Agenda for Meeting of the General Medical Care Sub-Committee of the Central Medical Advisory Committee

Date: **Wednesday 2nd November 2005**
Venue: **Room C3.18 Castle Buildings**
Time: **2pm**

Minutes

Present: Dr John Porteous, Dr Henrietta Campbell, Dr Agnes McKnight, Dr Stephen Bailie, Dr Sean Wilson, Dr Dennis Boyd, Dr Kathryn Booth, Dr Ian Carson, Dr Terry McMurray, Dr Sean Donnelly, Dr Hubert Curran

In Attendance: Mrs Katrina O'Dowd, Dr Paddy Woods

Apologies: Dr Brian Dunn, Dr Jeni McAughey, Dr Anna Gavin, Robert Thompson, Dr Johnston, Dr Jenkins, Bill McConnell

1. Welcome & Apologies

[redacted]

2. Matters Arising

[redacted]

2.2. *Primary Care Strategy*
The Primary Care Strategy was published on 11th October 2005 and responses to date have been very favourable. The group was advised that Primary Care Development Unit was currently working on a progress report which could be presented at the next meeting.

Action: Mrs O'Dowd to put Primary Care Strategy Progress Report on the agenda for the next meeting.

[redacted]

[redacted]

[redacted]

3. Tier 2 Initiative on Waiting Lists

[redacted]

4. Reform of the Advisory Committee Structure

There was discussion about the key role of GPs in many specialty committees due to their patient advocacy role and involvement in the care of all medical problems irrespective of which other specialist groups are involved. However, it was felt that General Practitioner representation should be provided as required to address specific issues rather than having General Practitioner representation at all the other SACs. Circulation of minutes as appropriate would be the best way to monitor what the other specialist groups are doing.
There was also some agreement that an executive sub committee might be established to respond in a timely manner to issues presenting between scheduled meetings of GMCSC. Use of e-mail and the telephone would assist in allowing this executive committee in providing resolved opinion from the profession.

5. Patient Safety Framework

Dr Carson explained that the Patient Safety Framework went back 3 years and originated from Clinical Negligence. A Steering Group produced a report evaluating the current arrangements for adverse incidence reporting. It noted that there were huge inconsistencies across the HPSS in both reporting and definition of incidence but that there was a genuine interest in trying to learn and improve. The 50/60 recommendations from the report were condensed to 4 and these were presented to the

Departmental Board who accepted 3 of the recommendations. The 1st recommendation was to develop consistencies in definitions, reporting and approach to incidences which Heather Sheppard was in the process of compiling. The 2nd recommendation was to develop service level agreement with the National Patient Safety Association. This agreement was nearly complete and the department were awaiting Departmental Solicitors checks. The 3rd element was the Safety Framework for the HPSS. This framework was also nearly complete and has received approval from the Departmental Board and a quality assurance group. The Framework contains 49 action points which have been classified into red, amber and green.

There was general feeling that contributing factors to lack of reporting was lack of feedback and lack of a mechanism to follow incidences that follow over from primary care to secondary care and vice versa.

Action: Dr Carson and Mrs O'Dowd to ensure that every member of GMCSC get a copy of the framework when finished.

6. Shipman Update

The Patient Safety Framework for the HPSS highlighted Shipman as one of the 49 action points to be looked at. The Department has established a Northern Ireland Shipman Programme Board and Project Team to:

- review relevant recommendations from Shipman Inquiry Reports 3, 4, and 5;
- consider their applicability to health and social care;
- link responses to the wider clinical and social care governance agenda;
- liaise with national and local organisations and groups; and
- develop an appropriate review mechanism to ensure all elements of the Plan are implemented.

Many of the recommendations outlined in Shipman 5, relate to the enhancement of communication, clinical governance systems and the management of professional performance. These include a number of recommendations on appraisal, revalidation and the role and function of the General Medical Council. These latter recommendations are being taken forward by Sir Liam Donaldson as part of a review to enhance professional performance and protection of the public.

It is likely that the Northern Ireland response will be complicated by works in England which may delay reports.

7. Clinical and Social Care Governance 05/06

Clinical and Social Care Governance evolved from Best Practice Best Care and the new GMS contract placed requirements on GP's to provide better quality care and patient safety.

Dr Booth gave a presentation on the proposed assessment pro-forma which would be used as a bench mark to assess what is currently happening in general practice and to highlight any possible gaps. She explained that the assessment process was not

compulsory for practices and those practices who wished to participate could avail of support from NIMDTA and other training initiatives. It was noted that a lot of GP's are actually carrying out the governance work but do not realise it.

8. Clinical Medical Officer Representation on GMCSC

There was general consensus that clinical medical officer representation was not necessary for this forum especially as they are a decreasing breed. Dr Woods advised that consultation on the Reform of the Advisory Committee Structure ends on 28th February 2006. It was agreed that the make-up of this committee should continue as it is with a possibility of review at a later date.

9. Death Certification

[redacted]

10. Dates of Next Meetings

[redacted]

11. AOB

[redacted]