MEETING OF THE GENERAL MEDICAL CARE SUB-COMMITTEE OF THE CENTRAL MEDICAL ADVISORY GROUP ON 22nd OCTOBER 2003

Present:

Dr JM McAughey (Chair)

Dr A McKnight
Dr JS Bailie
Dr M Brown
Dr D Boyd
Dr S Adair
Dr H Curran
Dr R Thompson
Dr P Colvin
Dr M Cupples
Dr S Wilson
Dr J Porteous

In Attendance:

Dr H Campbell

Dr N Chada

Dr J Livingstone Mr C Scantlebury

Guest Speakers:

Dr P Woods

Dr M Briscoe Mr I McMaster Mr D Bingham

1. INTRODUCTION

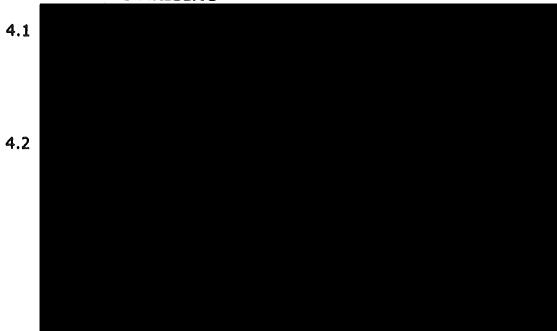
2. APOLOGIES

2.1

3. MINUTES OF THE LAST MEETING

3.1

4. MATTERS ARISING



4. PRIMARY CARE STRATEGY

Dr Livingstone informed the meeting that a iot of work had taken place over the summer months. Eighty-Six people had attended the initial workshop, which had focused on a definition of Primary Care and key service issues. The information gathered at the initial workshop had been used to formulate a draft vision and two further workshops had been organised for November and December 2003. It was planned that a draft framework document would be produced and a paper on the future pathway for Primary Care presented to the Departmental Board sometime in December 2003. He hoped a final draft would be ready to be submitted to Minister in March 2004 and published for formal consultation shortly thereafter.

Dr McAughey commented that the Department was seen to be consulting widely and was to be commended on its approach to both the Primary Care and Regional Strategies.

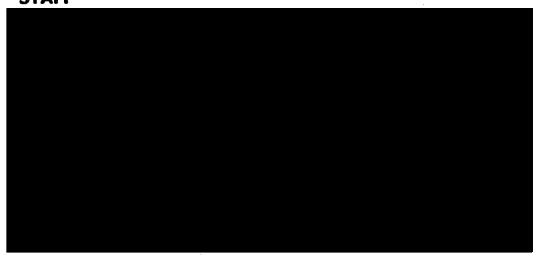
5. LOCAL HEALTH AND SOCIAL CARE GROUPS

Dr Livingstone informed the Group that GPC had not replied to the Minister's request for them to become more actively involved in LHSCGs. Dr Curran stated that GPC had met with Minister in September and now had a clearer view of what was required, but he added that the Department's position was still the same and needed to be addressed.

6. UPDATE ON NEW GMS CONTRACT



7. OCCUPATIONAL HEALTH SERVICES FOR GPs AND THEIR STAFF



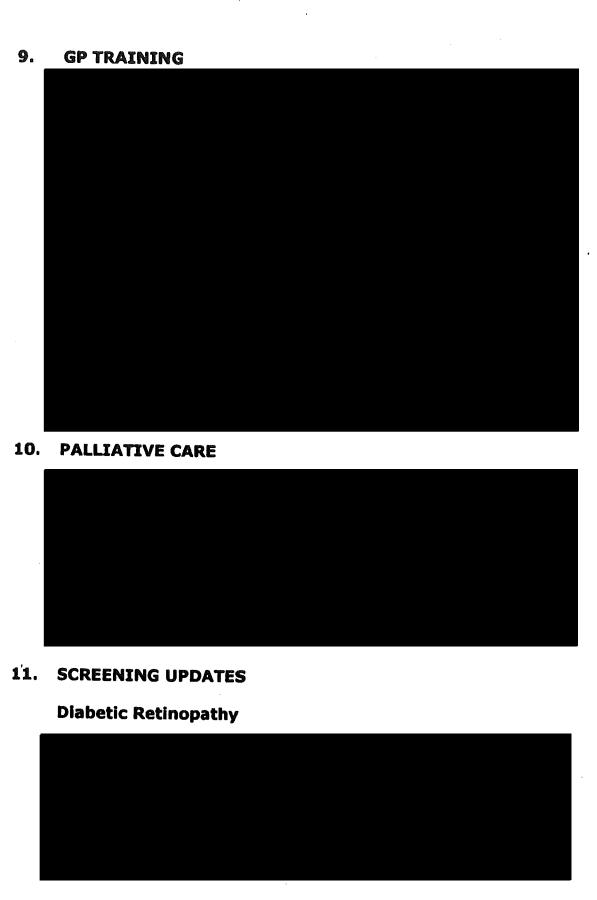
8. WORKFORCE PLANNING

Dr Woods reported that money had been secured for postgraduate training, but that this was for hospital consultants and not GPs. He added that over the past two years over 70 GP places had not been applied for, and although there were 180 registered locums in Northern Ireland, not all of them worked in Primary Care, and as a consequence there was a lack of GPs in Northern Ireland.

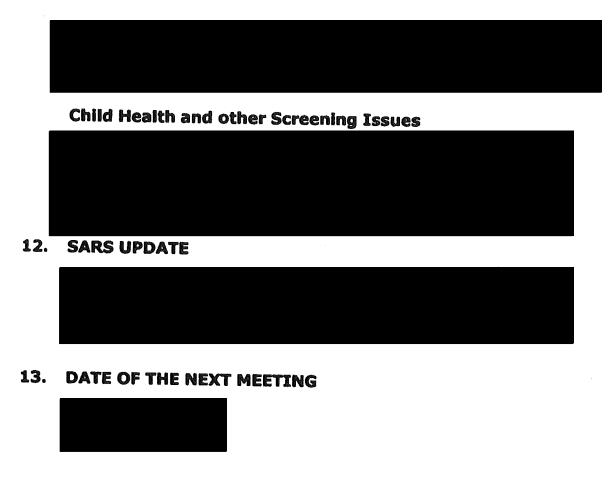
Dr Campbell stated that the RCGP had recommended that a 30% increase in the number of GPs was needed to deal with the demands the new GMS contract would create. She added that a review of the number of GPs required should be taken forward as quickly as possible and that the Committee should

DHSSPS 320-043-003

support the need for increased funding that the training for the extra GPs would require.



DHSSPS 320-043-004



DHSSPS 320-043-005