Record of UK CMO Meetings 1995 - 2005 (held by CMO's office and Admin)

- 17th July 2003 (Minutes only)
- 16th October 2003 (Agenda & Handwritten Draft Minutes)
- 28th July 2004 (Minutes only)
- 13th October 2004 (Agenda & Minutes)
- 19th January 2005 (Minutes only)
- 13th October 2005 (Agenda & Minutes)

UK CMO'S MEETING
ON THURSDAY 17 JULY 2003
AT 1.00 PM IN RICHMOND HOUSE, LONDON

PRESENT: Dr Ruth Hall, CMO Wales (Chair)
Professor Sir Liam Donaldson, CMO England
Dr Mac Armstrong, CMO Scotland
Dr Ian Carson, DCMO Northern Ireland

IN ATTENDANCE: Dr Mike Simmons, SMO (Communicable Diseases), Welsh Assembly Government – Secretariat

Apologies were received from Dr Henrietta Campbell (Deputised by Dr Ian Carson)

Item 1 – Priorities for new Ministers

Dr Hall opened the session by confirming the new arrangements in Wales with the new administration following the elections on 1 May. She confirmed that Ms Jane Hutt continued as the Minister for Health and Social Services. A strong "delivery" theme had been emphasised by the new administration and the office were working through how that would impact on outputs from the Assembly government.

Dr Hall identified a much more active political agenda during this new administration. There was no longer a coalition government in place with an effective Labour majority due to non-voting of the Presiding and Deputy Presiding Officers. There is a distinctive "made in Wales" feel developing within the Assembly.

For Scotland Dr Mac Armstrong confirmed that with their new administration they had retained the same Minister but had reduced to a single deputy minister for health. He also confirmed that the new administration were majoring on the "delivery" agenda but there was no change in emphasis having had a White Paper published immediately before the election which set the agenda for this new administration. Health improvement is confirmed as a major theme running through their agenda.

Dr Armstrong reported continued NHS reform with a different agenda to that in England but with a consensus among the players in Scotland. Trusts will be abolished in the next year and a combined health administration will be developed. Plans are due to be completed by December with a clear obligation on the health system to have a recognised "duty to co-operate" with one another. The development sees a service wide managerial arrangement whereby specific services eg mental health or diabetes are viewed across the spectrum from primary to secondary to tertiary care.

Dr Armstrong felt that development of the workforce was likely to be a major priority being driven by:

Agenda for change
GP contract
Consultant contract.

He suggested that perhaps for a future agenda, the CMOs should consider the implications of the GP contract and potentially plan for no out- of-hours work by GPs from 1 January 2005. He suggested that discussions would be necessary with other organisations having a major part eg NHS 24 (NHS Direct equivalent) and the ambulance service in consultation with other partners in health.

For Ireland, Dr Ian Carson confirmed that the Northern Ireland Assembly was still suspended and that with the recent re-shuffle in Whitehall, they had a new Minister, Angela Smith. Briefing of the incoming Minister had occurred but no changes to the functioning of the health service were expected. Good governance was seen as essential during the absence of the assembly. The administration had identified a difficulty with capacity to take forward any new initiatives at the present time.

For England Sir Liam Donaldson identified that 5 of the 6 Ministers had changed including a new secretary of state for health. However, he confirmed that the direction of travel remained unchanged with essentially the same agenda as prior to the re-shuffle. He confirmed that an olive branch had been offered to the consultant body over the new consultant contract and reported on very optimistic messages earlier on the day of the meeting. He noted this was a very fast moving agenda.

Dr Hall confirmed that Wales was prepared to go separately with negotiations with BMA Wales and it was acknowledged that this could be a complication therefore for England to consider. Dr Armstrong suggested that consultants were currently pressing for movement on the consultant contract through separate negotiations but that the junior doctors were pulling back and trying to adopt a UK line. For Northern Ireland, the consultants favoured the new contract whereas SpRs were against it. BMA Northern Ireland appeared keen to retain a UK wide contract. Dr Armstrong suggested that the intelligence from Chief Executives was that with contracts now developing late, they might lose some year end flexibility which they were particularly looking forward to having with the funding allocated for the consultant contract.

Sir Liam suggested that ballot of BMA members was likely to occur very shortly but all acknowledged the potential holiday difficulties at this time of year.

Sir Liam outlined the changes that were occurring within the Department of Health. Internally, there was likely to be a reduction of approximately one-third of staff directly employed by the Department of Health. Some would go to new agencies whereas others would go as real redundancies. Structures within the CMOs division were changing with the following split:

CMO – public health, health protection and quality with some specifics eg cancer and diabetes.

DCMO – healthcare and quality

DCMO – health promotion and inequalities

Sir Liam confirmed he would only have the 2 DCMOs and that a non-medical lead would be established for the health protection division. Dr David Harper is currently acting in the role of head of health protection. An appointment panel was conducted the day prior to the meeting for the vacant DCMO post and this would be forwarded for ministerial approval. Dr Armstrong emphasised the importance of knowing the contact points between colleagues in the Department of Health and the devolved administrations.

For Wales Dr Hall outlined the recent departmental change with health and social care coming under a single directorate. She confirmed that the Office of the Chief Medical Officer would be outside the directorate with policy lead for public health and also professional advice being contained within her office.

Public Health Clinical Issues

Item 2 – vaccination and immunisation – supporting the UK approach

Dr Hall in introducing this item suggested that UK-wide consistency on vaccine policy remained the appropriate way to protect the population. She identified the JCVI as the advisory body for the UK on immunisation policy. However, recent difficulties have identified how the development of a policy remained obscure to the devolved administrations until implementation was actioned in England.

It was identified that a route was needed to find a way into the discussions and a variety of options were considered including the option to second staff from the devolved administrations to join the vaccine team in the Department of Health. A possibility of rotating the head of the secretariat for JCVI was also considered. The options considered were:

Meetings between departmental secretariat at inter-JCVI points.

Developing a UK secretariat

Rotating secretariat between the administrations.

Dr Hall was invited to discuss the various options with Dr David Salisbury but it was considered that inter-JCVI meetings between the countries would, at the very least, offer some way forward in this area.

Specifically in relation to MMR the CMOs discussed the recent vote of no confidence by BMA. Sir Liam had declined to be interviewed for the Pulse

magazine (through lack of time rather than intent). Both Dr Hall and Dr Armstrong confirmed that they had given telephone interviews to Pulse. However, the BMA had been acutely embarrassed by the CMO resignation call at a time when they were publishing their own guide to vaccination and immunisation. This clearly spelled out the BMAs confirmation of the value of vaccination and immunisation including MMR. The whole process was considered highly irresponsible.

Dr Armstrong asked if any further information had come to light over the Wakefield issue. It had been some 15 months since the so-called "definitive" evidence was to be put in the public domain. No specific items had been identified. It was noted that Dr Wakefield's latest studies included flying children to the United States for intestinal biopsy.

Item 3 – tonsillectomies

The CMO's reviewed the paper from Wales on the evaluation of disposable tonsillectomy and adenoidectomy instruments forwarded to the MHRA. Wales and Scotland outlined the results of the audits conducted. Both countries were continuing with disposable tonsillectomy systems. Northern Ireland had a mixed system with some surgeons continuing to use disposable instruments while others had returned to reusable. The issue of CE marking of products was discussed together with the potential clinical governance issues raised by this finding in relation to ENT surgery.

Dr Hall agreed to prepare a briefing note in relation to the current position. It was identified that the major risk with different systems was the potential exploitation by the press.

Item 4 – CJD Incidents Panel – Matters Arising from the Last Meeting

Dr Armstrong asked about the CJD Incident Panel's response to Sir Liam's letter on behalf of the 4 UK CMOs. His understanding was that there was a further delay in publishing the Panel's revised guidance following the letter. The other CMOs were not aware of this. Dr Simmons expressed some surprise at this apparent response, having been present at the CJD Incident Panel. He confirmed that his view of the discussion at the Panel was that while the panel were disappointed that the delay in creating the database they were pleased that the guidance could be published so that it could become a working document.

The paper on public consultation over the database was awaited. However, it was suggested that liaison with the new information commissioner may be beneficial given that the new commissioner was more attuned to the needs of public health surveillance. As such, he may be comfortable with the proposal for the database.

Item 5 – Food Standards Agency OTM Review

Papers in relation to this item had been reviewed by the CMOs. Dr Armstrong felt able to accept the arguments but confirmed there was a trade off between the risks. He shared the anxiety expressed in the papers in the face of the epidemiology. Sir Liam and the Minister for Public Health Melanie Johnson had met Sir John Krebbs earlier in the week. More information had been requested from DEFRA, specifically a report from DEFRA in relation to testing of animals over 30 months. It was suggested that Ministers in the devolved administrations should be invited to write to Melanie Johnson to ensure they are involved in the decision making process.

The CMOs would consider preparation of a joint statement in relation to the OTM review following further considerations from DEFRA.

Item 5a – Clinical CJD Management and Surveillance

This was an additional item discussed during the discussion on CJD and followed the draft guidance prepared by CMO England for clinicians in the management of CJD cases and the surveillance requirements. Sir Liam confirmed he had not received any comments back from either Professor Collinge or Professor Ironside. The CMOs discussed the difficult issues around this item. Dr Armstrong wondered whether the management of cases could be handled in a similar way to the rules that have been devised for managed clinical networks in Scotland and whether it was possible to set up a UK-wide managed clinical network for the management of CJD.

Item 6 – Working with the Health Protection Agency

Dr Armstrong confirmed that Scotland had now finished its consultation period over proposals for collaboration with the Health Protection Agency. There was a strong consensus for Scotland to create a health protection body with strong linkages to the Health Protection Agency. Scotland is content for chemicals and NRPB to be managed on a UK wide basis. For communicable diseases, the proposal was to upgrade SCIEH and include some IT staff from the Central Support Agency and move them to SCIEH. Dr Armstrong confirmed that the model was similar to that in Wales.

Sir Liam said that since the SARS epidemic it was clear that government were being looked to for advice and that transfer of functions to the Agency may not be as complete as was once thought.

Dr Armstrong asked for an update on the Horizons Screening Panel proposed in the communicable disease strategy for England. Sir Liam will check where this has reached with his staff. Dr Armstrong will write to Sir Liam looking for an update.

Dr Hall asked about the UK Zoonoses Group. She suggested the rotating chairs for the Group did not make for continuity. There was a discussion about the chairing of such meetings by CMOs given that the chair then has an accountability for the advice of the Group. The question of independence of UK CMOs taking advice from such a group when they were also chairing it

was viewed with some concern. Sir Liam explained that he had originally taken the chair of the English Zoonoses Group at the request of the Chief Veterinary Officer. With Jim Scudamore retiring in the autumn his proposal is that the next meeting should continue to be chaired by Dr Etta Campbell from Northern Ireland and that with the appointment of a new chief veterinary officer, the group should seek an independent chair.

Item 7 – Breast cancer – diaphragm radio therapy for Hodgkin's Disease

A recent paper had been reviewed by the National Screening Committee who noted increased breast cancer among women who had undergone radio therapy for Hodgkin's Disease. The proposal had been for such women to be screened for breast cancer. However the issue of males being similarly screened and also screening of other patients who had received radio therapy above the diaphragm had been raised. Sir Liam noted that a similar concern had come up from the cancer csar in relation to children and that screening of a wider group than that identified in the paper reviewed by the screening committee would be reviewed.

Item 8 – West Nile Virus

West Nile Virus had featured in the annual report of CMO England and a comment on the Radio 4 Today programme had prompted press enquiries in Wales. Sir Liam apologised for any problems caused and was interested to note that the author Professor David Rogers had commented that "I have since run yet another model with just the data for Western Europe. Again the whole of the UK is predicted at effectively zero risk".

Medical Workforce

Item 9 – European Working Time Directive – 4 Countries Approach

Dr Hall introduced this item by presenting the report of a scoping exercise from one trust in Wales. Dr Armstrong commented that Scotland has undertaken a review on the size and shape of medical schools as well as medical careers and how these might impinge on the European Working Time Directive. These are due for publication later in the year and will have a context for the other countries of the UK. He reported that reconfiguration was already having an impact in maternity services.

Dr Hall noted that the EWTD was one more pressure alongside all the other changes that were occurring at this time. Dr Armstrong anticipated that junior doctors would inevitably be working in shift patterns as we move from August '04 to August '09 and the requirements of the directive. Dr Carson reported that Northern Ireland was conducting some pilots with junior medical staff. There is an impact however also at consultant level and the changes will inevitably demonstrate the need for workforce expansion in the face of limited resource.

Dr Armstrong highlighted the need for new working patterns that will have to emerge and that more scrutiny will be required for where doctors work as opposed to other professionals. Doctors will need to add value over what can be undertaken by others. He commented the work of John Temple will cover some of this ground when it is published. Scotland and Wales were both taking a global approach to workforce issues but that each country was starting from a different baseline.

Item 10 – New GMC

Dr Armstrong had attended the first formal meeting of the reformed GMC. This was a 2-day event. The conclusion of the president was that he wished he had started with day 2. Dr Armstrong commented that day 1 had indeed been an interesting first day and presented some difficult issues for the president. The CMOs agreed to negotiate with GMC for a single CMO to represent them at each meeting but will wish to maintain their independent seats on the GMC such that they could always address a specific issue where it was required. Following the GMC meetings, the representing CMO would feedback to the other CMOs. Sir Liam Donaldson was tasked with writing to the president of this GMC to express this wish.

Item 11 – Postgraduate Medical Education and Training board – Appointments Process

Interviews for the chair of PMETB had been undertaken earlier in the week. The plan is for Ministers to announce the complete board towards the end of August leaving approximately 6 weeks before the first meeting. All countries reported being on attract in the appointments process.

Item 12 – Revalidation arrangements for doctors in the Civil Service

The Department of Health England had produced a revalidation folder, which had been amended by Scotland to fit in with the Senior Civil Service Requirements. Dr Armstrong commented that the CMO had role in relation to the checklist for revalidation. Dr Carson introduced the concept of appraisal for Directors of Public Health. There are 4 Directors of Public Health in Northern Ireland and they have linked with the Faculty of Public Health to provide a nominee to undertake the appraisal of these 4 Directors. The proposal has been to consider whether the same nominated individual could have a role in CMO appraisal.

Sir Liam commented that at present he has no doctor currently in his appraisal process and this was indeed the case with the other 3 CMOs. The CMOs agreed to approach their respective Permanent Secretaries with a a view to identifying a professional of suitable standing who could link into the formal SCS appraisal process but who cover the professional aspects for revalidation.

International Update

Sir Liam spoke about the World Health Organisation. Currently England had the lead in this area but recently had extended to the other countries with Dr Andrew Foster being involved in a recent meeting. The aim would be to broaden the involvement so that the other countries had a place. He commented that Jane Hutt had been part of one of the delegations in the past. The World Health Assembly meets every May and other countries could play into this programme as appropriate. He reported that there had been a major change in the WHO with the appointment of the new Director, Dr J W Lee. Most of the existing secretariat had been replaced including key figures well known to the UK.

Item 13 – UK Presidency – 2005

The CMOs discussed the potential special topics that might be adopted by the UK. The proposed European Communicable Disease Surveillance Centre was a favoured option and one where the UK may wish to make a bid for such a centre. The aim would be to choose something that is likely to go forward for EU legislation.

Any Other Business

Dr Armstrong commented upon a paper at the GMC meeting on protecting and providing information, a paper in relation to the GMC work on professional standards. At the GMC Dr Armstrong objected to a frequently asked question from the paper "Can I disclose information to the disease register of for epidemiological purposes". The answer given was that such matters had to be decided by the courts.

Dr Armstrong registered his disquiet at the paper and the GMC agreed to hold the paper pending further review. It appeared to be the GMC's view that the standard was being proposed as being in the public interest.

Date of next meeting

The next meeting would be in Belfast in October, date to be finalised.

AGENDA

MEETING OF UK CMOs

Castle Buildings, Belfast

Thursday, 16 October 2003
11.00 am - 3.30 pm

Attendees:

Dr Henrietta Campbell
Dr Ruth Hall
Sir Liam Donaldson
Dr Mac Armstrong
Dr Ian Carson
Mrs Irene Wilkinson

1. **Investing for Health - presentation by Dr Elizabeth Mitchell**

2. **Matters Arising**
   - **National Patient Safety**
   - **NCAA**
   - **Improving linkages across UK**

3. **Implications of GP Contract**
   - **Delivery of Out-of-Hours (OoH) Services**
   - **Reconfiguration of Services - OoH**

4. **PMETB**

5. **Introducing New Surgical Instruments Into Practice**

6. **UK Presidency 2005**

7. **Tobacco Control - Next Steps in 4 countries**

8. **European Opportunities for Restricting Advertising of Food and Alcohol to Children**

9. **Department of Health**
   Reorganisation, Roles & Responsibilities - relations with HPA

10. **BSE/vCJD**
    (a) **Update on Incidents Panel - new Chairman**
    (b) **What is happening re consultation on database proposals**
    (c) **Update on Tonsil Archive**

11. **OTM rule**

Eileen pl type + e-mail to Alison Burne cc to me pl.

[illegible]

Liz. Progress with implementation
most deprived - rural - west.
65-74 ½ nat. average
Ruth. Mental Health + higher on GHQ.
high level of depression
Key Themes:
[illegible]
Overarching Goals.
Liam. How to tackle problems at broad [illegible] level.
Liz. Political. ~~Structural~~ level. nanny state
Build Social capital - programme ~~health~~
Mac. How you would map the inequalities in health back on to secretariat map. ie [illegible]
CMO. Gap has been closing over past 10 years between communities
Outside of health budget, poured £millions into this
[illegible] communities have control, risk paramilitaries taking the money.
Ian. [illegible] personal data. What do the public really want. The greater public health. Tackling inequalities. Health is not about hospitals
Concerned about the greater good.
Mac. Smoking - ban in public places discussion.
Ruth. What next? [illegible] other sectors ie economic development.
measure the progress. Health + Social Care Sector
Mac. Well being impact survey - Measure this?
Ruth. How to handle bureaucracy. Re[illegible] inequality.
Build on progress that has been made.
CMO. Has to invest to sustain.
Strength of women's movement - use this to counteract alcohol.
Liz. Social cap. + health report * forward to Mac.

CMO 2. 2·1 Arrangements in place to strengthen

Ian – asked Liam to help at ministerial level.

may have only a few days

Nat. Screening Committee – concerns re proposals from NICE

see briefing note – letter from Charles N.

Liam – Better to put in with NICE. Quality Assurance

Mac – Agreed.

Liam – Proceed in principle. Divorce implementation. Speak to [illegible] Rawlins

Ruth * – UK imple. group to establish pilots across the UK.

one of CMOs to co-ordinate. Needs to be politically correct.

eg Downs Syndrome. Consensus view

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3 Implic. of GP Contract – CMO.

Mac – This is why they voted for it. more money, less work

GPs want to opt out? What would the system look like

Preparing the public [illegible] – [illegible] better than what we had before

Liam – % no. of GPs who do their own ooh?

How many nights required to be on? 1 night per mth.

CMO – 12hr shift x 1 per mth = £6K per yr.

Mc. – Poss of re-engineering out of hrs care, emergency admissions

managing unforeseeable emergencies

Pilot in Ayrshire

Ruth – Accreditation [illegible] direct. Impact on Rural areas.

Mac * – NE Scotland – Ruth to visit

Liam – [illegible]

Mac – Find out numbers.

N. Boards [illegible]

4. PMETB = OK.

Have managing medical careers

DHSSPS 330-274-012

5	Ruth. Paper. Tonsils. Welsh situation
Liam	What policy now is?
	New instrum. man" + provision in use. WL monies set aside to catch up with backlog.
Mac	CAOthinks
	Created a design acceptable to surgeons also for children.
	Surgeons designed the inst themselves.
Ruth	New substance to make instruments
	Could be used for instruments in other Specialties - still a bit off.
Liam	Clinical opinion divided.
	300 - 30 proposal to do sterilisation site
Ruth	Kite marking
Mac	What is the problem that tonsillectomy is the answer.
Ruth	Audit going on?
cmo	look at guidelines drawn up 3 yrs ago.
Ruth	Area medicines system - kit
Liam	Ruth - morbidity note - look at + take up.
	Private sector - bear in mind.
	Meritorium population. * Ruth to let Mac know
6	Liam Each Dept will have a theme. Nick Boyd - Lead official eg. Sweden alcohol + young people.
Ruth	STD?
	Screened
	Get no where with Item 6
Ruth	Compliance of Medicine Management. 70% of people do not complete course of medication + ?% do not Know why they are taking it
	cmos to forward ideas.
Mac	7 Report from ASH Scotland and Exec will be launching a strategy on Smoking - Smoke free Scotland. Tomorrow

× 22502 Gerry

31% over all in Scotland

Liam (9.) signed off by end Oct: Implem full by 2004.
Ruth HPA - where are things at. Problem in sustaining engagement with them. Become difficult.
Liam to pick up.

10. 10.1 ~~Ros~~ Ian Charmers Letter from ? to Liam. ... for draft reply. OK
Liam 11 Nov. Comments from College.
Letter to Neurologists. Same text - ~~send to~~ sign individually. (Use Liam's)

10.3 Should ~~we~~ we consider if ... Simms case will change etc. 3 other cases
Dr Mock to provide Briefing note.
Tonsil Archive announcement paper
Ruth Recorded commitment for an early re look?
in the light of therapeutic development.

Zoonosies FSA view on this?
Ruth relook at UK TOR. Liam proposing to do this
Restate what Role of CMO is • CMOs to distance themselves from chairing meetings
Ruth • Greenbook - Liam. Lorek. Health + Social Care
in process of impl. ... to ... Committee
... ... services ... Public | Patient |
* Profess ... CMO ... *

Video Conference

Introduction CMO

Recent media issues re BSE controls + breaches. Do you feel this is a concern.

John Farrid: In any control bound to be human errors. To do with casualty animal 24-30mths to be tested. Small number escaped. ← Low level ie 1 case that spinal cord left in an animal. Are human errors in any system. System error? Meat hygiene training for inspectors.

John Dale: If unfamiliar with testing system.

CMO: Media knew this meeting was taking place.

John: not expected to make any announcement.

CMO: Guardian of P.H. + EU legislation.

Document uncertainty around epidemio. of the disease. → fully exposed in the doc.

Public response 3 steps FSA. Public accept uncertainty provided it is explained clearly.

Dave: King to comment.

Secrecy + lack of honesty + risk is major concern of public.

→ Looking at doc.

Dave: Best science to bear, properly checked/challenged by scientific assessment taken into account when K/ledge is limited. Doc is good best practice.

£20m saving per yr. prior to Southwood

Fig 1 of Donnelly paper show prevalof BSE is v low.

We are following the most cautious procedure.

Mac: After pub. Consult you have reached the Conclusion. If the pub does not know about the 30 mth rule how can they give their consent.

John: Stakeholders who have an interest consulted on the doc. eg Public Health, Scientists

Responders are groups who have an professional interest or relevant interest

Cons. with s/holders held in public. 12 wk written cons.

Liam — Does the average person have the awareness of the issue ie implications of the report, as consumers.

John — No public outcry. Public need to make up its own mind. No evidence in lamb. Beef is not risk free.

David — Move on from OTM rule, now, Scotland.

Liam — As CSO are you making a recom. that 30 mth rule should be removed?

Dan — Satisfied best practice being followed. Proportionality is crucial. Can't divorce BSE with look to Europe, similar incidence of disease.

Jim — Economic arguments as a balancing factor. 1st order issue is protection of public health. Public will understand if it is clearly explained. Removal of the 30 mth rule will increase the risk?

Seth — What are the key issues for meat hygiene issues for future

John

Liam — Issues of public acceptability. Proportionality. To Maintain this 30 mth rule for v little risk is v costly?

Jim — Compare no fraud on passport-tags on the carcase. Carcass will not leave until negative result + stamped will then leave for the food chain. Training

Cmo — Media reaction not same as public reaction. Need to know more about human disease.

Jim — Put in place controls + independently audited. Eg by the European Commission.

Since OTM + tiny dosed testing more sophisticated, every animal will be tested.

Vice — no doubt from the early presentation, by removal the 30 mth rule would increase the risk

— The risk would be higher.

Widespread public interest. lack of knowledge of the public.

∴ no argument for removing 30 month rule, although we fully understand why an argument can be made for removing the 30 month rule. from a public health perspective we cannot proportionality is not

* We to rec that the science, epid. of the human disease be kept under constant review in the light of emerging knowledge.

- to learn from colleagues in DEFRA.

MINUTES OF THE UK CMO'S MEETING HELD WEDNESDAY 28 JULY, RICHMOND HOUSE

Present:

Dr Ruth Hall – Chair
Sir Sir Liam
Dr Mac Armstrong
Dr Henrietta Campbell
Dr Peter Christie
Dr Mike Simmons – Minute Secretary

Sir Sir Liam welcomed everyone to his office and thanked Dr Hall for moving the meeting to London following the postponed meeting in Wales.

Dr Hall welcomed Dr Pat Troop who had been invited to discuss wider UK aspects of the HPA remit.

Dr Troop raised 2 principal issues:

1. How the HPA would work within and across the 4 countries
2. How the UK CMO's saw the HPA role in relation to emergencies and emergency planning.

She reported the establishment of a project team to bring the NRPB into the HPA and indicated a wish to streamline the management of the HPA. She would be presenting ideas to the HPA Board on 29 July. She was looking for a simpler structure, particularly given the UK remit. She anticipated that the Board's 14 goals would be developed into a series of programmes with clear outcomes.

The HPA Bill included the capacity to broaden the scope of the HPA. She would initiate early discussion of this with the Board taking account of the recent Arms Length Body Review.

For Scotland, Dr Armstrong highlighted the clear UK remits of NRPB. However, Scotland is to create its own body – Health Protection Scotland. He identified need for a concordat between HP Scotland, HPA and the Scottish Executive.

Dr Troop observed that reference laboratories and reference functions would need to be covered by any concordat. Although the emergency function had not been funded on a UK basis this would need to be considered carefully. Dr Armstrong also identified possible confusion with the response to bioterrorist incidents where the Home Office, the Police and also the Public Analyst might be involved. Dr Campbell emphasised the need for local connections with Northern Ireland. Dr Troop suggested that good liaison was already established through the 5 country meetings (including the Republic of Ireland) but this had been on an informal basis. It was agreed that this should be more formally recognised.

Sir Liam reported that he and David Harper held informal monthly meetings with Sir William Stewart and Dr Troop. The meetings had assisted in developing the functions of the HPA. Issues discussed included integration of one surveillance system for all the different functions of the HPA, bioterrorism planning and concerns of local teams and their links to PCTs. Sir Liam confirmed that more work would pass to the HPA. He acknowledged that the NHS was not used to dealing with the HPA and still looked to the Department of Health.

Dr Hall wished to establish links particularly with chemical work. It was agreed that notes of the discussions between CMO England and the HPA would be forwarded to the other CMOs.

Dr Troop confirmed that the Act allowed cross border representation with members from each of the 3 devolved administrations being appointed to the Board.

Dr Troop outlined the developing agenda of the HPA. They had been asked to lead on a children's environmental action plan, develop expertise in relation to long term exposure of chemicals and also had been tasked by both Defra and the Environment Agency in respect of chemicals. Dr Hall suggested we needed a clear framework for communications. Dr Troop outlined the current arrangement: internal HPA cascades included the 5 Nations Group. However, if an all NHS issue was identified, it was normal for this to go via the DH Public Health Link. Dr Troop wished to identify a lead person for the development of concordats and also communications etc. This was to be presented at the next Board meeting. Any notes that HPA were submitting to CMO England would also go to the other CMOs.

Item 2 – Minutes of the Previous Meeting and Matters Arising

OTM

A second Scottish blood transfusion related case had come to light. All UK CMO's were highlighting better blood transfusion. The outstanding work around plasma derivatives would issue shortly. The database remained a difficult issue. Dr Simmons will liase with Gerrard Hetherington over the recent notification exercise. Sir Liam will write to the Chair of MSBT to ask for their consideration of tissues for transplantation and the risk of vCJD. Dr Simmons would provide further information from SEAC over processes around tissue usage following fracture of the hip.

Sir Liam gave his personal view of the recent meeting of the Domestic Affairs Committee. He confirmed that DH was expected to find £100m towards the funding of the scheme for the future. There was a process of consultation to be undertaken with the devolved administrations.

Dr Troop reported that the tonsillectomy archive was now building up. There was a meeting shortly with John Collinge and David Harper to progress a transfer of testing technology to the HPA. Dr Simmons highlighted the

difficulties experienced by the VLA in respect of the sheep testing and recommended that the HPA make contact with Danny Matthews at VLA.

Sir Liam said the issue over research that was discussed with Lester Firkin had now been resolved but there was a further issue over the vCJD Therapy Advisory Group. The CMO's agreed that the group should be transferred to the MRC.

Alan Dorrin will lead on terms and conditions of service of Civil Service Doctors.

Item 3 – Flu Pandemic

The HPA were looking at its organisational issues internally.

DH would publish the updated plan shortly and their submission will be shared with the devolved administrations. Dr Troop identified a developing network link between China and Hong Kong and the HPA via WHO. A UK/US exercise is being considered on pandemic flu.

Item 4 – European CMO meeting

No date has yet been set. All CMO's would be invited. WHO had identified a problem with the Common Agricultural Policy and fruit and vegetables. They identified a monopoly position for southern Europe and suggested that the restrictions on the rest of Europe should be reviewed. CMO England will highlight to relevant department.

Child Protection

The UK CMOs wished to continue to review child protection issues. There is the issue of the child but also how responsible paediatricians are to be protected from personal attack. Data had to be shared if protection was to be undertaken. Northern Ireland had established a working group to support paediatricians in this role.

Dr Armstrong had requested assistance from the legal department in Scotland over guidance and the unborn child. The other CMOs were not aware of the issue. Dr Armstrong will write to the Lord Chancellor's office seeking clarification.

Item 6 – Shipman

Four of the five reports are now complete. The fifth part will potentially affect CMOs in their roles. The final report was anticipated for October/November and will cover medical regulation. The report maybe critical of the GMC's past performance however if there were specific recommendations in the report these will be difficult to ignore. The CMOs agreed they would need to be closely linked into responses to the fifth report and Sir Liam will co-ordinate for the UK.

Opportunity was taken to review Dr Armstrong's experiences at the last GMC meeting. The meeting had to be abandoned in the afternoon as the number of members present made them non-quorate.

Item 7 – Corporate Manslaughter

Dr Hall had seen the letter from Nigel Crisp to Anne Lloyd over the role of crown immunity. The politicians were not yet engaged in this process although, given the more rapid change over of politicians, it may not be appropriate for them to be engaged. There was a concern that people may not wish to move into central government if corporate manslaughter charges were to be brought against them personally. Sir Liam suggested it was appropriate to try and retain immunity but he was not sure whether this would be possible. The CMOs will independently examine the position with their departments and health colleagues and consider further.

Item 8 – Arm's Length Review

Dr Hall confirmed that any developments or concerns had been identified. There were issues that needed to be worked through to ensure the England versus UK issues were covered. Dr Hall used the opportunity under this heading to identify the recent "bomb fire of the quangos" in Wales.

Item 9 – Public Health White Paper (England)

Sir Liam reported that nothing concrete had really been committed to paper as yet and they were awaiting a definition meeting with John Reid. The original driver had been obesity but advertising to children and smoking are likely to be covered.

Dr Armstrong reported how the nutrition/obesity and physical exercise debate within the public sector influenced the supermarket. Using the initiatives around foods available within the schools, the take home message from children enjoying particular food types and demanding the same from their parents had changed supermarket purchasing policy.

CMO England will advise colleagues of any announcements on the white paper. The nutritional standards for school meals produced by Wales will be shared with the other CMOs.

Item 10 – Resignations

The CMOs discussed the recent resignations of the Chair of the Food Standards Agency and also the Chair of PMETB.

Item 11 – Strategic Issues

These items were covered earlier in the agenda.

Item 12 – Any Other Business

The NICE new interventional procedures were discussed Dr Armstrong expressed difficulties around "process to be used for normal procedures and/or new to the doctor/team". The other CMOs had not similar experiences and Dr Campbell reported that some relief was being expressed by Medical Directors in respect of this item.

Data Confidentiality and Public Health

Dr Armstrong discussed the GMC review from January. There was some discrepancy between the written stance by the GMC over confidentiality and that which would be in the public interest as expressed in their Q&A. Dr Hall offered to develop a paper which relates EU and UK law ready for the next meeting. Dr Fiona Bissett in the Scottish Executive is the Scottish contact in respect of this.

Date of next meeting

The next meeting is to be held in Northern Ireland in October.

AGENDA

MEETING OF UK CMOs

Castle Buildings, Belfast

Wednesday, 13 October 2004
11.00 am – 3.30 pm

Attendees:

Dr Henrietta Campbell
Dr Ruth Hall
Dr Mac Armstrong
Dr Fiona Adshead
Professor M J S Langman
Dr Ian Carson
Dr Elizabeth Mitchell

1. **Role of JCVI (with Prof Langman)**

2. **Matters Arising**
   - **Corporate Manslaughter**
   - **A date for the publication of SCOTH**

3. **Update on Immunisation Campaign**
   - **Flu**
   - **MMR**
   - **Five in One**

4. **Modernising Medical Careers**

5. **Revalidation**

6. **Smoking in Public Places**

7. **Shipman**

8. **Public Health White Paper**

9. **Health Protection Agency**

10. **European CMOs meeting**

11. **Child Protection**

12. **Pandemic influenza contingency planning - stockpile of oseltamivir**

e-mailed from Dr M^c Carthy 9th Nov.

Emailed to CMO's 15/11 3.

MINUTES OF THE UK CMO'S MEETING
Wednesday 13th October 2004
Castle Buildings, Belfast

Present

Dr Henrietta Campbell (Chair)
Dr Ruth Hall
Dr Mac Armstrong
Professor Langman (for item 1)

In attendance

Dr Ian Carson
Dr Elizabeth Mitchell
Dr Miriam McCarthy

Apologies

Professor Sir Liam Donaldson

Minutes of Previous Meeting

Minutes of the previous meeting were agreed

1. Role of the JCVI

Professor Langman was present for this item. Members discussed Dr Armstrong's letter and Professor Sir Liam Donaldson's response. Issues included:

- Strengthening lay representation and public communication
- Project management of future launches
- CMOs' responsibility for public engagement
- Strategic future of JCVI.

It was agreed that Dr Campbell should contact Professor Sir Liam Donaldson to discuss and see if it would be possible for all CMOs to meet in London for about 1 hour.

2. Matters arising

- Corporate manslaughter – the issue had been raised by members with respective Permanent Secretaries. Response from DH awaited.
- Publication of SCOTH – members noted that the publication date had not been confirmed.

3. Update on Immunisation Campaign

The recent supply difficulties were noted.

4. Modernising Medical Careers (MMC)

Members acknowledged the progress made on MMC but reiterated some of the concerns expressed by Dr Alan Crockard, [National Director of MMC (England)], namely the challenge of ensuring that all graduates participate in F1/F2 years. Specific difficulties may apply in accommodating non UK graduates, and existing SHOs competing for F2 positions, when available.

Members recognised the current constraints including the challenge of getting more training posts into the system, and the requirement to expand a number of clinical specialties particular Radiology, emergency care and critical care.

In summary, members agreed that strategic leadership was required to ensure the effective implementation of MMC. Concerns are to be communicated to Professor Sir Liam Donaldson.

5. Revalidation

Dr Carson advised members that the GMC had recently issued guidance for doctors, but that this document, currently for consultation, requires amendments. Specifically there were concerns regarding the lack of clarity on the health and probity statement and ambiguity of the 'statement of no concern' which, for clinicians, is to be signed by medical directors. Each Health Department will respond individually to the GMC guidance.

6. Smoking in public places

This item was covered under matters arising.

7. Shipman

Members acknowledged that Dame Janet Smith's report will have significant UK wide ramifications. To date, the report has not been shared with devolved administrations and it was agreed that each health Department would request a copy of the report, in confidence.

8. Public Health White Paper

To be discussed with Professor Sir Liam Donaldson.

9. Health Protection Agency

To be discussed with Professor Sir Liam Donaldson.

10. European CMO's Meeting

The upcoming European CMO's meeting is to be hosted by Professor Sir Liam Donaldson. Confirmation of date and location of meeting was to be requested. Members briefly discussed a number of items that would be appropriate for inclusion in the European CMO's meeting including Healthcare Acquired Infection, Safety and Governance issues.

11. Child Protection

It was confirmed that Guidance on Confidentiality relating to unborn children was now finalised.

12. Pandemic Influenza Contingency Planning

Members welcomed the Contingency Plan but were concerned that there was no indication in the plan of which high risk groups should receive anti vital drugs. In addition to the UK plan. It was agreed that it was necessary to supplement this with a local contingency plan.

13. AOB

OTM. This issue remain unresolved pending the DA meeting in mid November.

14. Date and Location of Next Meeting

January. Edinburgh – details to be confirmed.

NOTE OF THE MEETING OF THE UK CHIEF MEDICAL OFFICERS HELD ON WEDNESDAY 19 JANUARY 2005 AT 2.30PM IN ROOM 1E.17, ST ANDREW'S HOUSE, EDINBURGH

Present: Dr E M Armstrong CMO Scotland (Chair)
Dr R Hall, CMO, Wales
Dr H Campbell, CMO, Northern Ireland
Dr A Keel, DCMO, Scotland
Prof. P Donnelly, DCMO Scotland
Dr F Adshead, DCMO England
Miss M Collins, CMO Secretariat, Scotland

1. Welcome and Apologies.

Dr Armstrong welcomed all to the meeting particularly Dr Adshead who represented Sir Liam Donaldson who had sent his apologies.

2. Matters Arising

There were no matters arising.

3. Standing Items

(i) Influenza

- Pandemic Planning

Professor Donnelly advised that by definition this was a UK plan, however it had been adapted to cover Scotland's interests and was now running in parallel with the Department of Health plan. Scottish Ministers had taken an interest in this particular issue and a 'Major Outbreak Operational Group' had been created to look at service response.

Dr Armstrong indicated that the Minister for Health and Community Care had recently written to Melanie Johnston at DoH asking to be involved with the process of decision making on antivirals. Dr Campbell advised that the situation in Northern Ireland reflected the Scottish position, they were working closely with the UK Group. Dr Hall noted that there were issues in Wales around legislation and their Civil Contingencies Bill (there was a need to clarify the role of their First Minister). The First Minister in Wales was leading resilience work at a national level and expected to receive political support for stockpiling. Dr Adshead advised that 'Pandemic Planning' was now an issue for the EU Presidency and had moved higher up the 'political agenda'.

- Avian Flu

There was a general discussion on the paper provided by Dr Jim McMenamin – SCIEH (soon to be HPS). The following points were noted.

- Northern Ireland had a large poultry industry. Following recent bird deaths it had been decided to vaccinate poultry workers, laboratory tests had not confirmed Flu.

- It was suggested that Chief Medical Officers collectively, would be best placed to approach the Joint Committee on Vaccination and Immunisation (JCVI) reasoning to determine the position.

- Dr Keel advised that the Advisory Committee on Dangerous Pathogens (ACDP) had discussed the issue of poultry workers a year ago, and had decided to take the JCVI line (that immunisation of poultry workers was not for the greater good).

- Dr Keel noted that blanket immunisation was costly and targeting those most likely to come into contact with Avian Flu would more cost effective. This group of workers could be a breeding ground for the next pandemic. Their immunisation was not so much an ethical issue as an informed decision. It was suggested that this proposal should be put in such a way that there was a good uptake. It was agreed that a risk assessment should be carried out.

- Dr Armstrong had recently spoken with the Chief Veterinary Officer who had expressed his concerns about Avian Flu. There were no plans this winter for prophylactic immunisation of poultry workers.

- Dr Armstrong suggested that a letter to be titled around 'prevention organisation of the next flu pandemic in the UK' should be drafted. Professor Donnelly agreed to ask Dr Stewart to draft a letter to the JCVI.

Action Professor Donnelly

Joint Committee on Vaccination and Immunisation (JCVI)

The Terms of Reference (ToR) on the JCVI were not accurate. They had been amended to reflect the devolved perspective. DH had been made aware of this. There was a general discussion and the following points were noted.

- The JCVI sat as a Committee not as an Arms Length Body (ALB)

- Prof Michael Langman, Chairman of JCVI had agreed at the CMO's meeting in Belfast in October that the decision by the JCVI on the new five in one childhood immunisation programme could be a trigger discussion for new Terms of Reference.

- Dr Armstrong advised that there should be a meeting before July on that issue.

Action: Professor Donnelly to bring recommendations to the UK CMO's meeting on 28 April.

Cost effectiveness of immunisation programmes could be included in the recast of the ToR.

- Dr Hall stated that the ToR should have four countries ministerial endorsement. A new delivery mechanism, which would sit alongside a re-organised committee was also needed. This needed to be set up on an all UK basis, perhaps as a joint UK Departmental Strategy Board. This could have public representation and would discuss communication strategies, manage advice into implementation and discuss progress on value for money. There would be a need to make this recommendation to Ministers at the same time as the mechanism was 'fleshed out'.

- It was recommended that this should all link in with the appointment of the new JCVI Chair.

- Professor Donnelly suggested that colleagues dealing with immunisation could look at these issues and have options available for the next CMO's meeting on 28 April.

Action Professor Donnelly

MMR

Modelling on measles in Scotland suggests that recurrent local clusters will occur in the next few years, and the question was how to minimise this risk. There was a 95% coverage on pre-school immunisation. Two shots of MMR are needed in childhood. There is thus the need to use the pre-school programme and early primary years for a catch up campaign. The views of JCVI were being sought.

Dr Hall advised that following a catch up exercise in Wales, rates were picking up in what were former low areas.

Dr Campbell advised that figures in Northern Ireland had remained high (the lowest being 87%).

Dr Armstrong advised that the Scottish model would be passed to the other CMOs.

Action Dr Armstrong

Shipman – This item was held over for discussion over dinner.

GMC – 'Terms of Reference'

There was a general discussion and the following points were noted.

- The consequences for the Donaldson Review would be UK a wide matter. Dr Armstrong had written to Sir Liam Donaldson confirming the need for involvement of the devolved administrations.

- The Secretary of State for Health would make an announcement imminently and it was important that all ministers were kept appraised. Dr Hall confirmed that her office had asked for a copy of the Press Release.

- All CMOs stressed the need for them all to be kept involved. Dr Adshead undertook to feed this back and provide an update of the latest position. Dr Armstrong advised that Mr Kerr wanted to be appraised as he would meet Mr Reid in the near future.

Action Dr Adshead

Revalidation

The Donaldson Report was expected in the summer and was expected to re-start the revalidation process. This would mean that NHS Appraisal would move along in line with Shipman recommendations. Dr Armstrong had asked the Scottish Appraisal Group to 'Shipman Proof' the appraisal process.

- A progress report was needed from Sir Liam at the meeting in April. A teleconference was suggested with Kirsten Hubble or James Vallance and Dr Adshead agreed to talk to them.

Action Dr Adshead

- Shipman 5 implementation was UK wide and it was critical that involvement was at the highest level. Dr Armstrong had written to Gina Radford to request DA involvement in the UK Shipman Programme.

Action Dr Armstrong
(follow up Gina Radford letter and get sight of ToR)

Arms Length Bodies (ALBs)

Dr Adshead advised that a series of meetings with the individual organisations had taken place and settlement had now been reached on how to proceed. Sir Liam had set up a programme to co-ordinate groups. PMETB was an independent body and DVTA would become part of it. It was noted that there were issues around funding PMETB.

It was apparent that the PMETB website was inaccurate. This was an ALB of DH as the Chair and all members were appointed by the Secretary of State and accountable to Ministers. Dr Hall stated that it was important that this misconception was corrected. Dr Adshead undertook to take comments back.

It was crucial that there was a discussion on the state of PMETB independence, clear reporting lines should be established and there should be a clear understanding of the representation on behalf of the devolved administrations. All of this should be made clear prior to the next PMETB meeting.

Action Dr Adshead

Dr Keel noted that there had been a problem regarding the amalgamation of NBS and UKT and a problem of the separate SNBTS. This had been caused by poor communication. Dr Adshead suggested approaching Chris Outram or the sponsors.

Public Health Workforce

The paper which was tabled was received.

Modernising Medical Careers

The UK Strategy Group, chaired by Dr Armstrong would take place on 20 January. All papers had been received and would be discussed over dinner.

February 2005

MEETING OF THE UK CHIEF MEDICAL OFFICERS

THURSDAY 13 OCTOBER 2005 @ 9.30am

ROOM C5.15, CASTLE BUILDINGS, STORMONT, BELFAST

Agenda

1. Apologies
2. Note of the meeting held on 19 January 2005
3. Matters Arising
4. Influenza
5. BSE/CJD Issues
6. MMC
7. Smoking in Public Places (NI)
8. Endoscope Review (NI)
9. HM Coroners Issues (NI)
10. Gastroschisis (Wales)
11. Review of Regulatory Bodies (Wales)
12. Medical Panel Members (England)
13. Any other business
14. Date of next meeting

MEETING OF THE UK CHIEF MEDICAL OFFICERS

Thursday 13 October 2005

Castle Buildings, Stormont Estate, Belfast

Present

Dr H Campbell , CMO, Northern Ireland (Chair)
Dr H Burns, CMO, Scotland
Dr D Salter, Acting CMO, Wales
Dr B Kirkup, DCMO, England
Dr I Carson, DCMO, Northern Ireland
Dr L Mitchell, PMO, Northern Ireland
Dr P Woods (Item 5)
Dr N Chada (Item 6)

In attendance:

Mark Anderson, Office of the CMO

1. Opening Remarks

Dr Campbell welcomed everyone to the meeting, especially Dr Kirkup who was deputising for Sir Liam, and explained that a tour of Parliament Buildings followed by lunch had been arranged.

2. Note of Previous Meeting

The note of the previous meeting was agreed.

3. Influenza

It was noted that revised Pandemic 'Flu Plans would be launched simultaneously throughout the UK before the end of October. Dr Mitchell reported that the Department of Health, Social Services and Public Safety (DHSSPS) had been liaising with colleagues in the Republic of Ireland regarding planning arrangements for pandemic 'flu.

Discussion also touched on the general lack of ICU beds, the possible use of antivirals as prophylaxis during a localised outbreak and the stockpiling of H5N1 vaccine.

The need to encourage uptake of the regular influenza vaccine during the 'flu season was stressed.

4. BSE/vCJD

Recent correspondence from the CJD Incidents Panel was discussed. It was agreed that Sir Liam's draft response should be amended (if possible) to reflect today's discussion and the need for a common UK-wide approach.

5. Modernising Medical Careers

It was noted that visits to Scotland, Wales and Northern Ireland would take place in advance of the next Strategy Group meeting in November. The implementation of new programmes and the resulting changes had not been without difficulties and it was accepted that much work still needs to be done.

6. Smoking Ban

Dr Burns advised that Scotland would have smoking restrictions introduced in March 2006. Dr Salter reported that Wales would like to follow suit but was dependant on English legislation. It was noted that an announcement regarding a smoking ban in workplaces and enclosed public spaces would be made soon by the Health Minister for Northern Ireland. It was hoped that this ban would take effect from the Spring of 2007. Dr Kirkup gave an update on the position regarding a smoking ban in England.

7. Endoscopes

Dr Burns reported that Scotland had recently had a salmonella case. An in depth review/audit had been carried out and the report's finding would be shared with other CMOs. ***[Action – Dr Burns]***

8. Coronial Issues

Dr Carson reported that the coronial system in Northern Ireland was undergoing change. In future Northern Ireland would be a single district with the appropriate administrative changes. The different ways that coroners/prosecutor fiscals communicated with CMOs across the UK was discussed. It was acknowledged that liaison with the coroner on public health issues could be improved. It was hoped that the new arrangements for death certification could help in this regard.

It was noted that publication of the Government's White Paper had been delayed. The social and cost implications of the proposals were discussed.

9. Gastroschisis

Dr Salter reported that on average 19 cases each year present in Wales. A cluster of 8 cases was investigated but nothing was found. It was also noted that the UK had seen a four-fold increase in recent years with a definite North/South gradient. It was agreed to raise the issue with Sir Liam. ***[Action – Dr Kirkup]***

10. Review of Regulatory Bodies

Concerns have been expressed in various quarters regarding the reduction in the number of regulatory bodies. It appears that the drive to reduce the levels of bureaucracy has resulted in a cost-cutting exercise rather than an attempt to make regulation more efficient. It was agreed that the Foster Report and the work undertaken by Sir Liam needed to converge and that Sir Liam's work should be seen in the wider context. The need to have the Departments of Health represented on working groups was noted.

It was reported that there was frustration that cases cannot be resolved more quickly by the GMC.

11. Medical Panel Members

Concern was expressed about the quality of doctors nominating to serve as panel members.

12. Any Other Business

(i) Alcohol

Dr Burns reported that in some of the most deprived areas of Glasgow, alcohol related mortality was the largest cause of premature death. The Health Minister for Scotland was going to raise the issue of alcohol related deaths with the Secretary of State for Health in the near future.

(ii) Organisation of Health Service

Dr Campbell explained that the Health Service in Northern Ireland would be undergoing a major organisational change over the next two years. A wide-ranging discussion followed as to how the various Health Departments across the UK interfaced with service providers.