

**MEETING OF THE DIRECTORS OF PUBLIC HEALTH/DHSS.
MONDAY 15 MAY 1995 AT 1.00PM IN DUNDONALD HOUSE**

AGENDA

	Paper
✓1 Apologies	
✓2 Minutes of The Meeting held on 6 March 1995	17/95
3 Matters Arising:	
i Cardiac Surgery	
ii Conversion of Training grade Post(s) to a consultant post	
iii Confidential Audit of Deaths in Intensive Care	
iv NI Regional Medical Physics Agency	<u>17a/95</u>
v Health Needs of School Age Children	
vi Clinical Standards - Need for a Regional Committee	
vii A Working Group on a Policy for Cancer Services in Northern Ireland	
✓4 Regional Audit and CREST	
✓5 Pathology and Laboratory Services. Market Testing.	18/95
✓5a <u>Regional Consortium Arrangements for Pathology</u>	<u>18a/95</u>
✓6 Histopathology QA	<u>18b/95</u>
✓6a <u>Automation in Cytopathology</u>	<u>18c/95</u>
✓7 Autopsies in the Community	19/95
✓8 Hepatitis C	
✓9 Funding of Training For Health Service Professions/ <u>Clinical Psychology Services</u>	20a/95 20b/95 <u>20c/95</u> <u>20d/95</u>

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ANNA McARDLE PAPER

29233
v Kilgore

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| ✓10 | Report of the Joint Working Party on the Review of the Appointment of Consultant Regulations | 21/95
<u>21a/95</u> |
| ✓11 | Funding for Training in Public Health Medicine | |
| ✓12 | Costs of Training in Hospitals (Postgraduate Medical Education Budget for the 50%) | Dr. A. L. O'NEILL
PAPER |
| ✓13 | Recurrent Funding of Regional Task Force Posts | |
| ✓14 | The Doctor's Tale | 22/95 |
| ✓15 | General Medical and Pharmaceutical Services (Amendment) Regulations (NI) 1995 (SR 1995 No 56) ME Circular HSS (FHS 5/95) | 23/95
<u>23a/95</u> |
| ✓16 | Vitamin K | 24/95 |
| ✓17 | Implementation of CESDI Recommendations | 25/95 |
| ✓18 | CSA Legal Services | <u>25a/95</u> |
| ✓19 | Purchasing and Prescribing | 26/95 |
| ✓19a | <u>Guidelines for Retention on Minor Surgical List</u> | |
| ✓20 | Any Other Business | |
| 21 | Next Meeting | |

Papers For Information

- i Children (Northern Ireland) Order 1995
- ii International Study of Asthma and Allergies in Children (ISAAC)

**MINUTES OF THE MEETING OF THE DIRECTORS OF PUBLIC HEALTH/DHSS
HELD ON MONDAY 15 MAY 1995 AT 1.00 PM IN DUNDONALD HOUSE**

Present:

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

In Attendance:

Professor A H G Love
Miss J Dixon
Mr M McMullan

Department:

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

1. APOLOGIES

[REDACTED]

**2. MINUTES OF THE MEETING HELD ON 6 MARCH
1995 - PAPER DsPH 17/95**

[REDACTED]

3. MATTERS ARISING

(i) Cardiac Surgery

[REDACTED]

**(ii) Conversion of Training Grade Post(s) to a
Consultant Post**

[REDACTED]

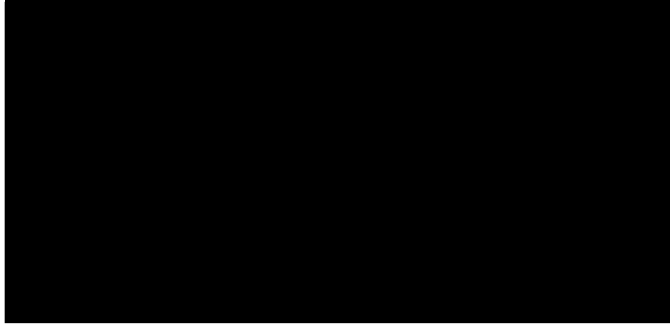
(iii) Confidential Audit of Deaths in Intensive Care

CMO said she had written to DsPH about the date

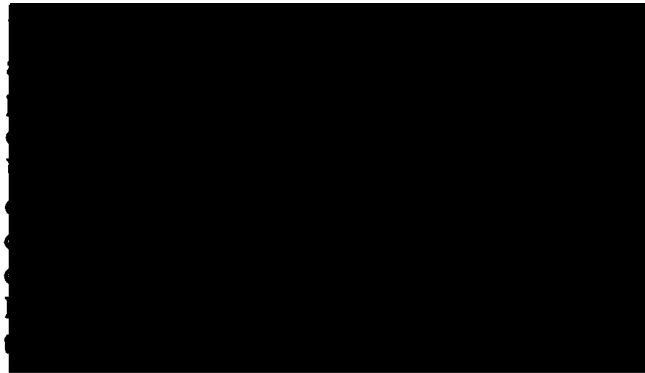
**FURTHER
ACTION**

for the next confidential audit. DsPH were content with the revised arrangements ie that the period over which the audit would take place would be 1997 with a report produced in 1998.

- (iv) **Northern Ireland Regional Medical Physics Agency - Paper DsPH 17a/95**



- (v) **Health Needs of School Age Children**

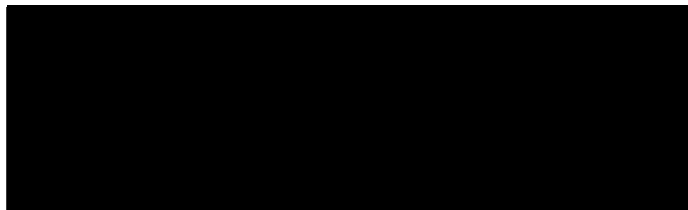


- (vi) **Clinical Standards - Need for a Regional Committee**

CMO said a DHSS consultation paper on this subject was currently being prepared within the Department and is likely to be issued for wider consultation. Dr Watson reported that Dr Adrian Mairs had been carrying out some work on this matter in the Northern Board. He said he would make Dr Mairs' paper available.

Dr Watson to make available Dr Mairs' paper on Clinical Standards

- (vii) **A Working Group on a Policy for Cancer Services in Northern Ireland**





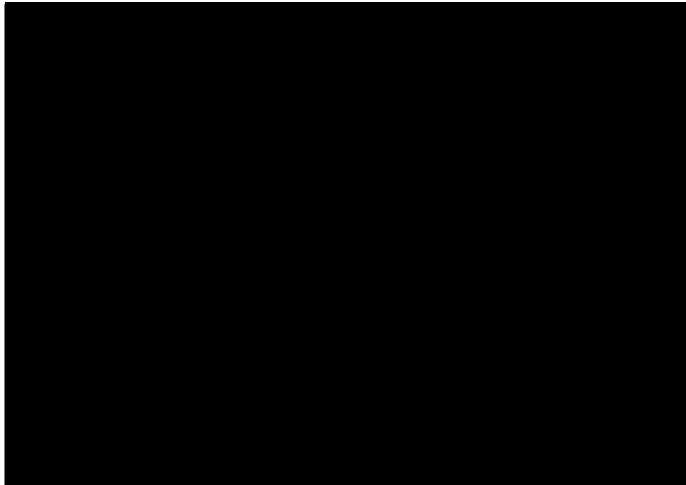
(viii) Local Research Ethics Committees



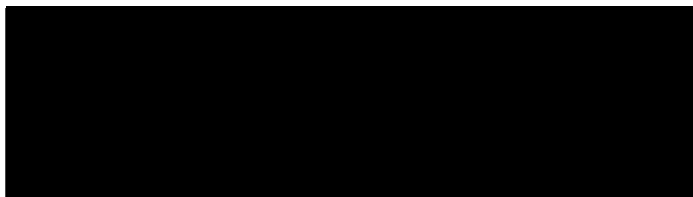
4. REGIONAL AUDIT AND CREST

Professor Love tabled a paper setting out the main CREST initiatives for 1995/96. He thanked DsPH for the opportunity to speak on a number of subjects, and said he felt that it was vital that communication between various bodies involved in audit and producing clinical guidelines was maintained, to avoid unnecessary duplication of effort.

(i) Diabetes

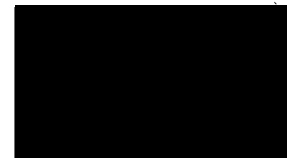
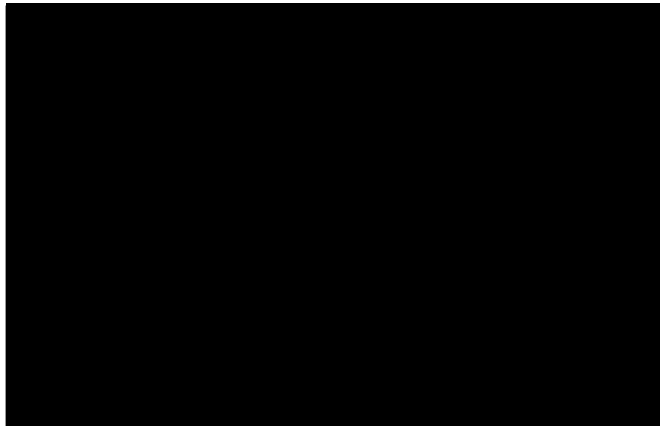


(ii) Control of Blood Pressure Strategy

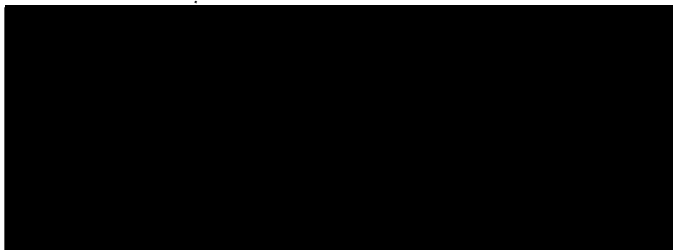


the Region. Dr Watson felt that this would be helpful. Dr McConnell said he had recently persuaded GPs to take part in a survey to determine how effectively people are being screened for blood pressure.

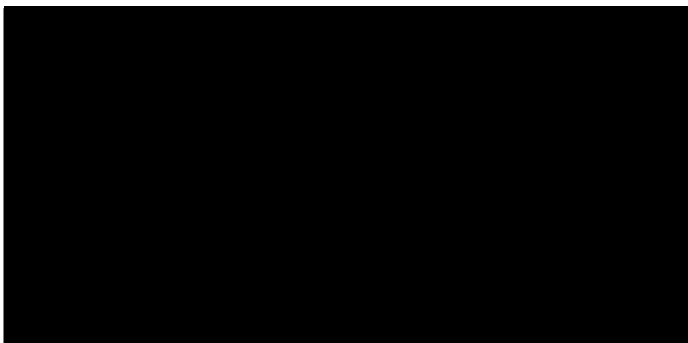
(iii) **Critical Appraisal/Evidence based Health Care**



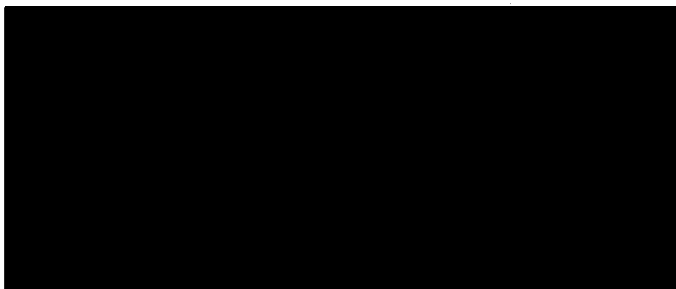
(iv) **Guidelines for Coronary Angiography**



(v) **Guidelines for MRI**



(vi) **Hospital Acquired Infection (HAI)**





MEDICAL AND CLINICAL AUDIT

Professor Love said he was seeking guidance from DsPH on the way forward in medical and clinical audit. He was also conscious that at regional level, there was a need for a mechanism to agree a common agenda. He asked if purchasers felt that it was reasonable for each of them to request differing areas of audit to be carried out by individual providers. He felt that a clearing house mechanism was required to coordinate activity. The main inputs to the central clearing house would be from purchasers, clinicians and regional groups.

This raised the issue of the role of Area Audit Committees. It was felt that now that the machinery was firmly established, that the Committees role would change from one of facilitator to that of setting the agenda in audit. It was agreed that the role of the committee would require better definition than at present.

A related point was raised, regarding Trusts producing their own audit reports, rather than submitting them for inclusion in the Area Audit Committee's report. Dr McConnell felt that there was a need for clarity rather than uniformity, as differing models would be appropriate to different areas.

Finally, Professor Love raised the matter of developments in multi-professional audit. CMO suggested that the area audit groups would have an increasing role in multi-professional audit, feeding into the contracting process. She hoped that the various emerging structures could be drawn together. Dr McClements agreed to consider the revised structures of Audit Committees. CMO thanked Professor Love for attending.

5. **PATHOLOGY AND LABORATORY SERVICES. MARKET TESTING - PAPER DsPH 18/95**



[REDACTED]

5a. **REGIONAL CONSORTIUM ARRANGEMENTS FOR
PATHOLOGY - PAPER DsPH 18a/95**

[REDACTED]

6. **HISTOPATHOLOGY QA - PAPER 18a/95**

[REDACTED]

6a. **AUTOMATION IN CYTOPATHOLOGY - PAPER
DsPH 18c/95**

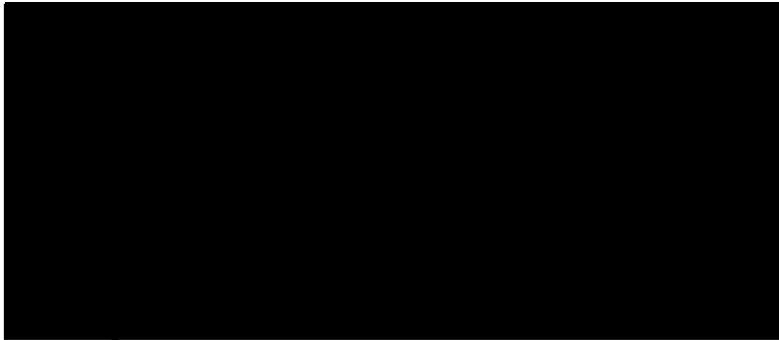
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7. **AUTOPSIES IN THE COMMUNITY - PAPER DsPH
19/95**

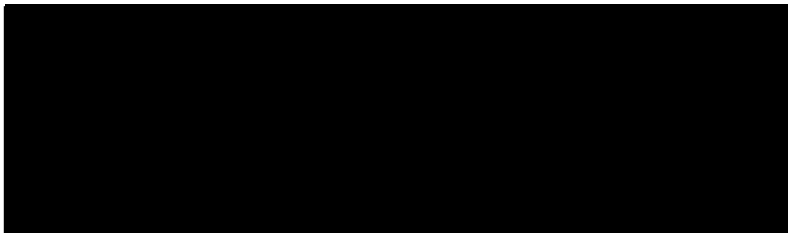
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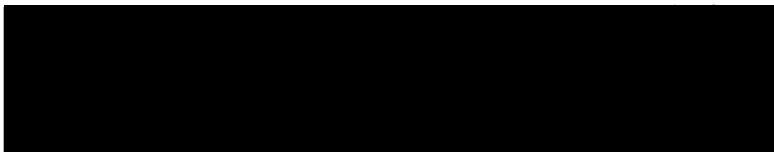
8. **HEPATITIS C**

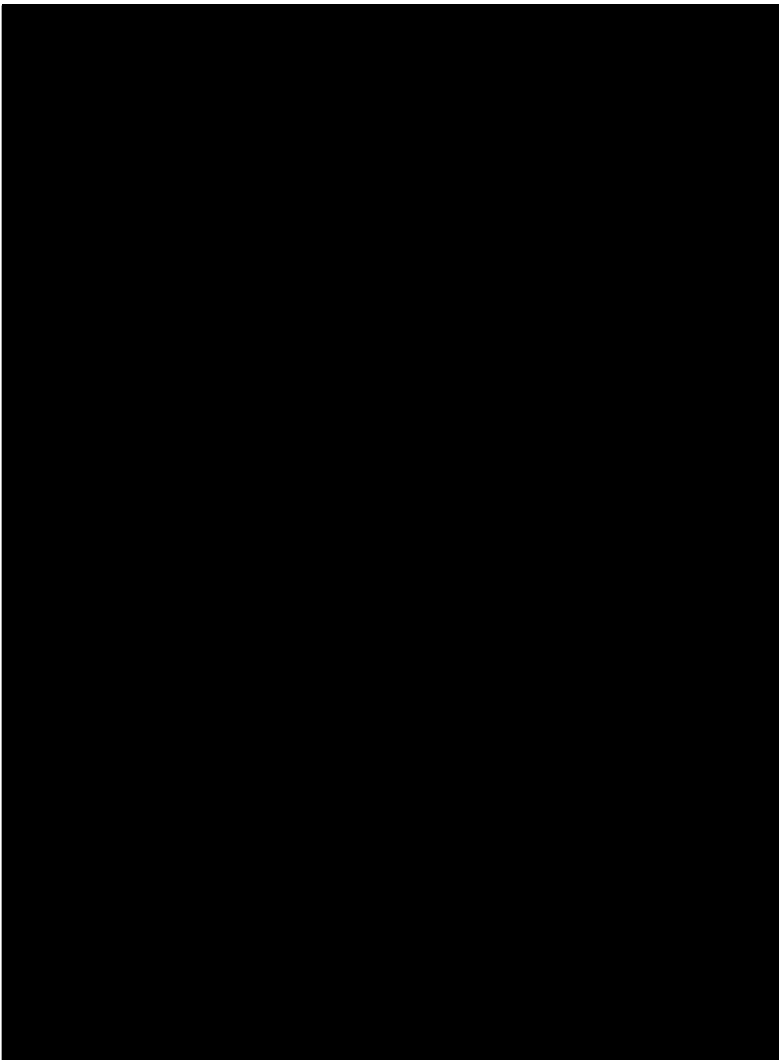


9. **FUNDING OF TRAINING FOR HEALTH SERVICE PROFESSIONS/CLINICAL PSYCHOLOGY SERVICES. PAPERS DsPH 20a/95, 20b/95, 20c/95, 20d/95**

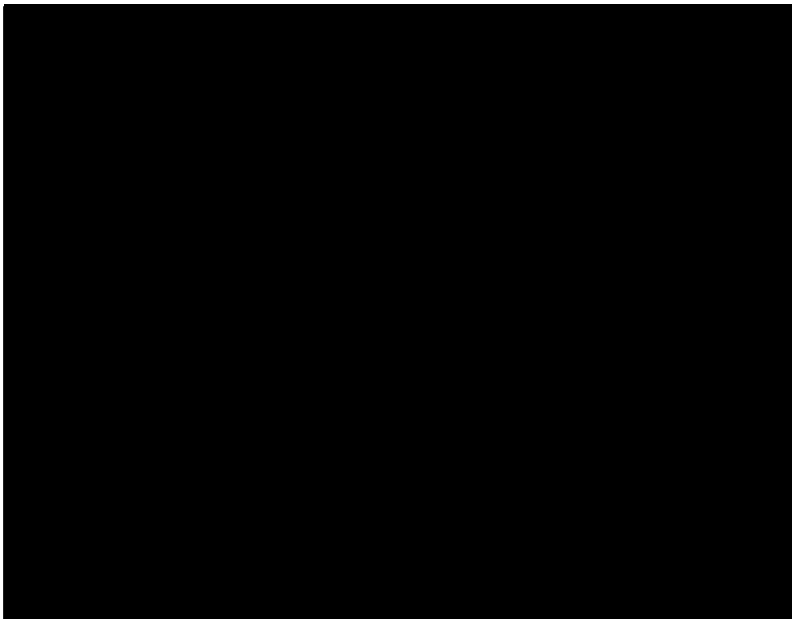


PAMS



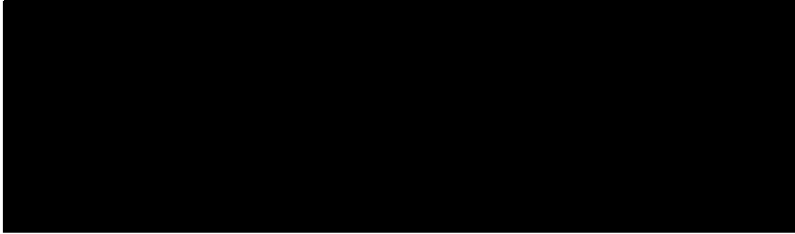


Clinical Psychologists

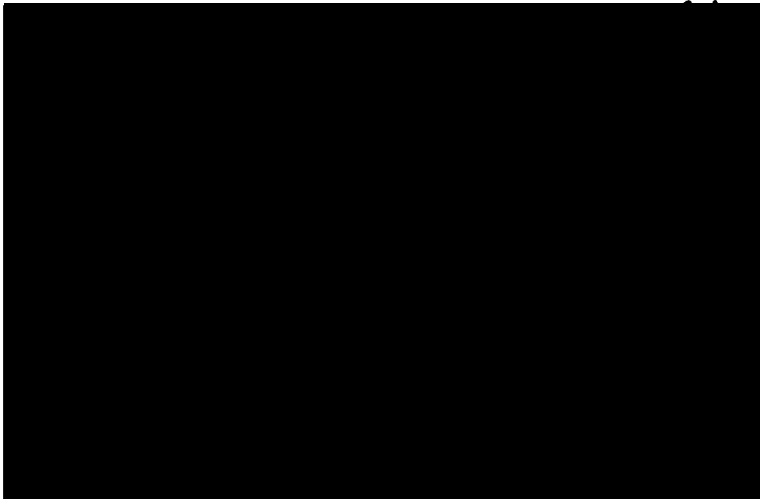




Clinical Scientists



10. **REPORT OF THE JOINT WORKING PARTY ON THE REVIEW OF THE APPOINTMENT OF CONSULTANT REGULATIONS. PAPERS DsPH 21/95 AND 21a/95**



11. **FUNDING FOR TRAINING IN PUBLIC HEALTH MEDICINE**

Dr Acton said he had identified funding about 18 months before, so that 50% could be levied in a similar manner to trainees in hospital. However, he had subsequently surrendered this money when the DsPH had felt that continuing to hold that budget themselves was the most appropriate way forward. There was some debate surrounding the best way of safeguarding this money. The consensus was, given that money for training these doctors was not part of a Board's commissioning costs, that the DPH should continue to hold the budget.

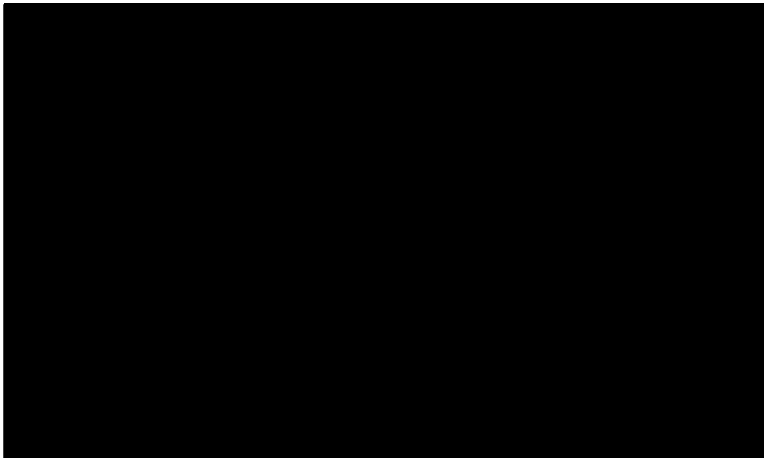
12. **COSTS OF TRAINING IN HOSPITALS
(POSTGRADUATE MEDICAL EDUCATION BUDGET
FOR THE 50%)**

Dr Acton expressed concern in the continual, apparently uncontrolled, growth in the number of SHO posts. His fear was that these doctors were being appointed to posts which were mainly service oriented. This had the effect of stalling consultant expansion and were of little educational benefit to the doctor in post. He suggested setting as a baseline in numbers the figure at September 1994 and that the budget for the 50% funding arrangement be derived from this. He was involving purchasers because he considered this a quality issue. Dr Hall said that unless capped, the amount of money top-sliced for this purpose would rise every year.

Dr Watson said it was important to maintain flexibility. He felt that this issue called into question the role of HSSC in approving staff grade appointments. Dr Stewart supported the idea of capping the budget and applying downward pressure on the total. CMO said it was necessary to reduce the number of SHOs in post, something which would be achieved by encouraging consultants, nurses and others to take on work carried out by SHOs at present. Dr Stewart felt that it was now time to insist that no more SHOs should be appointed.

CMO suggested that for future efficiency savings, the training budget should no longer be exempt, and this may also be a driver to controlling SHO numbers.

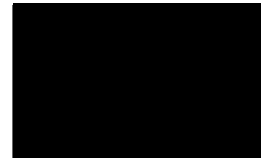
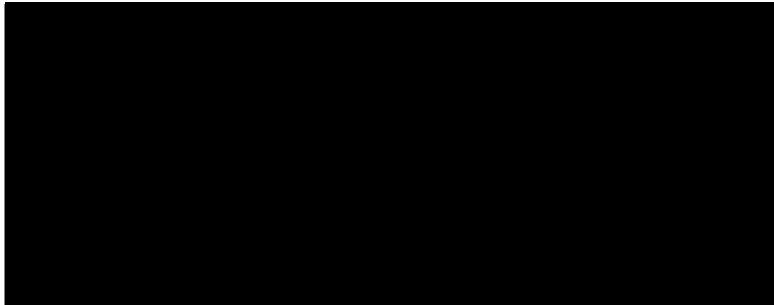
13. **RECURRENT FUNDING OF REGIONAL TASK
FORCE POSTS**



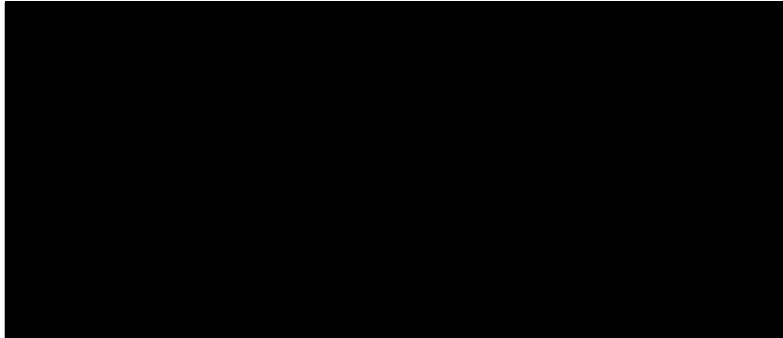
14. **THE DOCTORS' TALE. PAPER DsPH 22/95**

Dr Acton drew attention to this report which was produced by the Audit Commission. The document pertains to England and Wales. Dr Acton asked DsPH to consider whether a similar exercise should be carried out in Northern Ireland.

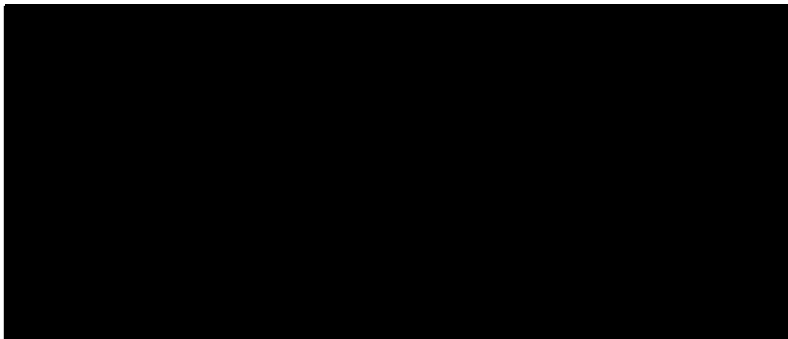
15. **GENERAL MEDICAL AND PHARMACEUTICAL SERVICES (AMENDMENT) REGULATIONS (NI) 1995 (SR 1995 NO 56) ME CIRCULAR HSS (FHS 5/95) - PAPERS DsPH 23/95 AND 23a/95**



16. **VITAMIN K - PAPER DsPH 24/95**



17. **IMPLEMENTATION OF CESDI RECOMMENDATIONS - PAPER DsPH 25/95**



18. CSA LEGAL SERVICES - PAPER DsPH 25a/95

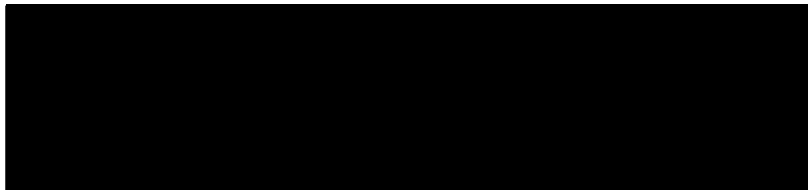
Dr Stewart was content that Mr Hunter's letters of 2 February 1994 and 14 April 1995 addressed Dr Donaghy's concerns.

19. PURCHASING AND PRESCRIBING - PAPER DsPH 26/95

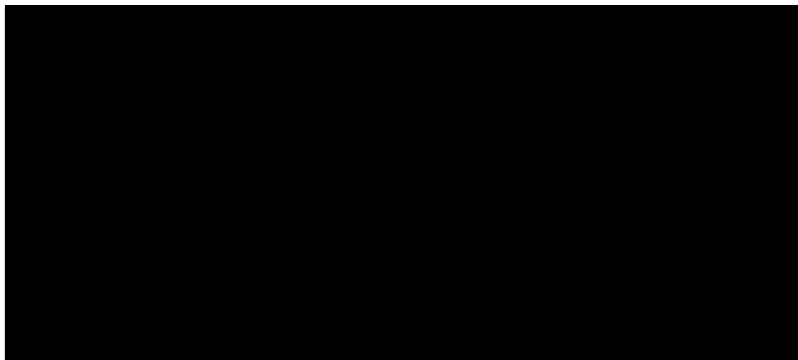
Dr Watson asked Miss Dixon exactly what was expected of purchasers in relation to the recently issued circular HSS (FHS) 8/95. Miss Dixon said the circular was a local adaptation of an NHSE letter which had been prompted by a number of Boards' prescribing advisors. She went on to say that, until now, there had been little attempt to manage the interface between hospital and community in regard to prescribing.

In response to a question from Dr McConnell, she stated that the feasibility of shifting funds from non-cash limited to cash limited budgets were being explored.

19a. GUIDELINES FOR RETENTION ON MINOR SURGICAL LIST



20. ANY OTHER BUSINESS



21. NEXT MEETING

