

Commission on Patient Safety and Quality Assurance

Minutes of 4th meeting 26 April 2007

In attendance:

Chair: Dr. Deirdre Madden, Senior Lecturer in Law, University College Cork
Dr. Richard Brennan, General Practitioner, Kilkenny
Dr. Eibhlín Connolly, Deputy Chief Medical Officer, Department of Health and Children
Mr Tim Delaney, Chief Pharmacist, AMNCH
Edwina Dunne, National Head of Quality of Risk, Office of the CEO, Health Services Executive
Paul Fox, Process Engineering Manager, Bausch and Lomb, Waterford
Dr. Mary Hynes, Director of Quality and Risk, National Hospitals Office, Health Services Executive
Margaret Murphy, Patient/Carer representative, Cork City
Tiberius Pereira, Patient/Carer representative, Dublin
Dr. Ailis Quinlan, Clinical Indemnity Scheme
Dermot Smyth, Assistant Secretary, Department of Health and Children
Dr Alf Nicholson, Consultant Paediatrician, Our Lady of Lourdes Drogheda, (sub-group morning session)

Secretariat:

Aidan Clancy, Department of Health and Children
Ailish Corr, Department of Health and Children

Summary of Action Points

	Action	By whom	Deadline
1	Administrative resources to be sought for sub-groups to facilitate research support	Dr. Eibhlín Connolly, Dermot Smyth	ASAP
2	Subgroups to consult with each other, via e-mail, in relation to people they would like to invite to meeting/conference	Chair of each subgroup to e-mail 2/3 names to all Commission members – may identify cross-over between groups	ASAP
3	Subgroup reports to be produced Circulate	Chair (or deputy chair) of each subgroup Secretariat	ASAP

Agenda Item 1 - Apologies

Dr. Treacy Cooper, CEO, Health Information and Quality Authority

Ms. Mary Duff, SRN, Director of Nursing, St. Vincent's Hospital
Dr Gabriel Scally, Regional Director of Public Health for the South West
Region of England, Bristol, England

Agenda Item 2 – Minutes of previous meeting / matters arising

There was a short discussion regarding the minutes of the previous meeting. The minutes recorded that figures had been presented which indicated that Ireland's rate of Health Care Associated Infections was lower than the UK but had not recorded the observation that the basis for the figures were dissimilar and, therefore, the figures may not be directly comparable. It was agreed that the minutes should be amended accordingly.

Action points from Minutes

ACTION POINT 1- Dermot Smyth indicated that the Department of Health and Children were checking a number of possible sources to provide a research person to the Commission as soon as possible.

ACTION POINT 2 - Dermot Smyth indicated that presentation on Medical Practitioners Bill and Pharmacy Bill would be made later in the meeting.

ACTION POINT 3 - The Chair noted that subgroup reports had been completed

Agenda Item 3 – Correspondence

The Chair noted that correspondence had been received from Mr Fergus Clancy, Mater Private Hospital who had made a presentation to the licensing subgroup at their March meeting on behalf of the Irish Independent hospitals Association. Mr Clancy indicated his willingness to address the main group or to be involved in any way in the overall process.

Agenda Item 4 – Reports from Subgroups

Each subgroup Chair presented a verbal report from the earlier subgroup meetings. A written report from each subgroup will be prepared by the Chair of each subgroup and circulated via the Secretariat.

Agenda Item 5 – Presentation from Dr Ailish Quinlan, State Claims Agency

Dr Quinlan gave a presentation on the work of the Clinical Indemnity Scheme. The following points were made during the subsequent discussions

- The objectives of the CIS are to drive and support a patient safety culture, to reduce the number of clinical claims and to manage clinical claims in a cost-effective and timely manner.
- CIS covers HSE/ Statutory Body, Public Voluntary Hospitals and other agencies commissioned to provide clinical services to eligible patients.
- CIS does not cover private hospitals, good samaritan acts outside the island of Ireland, needle-stick injury to staff, disciplinary hearings or criminal cases.
- Adverse clinical incidents are reported to the CIS by healthcare enterprises through a new web-based IT system called STARSWeb. This system enables healthcare enterprises to record adverse clinical and near misses, clinical negligence claims and anticipated claims, Employer's Liability and Public Liability incidents and claims.

- 95,000 clinical adverse events and “near misses” have been recorded on the CIS system since 2003.
- Clinical Risk Advisers at the CIS run reports on the system on a regular bases. They notify their Claims colleagues of serious adverse events that may give rise to litigation while also ensuring that an appropriate risk management exercise is carried out at enterprise level.
- The breakdown between categories of claims has remained constant since 2005.
- The majority of incidents notified to the system are notified by nurses. This mirrors the international picture.
- The CIS is excluded from the provisions of FOI because it is situated within the National Treasury Management Agency.
- While obstetrics represents 17% of the number of claims, it represents 60% of the cost of settling claims.

Agenda Item 6 – Presentation 1

Ms Grainne Duffy, Department of Health and Children on Medical Practitioners Act 2007

Ms Duffy made a PowerPoint presentation on the new Medical Practitioners Act 2007. A copy of the presentation was circulated to Commission members.

The main points from this presentation were:

- The need for new legislation stems from changes in medical practice, greater patient expectations, and high profile incidents.
- The structure of the Act consists of five broad areas –Membership of the Medical Council, its functions and governance; registration; complaints, inquiries and sanctions; medical education and training; and maintenance of professional competence.
- Membership of the Medical Council consists of 25 members –12 nominated or elected by the medical profession plus 13 others (5 nominated by Minister).
- Under the Act doctors must be registered to practise medicine.
- Complaints, inquiries and sanctions – a new committee structure has been introduced comprised of a Preliminary Proceedings Committee and a Fitness to Practise Committee.
- Number of routes for complaints - Inquiry, Mediation, Competence Assurance, Health Committee, Referral to HSE or other.
- Various sanctions (including fines).

The following points were made during the associated discussion:

- The Bill was passed by the Oireachtas on 25 April 2007 (the day before the Commission Meeting).
- There had been no major change to this area of legislation in 30 years.
- The legislation was drafted after a consultation over a 6 month period and in the light of 58 submissions.
- All committees of the Medical Council will have medical majorities, except the Fitness to Practice Committee. In the event of additional members being

co-opted to the Fitness to Practice Committee, the balance between medical and lay members as laid down in the Act must be maintained.

- The Preliminary Proceedings Committee which decides whether there are prima facie grounds for the holding of a Fitness to Practice inquiry, has a medical majority.
- HSE now has a significant statutory role in supporting competence assurance and continuing education and training of medical practitioners.
- Records created in relation to competence assurance are not subject to FOI.

Agenda Item 6 - Presentation 2

Mr Tom Monks, Department of Health and Children on Pharmacy Act

Mr. Monks made a presentation to the Commission. A copy of the presentation was circulated to Commission members.

The main points from this presentation were:

- The Pharmacy Act 2007 removes the derogation whereby there was a restriction on pharmacists educated in other EU or EEA countries from owning, managing or supervising a pharmacy in Ireland that is less than three years old.
- The Act will, for the first time, apply a fitness to practice regime to the pharmacy profession. Fitness to practice hearings will normally be held in public unless the Disciplinary Committee itself decides that the public interest is best served otherwise.
- Another objective of the Act is to ensure that the Pharmaceutical Society of Ireland's (PSI) Council has adequate powers to regulate the pharmacy profession having regard to the need to protect, maintain and promote the health and safety of the public.
- In the interest of public health and safety the Act requires that an experienced (minimum 3 years post qualification), nominated pharmacist must be in personal and whole-time charge of each registered retail pharmacy premises.
- The Act also requires that corporate bodies should have an experienced (minimum 3 years post qualification) pharmacist in personal control of that part of the business that consists of the management and administration of the retail sale and supply of medicinal products.

The following points were made during the associated discussion:

- Language competency is a difficult issue; requirements are different for pharmacists dealing directly with the public and those working in a "back-office" environment.
- Pharmacy licence must be renewed on an annual basis; both the physical environment and the pharmacists employed are considered for this purpose.
- Only a minority of PSI council members are nominated by pharmacists.
- The pharmacist in charge of a retail pharmacy must have a minimum of 3 years post-graduate experience.
- Sections 63, 64 and 65 of the Act deal with GPs and pharmacists sharing the same premises; the provisions are complex.
- Traditional hospital pharmacies are not covered by the bill; however, where a hospital pharmacy retails products (e.g. to staff) they are covered.

Agenda Item 7 – AOB

The Chair noted that a Report from the Joint Committee on Health and Children on Adverse Side Effects of Pharmaceuticals is available on the Oireachtas website. The Report mentions the work of the Commission and recommends the establishment of a Patient Safety Agency.

The issue of two-day meeting/conference was discussed. Two options emerged i.e. two-day meeting with invited experts in the safety /quality /licensing /audit / accreditation area or participation in combined conference with HSE and other stakeholders.

It was agreed to look at the structure of the final report, including recommendations, at the next meeting.

Next meeting

31st May 2007 – Venue to be confirmed

Signed _____

Dr Deirdre Madden

Chairperson

Commission on Patient Safety and Quality Assurance

Date _____