MINUTES OF THE MEETING OF THE DIRECTORS OF PUBLIC HEALTH/DHSS HELD ON TUESDAY 17 JANUARY 1995 AT 10.00AM IN DUNDONALD HOUSE.

Present:

DsPH

Dr P Donaghy
Dr W W M McConnell
Dr A M Telford
Dr J D Watson

Department

Dr H Campbell (Chairman)
Dr C E Hall
Dr P Woods
Dr M Boyle (Items 5,6,7)
Dr A Mairs (Item 8)
Dr J D Acton (Items 10,11,12,13,14)

FURTHER ACTION

1 APOLOGIES

There were no apologies.

2 MINUTES OF THE MEETING HELD ON 21 OCTOBER 1994 - DsPH 1/95.

The minutes of the meeting held on Friday 21 October 1994 were agreed.

3 MATTERS ARISING

i COMMUNICATIONS WITH THE PROFESSION.

Dr Woods reported that Dr Mitchell had successfully contacted the relevant public health doctors on call.

ii FUNDING OF POSTS IN PUBLIC HEALTH MEDICINE.

Dr Telford said that since training posts in Public Heath Medicine had limited service input, their cost should not be counted among total commissioning costs, particularly at a time when the Boards were required to keep administration costs within 1.9% of their baseline. Dr Watson felt that funding for training in public health medicine and dental public health should be administered through the NICPGMDE. Dr McConnell he would be content with this arrangement so long as the established

number of training posts was determined beforehand.

Dr Telford said that decisions were likely to be taken on total commissioning costs before this number is known. Dr Watson was concerned that pressure on costs will lead to a scrutiny of productivity which will threaten training posts. Dr Hall said he would discuss the matter with Mr McGahan and DsPH agreed to ask their Chief Executives to raise the issue with Mr Hunter.

Dr Hall to discuss with Mr McGahan. DsPH to ask CEs to discuss with Mr Hunter.

iii **REVIEW OF HEALTH PROMOTION.**

CMO said the direction in which the review was moving was in keeping with the purchaser-provider split. Dr Telford said that the SHSSB would find some difficulties with the concept of Health Promotion Units at Trust level. She felt that the competitive nature of the reformed Health Service discourages co-operation among Trusts. Dr McConnell said the establishment of the Common Services Bureau in the Western Board has solved some of the problems of competition, but the same approach might not readily apply to health promotion.

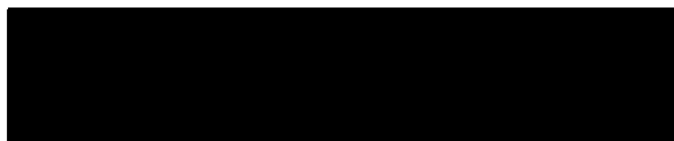
Dr Telford said there should be flexibility at Board level and that Government policy should not be prescriptive. Dr McConnell said that health promotion outside the Health Service, for example in schools, is best done by Boards, but this is in conflict with the Boards' role as purchasers. CMO said Boards should be ready to make their case when the review is complete.

iv **STAR.**

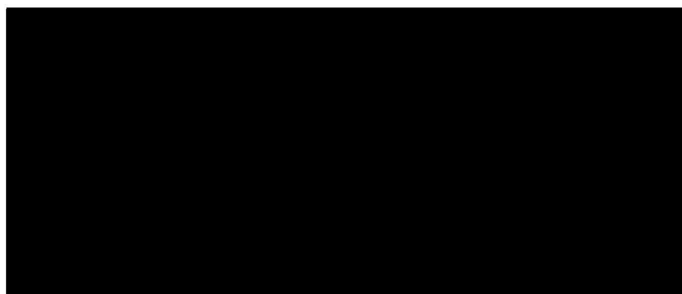
Dr Donaghy said a number of academic staff on the Eastern Board payroll are not involved in any projects related to its commissioning - purchasing role. Dr Watson said that if these posts had no service input to Departments of Public Health Medicine, then a case should be made that the University should fund the posts totally. CMO said that the University had very limited resources and might not be able to fund these posts which often

had an important regional function.

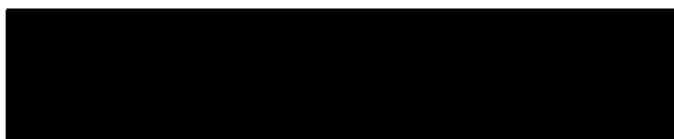
v **INTERNATIONAL STUDY OF ASTHMA AND ALLERGIES IN CHILDREN.**



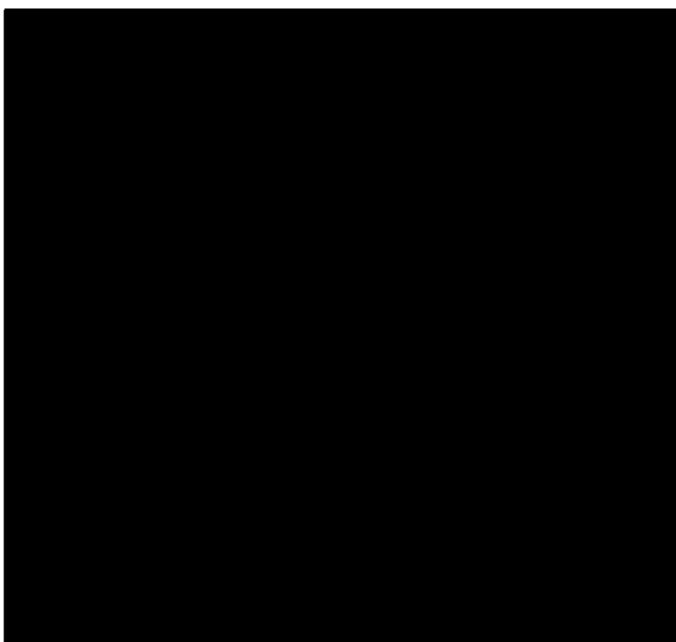
vi **LIVER TRANSPLANTATION.**



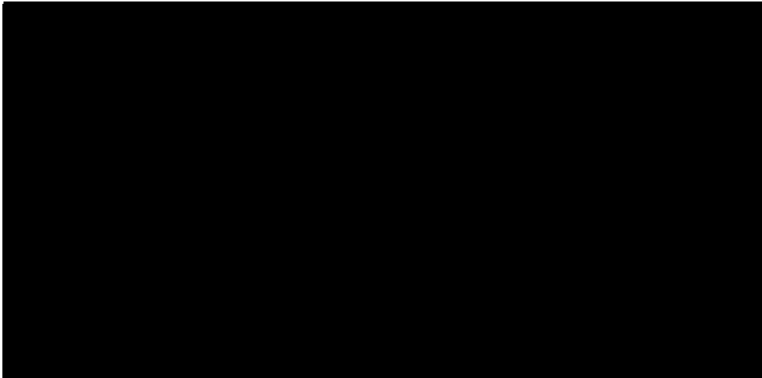
vii **THE FUTURE OF LONG STAY PSYCHIATRIC HOSPITALS IN NORTHERN IRELAND.**



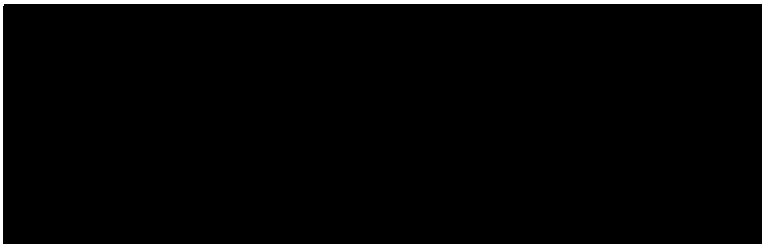
viii **CARDIAC SURGERY.**

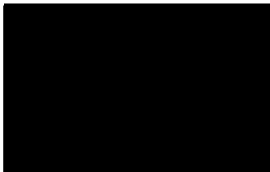


4 **DISPENSING DOCTORS - DsPH 2/95.**

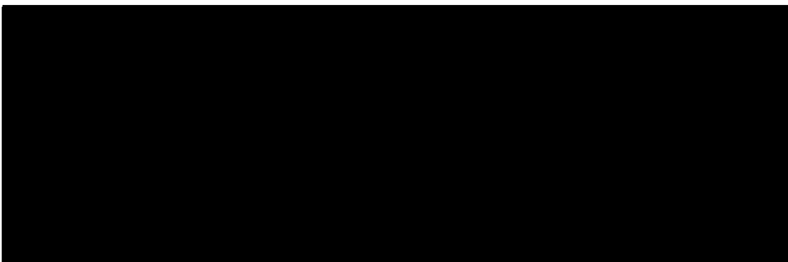


5 **CRITICAL APPRAISAL SKILLS FOR PURCHASERS.**

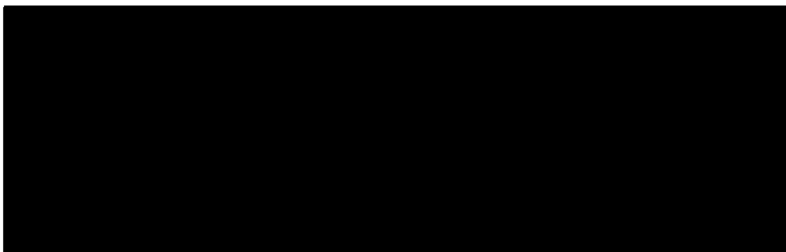


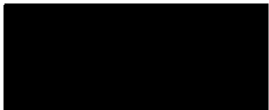


6 **DERMATOLOGY DAY CASES - DsPH 3/95.**

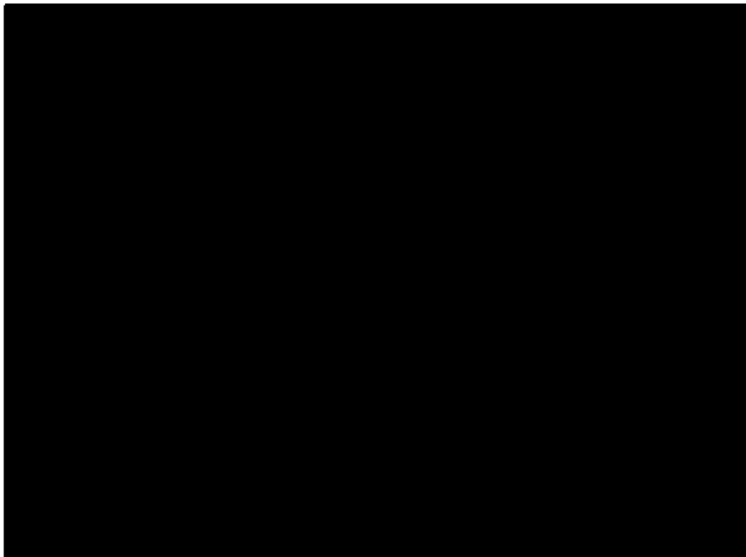


7 **RISC SUB GROUPS.**

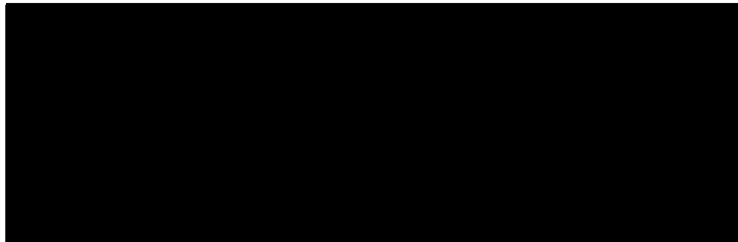




8 **HEALTH PROMOTION AND PREGNANCY - DsPH 4/95.**



9 **STOMA CARE - DsPH 5/95.**



Dr Woods to write to Dr Morrow.

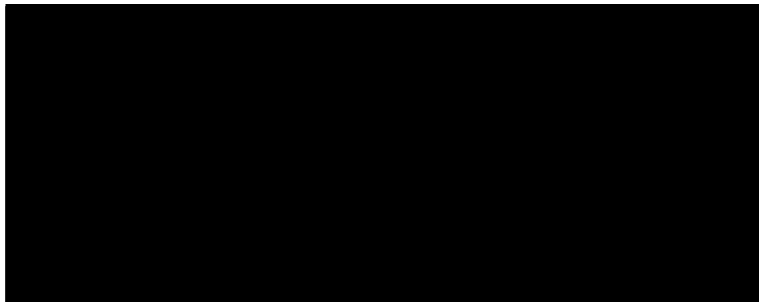
10 **JUNIOR DOCTORS HOURS.**

Dr Acton said about 10% of junior posts were now exceeding contracted hours, an improvement on the 30% (approximately) at March 1994. This may not, however, accurately reflect actual hours of work. In addition, there is concern about the increasing intensity of work carried out by junior staff. Junior doctors still continue to do inappropriate work. Dr Acton felt that the solution to these problems should not solely be the employment of more doctors. More radical solutions would be required including better theatre management, skill-mix, teamwork, and rationalisation of sites and services. Concern was expressed that quality of training had deteriorated due to increasing clinical workloads as well as reduced hours.

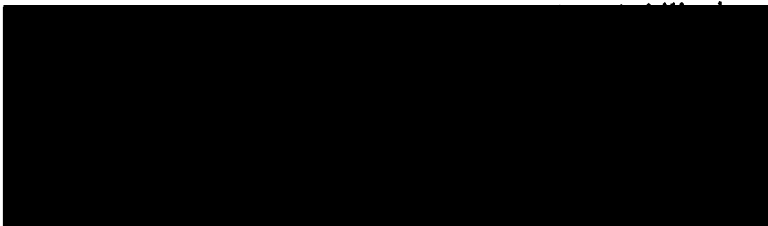
Dr Watson agreed that rationalisation would have a

significant role in overcoming the problems associated with reducing junior doctors hours of work. He said the Department must accept that this process will be costly. Dr McConnell suggested that best practice established by the task force should be circulated. He felt that there was no need to build more theatres when those existing were not used to their full potential. The problem should be addressed through good professional management. Dr Telford asked that the Task Force employ a mechanism to ensure that clinicians who sit on the Task Force do not lobby directly for their own hospitals. Dr Acton said the Task Force report would go to medical directors and would be copied to DsPH. DsPH were content that a new membership would be selected and Dr Watson agreed to continue to represent DsPH on the task force.

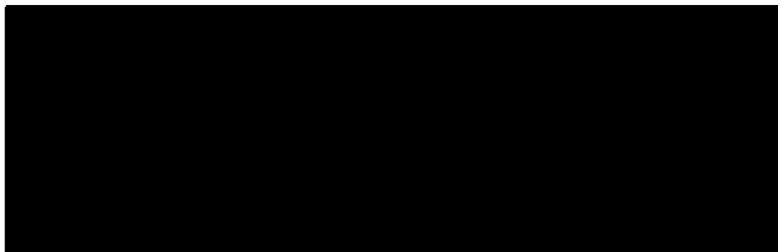
11 THE COMMUNITY MEDICAL OPHTHALMOLOGY SERVICE - DsPH 6/95.

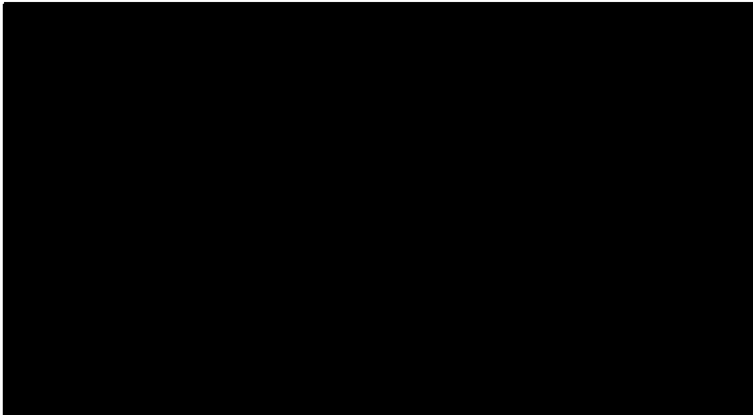


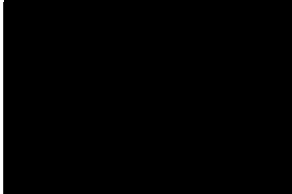
12 MEDICAL MANPOWER REQUIREMENT IN MEDICAL REHABILITATION - DsPH 7/95.



13 CONVERSION OF TRAINING GRADE POST(S) TO A CONSULTANT POST - DsPH 8/95.





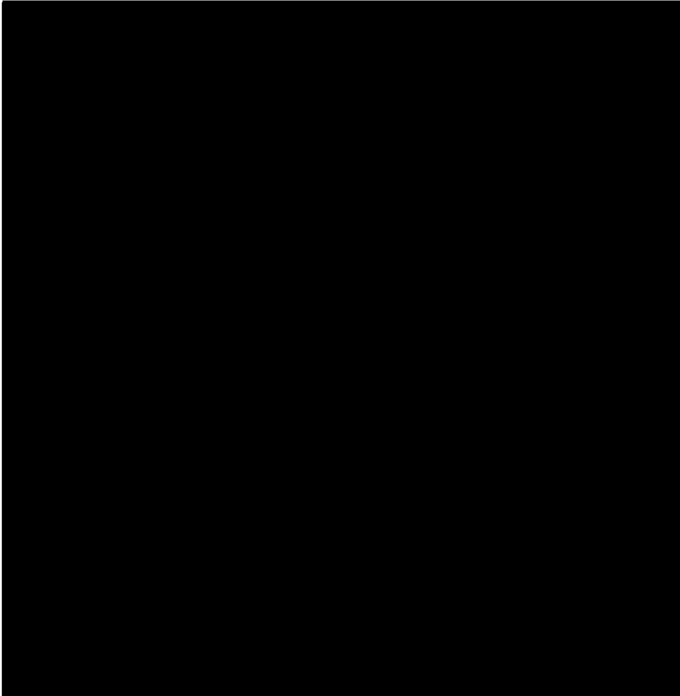


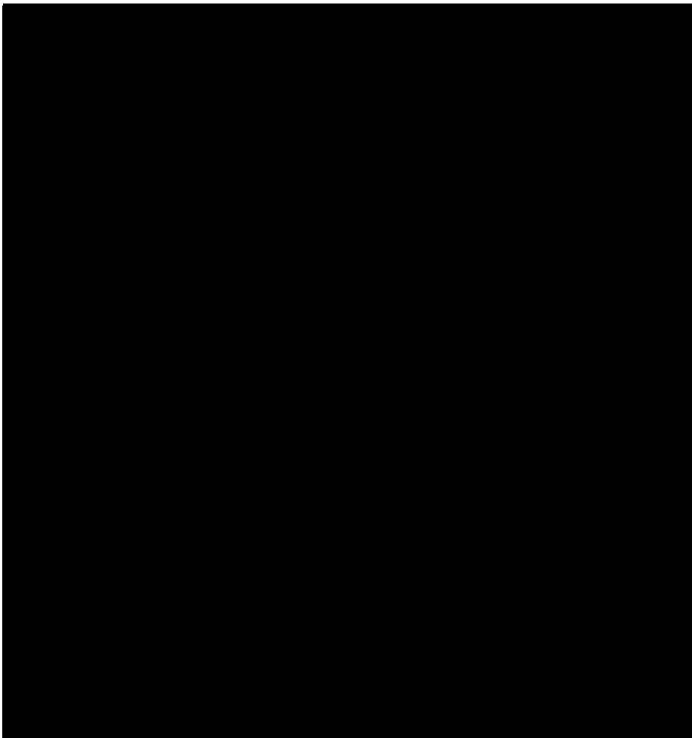
14 REPORT ON CHILD HEALTH SERVICES. ME RESPONSE - DsPH 9/95.

Dr Acton said there had been widespread approval of the recommendations made in the report. The ME was convinced that a combined child health service was the way forward in Northern Ireland, and a circular would now be issued to purchasers. This would not be prescriptive about the precise model of provision which might be based in hospitals or the community. DsPH agreed to comment on the ME's response to the report before it was issued.

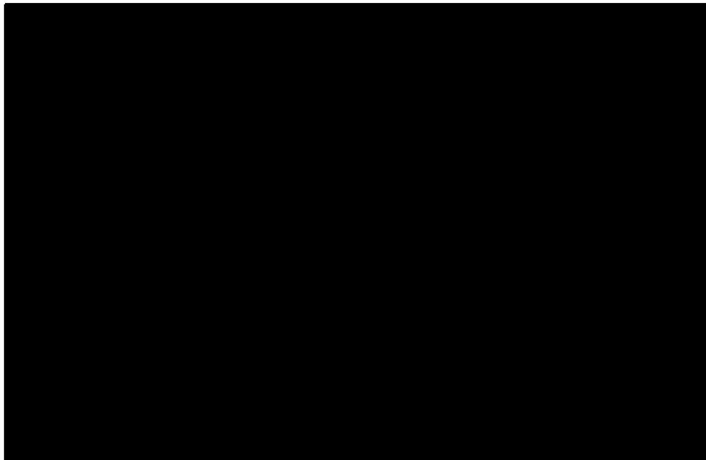
15 ANY OTHER BUSINESS

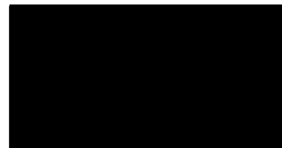
i HEPATITIS C



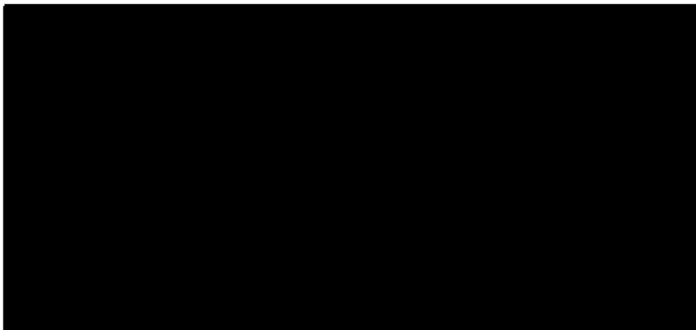


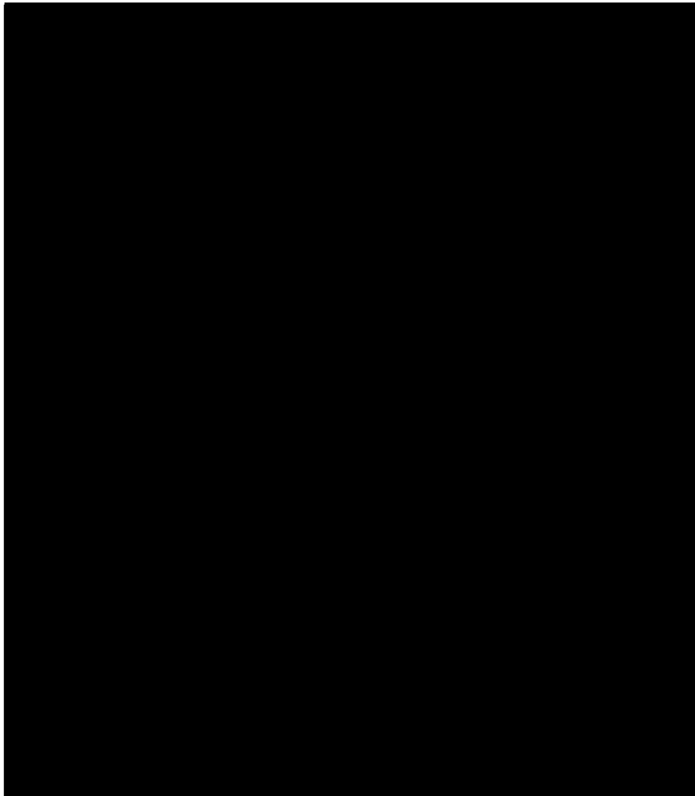
ii G-PASS DATA RETRIEVAL PROJECT



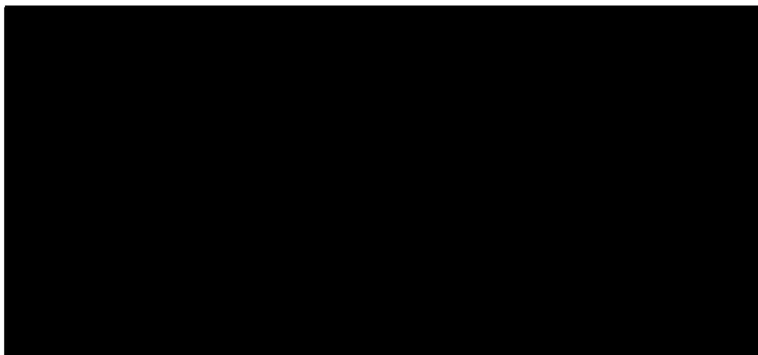


iii LOCAL RESEARCH ETHICAL COMMITTEES (LRECs)





iv **PROPOSED RESEARCH BASED ON WOMEN ATTENDING FOR BREAST SCREENING**



v **CONSTITUTION OF CONSULTANT APPOINTMENT PANELS**

Dr Telford tabled a Management Executive letter, which had been brought to her attention at a recent Consultant Appointment Panel. The letter implied that there was no further requirement for a Trust to invite the Director of Public Health to such a panel. Dr Campbell stated that she would investigate this matter.

Dr Campbell to investigate.

16 NEXT MEETING