

**MINUTES OF THE MEETING OF SPECIALTY ADVISORY
COMMITTEE PAEDIATRICS HELD AT 2.15PM ON TUESDAY
12 NOVEMBER 1996 IN ROOM D.4.2 CASTLE BUILDINGS**

Present:

Mr S Potts
Prof. H Halliday
Dr E Hicks
Dr J McAloon
Dr M Hollinger
Prof. B G McClure
Dr C Corkey
Dr A T Brown
Dr D Carson
Dr P Jackson
Dr D Brown
Dr K Sharma
Dr M Stewart
Dr J Wilson
Dr V Gleadhill
Dr G Mulvaney
Dr J Glasgow
Dr J G Jenkins

DsPH/Representatives:

Dr B Farrell
Dr W W M McConnell
Dr C Beattie

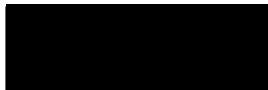
Department

Dr H Campbell (Chairman)
Dr J D Acton
Dr P Woods
Mrs L Edgar (Secretariat)

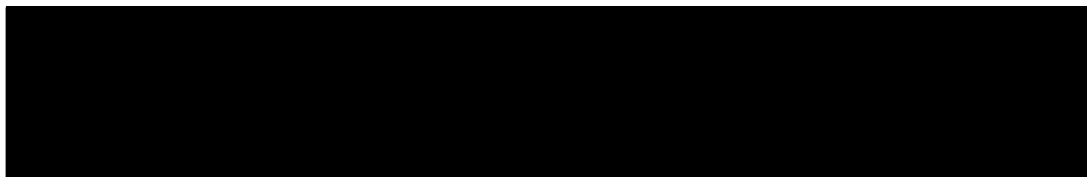
In attendance

Mr J Clarke (Item 8)

1. APOLOGIES

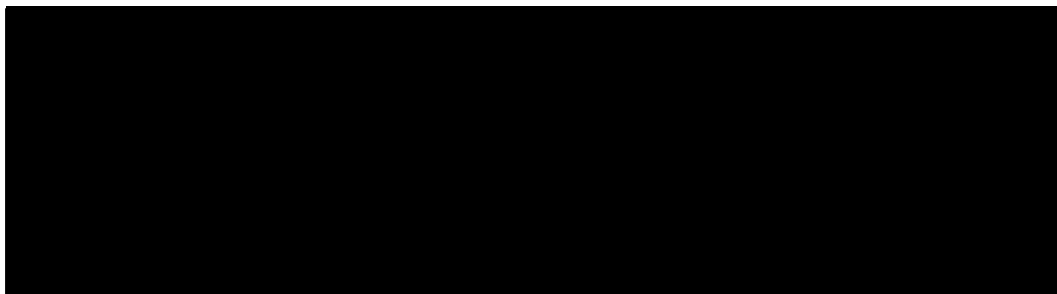


**2. MINUTES OF THE MEETING ON 9 NOVEMBER 1995.
SAC PAEDIATRICS 1/96**





3. **MATTERS ARISING**



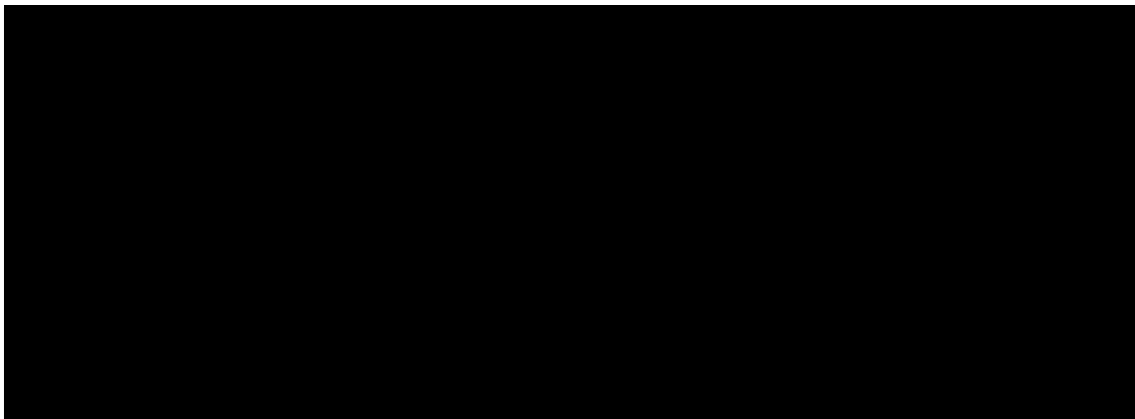
- Future configuration of paediatric and child health services in Northern Ireland.

It had been agreed at last year's meeting to set up a Group to examine Paediatric and Child Health services. This had not been possible due to other pressures.

Dr Jenkins felt that this was a good time to conduct a review as a range of professional guidance documents had been published in recent years and there was a need for a regional overview to ensure appropriate development of paediatric services. It was agreed that a review of paediatric services should be undertaken.

- Neonatal Audit Group Second Annual Report: 1 April 1995-31 March 1996 - SAC Paediatrics 1a/96





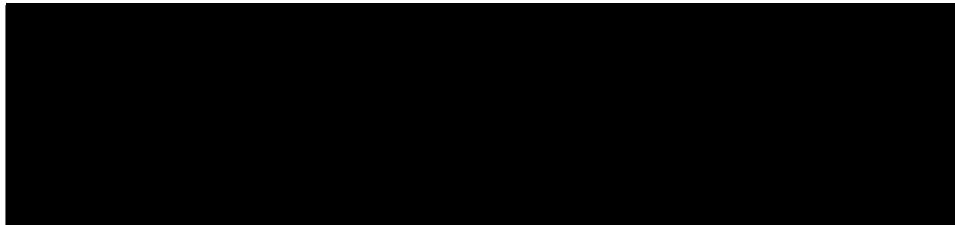
- Paediatric Intensive Care - Transfer Arrangements.

Professor Halliday tabled a paper which he had prepared with Dr Bob Taylor which examined the need for and problems associated with the transportation of ill neonates and children.

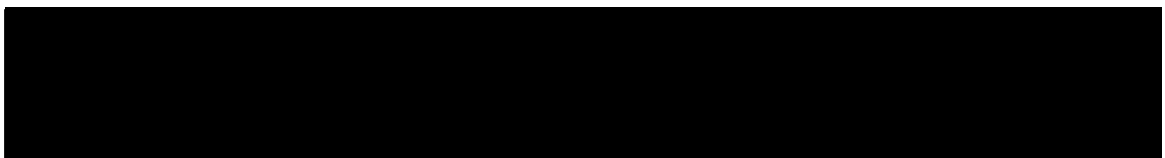
Dr Jenkins pointed out that present services were based on inadequate transport facilities. There was a need to develop a dedicated regional retrieval service as existed in some regions of the UK. Dr Trevor Brown stressed that this issue should be considered a clinical priority.

CMO said that a number of important issues had been raised which required consideration.

- Future rationalisation of maternity services in the Eastern Board Area



- Draft Regional Strategy





4. MEDICAL STAFFING REVIEW - SAC PAEDIATRICS 2/96

Dr Woods introduced this item by reporting that there were now 42 consultants in post, an increase of 6 on the previous year. There were 3 recently advertised posts that had not been filled and, although relatively few retirements were anticipated in the next decade, prospects for growth in consultant numbers remained encouraging. There were 21 higher specialist trainees in the programme and two flexible trainees in addition to this. He proposed that the number of Specialist registrars should be increased to 22. Following discussion, this was agreed.

Continuing, Dr Woods stated that SHO numbers had traditionally varied in response to service demands. It was envisaged that, in future, numbers in the grade would be planned on the basis of career outlets. Based on the projected need for consultant paediatricians, GPs and non-consultant career grades in the specialty, he estimated the number of SHOs required was of the order of 40-45. This compared with the current number of at least 50 SHOs. Commenting, Dr Jenkins felt the accuracy of the figures was debatable. Responding, Dr Woods accepted this but stressed this was an initial crude exercise and would require further refinement.

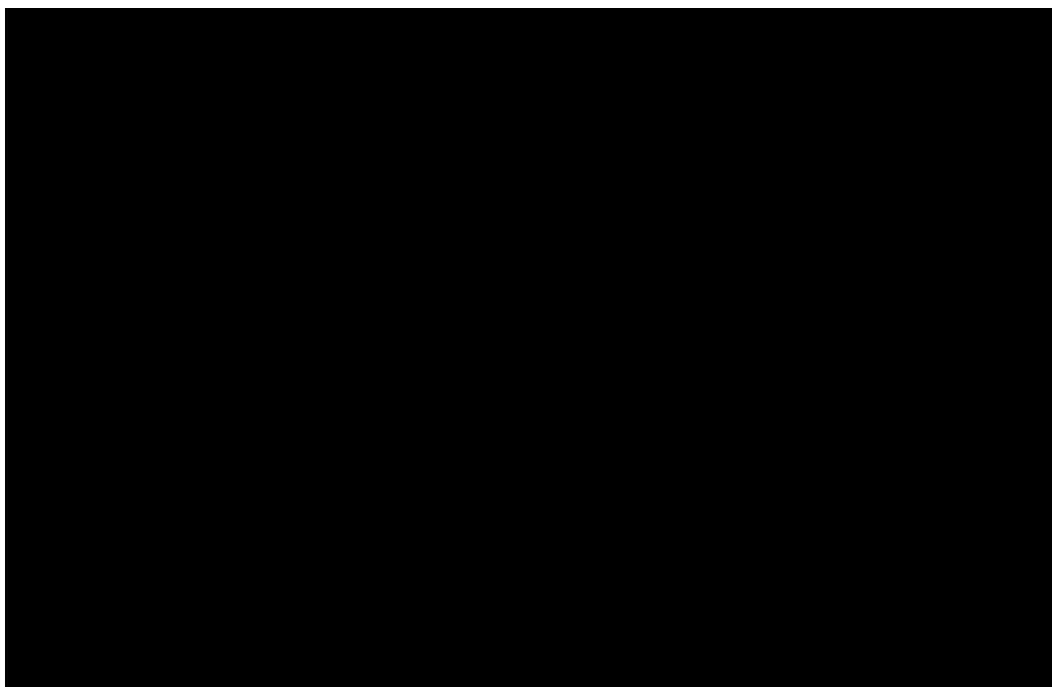
In discussing the paediatric sub-specialties, members supported the establishment of posts in paediatric cardiology, paediatric A&E and paediatric intensive care. It was agreed that the number of training posts in community paediatrics should be increased where feasible. Whilst the need for a consultant in paediatric rheumatology was accepted, the establishment of a training post was not considered a priority.

**5. HEALTH AND WELLBEING: INTO THE NEXT MILLENNIUM. REGIONAL STRATEGY FOR HEALTH AND SOCIAL WELLBEING 1997-2002.
SAC PAEDIATRICS 3/96**

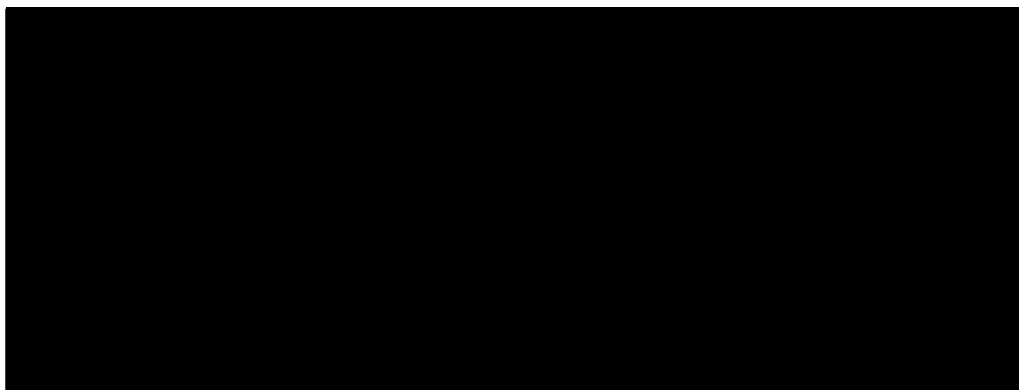
CMO said that the Regional Strategy had now been issued. Significant changes were taking place in the provision of acute services and it would be interesting to see how future services evolved.

Members welcomed the planned rationalisation of acute care and emphasised the need for the active support of health professionals in facilitating changes that would benefit the population of Northern Ireland.

**6. THE COMMISSIONING AND PROVISION OF MATERNITY SERVICES: POLICY GUIDELINES -
SAC PAEDIATRICS 4/96**



7. **IDENTIFICATION OF CRITERIA FOR HIGH AND LOW RISK PREGNANCIES - SAC PAEDIATRICS 5/96**



8. **CHARTER STANDARDS FOR SERVICES FOR CHILDREN AND YOUNG PEOPLE - SAC PAEDIATRICS 6/96**

CMO stated that the above Charter had been issued for consultation and advised members that any comments should be forwarded to the Department before the deadline.

Dr Hicks welcomed the Charter but felt it contained double standards for nursing staff. The standards required for hospital staff were explicit unlike those for their community colleagues which were not so clear. She also felt that the term *children's specialist* was too loose and open to misinterpretation.

Dr Hollinger pointed out that on page 6 there was no reference to the designated doctor coordinating the assessment of special needs.

Dr Wilson felt that the section regarding *GP call out (Paragraph 64)* should be amended as it could deter parents from phoning GPs at night even for advice.

9. **CHILDREN (NI) ORDER 1995 - SAC PAEDIATRICS 7/96**

CMO invited Mr John Clarke to give a brief presentation on the Children (NI) Order 1995.

Mr Clarke stated that the Order had become law on 15 March 1995 and was due to become fully operational on 4 November

1996. He explained that the wide-ranging changes being brought about as a result of the Order would have a major impact on all aspects of law relating to children and brought N. Ireland legislation into line with the Children Act 1989 in England and Wales.

Dr Glasgow said that real emphasis needed to be put on identification of children in need and how information is collected by Boards and Trusts.

Dr Hicks emphasised the need for ongoing training for all staff involved with children including medical staff.

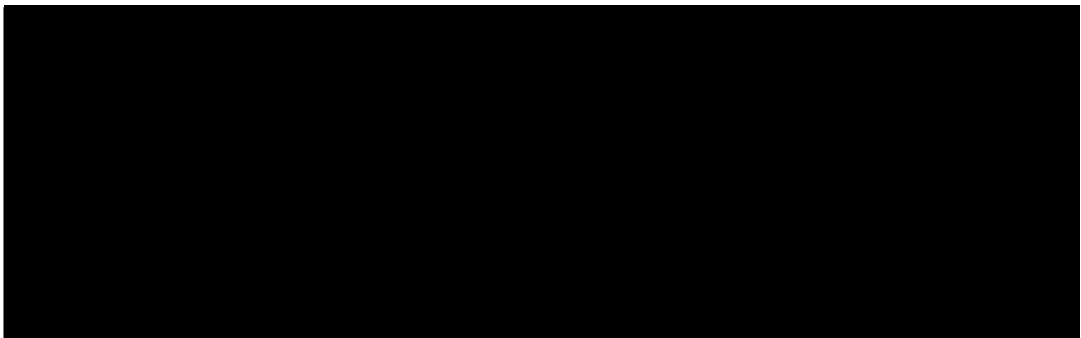
Dr Hollinger stressed the need for assessment of local children in all areas including those with a disability. A full range of appropriate services should then be developed to meet the identified needs of these children.

Dr Sharma commented that there were implications for community child health services that had not been taken account of in resourcing the new arrangements.

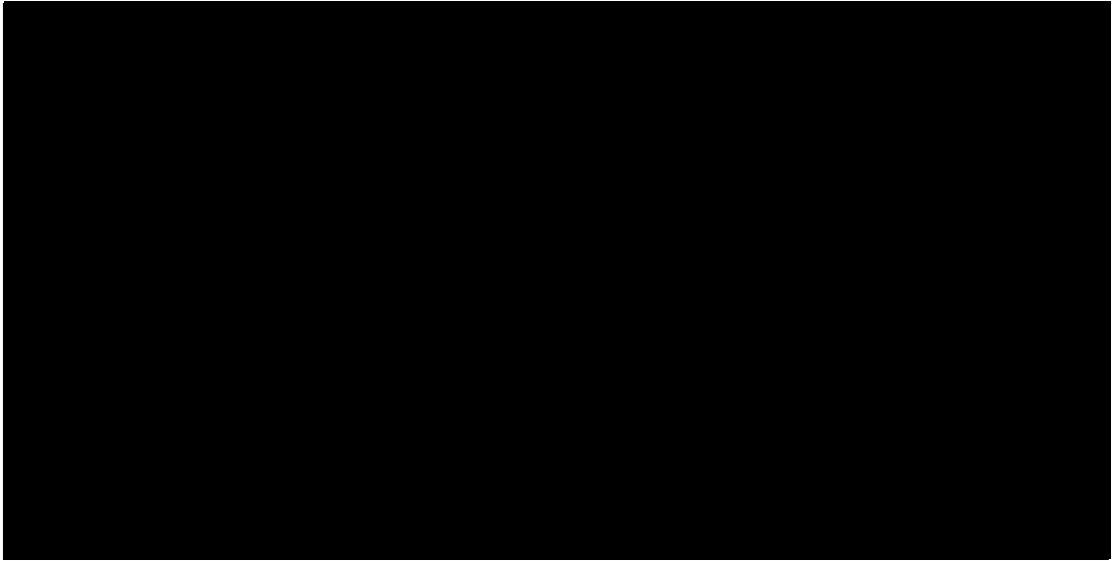
Both Dr McConnell and Dr Beattie stated that detailed bids had been submitted by HSS Boards but the eventual sums received were considerably less than necessary.

CMO accepted the comments and concerns raised by members.

10. SERVICES FOR CHILDREN WITH LIFE LIMITING DISORDERS - SAC PAEDIATRICS 8/96



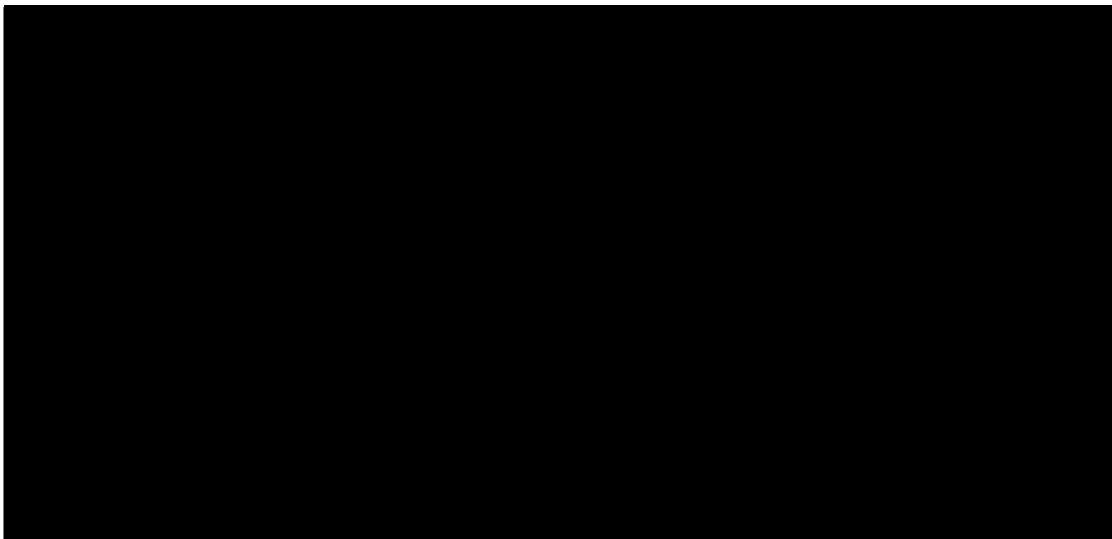
**11. CANCER SERVICES: INVESTING FOR THE FUTURE -
SAC PAEDIATRICS 9/96**



12. CLINICAL EFFECTIVENESS - SAC PAEDIATRICS 10/96

CMO stated that a lot of work had already been done to ensure that services were being delivered as effectively as possible and that as a result of this SAC meeting other work would shortly be set in motion.

**13. IMPENDING MEDICAL ADVANCES IN SPECIALTY -
SAC PAEDIATRICS 11/96**





14. R&D - CULYER INITIATIVE - SAC PAEDIATRICS 12/96

CMO advised that a new Director of Research and Development had now been appointed which she hoped would provide a focus for research for the future.

**15. NOMINATIONS REQUIRED FROM SPECIALTY
ADVISORY COMMITTEES FOR MEMBERSHIP OF HSSC**



16. ANY OTHER BUSINESS

