

**MEETING OF THE SPECIALIST ADVISORY COMMITTEE
ANAESTHETICS**


**TUESDAY 20 SEPTEMBER 2005
2:15 PM – 5:00 PM**

D2 LECTURE THEATRE, CASTLE BUILDINGS, BELFAST

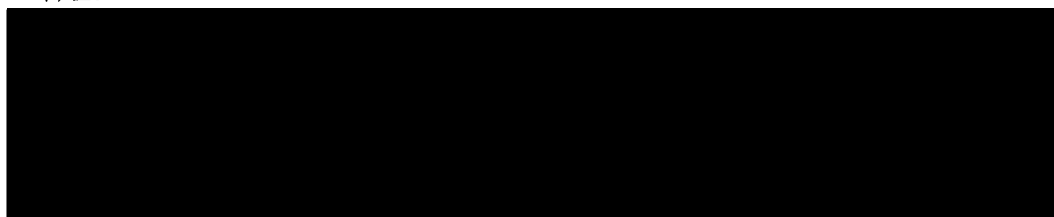
PRESENT

Dr D Corrigan
Dr J Darling
Dr P Donaghy
Dr G Lavery
Dr P Leydon
Dr K Lowry
Prof R Mirakhur
Dr D McAuley
Dr P McSorley
Dr I Orr
Dr C Watters
Prof J Watson

DEPARTMENT

Dr I Carson (Chairman)
Dr M Boyle
Dr M Briscoe
Dr G Mock (Acting Chair)
Ms E Twinem
Dr P Woods


1. WELCOME/APOLOGIES

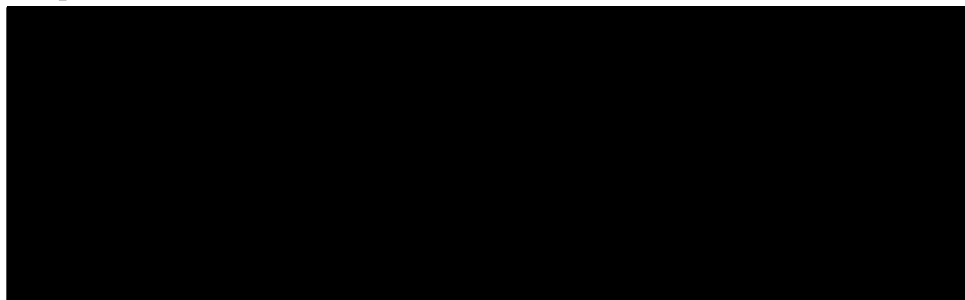


2. MINUTES OF THE MEETING HELD 12 OCTOBER 2004



3. MATTERS ARISING

- **Chronic Pain Management**



- **ICT Strategy**



4. MEDICAL STAFFING AND DEVELOPMENT

- **Consultant Medical Staffing**

Dr Woods reported that the number of consultants in post stood at 171 in comparison with 170 one year previously. The numbers of specialist registrars and SHOs stood at 74 and 44 respectively. He noted that the number of vacant consultant posts stood at 18 in comparison with 14 one year previously. Training numbers were estimated on a consultant body of approximately 220 providing 200 Whole Time Equivalents and on the various assumptions cited in the paper. Assuming current length of time spent in each grade, the estimated number of trainees was 81 specialist registrars and 45 SHOs. He also projected likely requirements based on a run-through programme lasting 7.5 years which led to a total of 109 trainees. This compared to the current level of 118.

Members made the following comments:

- the estimated future requirements would be largely subsumed by the additional numbers required to meet the aspiration of a 10 programmed activity job plan for all consultants;
- the separation of paediatric anaesthetics and paediatric intensive care would demand additional staff, although some of these may emanate from the specialty of paediatrics;
- there needed to be allowance for growth in intensive care provision;
- there is a feeling that the impact of flexible working was an underestimate;
- the impact of the EWTD would be significant; and
- there were increasing examples of Trusts recruiting from Eastern Europe in particular to meet long standing vacancies in both the consultant and staff grade and this would need to be considered.

In conclusion, members advised that it would be unwise, at this stage, to reduce numbers to that projected under run-through training whilst experience of its impact was absent.

- **Modernising Medical Careers**

Dr Woods reported the developments on the Modernising Medical Careers Agenda over the past year, notably the commencement of foundation programmes in August 2005.

Dr Darling reported on the work to date on the pilot for run-through specialist training in anaesthetics locally. Establishing the pilots had represented a considerable piece of work, particularly the recruitment process. He highlighted an issue of equity as the pilot progresses where current second year SHOs would need to be treated in a equitable fashion with current pilot trainees. There was also a need to examine the training programme to accommodate large numbers at a relatively early stage at present.

- **Identification of Funds for Training**

Dr Darling, referring to correspondence he had with the Department's Director of Human Resources, highlighted the concern he had regarding support for postgraduate training under the new consultant contract. As regional adviser he was experiencing growing reticence amongst current tutors to continue in the role where financial support was not clearly available. He expressed concern that losing these individuals, who previously had been highly committed to this activity, would create significant problems as there was little likelihood of recruiting successors.

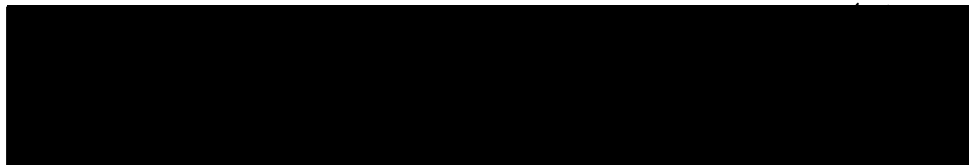
In discussion, members were agreed that this was a serious issue that needed to be addressed urgently. Members were circulated with the Memorandum of Understanding issued by the Department alongside the consultant contract for joint appointment staff. It was felt that this document should be brought to the attention of all Trusts again.

5. **MODERNISATION AND REFORM**

- **Managed Clinical Networks**

Ms Twinem informed members that Paper 6/05 sets out the designation process for MCNs. There are to be 2 MCNs per Area Programme Board which are to submit MCN proposals to the Department by 30 September 2005 for approval. There will then be a year long development process followed by a review.

- **Reforming Elective Services**



- **Developing Better Services**

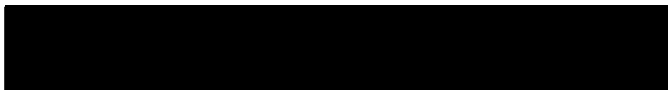
Ms Twinem outlined the progress that has been made in implementing Developing Better Services (DBS). She said that service improvement work and workforce planning for the future were being integrated with DBS.

Dr Carson joined the meeting.

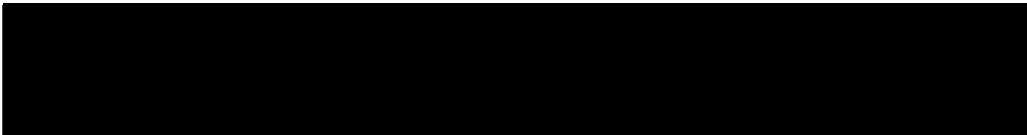
- **Review of Public Administration**

Consultation on the Review of Public Administration (RPA) ends on 30th September 2005. It is anticipated that an announcement on the way forward will be made by Secretary of State in November 2005. The RPA document proposes that the Boards and Trusts would be replaced by 5 or 7 integrated Health and Social Services Agencies. It is likely to take some time before the changes are fully implemented. Trusts can be amalgamated under current legislation, however primary legislation is required to change the statutory arrangements for the Boards.

6. INFECTION CONTROL STRATEGY



7. PANDEMIC FLU



8. UPDATE ON QUALITY / SAFETY AGENDA

Dr Briscoe introduced the paper on Quality and Safety which informed members of the progress over the last year including the setting up of HPSSRIA. The Department has commissioned from HPSSRIA an evaluation of Clinical and Social Care Governance across HPSS in 2005/06. It will concentrate on an evaluation of 'high level' function in HPSS organisations by way of a self-assessment questionnaire, and then a more detailed evaluation of the "Safe and Effective Care" theme contained in the draft Quality Standards for Health and Social Care, issued earlier this year following consultation. There was a positive response to the Quality Standards with respondents wanting more included in the standards. A 'Safety Framework in the HPSS' is to be developed by a DHSSPS project team in conjunction with representatives nominated by each HPSS organisation. The guidance will aim to raise awareness of safety issues, and attempt to create an informed, open and fair safety culture across HPSS organisations and within the Department. It will also embed quality and safety as part of the continuum of service

improvement and as an integral part of good governance. The guidance also aims to remove variations in, and standardise reporting arrangements for adverse incidents. It will encourage not only arrangements for monitoring incidents, but also efforts to learn from adverse incidents and develop a process in each organisation which will involve patients and users, and thereby result in improvements in communication with the public.

Dr Briscoe tabled a paper on NICE Guidance. The purpose of the paper is to seek their advice on where Anaesthetics advice could be sought re technical guidance / appraisal and to discuss applicability of NICE guidance to the NI context. A number of special interest groups in anaesthetics were mentioned, however it was suggested that the NI Society of Anaesthetists and the NI Intensive Care Society would be the most appropriate groups to channel requests through.

ACTION POINT SAC to return appropriate contact details to Dr Briscoe re NICE Guidance.

9. NI RESPONSE TO SHIPMAN INQUIRY RECOMMENDATIONS

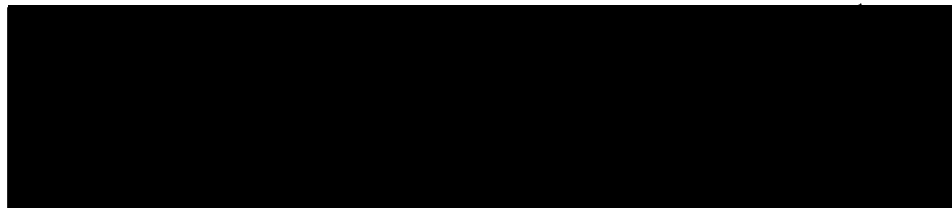
Members noted that 6 Shipman Reports have now been published and that the government's response was expected by the end of the year. A N.Ireland Shipman Programme Board, co-chaired by DCMO and Andrew Hamilton, has been set up to consider Dame Janet Smith's reports, and the anticipated government response, and to implement any recommendations which are applicable for N.Ireland. In this context, Prof Sir Liam Donaldson's Advisory Group which considering the future role of the GMC and revalidation, is not expected to report before the new year.

10. FUTURE OF SACS

Dr Woods summarised the paper outlining the various issues relevant to Specialist Advisory Committees and the outcome of a workshop held in June. Commenting members felt that a separate meeting to address workforce would be beneficial.

11. ANY OTHER BUSINESS

- Nomination of SAC Anaesthetics representative on HSSC



- **Dr Corrigan query re Age of children being admitted to ICU**

Dr Corrigan said that a letter on the age of children being admitted to ICU had been sent to Boards by Mr Dean Sullivan. They have been asked to report on this by 30 November 2005.

