MEETING OF THE DIRECTORS OF PUBLIC HEALTH/DHSS.
5 SEPTEMBER 1994 AT 2.00PM IN DUNDONALD HOUSE.

AGENDA		DsPH Paper
1	Apologies.	
2	Minutes of the meeting held on 11 April 1994.	24/94
3	Matters Arising: Communications with the Profession.	25/94
4	Regional Strategy - Revised Targets.	26/94
5	Clinical Coding Conference.	27/94
6	Blood Transfusion Agency.	
7	Provision of Haemophilia Treatment and Care.	28/94
8	NIAO Study - Coronary Heart Disease.	
9	Cooperation between Public Health Medicine in Northern Ireland and the Oxford Region.	
10	Procedures regarding "sick doctors" who suffer from drug addiction.	29/94
11	Expert Advisory Group on Cancer; "A Policy Framework for Commissioning Cancer Services"	
12	Membership of Central Medical Advisory Committees.	30/94
13	Medical Genetics - Number of Trainees.	31/94
14	Covert Video Surveillance.	32/94
15	The Future for Health Promotion Subsequent to the Review of the Purchasing Function and Structures in the Northern Ireland Health and Personal Social Services	33/94
16	The Roles and Responsibility of the DPH and the CCDC in relation to Chemical Incidents.	34/94
17	Any Other Business.	
18	Next Meeting.	

Information: Funding of Posts in Public Health Medicine and the Community Services.

MEETING OF THE DIRECTORS OF PUBLIC HEALTH/DHSS HELD ON 5 SEPTEMBER 1994 AT 1.30PM IN DUNDONALD HOUSE

PRESENT:

DsPH
Dr W W M McConnell
Dr A M Telford
Dr J D Watson

DEPARTMENT
Dr C E Hall (Chairman)
Dr M Boyle
Dr H Campbell
Dr E Mitchell (matters arising)
Dr G Mock (item 7)
Dr A Mairs (item 14)
Mr M O'Donnell (minutes)

FURTHER ACTION

1. **APOLOGIES**

[redacted]

2. **MINUTES OF THE MEETING OF 11 APRIL 1994**

[redacted]

3. **MATTERS ARISING**

i **COMMUNICATIONS WITH THE PROFESSION. DsPH 25/94**

Dr Mitchell asked if DsPH wished to formally test the communication system in the province. It was agreed that Dr Mitchell could attempt to contact the Public Health Physicians on call by telephone over a weekend in the near future.

Dr Mitchell to telephone public health doctors on call

ii **COMPLIANCE WITH CEPOD QUESTIONNAIRES**

Dr Telford reported that an audit of response rates in the Southern Board had indicated that 43% of forms had been returned. Dr McConnell stated that he intended to carry out a similar audit in the Western Board.

iii **THE NEED TO HAVE CENTRAL RESOLVED MEDICAL ADVICE ON MEDICO-LEGAL MATTERS**

Dr McConnell said it was important that an outline of the number and nature of medico-legal cases was available to Boards so that such matters may be kept under control. Dr Telford said Boards may have a 7 to 10 year backlog of cases which arose in hospitals before they acquired trust status. She undertook to copy to the DsPH a letter from Paul Simpson relating to DHSS handling of these cases.

Dr Telford to copy letter to DsPH

4. **REGIONAL STRATEGY - REVISED TARGETS. DsPH 26/94**

Dr Boyle said European standard population figures were used to compare Northern Ireland with "Health of the Nation" targets whereas the Annual Reports of the CMO and DsPH used Northern Ireland as the standard population. Dr McConnell was concerned that the range of figures would confuse the general public.
Dr Boyle and Dr Hall felt that since figures for general release were usually expressed as percentages, and since clinicians and other users of the statistics were well aware of the different standard population used, there was no great potential for confusion. It was agreed that the current system was not posing such problems as to necessitate a change.

5. **CLINICAL CODING CONFERENCE. DsPH 27/94**

DsPH were aware that this conference was being planned, and that its date had been changed. The purpose of the conference is to raise awareness of READ coding but will also cover issues such as OPCS4 and the introduction of ICD10. It was agreed that its target audience was ill-defined. DsPH agreed to write to Roland Beckett to express their concern that the objectives and context of the conference were unclear.

DsPH to write to Roland Beckett

6. **BLOOD TRANSFUSION AGENCY**

[redacted]

7. **PROVISION OF HAEMOPHILIA TREATMENT AND CARE. DsPH 28/94**

[redacted]

8. **NIAO STUDY - CORONARY HEART DISEASE**

[redacted]

9. **CO-OPERATION BETWEEN PUBLIC HEALTH MEDICINE IN NORTHERN IRELAND AND THE OXFORD REGION**

[redacted]

10. **PROCEDURES REGARDING "SICK DOCTORS" WHO SUFFER FROM DRUG ADDICTION. DsPH 29/94**

[redacted]

[redacted]

11. **EXPERT ADVISORY GROUP ON CANCER; "A POLICY FRAMEWORK FOR COMMISSIONING CANCER SERVICES".**

[redacted]

12. **MEMBERSHIP OF CENTRAL MEDICAL ADVISORY COMMITTEES. DsPH 30/94**

Dr Hall introduced this item by informing DsPH that since the health service reforms, there had been suggestions that there should be some representation of management in the Department's medical advisory structure. Although no decision could be made until the appointment of a CMO, it was thought that the necessary consultation could now begin.

Dr McConnell said that since a main function of the Central Medical Advisory Committee (CMAC) was to bring considered professional advice to the Department, there would be no value in the representation of Board General Managers or trust Chief Executives.

Dr McConnell suggested that the General Medical Care sub-committee of CMAC (GMCSC) might include a fundholding and non-fundholding GP from each LMC, that there be one representative from either the NICPGMDE or the Regional Advisor in General Medical Practice, and that it was unnecessary to have a CSA advisor. To reduce the size of the committee, other multiple representation should be limited. Dr Telford suggested that GP advisors take the place of DsPH. It was agreed that the two clinical medical officers could also be community paediatricians.

It was agreed that BMA representation on the Hospital Services Sub-committee of CMAC (HSSC) should be reduced, and that medical directors should have input. Representation of AMACs on this committee should be by their chairmen or vice-chairmen.

Dr Hall said he supported the seeking of nominations to Specialty Advisory Committees (SACs) from regional specialty fora where such existed. He asked if DsPH wished to continue to nominate members for those committees eg General Medicine and General Surgery where there were no provincial fora. DsPH confirmed that this would be their wish. Dr McConnell was concerned that the regional nature of SACs should be preserved, and Dr Watson suggested that nominations could be made by AMACs. It was agreed that there was no case for the inclusion of medical directors on the committees.

13. **MEDICAL GENETICS - NUMBER OF TRAINEES. DsPH 31/94**

[redacted]

14. **COVERT VIDEO SURVEILLANCE. DsPH 32/94**

[redacted]

Dr Mairs to copy BPA paper to DsPH

15. **THE FUTURE FOR HEALTH PROMOTION SUBSEQUENT TO THE REVIEW OF THE PURCHASING FUNCTION AND STRUCTURES IN THE NORTHERN IRELAND HEALTH AND PERSONAL SOCIAL SERVICES. DsPH 33/94.**

Dr Campbell invited comments on the paper which had been submitted by the four health promotion units at Boardlevel. Dr McConnell referred to the review which was being set up by the Department, and queried as to whether it was a review of the Health Promotion Agency or a review of Health Promotion as a result of the review of purchasing. Dr Campbell said that it would look at both these issues as it was a statutory requirement that all Agencies are reviewed at regular intervals. Dr Telford said that the Regional Strategy was dependent on Health Promotion activities and that Health Promotion should continue to be located within Boards. She was certain that Board General Managers would be making strong representations to this effect to the Review Group.

16. **THE ROLES AND RESPONSIBILITY OF THE DPH AND THE CCDC IN RELATION TO CHEMICAL INCIDENTS. DsPH 34/94.**

[redacted]

17. **ANY OTHER BUSINESS**

[redacted]

[redacted]

[redacted]

18. **NEXT MEETING**

[redacted]