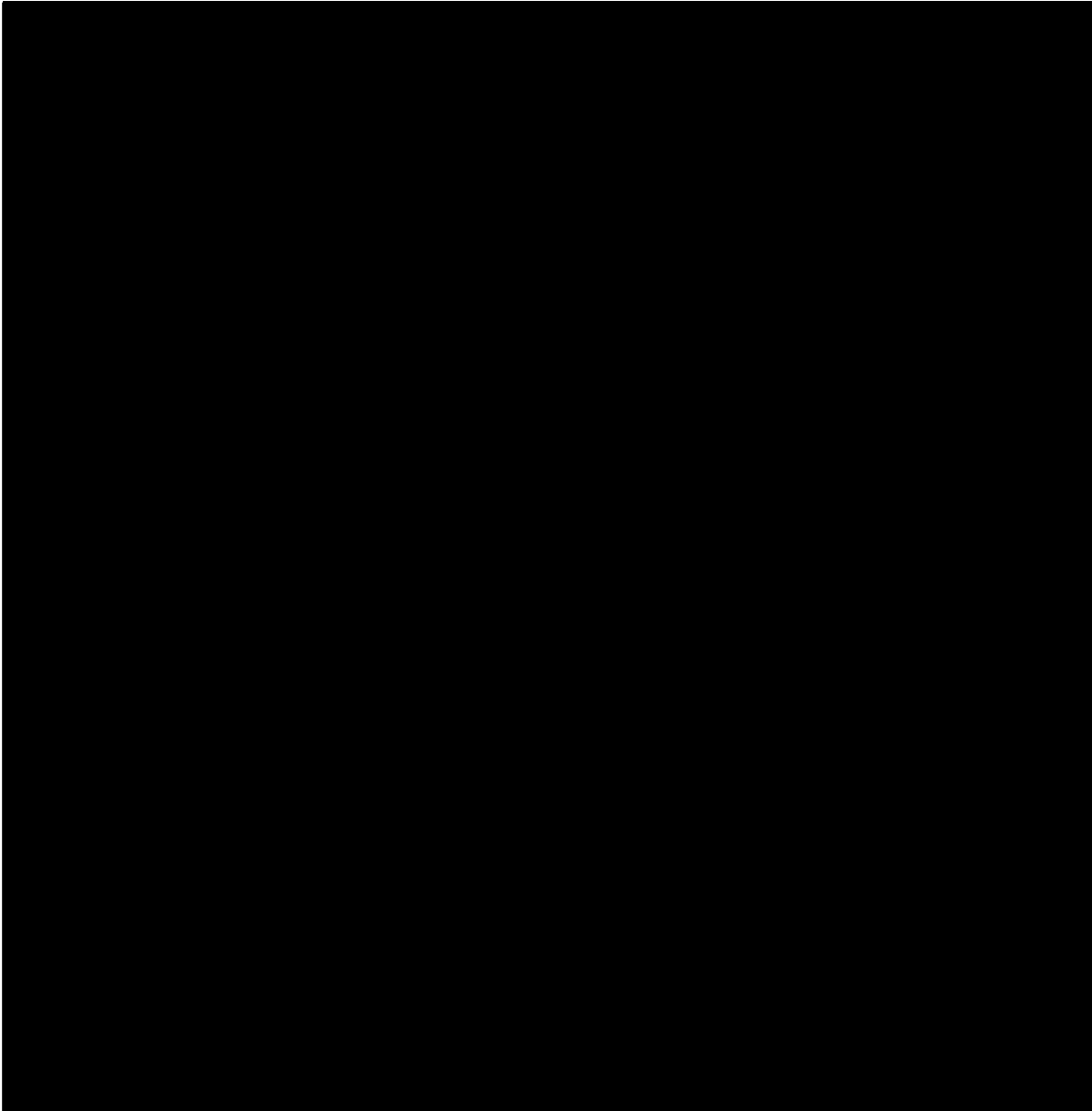
Mr Baker told members that, following devolution of power to the Assembly, we could no longer make assumptions that we would necessarily follow the national line in future. He stated that we could not speculate on decisions that the new Minister might take or indeed what the decision-making process might involve. Mr Baker answered several questions put to him by members, including a query regarding whether GPs' Terms and Conditions of Service would remain in place. He mentioned the existence of the 1971 Finance Act, which laid down certain areas where the Department must try to follow national trends in Terms and Conditions, but there were other areas where we had opted to maintain parity, for example in the setting of prescription charges. He indicated that the Assembly had full legislative powers over primary care and was in the position to take local decisions on its development. The importance of primary care professionals lobbying ministers and the Health Committee was discussed.

10. REPORT OF WORKSHOP ON ACUTE MEDICAL SERVICES

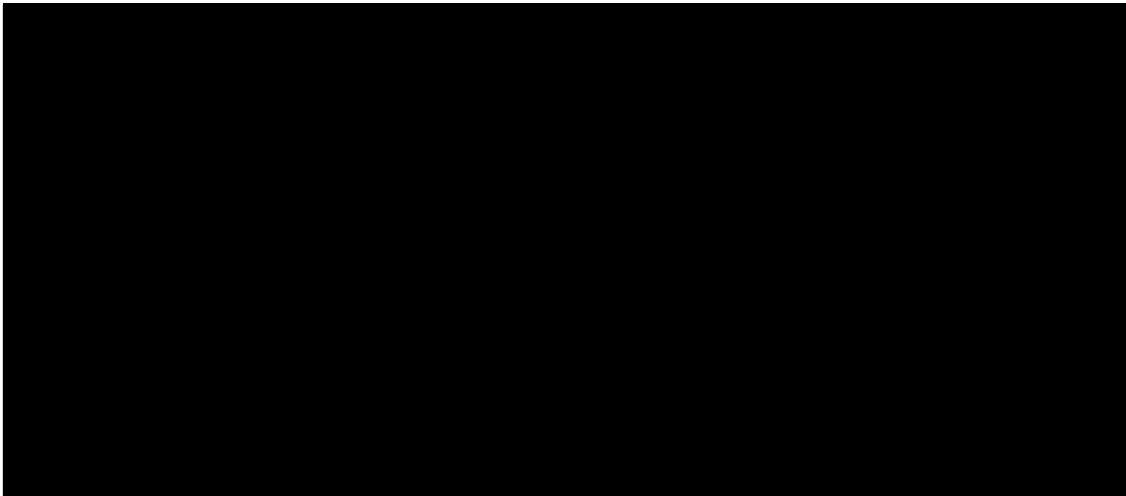


11. REVIEW OF NEUROLOGY

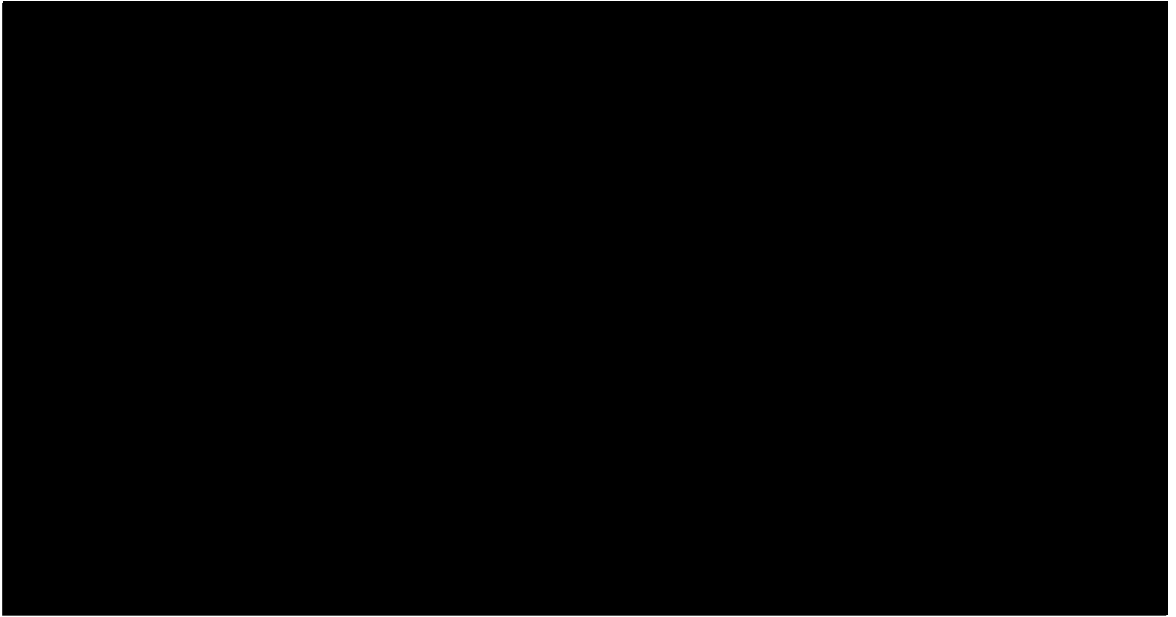




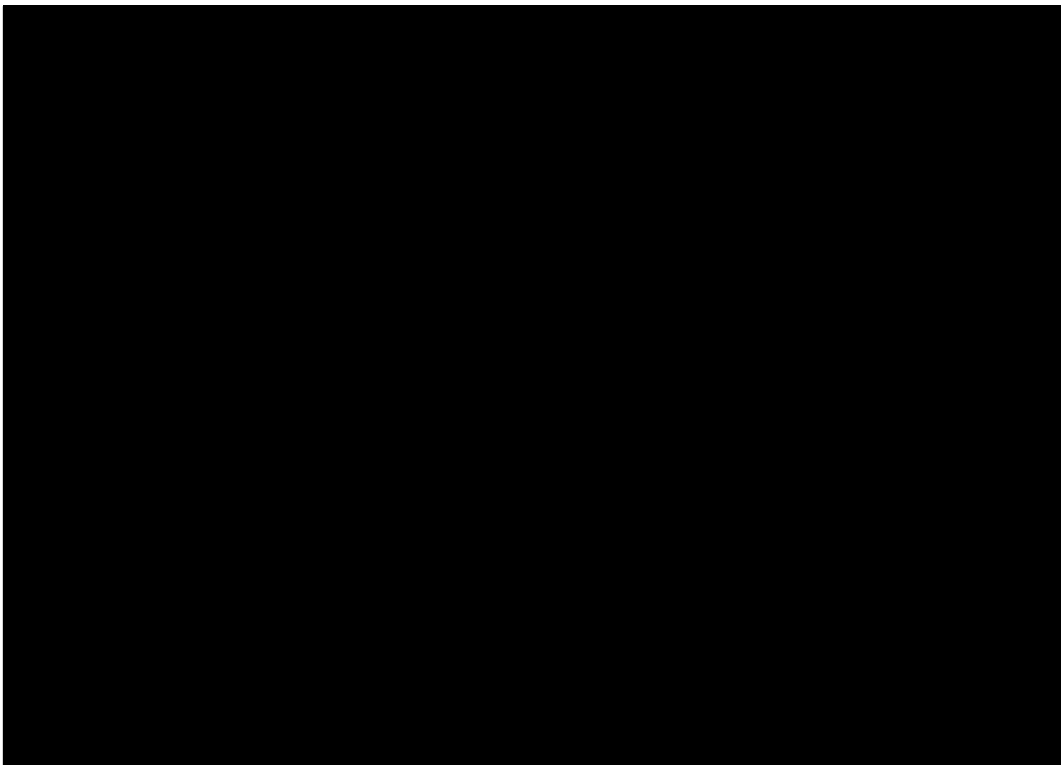
11. MENINGOCOCCAL C IMMUNISATION PROGRAMME



12. HYPERTENSION AWARENESS CAMPAIGN



13. ANY OTHER BUSINESS



14. DATE OF NEXT MEETING

