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

**5th JUNE 2002**

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| **Present:** | Dr JM McAughey (Chair)<br>Dr CS Wilson<br>Dr BG Patterson<br>Dr A McKnight<br>Dr M Brown<br>Dr EDM Deeny<br>Dr CD Leggett<br>Dr ME Cupples<br>Dr M Brown<br>Dr C Fitzpatrick<br>Dr L Nevin<br>Dr Keegan<br>Dr R Thompson<br>Dr D Boyd<br>Dr JR McCluggage<br>Dr P Colvin |
| **In Attendance:** | Dr P Darragh (DCMO)<br>Dr N Chada<br>Mr Jim Livingstone<br>Mrs Karen Oldham |
| **Guest Speakers:** | Dr M McCarthy<br>Mr F Bradley<br>Dr M Briscoe |

**1. INTRODUCTIONS AND APOLOGIES**

[redacted]

**2. MINUTES OF THE LAST MEETING**

[redacted]

**3. THE ROLE AND METHOD OF WORKING OF THE GMCSC**

3.1 Dr McAughey informed the Group that she had been unaware until recently that a review was being carried out of DHSSPS Central Advisory Committees. Dr Thompson informed the group that he had been interviewed in this respect when he was Chairman of the Committee but this had been some time ago. Dr McAughey expressed concern that the Committee appeared to have little influence and meetings appeared often more of an information giving exercise than an opportunity for the Department to listen to the views of the Profession (with the exception of appraisal). She noted that the review had raised many questions but that these were not always answered and felt that it was important that the

Committee consider how they were to function in the future in terms of timing of meetings and development of a work plan. It was noted by Dr McAughey, and others, that GPs were too busy to be involved in meetings unless these were achieving results.

3.2 Dr Livingstone agreed that the Committee needed to achieve results if it is to be worthwhile. He added that it was important to influence agenda setting and that timing of meetings should take account of financial, political and legislative frameworks. Dr Darragh pointed out that the Committee were listened to but they were one Committee amongst many and there was a need to present a higher profile especially at CMAC meetings. Dr Patterson suggested that a timetable of significant events would be useful in ensuring the Committee acted at the appropriate times.

3.3 It was agreed that a working group would be established to look at ways of working in the future. Volunteers for the group were Dr Livingstone, Dr McAughey, Dr Chada, Dr Thompson and Dr Deeny. It was agreed that the group should met and produce a report prior to the next meeting of the GMCSC.

**ACTION POINT 1: Mrs Oldham to trawl for available dates for the above members and convene a meeting at the earliest opportunity.**

## 4. LOCAL HEALTH AND SOCIAL CARE GROUPS (LHSCGs)

4.1 Dr Livingstone informed the Committee that the membership of the management boards of the Groups was almost complete (with the exception of GPs). He explained that the latest correspondence indicated that the GPC were keen to progress and that Dr Patterson had produced a helpful paper.

4.2 Dr Livingstone stated that the criticism mainly centred on the lack of a clear vision. He added that the Hayes Review and Public Administration Review would clarify the Department's views on structures and emphasise the importance of empowering LHSCGs. He explained that LHSCGs were not being developed in a vacuum and the Executive were still looking at the wider Public Administration Review, however he hoped that the wider review would add impetus to LHSCGs.

4.3 Dr Patterson explained that GPs were supportive of the Groups but wanted them as initially described- powerful, empowered bodies. He accepted that Dr Livingstone's comments had been encouraging. Dr Patterson also raised the issue of community and service user involvement and questioned how such individuals would be selected. Dr Fitzpatrick explained that the Eastern Board had an open and fair recruitment process including a job description and interviews.

4.4 Dr Colvin questioned the extent to which evidence from the Commissioning Pilot Schemes had been utilised. Dr Livingstone confirmed that the evidence available had been recognised. Dr Leggett pointed out that there had been much positive feedback from the Commissioning Pilots which he felt had not been disseminated adequately. He concluded that the Department should recognise the GPC concerns and encourage involvement since there were significant opportunities available.

4.5 Dr Livingstone envisaged that long term the Primary Care Directorate would be doing things in partnership with the service rather than doing things 'to' the service. He emphasised the need for a communication strategy in the future which would facilitate a partnership approach.

## 5. UPDATE ON BEST PRACTICE/BEST CARE

5.1 Mr Bradley informed the Committee that there had been a number of delays in progress but that Minister was due to make an announcement within the following 2 weeks. Once an announcement had been made a circular would be issued which set out the broad principles of governance. Draft guidance on governance was expected to be issued in September/October which would reflect on lessons learnt in GB. Mr Bradley offered to circulate this to the Committee.

5.2 Dr Patterson noted that the GPC were still waiting for the Department to make the next move in relation to the consensus document. Mr Bradley was given to understand that when the report was presented to the Department it had been agreed that the authors would put the document out for consultation, he enquired as to what the response had been. The Committee informed him that the document had not been sent out for consultation, and indeed those present did not recall this as being the outcome of their meeting with the Department. Dr Briscoe pointed out that the wider dissemination strategy had been presented and comments were invited. Dr McAughey confirmed that this had been well received and appeared to be acceptable to most professional groups. The Committee felt that the next move was for the Department to provide information on the dissemination strategy.

## 6. GP APPRAISAL/REVALIDATION

[redacted]

[redacted]

[redacted]

7. UPDATE ON THE COMMUNITY CARE REVIEW

[redacted]

8. CRITERIA FOR INCLUSION AND RETENTION ON THE OBSTETRIC LIST

[redacted]

[redacted]

## 9 UPDATE ON CROSS BORDER OUT OF HOURS INITIATIVE (CAWT)

[redacted]

[redacted]

## 10 RCGP QUALITY INITIATIVES

10.1 Dr McAughey discussed the RCGP Quality Awards Programme and how the Practice Accreditation scheme operated in Scotland. She advised that it would be sensible for Northern Ireland to address this issue since it had implications for the new GP contract. Dr McAughey explained that Boards had been enthusiastic about the proposed project but that support and funding from the Department were also required. Several other members of the Committee felt that this process would offer the support mechanisms required by the Appraisal and Best Practice/Best Care initiatives.

10.2 Dr Livingstone explained whilst the process certainly appeared to compliment appraisal and seemed worthwhile, if choices had to be made in terms of funding, then appraisal would take first priority. He agreed that the Department should give further thought to the issue.

**ACTION POINT 3: Dr Livingstone to consider the funding possibilities in relation to Quality Awards.**

## 11 INVESTING FOR HEALTH

[redacted]

## 12 CHIEF MEDICAL OFFICER'S REPORT

[redacted]

## 13 ANY OTHER BUSINESS

[redacted]