

**MINUTES OF THE MEETING
SPECIALTY ADVISORY COMMITTEE PAEDIATRICS
TUESDAY 10 SEPTEMBER 2002
2.15PM - 5.00PM
ROOM C3.18, CASTLE BUILDINGS**

Present:

Dr A Bell
Mr V Boston
Dr B Craig
Dr N Corrigan
Dr P-M Crean
Dr C Gaston
Dr F Leddy
Dr J McAloon

Dr J Nelson
Dr B O'Connor
Dr J Porteous
Dr M Shields
Dr M Stewart

DsPH/Representatives

Dr C Beattie
Dr F Kennedy
Dr W McConnell

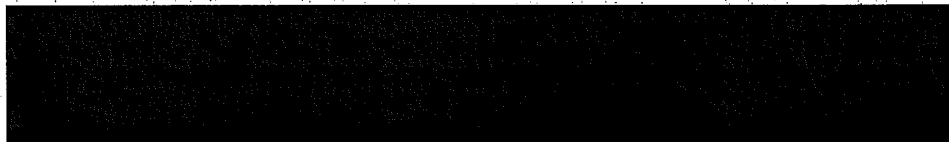
Department

Dr H Campbell, CMO
Dr I Carson
Dr M McCarthy
Dr C Willis
Dr P Woods
Mr N Lunn
Mrs I Wilkinson

1. **ITEM 1 - APOLOGIES:**



2. **ITEM 2 - MINUTES OF THE PREVIOUS MEETING - PAPER 1/02**



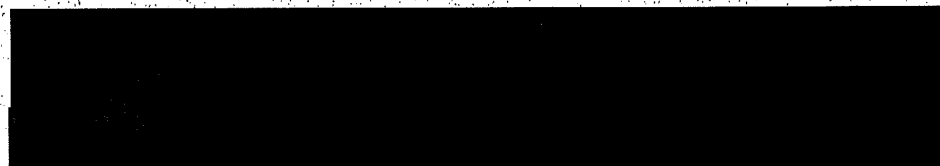
DHSSPS

3. **ITEM 3 – MATTERS ARISING**

- **Paediatric Surgery**



- **Rehabilitation for Brain-injured Children**



- **Hyponatraemia**

Members commended the guidance on the A2 laminate circulated previously.

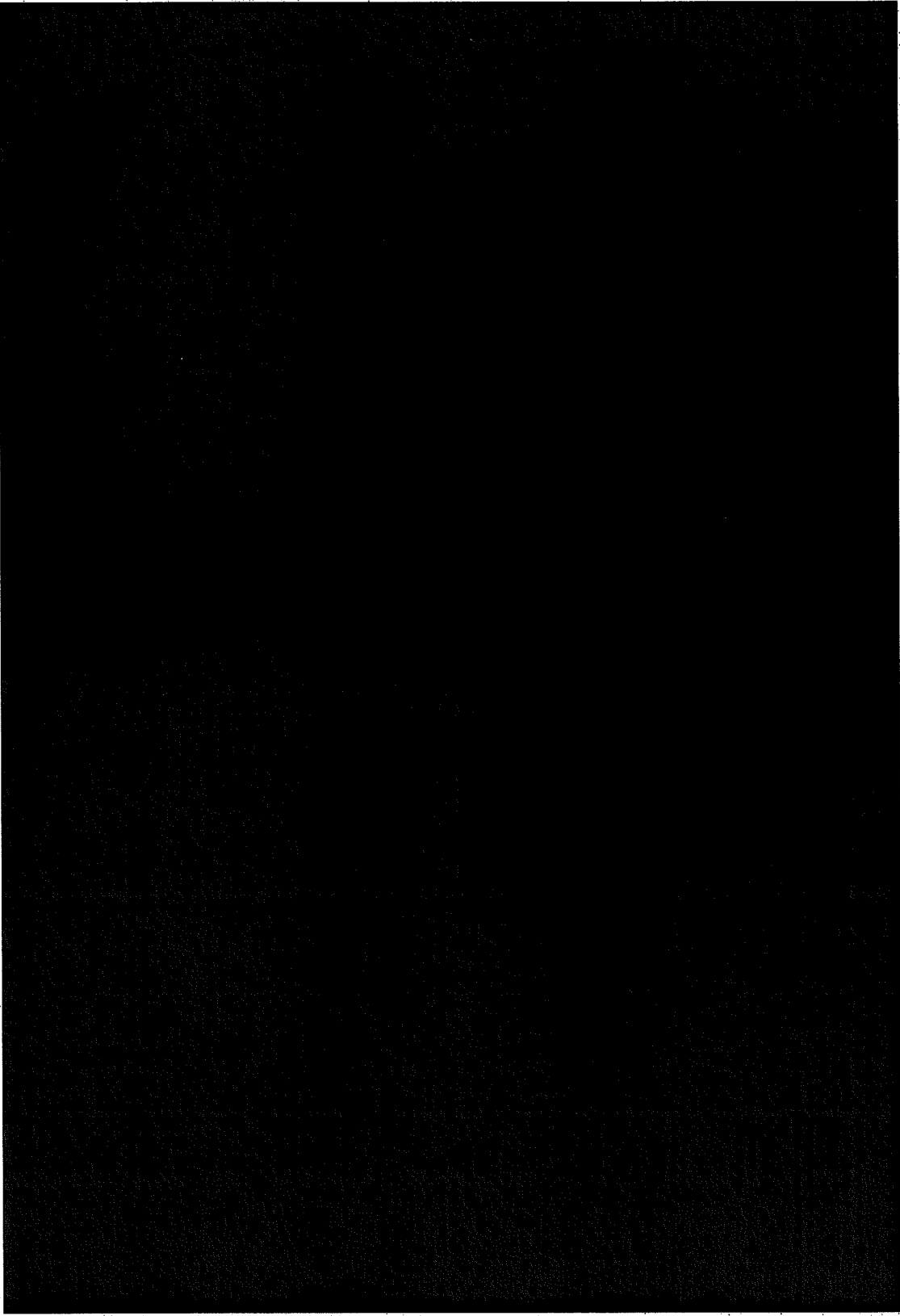
It was suggested that an audit of the guidelines in due course would be valuable.

CMO asked members to suggest names and contact details of possible SpRs in either paediatrics or anaesthetics who would be interested in taking this forward.

ACTION: Committee - to advise Dr McCarthy

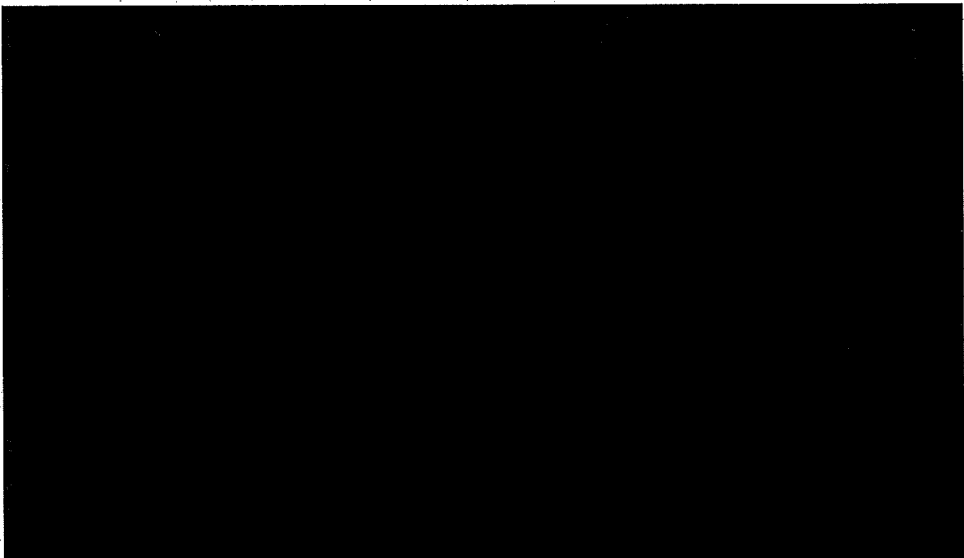
4. **ITEM 4 – MEDICAL STAFFING AND DEVELOPMENT – PAPER 2/02**



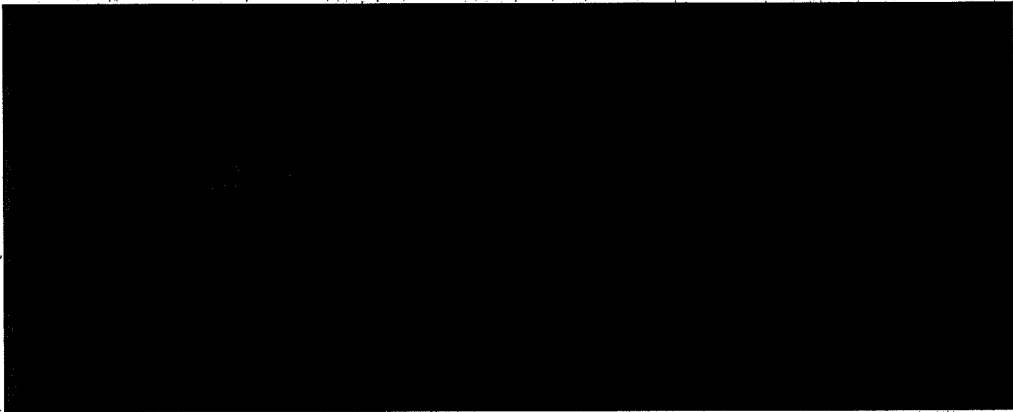


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5. **ITEM 5 - NEONATOLOGY**



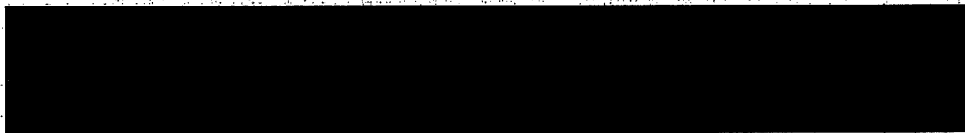
6. **NEONATAL AND PAEDIATRIC TRANSFER – SUMMARY OF WORKSHOP
HELD 10 APRIL 2002 – PAPER 6/02**



7. **ITEM 7 - FRAMEWORK FOR THE CARE OF CHILDREN REQUIRING LONG-TERM VENTILATORY SUPPORT - PAPER 7/02**



8. **ITEM 8 - REVIEW OF RENAL SERVICES - PAPER 8/02**



9. **ITEM 9 - UPPER AGE LIMIT FOR ADMISSION TO THE CHILDREN'S HOSPITAL - PAPER 9/02**

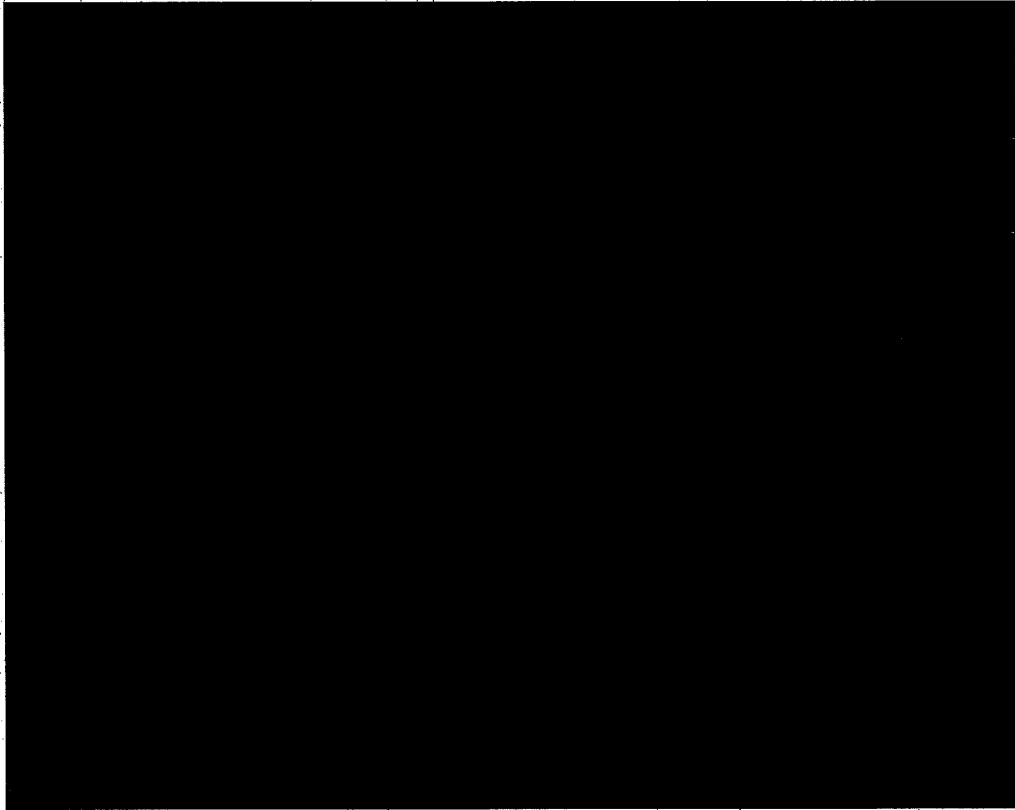
Introducing this item, Dr Craig inquired about raising the limit for admission and referral to the Children's Hospital from 12 years to 14 years.

Members agreed that in general 12 years was too young for admission to an adult ward. Custom and practice had evolved independently in Trusts and there was disparity in practice between different Trusts as well as within Trusts between elective and emergency admission.

CMO agreed to write to Trust Chief Executives highlighting the concerns of the Committee, and to look for DHSSPS policy documents on this issue.

ACTION: CMO / Dr Willis

10 **ITEM 10 - CHILD PROTECTION**

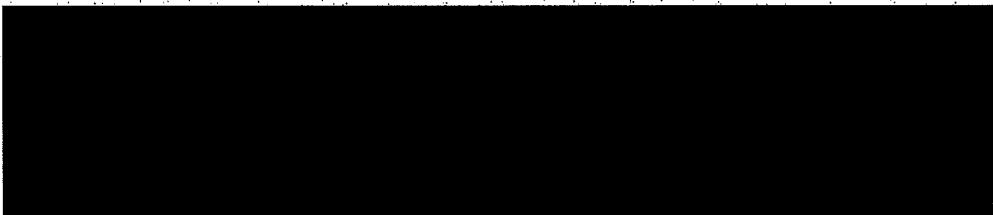


11. **ITEM 11 – FUTURE ARRANGEMENTS FOR CESDI AND CEMD – PAPER 13/02**



12. **ITEM 12 – DEVELOPING BETTER SERVICES - PAPER 14/02**



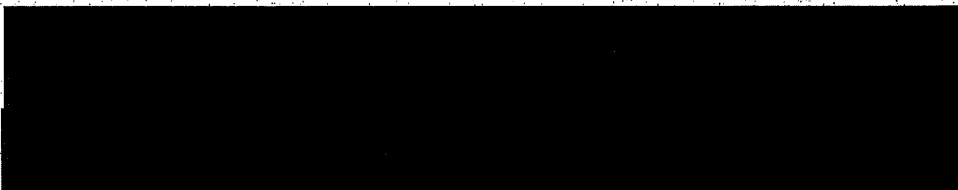


13. **ITEM 13 – BEST PRACTICE – BEST CARE – PAPER 15/02**

Dr Carson outlined the core elements of the report, "*Best Practice – Best Care.*"

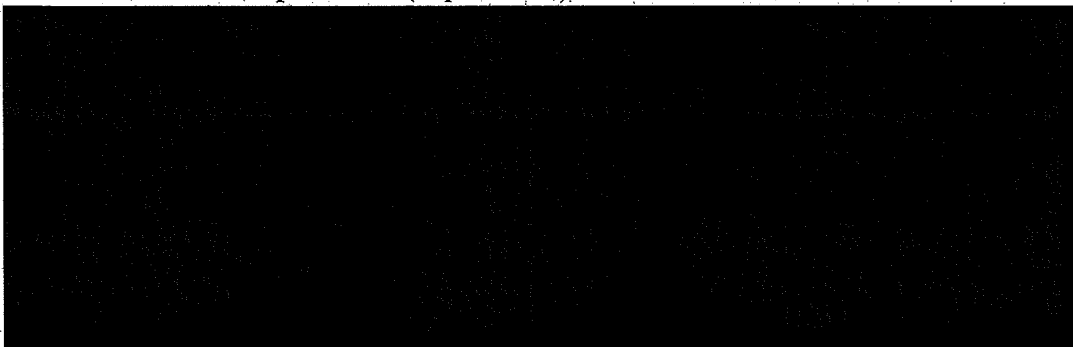
He said that the HPSS Quality, and Improvement Regulation Bill had been cleared by the Executive and had passed through the first and second reading stages. It was anticipated that implementation of the arrangements arising from "*Best Practice – Best Care*" would be in place by April 2003.

14. **ITEM 14 – AUDIT OF SPECIALTY ADVISORY COMMITTEES – PAPER 16/02**



15. **ANY OTHER BUSINESS**

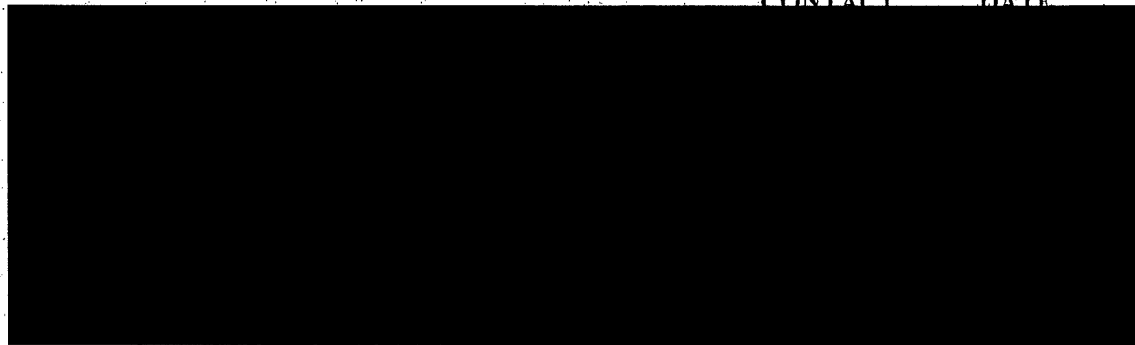
- Membership of HSSC (Paper tabled)



NOVEMBER 2002

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**SAC PAEDIATRICS
10 SEPTEMBER 2002
ACTION POINTS**

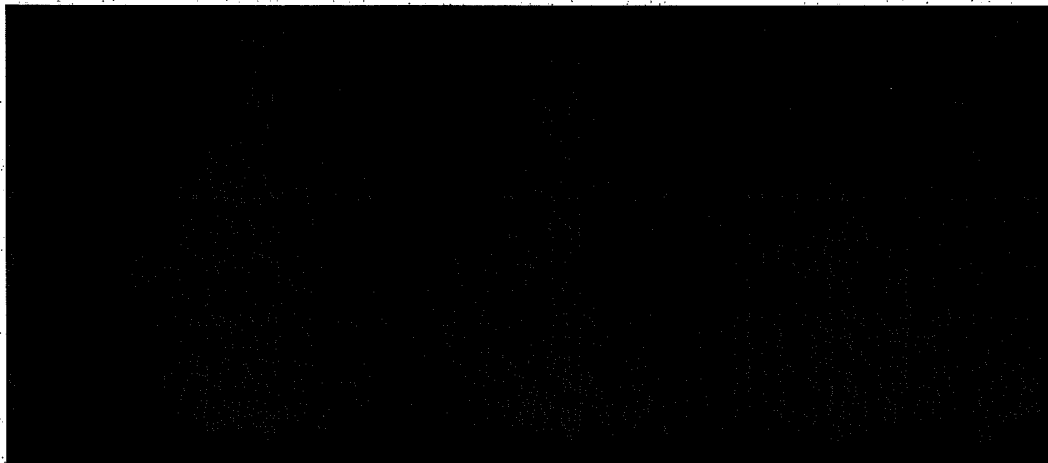
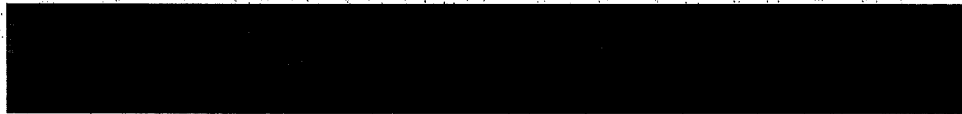
ITEM	ACTON	LEAD	DHSSPS CONTACT	PROGRESS DATE
				

Hyponatraemia

Suggest possible
SPRs to audit
guidelines

Committee

Dr McCarthy



NOVEMBER 2002

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