

**MINUTES OF THE MEETING OF THE DIRECTORS OF PUBLIC HEALTH/DHSS
HELD ON MONDAY 6 NOVEMBER 1995 AT 10.00AM IN DUNDONALD HOUSE.**

Present:

Dr D Stewart
Dr A M Telford
Dr J D Watson

Department:

Dr H Campbell (Chairman)
Dr C E Hall
Dr P McClements
Dr A Mairs
Dr G Mock
Dr H Kilgore
Dr P Woods

1 APOLOGIES

[REDACTED]

**2 MINUTES OF THE MEETING HELD ON 18
SEPTEMBER 1995. PAPER DsPH 38/95.**

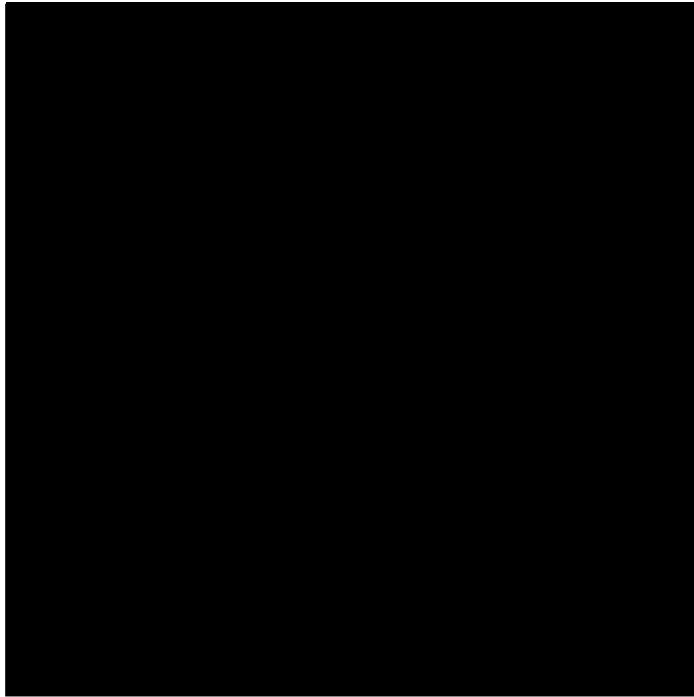
[REDACTED]

3 MATTERS ARISING.

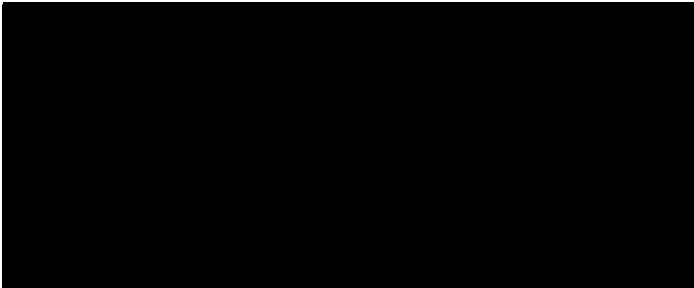
i Update on Training Posts for PAMs.

[REDACTED]

**FURTHER
ACTION**



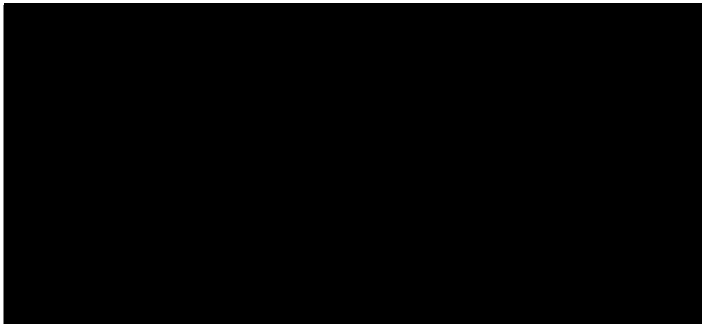
ii Guidelines for Retention on the Minor Surgical List.

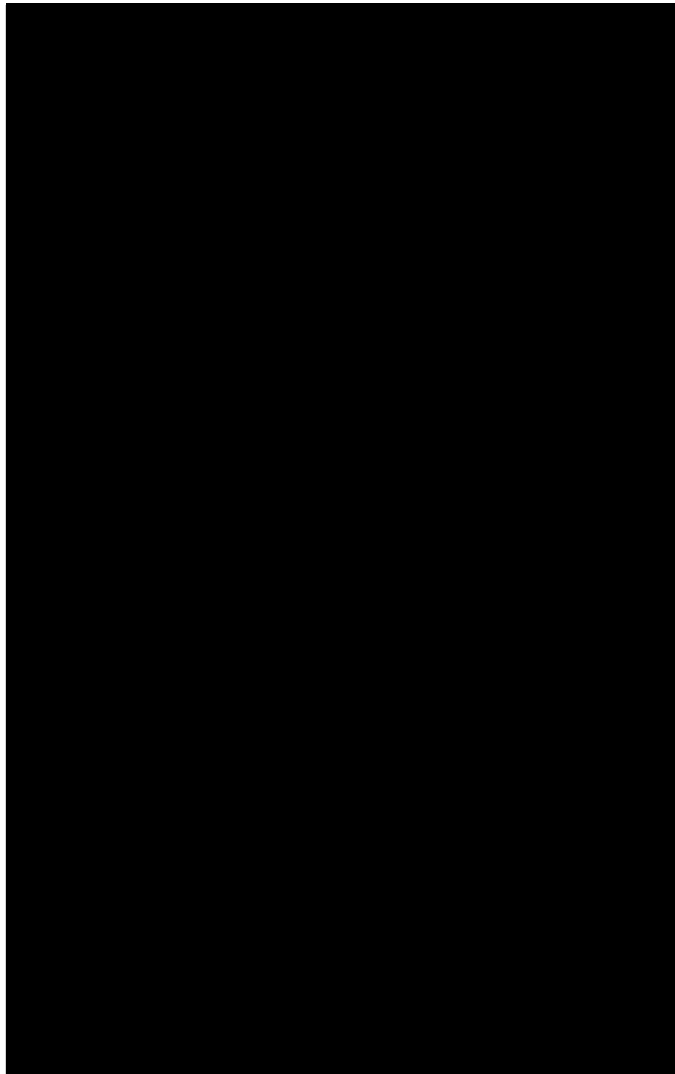


iii Northern Ireland Public Health Laboratory.



iv Update on the Cancer Working Group.





**4 WORKING GROUP ON PUBLIC HEALTH IN
PRIMARY CARE. PAPER DsPH 39/95.**

Dr Mairs tabled a note of the membership and terms of reference of the working group on public health in primary care, which was likely to meet 4 times over the year. Dr Mairs said the first meeting had established the issues which the group intends to examine, pointing out that general medical services and social services were excluded from its remit. Dr Watson asked Dr Mairs to keep him informed of developments in needs assessment in primary care.

**5 THE MANAGEMENT OF INFUSION SYSTEMS.
PAPER DsPH 40/95.**

Dr Mock informed DsPH that there had recently been a

Dr Mairs to keep
Dr Watson
informed of
developments.

number of adverse incidents in the United Kingdom involving syringe pumps. This was because of the large number of differently calibrated models in use, together with a low emphasis on training. Dr Mock said the Scottish Home and Health Department had recognised the problem and had produced guidelines in collaboration with the Medical Devices Agency, and with input from Northern Ireland. The DHSS had issued a hazard notice and now intended to produce its own guidelines which would be more concise than the SHHD guidance, and which would stress that different models of pump may have differing rates of infusion and that there would be increased attention paid to training. It was hoped that the guidelines would be available for distribution in early December.

6 ROLE OF THE AREA MEDICAL AUDIT COMMITTEE. PAPER DsPH 41/95.

Dr McClements understood that the EHSSB was not producing a report on audit for 1995, since each Trust is publishing an individual report. The WHSSB had produced a summary document only, and there was a growing view that the Area Audit Committees were becoming redundant. Dr McClements also referred to reports that the GP sub-committee of NIRAAC had not met for some time.

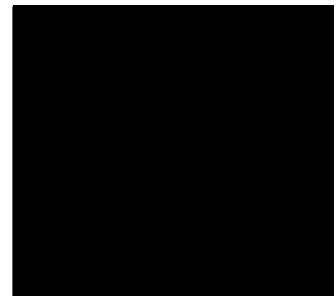
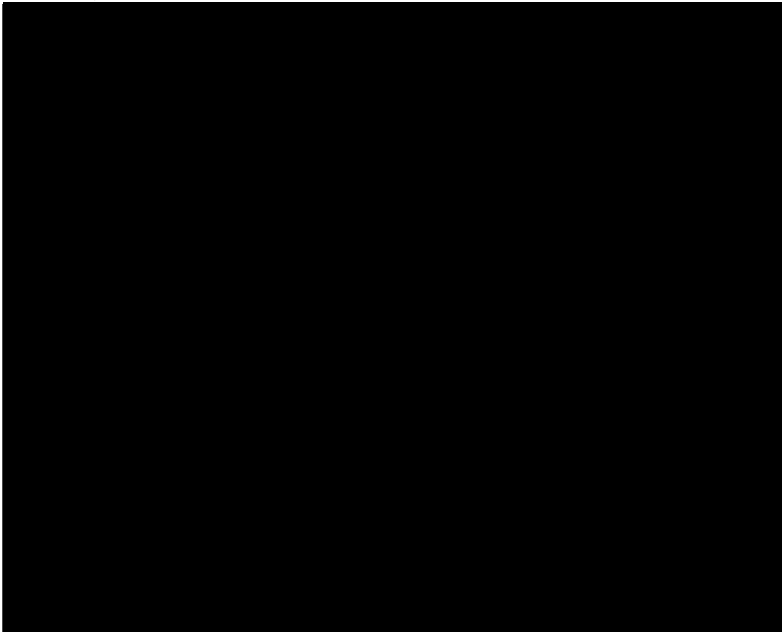
Dr Telford said the SHSSB Area Audit Committee is regarded as a valuable tool for influencing change, and for endorsing audit projects about which the smaller individual hospitals may not be enthusiastic. The SHSSB committee intends to continue to produce reports, and Dr Telford felt that the other area audit committee reports were a useful way for clinicians to keep abreast of what is happening in other hospitals.

Dr Watson said the NHSSB report does not have so great a level of detail as the Southern area report, but it had been agreed that there was a real need for the Area Audit Committee to ensure audit was not allowed to wind down. He felt, however, that individual hospitals should produce their own reports.

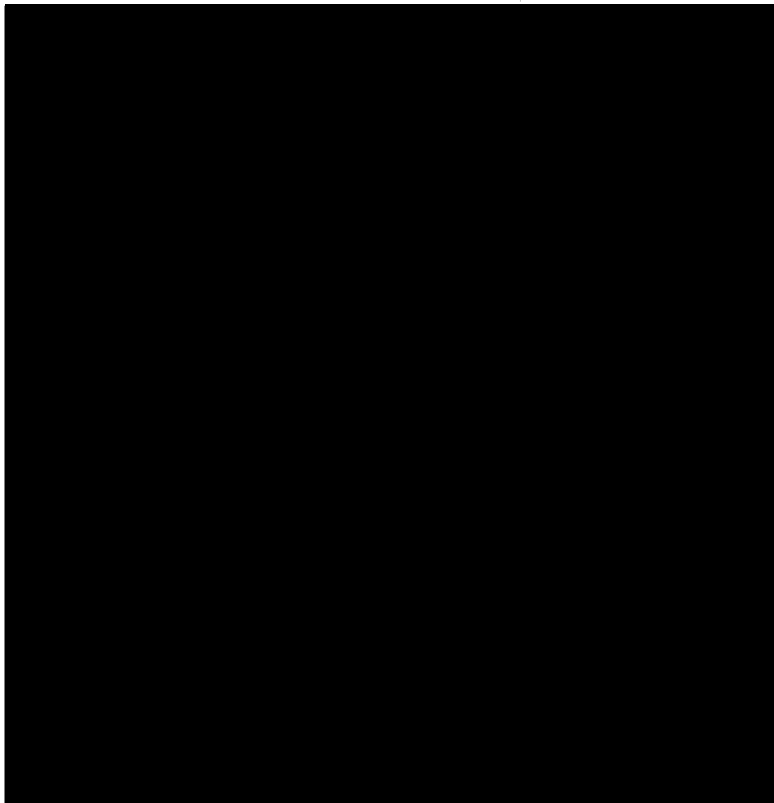
Dr Stewart had no doubt that a comprehensive and detailed report would be too large a task for the Eastern Board committee, but was content with the quality of reports issuing from the Trusts. He said the area of greatest activity was the general practice sub-committee. Dr Stewart felt there was no need for a compulsory

committee structure and suggested that each Board designed a committee to meet its individual requirements.

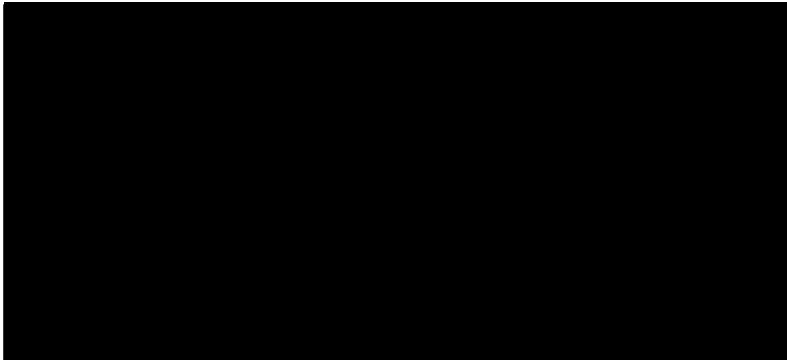
7 QUALITY ASSURANCE FOR CERVICAL SCREENING PROGRAMMES. PAPER DsPH 41a/95.



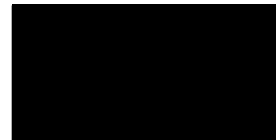
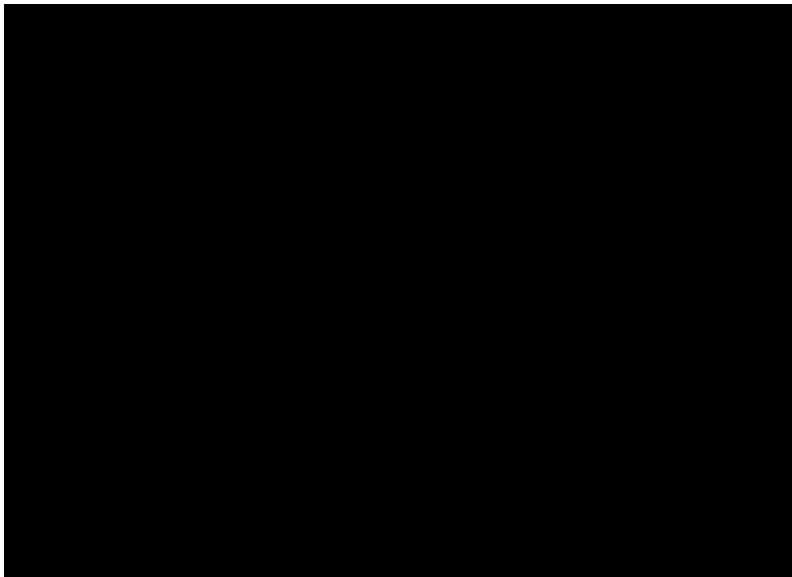
8 PRESCRIBING BETA INTERFERON TO PATIENTS WITH MULTIPLE SCLEROSIS. PAPER DsPH 42/95.



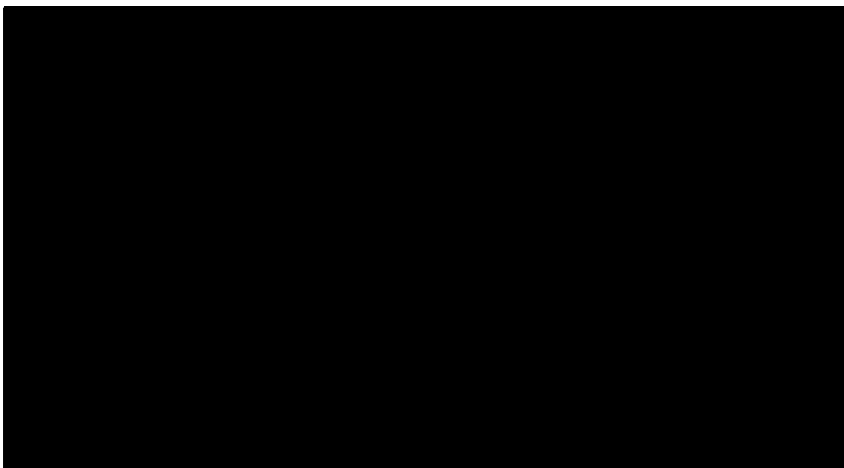
9 NORTHERN IRELAND TRAINING CENTRE FOR MAS.



10 PSYCHIATRIC SERVICES FOR THE DEAF. PAPER DsPH 43/95.



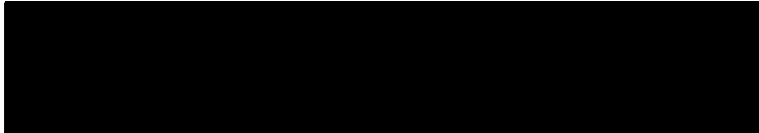
11 THE USE OF FOLATES IN THE PREVENTION OF NTDs.



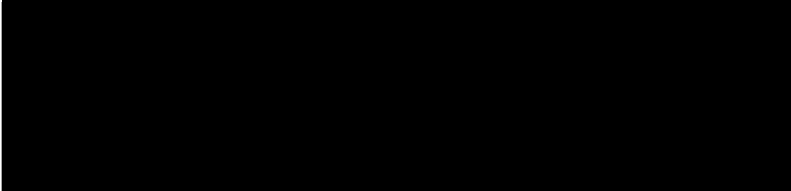


12 ANY OTHER BUSINESS

i Review of Health Promotion.



ii AIDS Report.



iii Discretionary Point Arrangements for Public Health Medicine.



13 NEXT MEETING

