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MINUTES OF THE MEETING WITH CONSULTANT ADVISERS HELD ON FRIDAY 27 NOVEMBER 1981 AT 3.00 pm IN ROOMS 63-64 HANNIBAL HOUSE

1. Sir Henry Yellowlees welcomed Consultant Advisers who were attending this meeting for the first time.

Dr M Alderson	Chief Medical Statistician, OPCS
Professor A M Breckenridge	Clinical Pharmacology
Dr H H Gunson	Blood Transfusion
Dr P Horrocks	Geriatric Medicine
Professor P J Randle	Biochemistry

CMO explained that he looked to Consultant Advisers for advice in their clinical fields. He stressed that they were appointed in a personal capacity rather than as representatives of professional bodies to which they belonged. These bodies were formally consulted on all issues of importance through the established consultative machinery.

2. Apologies for absence were received from:

Dr P H Connell	Drug Addiction
Mr J F Dark	Cardiothoracic Surgery
Professor J C Waterlow	Nutrition

3. The minutes of the previous meeting were agreed.

4. Matters arising from the minutes:

The designation of teaching districts

District Health Authorities have now been informed of their future status. Teaching authorities will have University nominees in addition to their usual membership.

Charges for the treatment of overseas visitors

In response to the consultative document HN(81)13 concern was expressed about the difficulties involved in identifying people ineligable for NHS treatment in an acceptable manner. Ministers therefore decided to establish a working party to advise on the practical aspects of the proposals. It has been announced that overseas students already on courses of study when the new policy comes into effect will be exempt.

5. Medical Staffing

Level at which consultant contracts will be held in the reorganised service

The Secretary of State has decided that after restructuring consultants will be employed by District Health Authorities designated for teaching. Consultants providing services for non-designated districts will be employed by Regional Health Authorities. The contracts of consultants presently serving non-teaching districts in teaching areas will be transferred to region.

Parliamentary Select Committee, Fourth Report

This report "Medical Education with Special Reference to the Number of Doctors and the Career Structure in Hospitals" was published in October 1981. CMO explained that Parliamentary protocol demanded Ministers make a prompt reply, so that only limited consultation with the profession would be possible.

It was suggested the Select Committee had failed to deal with the problem of doctors providing similar services in the clinical assistant and hospital practitioner grades but receiving widely different remuneration. Dr Ford noted the committee had recommended that if clinical assistants were insufficiently qualified to be appointed to part-time consultant posts associate specialist posts might be created on an individual basis.

It was felt the total freeze on SHO numbers suggested by the Select Committee might prove damaging in specialties such as paediatrics where posts were required for vocational trainees in general practice. CMO agreed the situation in these specialties required careful monitoring.

Hospital Medical Staffing Structure

Consultant Advisers had received copies of a paper sent to Regional Chairmen in September 1981. CMO hoped to gain the support of Regional Chairmen for the general strategy outlined in the paper. This was to increase the number of consultant posts relative to posts in the training grades in order, over a period, to accommodate greater numbers of British graduates.

CMO described complementary consultations with individual Royal Colleges and Faculties. It was hoped these would reveal how far individual specialties would in future require individually tailored staffing structures and terms and conditions of service. Special arrangements might be required for example in specialties with a heavy burden of emergency work throughout the day and night. CMO envisaged the need for much greater variation between specialties in future and even within specialties between different parts of England and Wales.

A computer model was described which had been prepared in the Department to help authorities predict the effects of a given level of service provided by different proportions of consultant and junior staff. The model predicted outcomes such as likely total costs and likely need for nursing support. The plan was that after theoretical studies authorities would seek local professional approval for experiments involving services provided by a higher proportion of fully trained doctors. CMO hoped experiments would reassure health authorities that a service provided largely by consultants could be established without a crippling increase in overall costs. It was possible that savings might be made, for example by more efficient use of diagnostic tests or by the greater willingness of fully trained staff to discharge patients from hospital and from out-patient clinics.

Medical staffing in relation to urological services

Mr Yeates confirmed that Urologists would welcome expansion of the consultant grade. Because of the high load of out-patient referrals and of advances in endoscopy much less work could now be delegated to juniors. Opinion within the specialty would favour the level of consultant staffing per head

of population now found in Sweden. To achieve this approximately 230 additional consultants would be needed. In order to predict the exact number of consultants needed Regional Surveys were in progress to identify the amount of urological work presently being performed by general surgeons.

Need for co-ordinated manpower planning in England, Wales, Scotland and Northern Ireland

Dr Rowell drew attention to the special problems which occurred in small specialties, such as dermatology, when determining the number of senior registrar posts required in England and Wales. Unless account was taken of the number of doctors from other parts of the United Kingdom who were likely to compete for consultant posts there might be serious overprovision of training opportunities. CMO agreed to consider what additional measures might be required.

Loss of University Lecturer (acting Senior Registrar) posts

Dr Johnson described difficulties currently being experienced by health authorities when academic posts were reduced in number. Doctors holding such posts often provided significant service to the NHS and it was rarely possible in the short term to divert funds to replace them. CMO acknowledged the extent of the problem and described steps being taken to prevent additional serious difficulties. He had written to the Medical Advisory Committee of the Committee of Vice-Chancellors and Principals asking Universities to consult health authorities in future before discontinuing academic medical posts. CMO would be meeting Professor Whelan to discuss this subject in the near future.

Limited registration - new General Medical Council regulations

Professor Kessel explained that from January 1982 limited registration would be granted only to doctors employed in hospital posts approved for training by one of the Royal Colleges or Faculties. The Council also intended to reduce the categories of doctors exempted from the tests of proficiency in English and of professional knowledge and competence conducted by the Professional and Linguistic Assessments Board. Staffing difficulties might arise in some specialties.

"Time-expired" senior registrars

CMO reported that the Department was currently considering a suggestion from the Joint Consultants Committee that fully trained senior registrars, considered by appropriate Colleges and by responsible consultants locally to be capable of consultant work, should be retained in their current posts rather than be found supernumerary posts. The purpose of this suggestion was to reduce the excess of fully trained senior registrars in some popular specialties. Fully trained doctors in this category would be expected to apply for all appropriate consultant posts which were advertised and their continued tenure would be conditional on this provision being properly observed.

6. Hospital Care

Hospital Policy Consultation Paper

CMO reported this paper was being revised to take account of views expressed by the Joint Consultants Committee and by individual Consultant Advisers.

Joint Liaison Committee on Building

This sub-committee of the Joint Consultants Committee was established to comment on policy relating to health building and on Departmental building guidance in draft form. CMO reported that the committee had not met for some time but, at the request of the JCC, he had agreed it would be reconvened.

7. Health Services Management

Steering Group on Health Services Information

CMO announced that in July 1981 the Steering Group, chaired by Mrs E Korner, had published a report for consultation. This report, prepared by the Working Groups A, attempted to identify which statistical information relating to hospital clinical services should be routinely collected and tabulated in the future. CMO hoped Consultant Advisers would help to ensure that essential information required by doctors in their particular specialties would continue to be readily available.

Report of the Patient Transport Services Working Party

CMO announced that the report of this working party, chaired by Mr W M Naylor, had been circulated to health authorities in September 1981. The Department had issued guidance on the management of patient transport services during the forthcoming restructuring of the Health Service, HN(81)28, but had asked for comments on how services should be managed in the longer term. The Health Notice asked for comments on the wider issues by September 1982 in order to allow District Health Authorities to develop practical experience of running services.

8. Community and Primary Care

"Care in the Community", HC(81)9

Dr Horder reported reactions to this consultation paper among general practitioner colleagues. They generally welcomed the proposed shift from institutional to community care but recognised that it would make greater demands upon the primary health care team, particularly on community nurses and community psychiatric nurses. It had been noted that much of the document was concerned with developing additional channels for funding developments in the personal social services. It was agreed that one key purpose of the paper was to strengthen joint finance by removing any bureaucratic obstacles which now existed.

"Primary Health Care in Inner London"

Dr Horder discussed this report of a study group chaired by Professor D Acheson. It had been published in May 1981. It was noted the group had criticised the quality of general practitioner premises and the limited accessibility of some Inner London doctors. Of particular concern were problems caused by some very elderly "single-handed" doctors with small practice lists. The British Medical Association had generally welcomed the report. The Association favoured schemes to encourage general practitioners to retire earlier but opposed obligatory retirement from the Health Service.

"The Primary Health Care Team"

This report was published in May 1981 by a Joint Working Group of the Standing Medical Advisory Committee and the Standing Nursing and Midwifery Advisory Committee. The Group had been chaired by Dr W G Harding. Dr Horder reported that the General Medical Services Committee had opposed certain important recommendations, including those that general practitioners might be offered a choice of remuneration by salary and that practices might be allocated specific catchment areas. The paper had been generally welcomed in nursing circles.

9. Future of Tropical Medicine Services in this Country

Dr Waters described how close links with Commonwealth Countries had led to high standards of service and a strong academic tradition in this specialty. It was important to preserve expertise in this field particularly in view of the great public alarm caused by cases of tropical infectious diseases. Recently however the specialty had come under threat. Firstly a significant number of academic posts had remained unfilled after retirements, and secondly district management teams had failed to provide sufficient funds to allow units to fulfil their supra regional role. CMO agreed that it was important to preserve the traditional excellence of this service and suggested that a central appraisal might be undertaken. He would consider the matter further.

10. Maternity Services

Maternity Services Advisory Committee

CMO announced this committee had been established on the recommendation of the Parliamentary Social Services Committee and would hold its first meeting in December 1981.

Cervical Cytology Recall Scheme

CMO reported that the present national recall scheme had been reviewed by a Working Party of the Committee on Gynaecological Cytology. It had been found that less than 20 per cent of recall notices issued resulted in a woman presenting for a further cervical screening test. Furthermore it was considered unsatisfactory that the scheme only covered women who had previously had a negative cervical smear. In April 1981 the Department had issued a consultation paper, HN(81)14, on future recall arrangements. This suggested that locally organised recall schemes might be established. Comments received had suggested no one pattern of recall arrangements would meet the needs of all parts of the country. The Committee of Gynaecological Cytology had also recommended changes in the age and frequency at which symptomless women should be offered cervical screening. The committee felt screening should be offered at an earlier age to combat the rising death rate from carcinoma of the cervix in younger women. The DHSS was considering the comments received.

11. Infectious Diseases

Expert Group on Slow Viruses

CMO reported that in November 1981 this expert group had listed precautions needed to prevent infection spread by samples of tissue or blood from patients infected by "slow viruses", for example the agent responsible for Creutzfeld-Jakob disease. The report would be circulated to the NHS.

Third Report of the Advisory Group on Testing for the Presence of Hepatitis B Surface Antigen and its Antibody

CMO reported the Advisory Group had recommended that blood donations to be used for protein fractionation should be tested at a higher level of sensitivity. Dr Gunson felt that good progress had already been made towards implementing the recommendations of the Advisory Group in Regional Transfusion Centres.

Interim Advisory Committee on Safety in Clinical Laboratories

CMO reported that the work of this committee had been completed with the publication of a second bulletin of advice in September 1981. The guidance would help Health Service Authorities in their task of meeting the requirements of recent Health and Safety Legislation.

12. Services for Children

Final Report of the Sub-Committee Appointed to Consider Services for Hearing Impaired Children

CMO drew attention to this report which noted recent improvements in screening and diagnostic services but identified further unmet needs.

Legislation arising out of the Warnock Committee Report

CMO described a Bill presently before Parliament which will lay a duty upon District Health Authorities to inform the Local Education Authority, after discussion with the parents, if a child is likely to have special educational needs. Professor Oppe felt this legislation required of doctors what was already good practice and that important problems of medical confidentiality were not involved.

13. U100 Insulin

CMO reported good progress in making insulin of this strength available in Britain. It was hoped it would be in general use by January 1983.

14. Medical Ethics

CMO hoped the publicity given to cases which had recently come to court would lead to a wide public debate. It was felt that central guidance would not be helpful at this stage.

15. Dates of future meetings

18 June 1982

19 November 1982