

**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

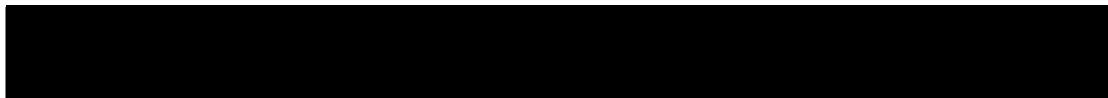
DsPH/Representatives

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



3. ITEM 3 – MATTERS ARISING

- **Paediatric Surgery**

CMO drew the attention of members to the paper tabled, "*Paediatric General Surgical Services.*"

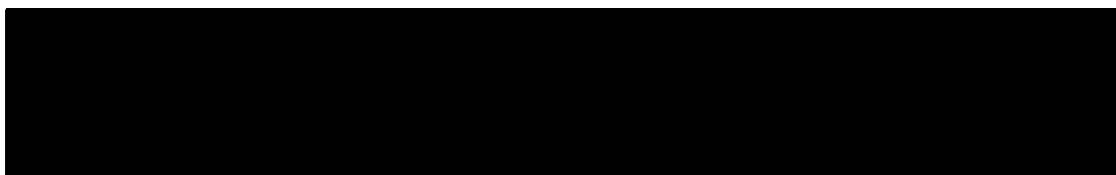
Altnagelvin surgeons raised concerns regarding paediatric general surgery in their hospital. Dr Crean suggested that the model of a small group of paediatric anaesthetists taking a special interest in paediatrics could be adopted for anaesthetic provision.

CMO highlighted that it would not be desirable, nor practicable for centres such as Altnagelvin to stop all paediatric surgery.

CMO advised that, "*Paediatric Surgery,*" would be an agenda item at the meetings of SAC Anaesthetics to be held 1 October and at SAC General Surgery to be held 10 December.

ACTION: Secretariat

- **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

Dr Woods introduced this item by stating that the Committee had recommended that a phased increase in specialist training numbers to a level of 40 should begin in 2003. However, he reported that resource constraints had precluded the implementation of this recommendation.

He reported that at present there were 56 consultants in post with six vacancies and despite these vacancies there had been a loss of five specialist registrars in the previous year; four of whom could have been considered available for a consultant appointment. In itemising factors that were likely to impact on future consultant requirements, he drew particular attention to two:

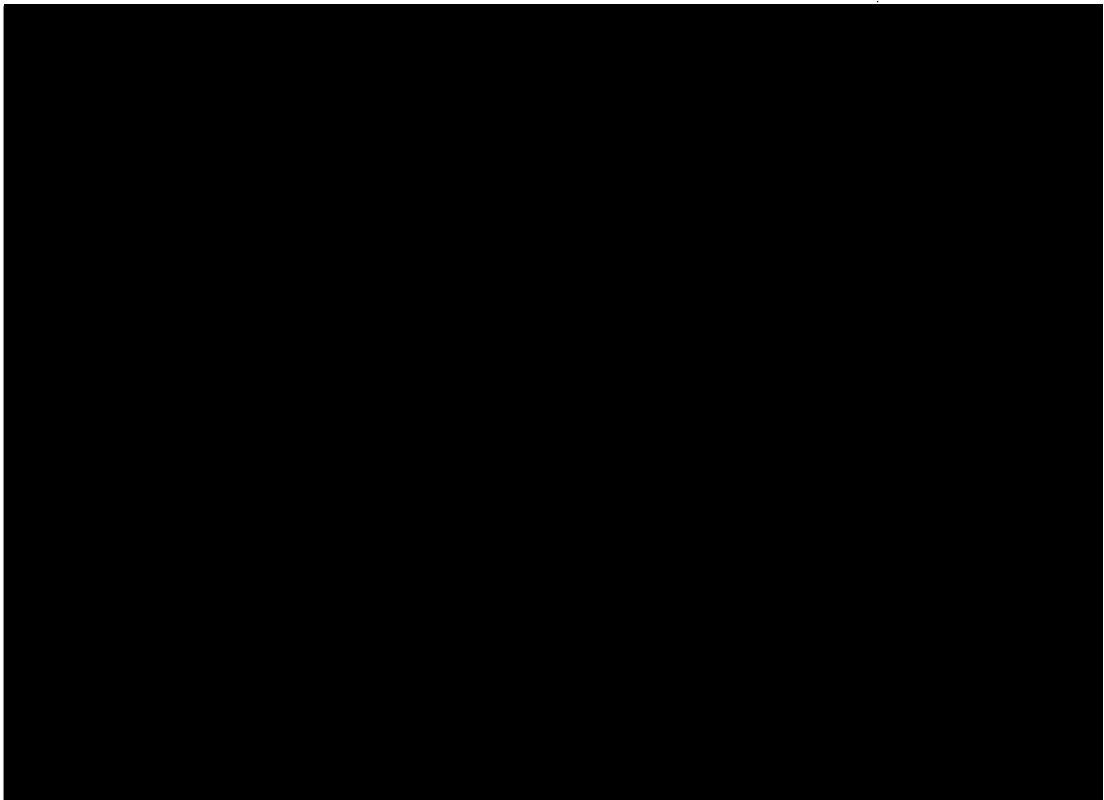
- Proposals in *Developing Better Services* which pointed towards nine acute sites and the development of networks;
- The European Working Time Directive – the impact on consultant numbers is highly influenced by the number of sites and residence status.

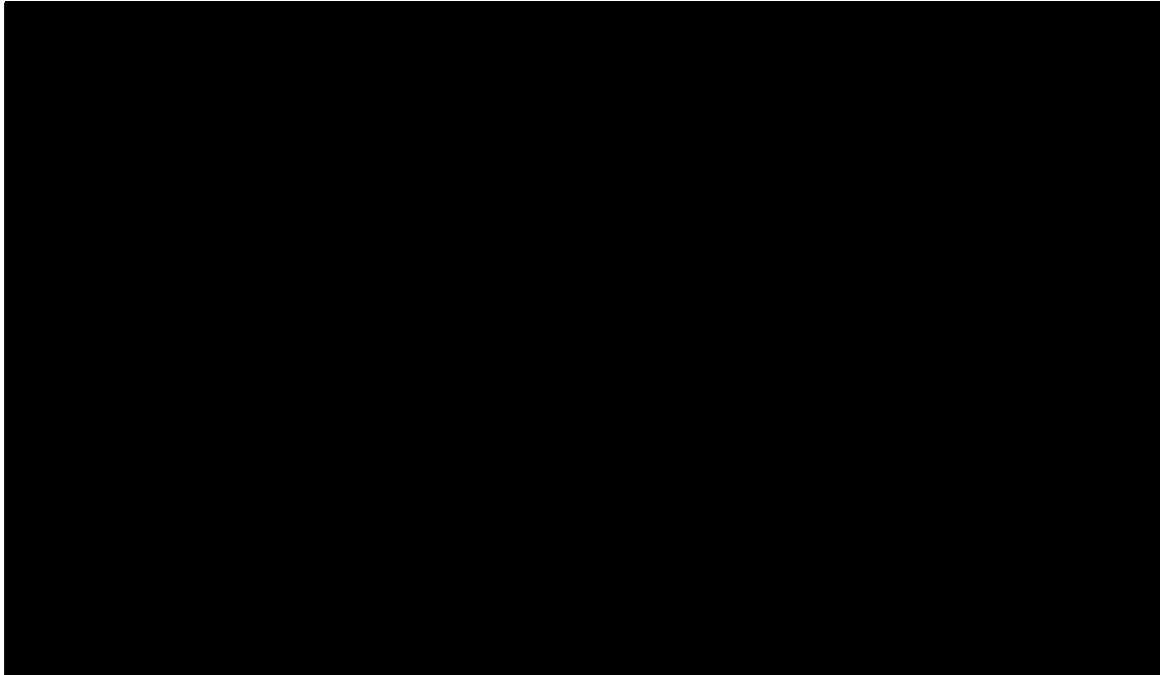
Referring to a Paper that had been prepared by Dr Jenkins he projected a growth of 60 posts. In addition, making allowance for increased part-time working in the consultant grade and the effects of part-time training. Dr Woods estimated a requirement for 64 specialist registrars, more than double the current complement.

Responding, whilst recognising the assumptions, members expressed a degree of scepticism that it was realistic that such a number of posts would emerge over the next decade. However, they were of the view that there was a need for an increase in training numbers if for no other reason to increase the training capacity in obligatory elements of the training programme i.e. neonatology and community paediatrics.

Members advised an increase in four posts would be a practical first step.

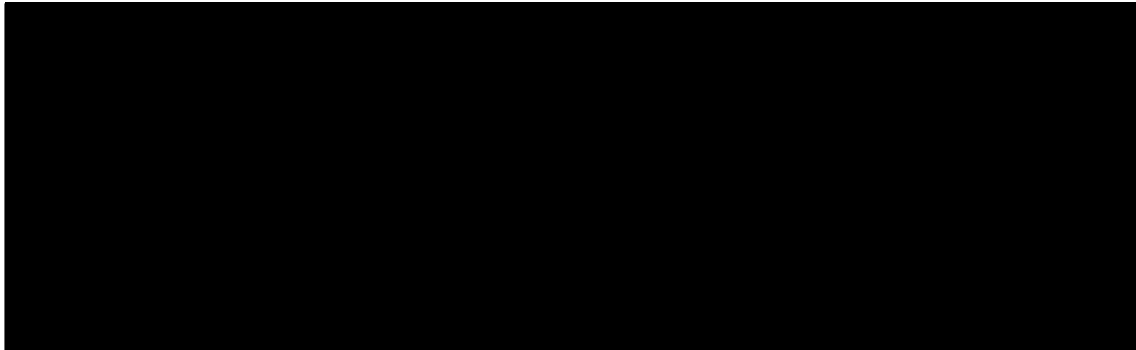
- **Unfinished Business: - The Report on Reform of the SHO Grade**





5. ITEM 5 - NEONATOLOGY

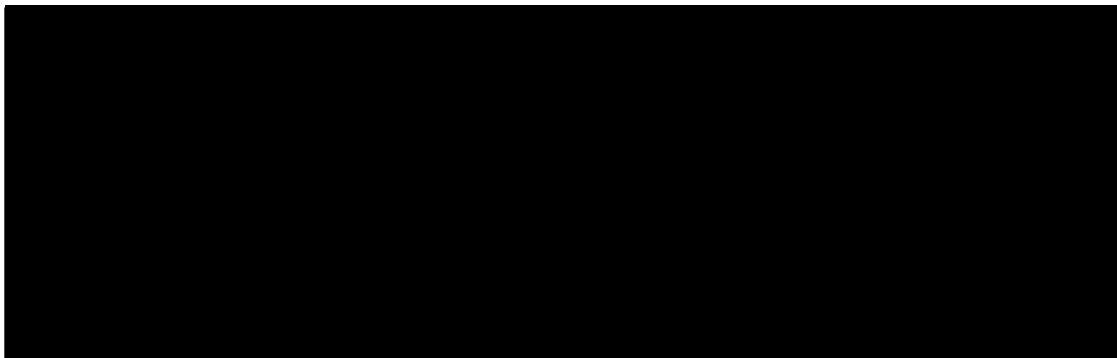
- **NICORE – Paper 4/02**
- **Neonatal Working Group - Paper 5/02 (paper tabled)**



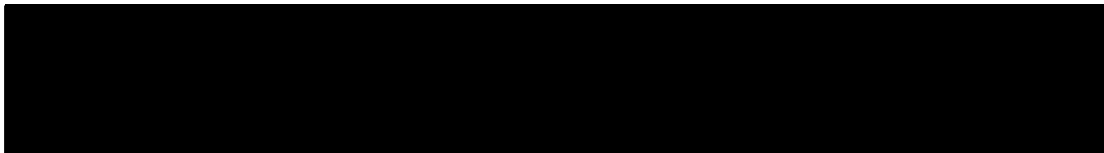
6. NEONATAL AND PAEDIATRIC TRANSFER – SUMMARY OF WORKSHOP HELD 10 APRIL 2002 – PAPER 6/02



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


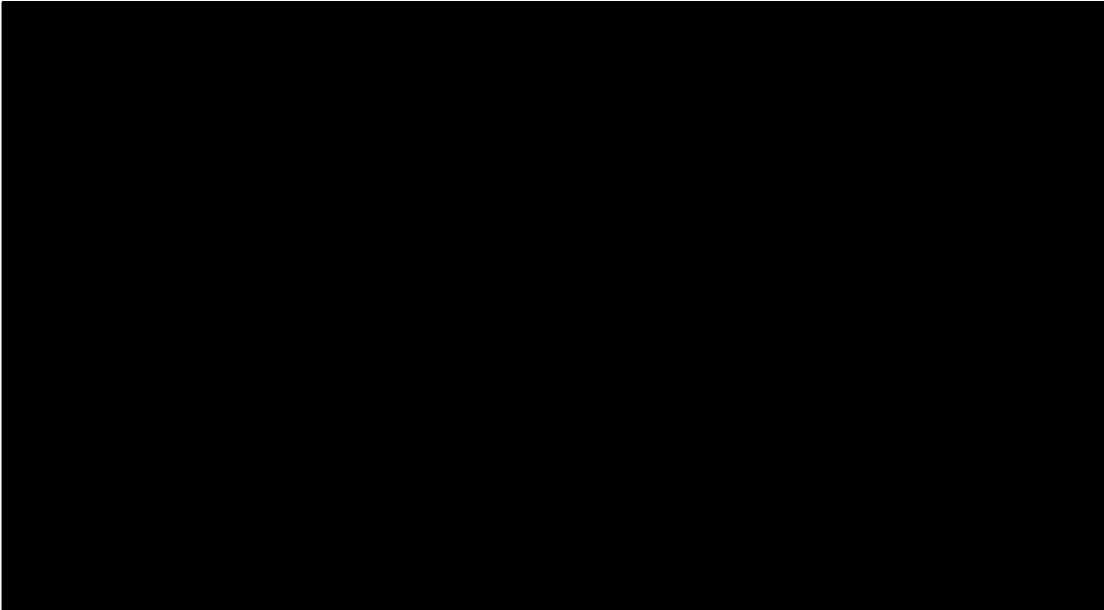
Introducing this item, Dr Craig inquired about raising the limit for admission and referral to the Children's Hospital from 12 years to 14 years.

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

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- **Inquiry into Child Protection Services in Northern Ireland - Paper 10/02**
 - **Guidance on Paediatric Forensic Examination in Relation to Possible Child Sexual Abuse - Paper 11/02**
 - **Training for Junior Doctors on Non-Accidental Injuries (NAI) – Paper 12/02**
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11. ITEM 11 – FUTURE ARRANGEMENTS FOR CESDI AND CEMD – PAPER 13/02



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

Mr Norman Lunn outlined the background to, and summarised the content of, the consultation paper, “Developing Better Services – Modernising Hospitals and Reforming Structures.” He said that the Executive Committee had agreed the paper as a basis for consultation. Since publication of the paper, 12 June, the Minister had commissioned the Western Board to develop a model for an Enhanced Local Hospital at the Tyrone and Erne Hospitals, by means of a consultation process involving local Trusts, clinicians, other hospital staff and service users. The outcome of this work, and the responses to the consultation, would be considered by the Minister, who would put her final proposals to the Executive Committee for consideration. It is hoped that final decisions on modernising hospital services will be reached before the end of the year. There would be further consultation before decisions are taken on the reform of HPSS administrative structures.

Dr McAloon outlined members' views and concerns regarding a standalone midwifery-led unit. These concerns are compounded by the absence of a neonatal / paediatric transfer service. Dr McAloon agreed to forward a response to the consultation document on behalf of SAC Paediatrics.

ACTION: Dr McAloon

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.

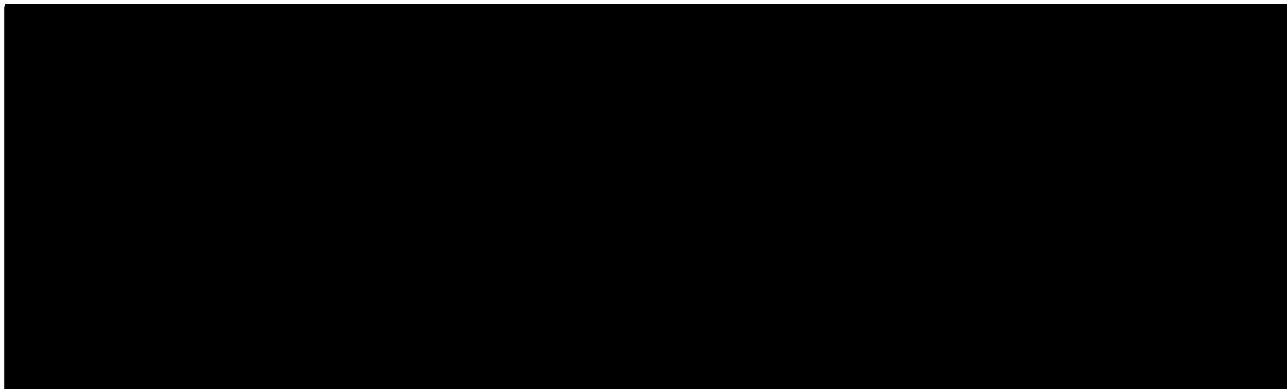
14. ITEM 14 – AUDIT OF SPECIALTY ADVISORY COMMITTEES – PAPER 16/02

CMO requested that Members complete and return this paper to the Secretariat for evaluation.

ACTION: Committee

15. ANY OTHER BUSINESS

- **Membership of HSSC (Paper tabled)**



NOVEMBER 2002

**SAC PAEDIATRICS
10 SEPTEMBER 2002
ACTION POINTS**

ITEM	ACTON	LEAD	DHSSPS CONTACT	PROGRESS DATE
Hyponatraemia	Suggest possible SPRs to audit guidelines	Committee	Dr McCarthy	
Upper Age Limit for Admission to Children's Hospital	1. Write to C. Ex of Trusts	Dr Willis	Dr Willis	
	2. Look for policy documents	Dr Willis	Dr Willis	None available
Developing Better Services	Forward a response from Committee	Dr McAloon	Mr Finegan	
Audit of SACs	Return paper for evaluation	Members	Mrs Wilkinson	

NOVEMBER 2002