

**MEETING OF THE SPECIALTY ADVISORY  
COMMITTEE PAEDIATRICS  
TUESDAY 11 OCTOBER 2005, 2.15PM - 5.00PM  
ROOM C3.18, CASTLE BUILDINGS**

<b>AGENDA</b>	<b>PAPERS</b>
<b>ITEM 1 Apologies</b>	
<b>ITEM 2 Minutes of the previous meeting</b>	<b>1/05</b>
<b>ITEM 3 Matters Arising</b>	
3.1 Child Protection	
3.2 Neonatal & Paediatric Transfer	
3.3 Admission of Children to Critical Care	
3.4 Hyponatraemia	
3.5 Paediatric Bypass Protocols	
3.6 Paediatric Cardiac Surgery	
3.7 Regional Development of Allergy Services	
3.8 Framework for the Care of Children Requiring LongTerm Ventilatory Support	<b>2/05</b>
3.9 Paediatric Surgery	
3.10 Paediatric Epilepsy Services	<b>3/05</b>
3.11 Paediatric Gastroenterology Services	<b>4/05</b>
3.12 Vitamin K for Babies	<b>5/05</b>
3.13 Neonatal Intensive Care	<b>6/05</b>
3.14 Meningococcal Care Pathway	<b>7/05</b>
3.15 Childhood Obesity Task Force	
<b>ITEM 4 Medical Staffing and Development</b>	
4.1 Consultant & Medical Staffing	<b>8/05</b>
4.2 Modernising Medical Careers	<b>9/05</b>
4.3 Community Paediatric Workforce Survey	

<b>ITEM 5</b>	<b>Evaluation of Cholestatic Jaundice in Infants</b> • EHSSB Response	<b>10/05</b> <b>10/05A</b>
<b>ITEM 6</b>	<b>Strategic Framework for HSS for Children, Young People and Families</b>  6.1 Steering Group Nominee	<b>11/05</b>
<b>ITEM 7</b>	<b>Ensuring Timely Access to Intensive Care for Children and Young People</b>	<b>12/05</b>
<b>ITEM 8</b>	<b>Quality/Safety Issues</b>  8.1 Participation in NICE Guidelines Process 8.2 Shipman Enquiry Response	<b>13/05</b>
<b>ITEM 9</b>	<b>Future of SAC</b>	<b>14/05</b>
<b>ITEM 10</b>	<b>Membership of SAC on HSSC</b>	<b>15/05</b>
<b>ITEM 11</b>	<b>Respiratory Strategy</b>	<b>16/05</b>
<b>ITEM 12</b>	<b>ANY OTHER BUSINESS</b>  12.1 Regional Paediatric Antibiotic Policy 12.2 Anaesthetic Service Provision in Belvoir Park Hospital for Young Patients undergoing Radiotherapy 12.3 Services for Children with Acquired Brain Injury	

#### **PAPERS FOR INFORMATION**

<b>ITEM 13</b>	<b>Child Health Screening – 17/05</b>
<b>ITEM 14</b>	<b>Developing Better Services – 18/05</b>
<b>ITEM 15</b>	<b>School Health – 19/05 (to follow)</b>
<b>ITEM 16</b>	<b>Membership of SAC Paediatrics – 20/05</b>

**MEETING OF THE SPECIALIST ADVISORY COMMITTEE  
PAEDIATRICS**

**TUESDAY 11 OCTOBER 2005**

**2:15 PM – 5:00 PM**

**C3.18 CONFERENCE ROOM, CASTLE BUILDINGS, BELFAST**

**PRESENT**

Dr A Bell  
Dr Bali  
Dr C Beattie  
Dr B Bell  
Dr D Carson  
Dr B Craig  
Dr B Farrell  
Dr C Gaston  
Dr P McAlinden  
Dr P Crean  
Dr J Porteous  
Dr L Reaney  
Dr M Rollins  
Dr M Shields  
Dr M Stewart  
Dr R Tubman

**DEPARTMENT**

Dr G Mock (Chairman)  
Dr M Briscoe  
Dr M McCarthy  
Mrs R Scott  
Dr C Willis  
Dr P Woods

**1. WELCOME/APOLOGIES**

[REDACTED]

**2. MINUTES OF THE MEETING HELD 12 OCTOBER 2004**

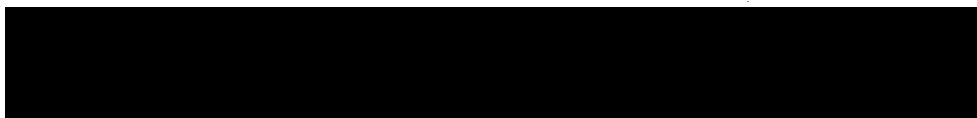
[REDACTED]

**3. MATTERS ARISING**

**3.1 Child Protection**

[REDACTED]

**3.2 Neonatal & Paediatric Transfer**



**3.3 Admission of Children to Critical Care**



**3.4 Hyponatraemia**

National Patient Safety Agency has set up a National Group to look at Hypotonic Fluids. It plans to meet three times before December 2005 then issue findings before 1 April 2006. Northern Ireland has representation on the Group. Dr McAloon's local group will be sending its report to CMO in due course.

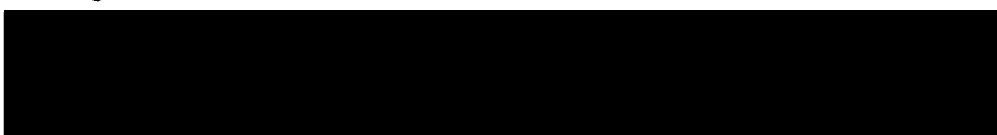
**3.5 Paediatric Bypass Protocols (PBP)**



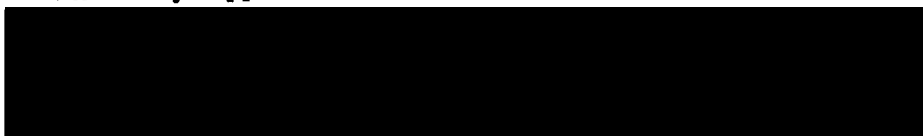
**3.6 Paediatric Cardiac Surgery (PCS)**



**3.7 Regional Development of Allergy Services**



**3.8 Framework for the Care of Children Requiring Long Term Ventilatory Support**



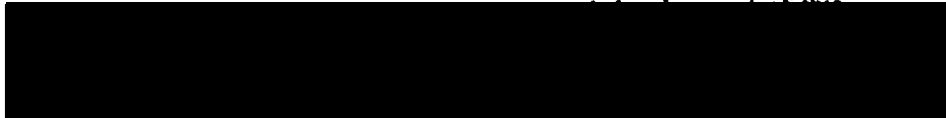
**3.9 Paediatric Surgery**

Members were updated on national developments and the meeting on 1 November 2005 to discuss these.

**3.10 Paediatric Epilepsy Services**



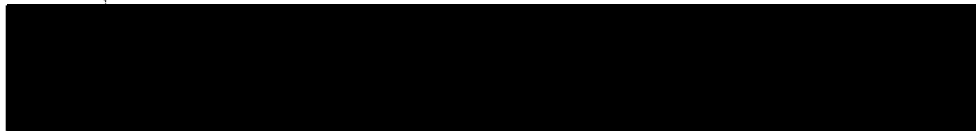
**3.11 Paediatric Gastroenterology Services**



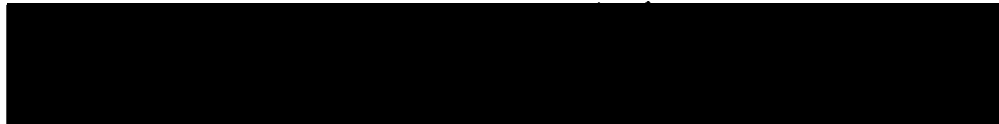
**3.12 Vitamin K for Babies**



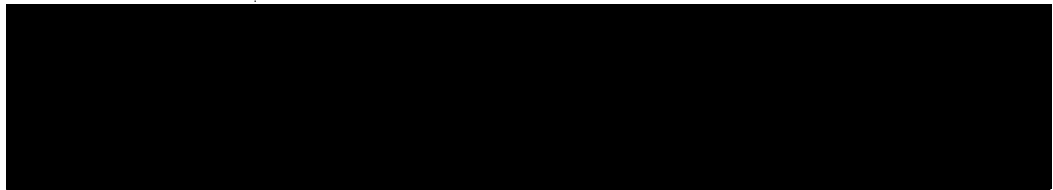
**3.13 Neonatal Intensive Care**



**3.14 Meningococcal Care Pathway**



**3.15 Childhood Obesity Task Force**



**4. MEDICAL STAFFING AND DEVELOPMENT**

**• 4.1 Consultant Medical Staffing**

Dr Woods reported that there were now 65 consultants in post in comparison with 61 one year previously. However, over that time the number of consultant vacancies had increased from 3 to 5. On a positive note, there were now 37 specialist registrars, an increase of 10 on one year previously. Based on the assumptions cited in the paper, a target consultant body of 145 providing 122 Whole Time Equivalents was estimated to need 75 specialist registrars under current circumstances. However, he went on to indicate that, under the likely

arrangements following reform to specialist training under *Modernising Medical Careers* paediatrics envisaged an 8 year "run through" programme. In this scenario, the number of trainees necessary would be of the order of 105. This compared with the current figure of just under 100 specialist registrars and SHOs not involved in foundation or vocational training programmes. Members made the following comments:

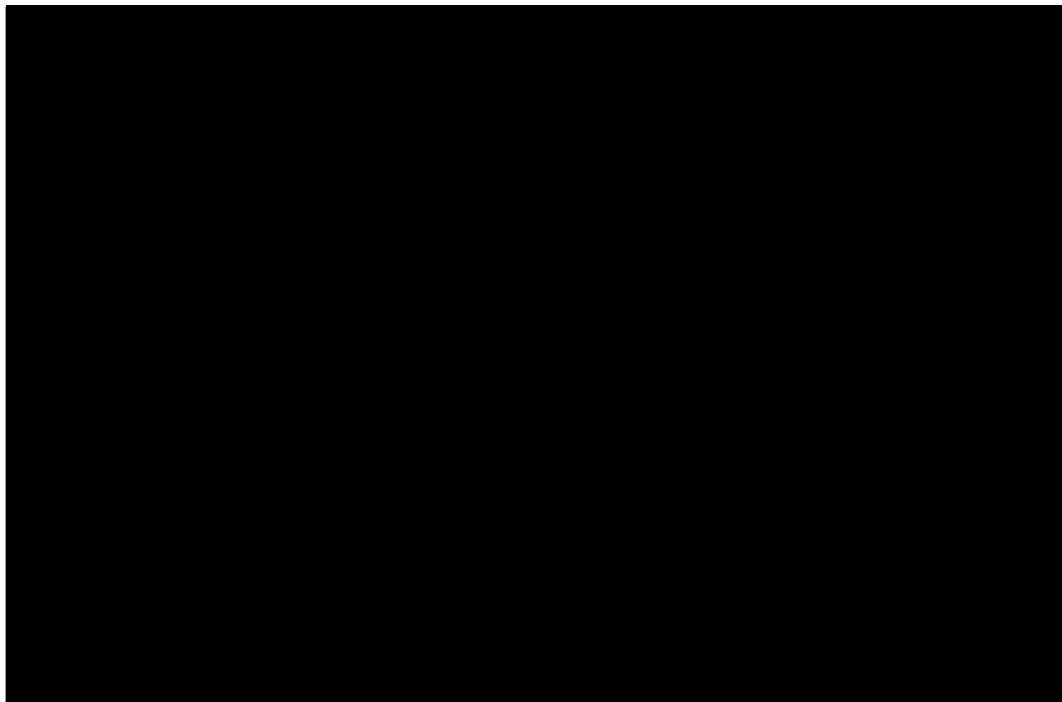
- trainees remained sceptical of these projections in consultant numbers;
- a substantial proportion of current vacancies and projected retirements in the next 5 years were among community-based practitioners.

Other comments included that the workforce was becoming more mobile.

- **4.2 Modernising Medical Careers**

Dr Woods outlined the developments in the *Modernising Medical Careers* agenda. Foundation programmes had commenced in August past. Attention was now focusing on reformed specialist training programmes. Each college was in the process of developing new specialist training programmes and notably the RCPCH had indicated that the new programmes would be 8 years in duration. Commenting, members expressed disappointment in the small number of opportunities in paediatrics available in the foundation programme.

## **5. EVALUATION OF CHOLESTATIC JAUNDICE IN INFANTS**



**6. STRATEGIC FRAMEWORK FOR HSS FOR CHILDREN, YOUNG PEOPLE AND FAMILIES**

Members were updated on the development of this strategy and endorsed Dr Stewart's position as the paediatrician representative on the Steering Group.

**7. ENSURING TIMELY ACCESS TO INTENSIVE CARE FOR CHILDREN, YOUNG PEOPLE AND FAMILIES**

Please see Item 3.3.

**8. QUALITY / SAFETY ISSUES**

Dr Briscoe tabled a paper on Quality and Safety issues which members noted.

• **8.1 Participation in NICE Guidelines Process**

It was agreed that Dr M Stewart, Prof M Shields and Dr D Carson would be the contacts for NICE from the SAC.

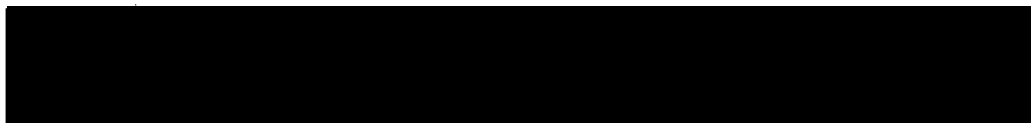
• **8.2 Shipman Inquiry Process**

Dr Briscoe stated that a Northern Ireland Shipman Programme Board had been convened to consider an integrated response to Shipman Inquiry recommendations, taking account of local circumstances. The impact of these all these recommendations will be far reaching for all medical staff. In addition, the outcome of the Donaldson/Foster Reviews will influence the future pathways for professional regulation.

**9. FUTURE OF SACS**

Dr Woods informed members of the outcome of a workshop held earlier that year on the Future Working of the Specialty Advisory Committees. Commenting, members felt that the aggregation of SAC Obstetrics and Paediatrics as illustrated in the paper would not be appropriate. However, some members indicated that there would be areas of common interest where such an approach would be valuable. They felt that the arrangements for SAC Paediatrics worked well and would work better if the minutes of the meeting were available more promptly. It was agreed that an action list would be drawn up promptly after each meeting and issued to members.

**10. MEMBERSHIP OF SAC ON HSSC**



## 11. RESPIRATORY STRATEGY

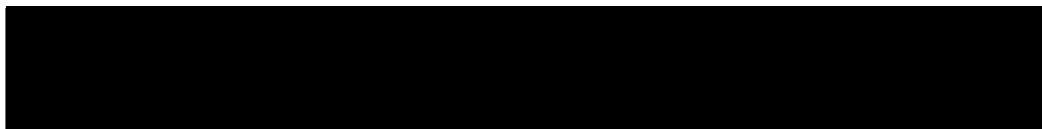


## 12. ANY OTHER BUSINESS

- 12.1 Regional Paediatric Antibiotic Policy



- 12.2 Anaesthetic Service Provision in Belvoir Park Hospital for Young Patients undergoing Radiotherapy



### POST MEETING NOTE ACTION POINT



- 12.3 Services for Children with Acquired Brain Injury



### Consent

Dr Woods advised members that the Hospital Services Sub-Committee (HSSC) had raised issues regarding the new guidance on consent for examination, treatment and care. Members commented on the inordinate amount of time taken up duly consenting patients. Others described pre-published material covering specific procedures which expedited the process. HSSC had advised it would be important to sound out each SAC on the approach in their specialty/specialties.

**ACTION POINT** Members agreed to forward comments on the impact of this issue on their practice and whether any means had been developed within the specialty to meet the new arrangements efficiently.

Dr Beattie raised the issue of policy on failure to thrive. Dr Farrell and Dr McAlinden asked to send information on this.

Members noted a CEMACH information pack which was tabled.



There being no other business the Chairman thanked members for their participation and closed the meeting.

## SAC PAEDIATRICS 11 OCTOBER 2005 ACTION POINTS

ITEM	ACTION	LEAD	DHSSPS CONTACT	PROGRESS DATE
<b>Matters Arising</b>				
<b>3.1 Chlld Protection</b>	Update to be sent to a relevant lead clinician	Dr McConnell	Dr Willis	Completed

