

**MINUTES OF THE MEETING OF THE DIRECTORS OF PUBLIC HEALTH/DHSS  
HELD ON MONDAY 6 MARCH 1995 AT 2.30PM IN DUNDONALD HOUSE.**

**Present:**

**DsPH:**

Dr P Donaghy  
Dr A M Telford  
Dr J D Watson

**In Attendance:**

Professor P Smith

**Department:**

Dr H Campbell (Chairman)  
Dr C E Hall  
Dr J D Acton  
Dr G Mock  
Dr P Woods

**FURTHER  
ACTION**

**1 APOLOGIES**

[REDACTED]

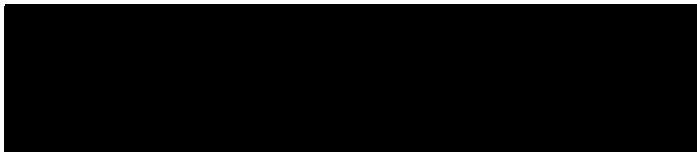
**2 MINUTES OF THE MEETING HELD ON 17  
JANUARY 1995 - DsPH 10/95**

[REDACTED]

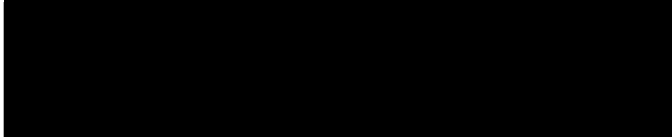
**3 MATTERS ARISING**

**i CARDIAC SURGERY**

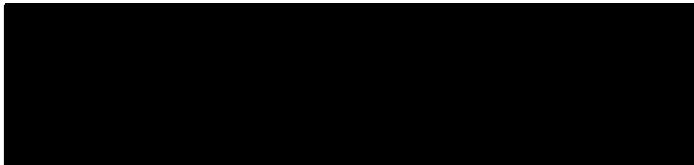
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**ii THE COMMUNITY MEDICAL  
OPHTHALMOLOGY SERVICE**



**iii CONVERSION OF TRAINING GRADE  
POSTS(S) TO A CONSULTANT POST**



**iv CONSTITUTION OF CONSULTANT  
APPOINTMENT PANELS**

Dr Acton said the circular raised by Dr Telford was not intended to apply to consultant appointments, although this had not been made sufficiently clear. DsPH asked if appointments made by non-constitutional panels could be challenged. It was agreed that Dr Telford would write to CMO to formally raise the problem of consultant appointment panels. CMO undertook to take action to ensure that a precedent was not set by the recent appointment made by the Craigavon Area Hospitals Group Trust.

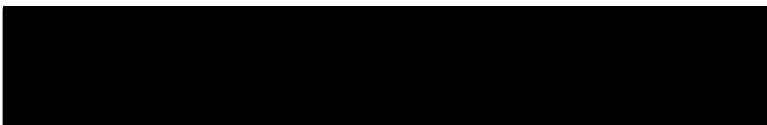
Dr Telford to write to CMO

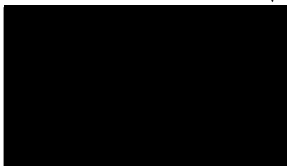
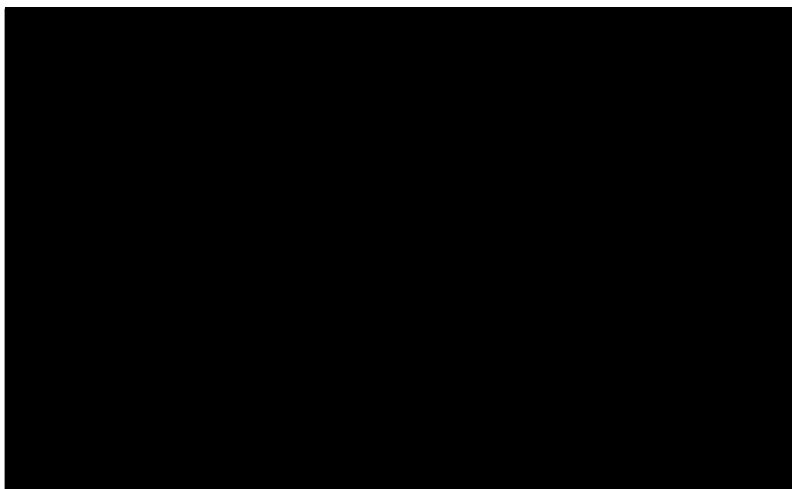
**4 CONFIDENTIAL AUDIT OF DEATHS IN INTENSIVE CARE**

CMO said there had been a suggestion that Boards' annual audits of deaths in intensive care could be carried out at 3 or 5 yearly intervals. DsPH agreed that the audits should take place every 3 years.

CMO to write to DsPH outlining new arrangements

**5 NORTHERN IRELAND REGIONAL MEDICAL PHYSICS AGENCY - DsPH 11/95**





**6 HEALTH NEEDS OF SCHOOL AGE CHILDREN - DsPH 12/95**

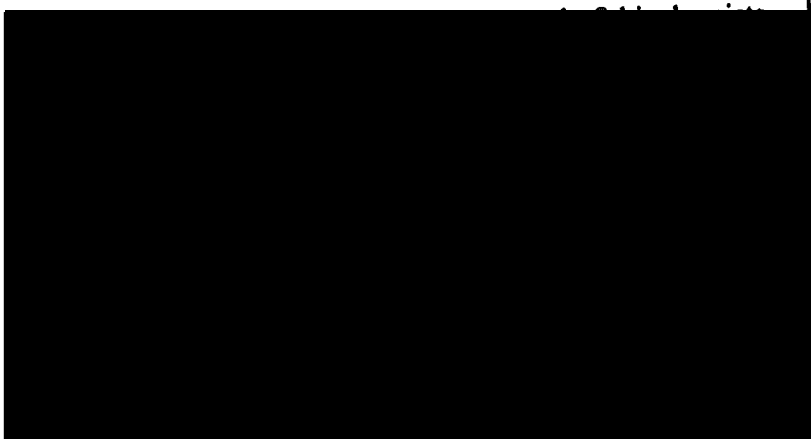
Dr Woods said the Royal College of General Practitioners had not endorsed the Report of the Joint BPA Working Party on Health Needs of School Age Children, and it was now unlikely that it would be published. CMO felt that a number of issues raised in the Report were both interesting and useful. Dr Watson said he would like to see some of the Report's recommendations implemented.

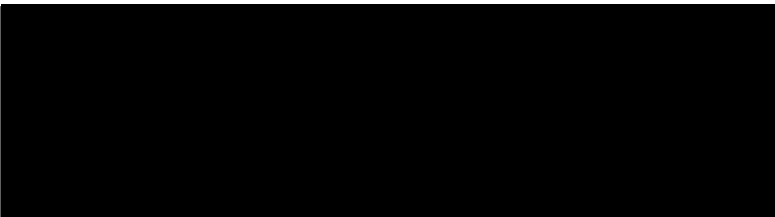
Dr Woods to forward copies of report in confidence

**7 UPDATE ON THE MEDICAL ADVISORY STRUCTURE**

Dr Acton said that although a number of minor changes were proposed, none of the SACs had favoured general management input. The issue had, however, been given some support at CMAC. GMCSC had previously agreed to include in its membership a GP Fundholder.

**8 CLINICAL BIOCHEMISTS' TRAINING - DsPH 13/95**





**9 FUNDING OF TRAINING FOR HEALTH SERVICE PROFESSIONS - DsPH 14/95**

Dr Acton said PAM groups are now experiencing difficulties in obtaining clinical placements for training, a difficulty which had resulted from the diminished service commitment of staff involved in training. He asked DsPH to consider a system of top-slicing or centrally pooling funding for these placements. Dr Acton agreed to ask Nuala McArdle to clarify the problem in time for the next meeting.

Dr Acton to  
contact  
Nuala McArdle

**10 CLINICAL STANDARDS**

**i CSAG Recommendations - Implementation**

DsPH confirmed that they receive copies of CSAG reports. Dr Donaghy said the Eastern Board had established a group to take forward matters related to clinical standards. He said these had often proved difficult to work into contracts. Dr Telford said action on CSAG Reports depended on the subject matter. They often formed part of the literature reviews used to inform the contracting process.

**ii Need for a Regional Committee to advise on Clinical Effectiveness/Outcomes/Standards**

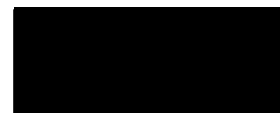
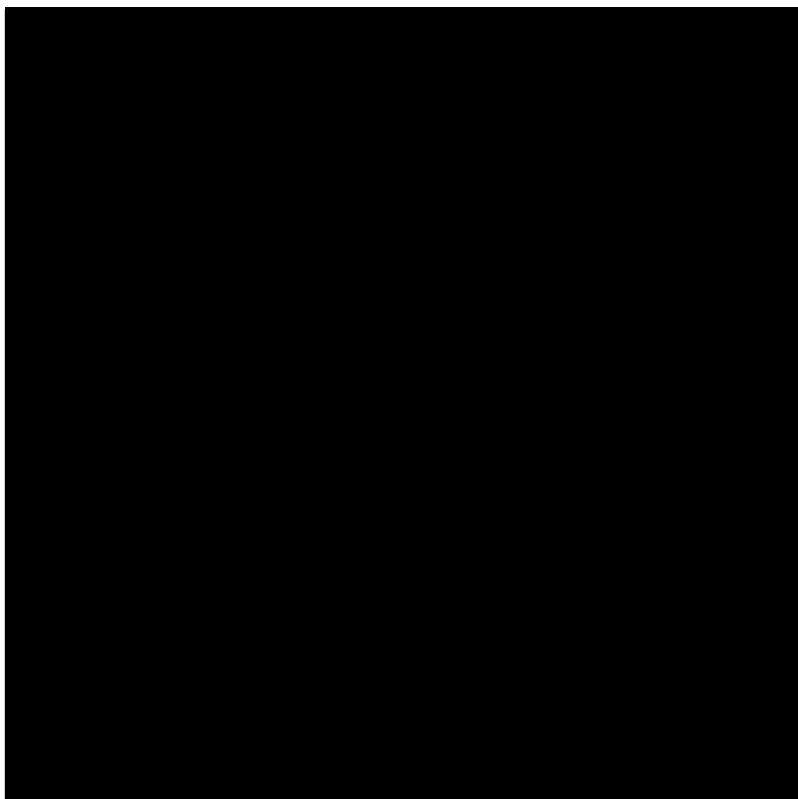
Dr Watson said documents relating to quality were being produced at an increasing rate and emanating from numerous sources. He wished to see a central body established to assimilate the guidance and advise on best practice. CMO stated that consideration was being given to the setting up of a central group on clinical standards. She agreed to keep DsPH informed of any progress.

**iii Performance Tables**

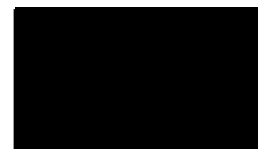
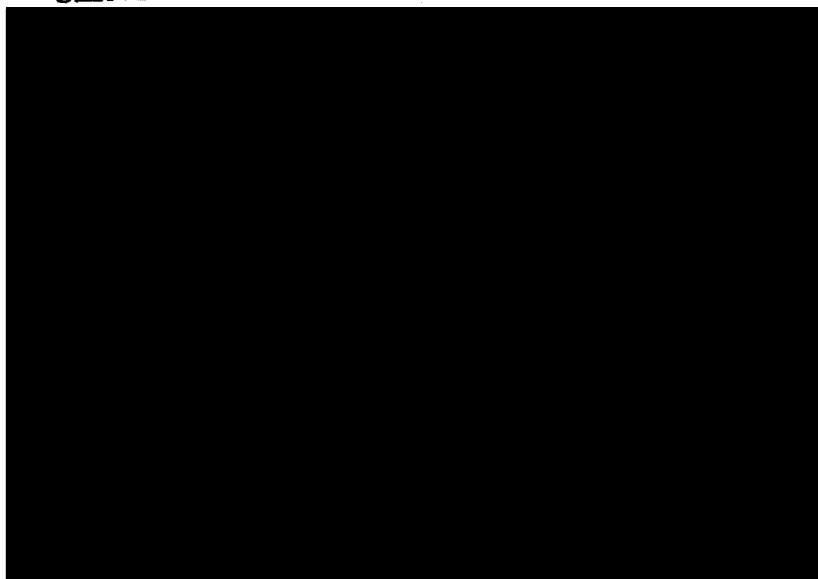
Dr Acton said the production of outcomes

performance tables had enabled some units in Great Britain to identify areas for improvements.

**11 A WORKING GROUP ON A POLICY FOR CANCER SERVICES IN NORTHERN IRELAND - DsPH 15/95**



**12 ME RESPONSE TO THE CHILD HEALTH SERVICES REPORT - DsPH 16/95**



[REDACTED]

**13 ANY OTHER BUSINESS**

**i HEALTH AUTHORITIES - MEMBERSHIP OF BOARDS.**

Dr Telford had recently read that Directors of Public Health in England were by statute members of Health Authority Boards whilst this was not the case in Northern Ireland.

**ii INFORMATION MANAGEMENT**

[REDACTED]

**14 NEXT MEETING**

[REDACTED]