

**MEETING OF THE DIRECTORS OF PUBLIC HEALTH/DHSS.
MONDAY 2 SEPTEMBER 1996 AT 2.00PM IN DUNDONALD HOUSE.**

AGENDA	PAPER
1. Apologies	
2. Minutes of meeting held on 3 June	34/96
3. Matters Arising	
i. Public Health in NI - The roles and responsibilities of the Department, Boards and Trusts	
ii. Update on Cancer Services	
iii. Establishment of Cancer Commissioning Groups following the report "Cancer Services - Investing for the Future	
iv. New Arrangements for the Structure of Consultant Appointment Panels	
4. Relationship between the HHCRU, Department and Boards	35/96
5. Potential "Contracts" for PAMs Services in School	36/96
6. Clinical Effectiveness	
7. Minor Surgery List	37/96
8. Review of Cervical Screening Programme	38/96
9. Training of MLSO Staff	39/96
10. Research Ethics Committees	40/96
11. Audit in Intensive Care Units	41/96
12. Development of Family Planning Service	42/96
13. Palliative Care	43/96

AGENDA**PAPER**

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|---|---------|
| 14. Junior Doctors' Hours - Report on Progress and Future Plans | 44/96 * |
| 15. Screening for Hypothyroidism in Down's Syndrome | 45/96 |
| 16. Priority Booster for MMR | 46/96 |
| 17. Urgent Communications to the Medical Profession | |
| 18. Discretionary Points for Public Health Doctors | |
| 19. Child Protection Procedural Guidelines - Roles of Forensic Medical Officers & Consultant Paediatricians | 47/96 |
| 20. Northern Ireland Health & Social Well-Being Survey | |
| 21. Any Other Business | |
| 22. Next Meeting | |

*** Paper to be tabled at meeting**

**MINUTES OF THE MEETING OF THE DIRECTORS OF PUBLIC HEALTH/DHSS
HELD ON MONDAY 02 SEPTEMBER 1996 AT 2.00PM IN DUNDONALD HOUSE.**

Present

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

Department

Dr H Campbell (Chairman)
Dr C E Hall
Dr P G McClements
Dr G Mock (Items 8,9,11)
Dr A P Mairs (Items 7,13)
Dr J D Acton (Items 12,14)
Mr R Beckett (Item 10)
Mrs N McArdle (Item 5)
Dr P Woods

1 APOLOGIES

[REDACTED]

2 MINUTES OF THE MEETING HELD ON 03 JUNE 1996

[REDACTED]

3 MATTERS ARISING

i Public Health in NI - The roles and responsibilities of the Department, Boards and Trusts.

Dr McClements advised that the draft circular remained with the Department.

ii Update on cancer services.

[REDACTED]

iii Establishment of Cancer Commissioning Groups.

[REDACTED]

iv New Arrangements for the structure of consultant appointment panels.

[REDACTED]

FURTHER ACTION

v **All Ireland Institute of Public Health**

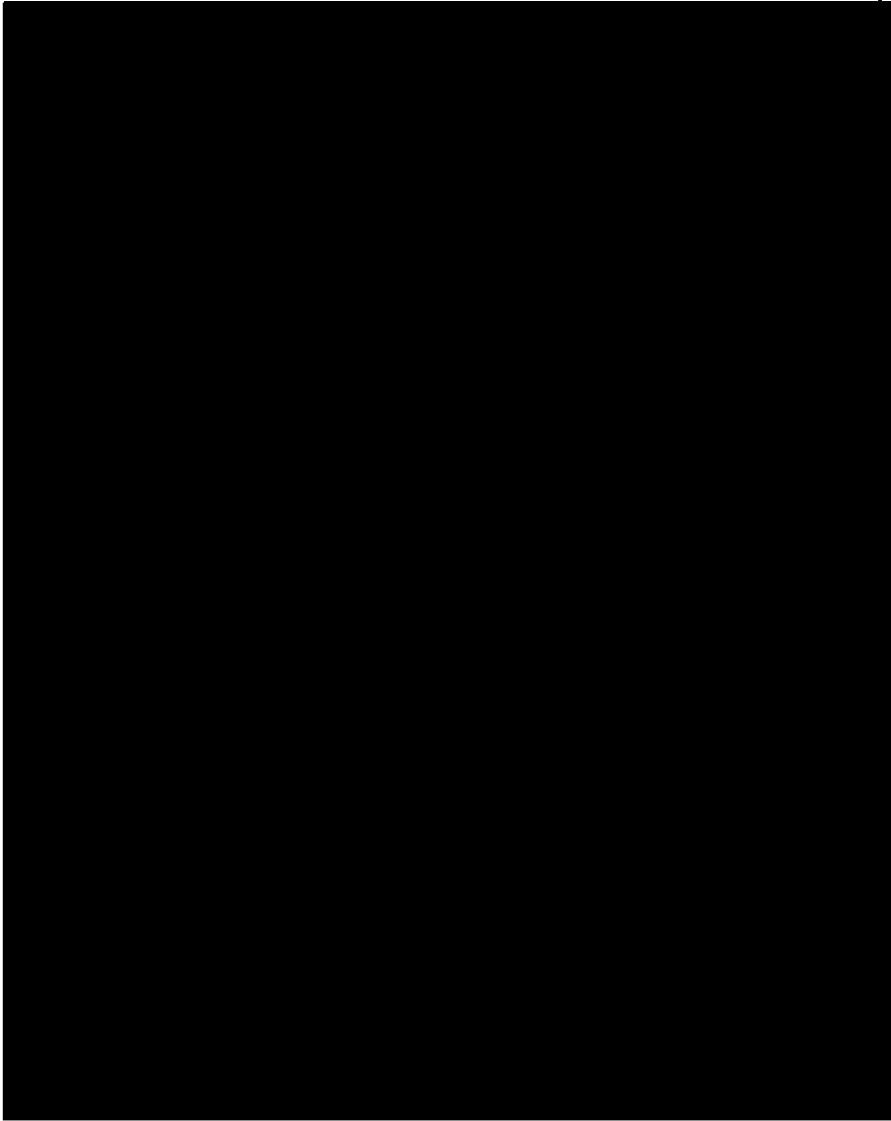
Dr McConnell enquired whether anyone was aware of plans to establish an Office of Health Gain in the Irish republic. Dr Stewart was aware of a director of Health Gain. Dr Campbell informed the Group that arrangements for the Institute of Public Health were progressing satisfactorily.

FURTHER ACTION

4 **RELATIONSHIP BETWEEN THE HHCRO, DEPARTMENT AND BOARDS.**

Due to Dr Jamison's unavailability, this item was held in abeyance.

5 **POTENTIAL "CONTRACTS" FOR PAMS SERVICES IN SCHOOLS.**





6 **CLINICAL EFFECTIVENESS**

Dr McClements invited suggestions from the DsPH on the Department's role in progressing the issue of clinical effectiveness. It was agreed that the weight of Departmental support could help take forward some key initiatives. CMO felt there was a role in setting the agenda for CREST.

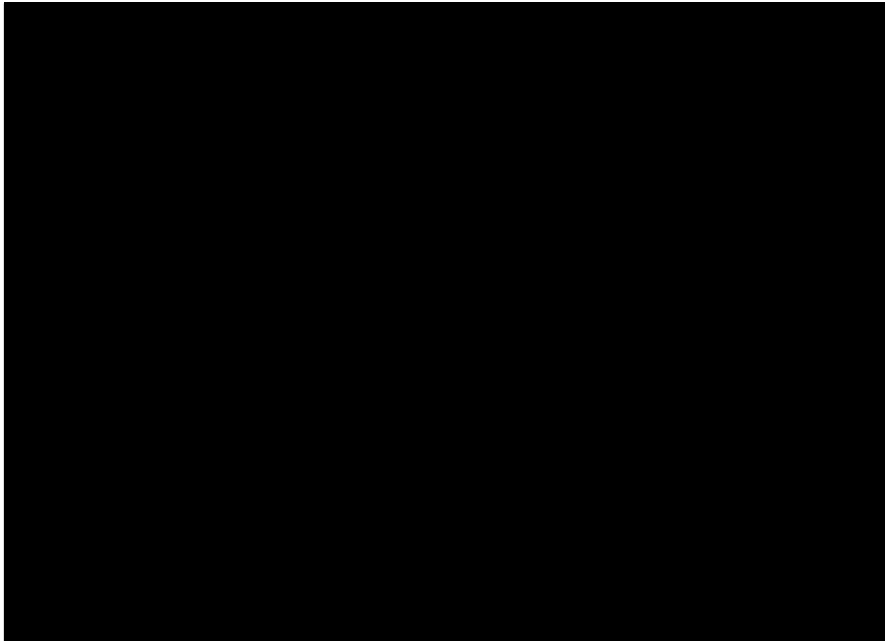
In reply, Dr McClements stated that to date the CREST agenda had involved itself in areas determined by the Regional Strategy and the HSS Executive and consideration of guidelines that had a high clinical profile. However, up to the present, CREST had been loathe to become multiprofessional.

The DsPH stressed there was no longer a need for the Department to develop a focus for the dissemination of clinical information and guidelines. However, they saw greater merit in a small Departmental Committee advising on 3 or 4 key areas each year where evidence on clinical effectiveness could make a major impact on services. The Department could also endorse a small number of important guideline documents which would allow specific areas to be targeted; the problem at present was that everyone was being bombarded with a plethora of clinical effectiveness material without any specific targeting of initiatives. CMO welcomed this approach and suggested that CREST could then become a vehicle for any local initiatives while current practice and change in clinical behaviour could be monitored through the clinical audit process.

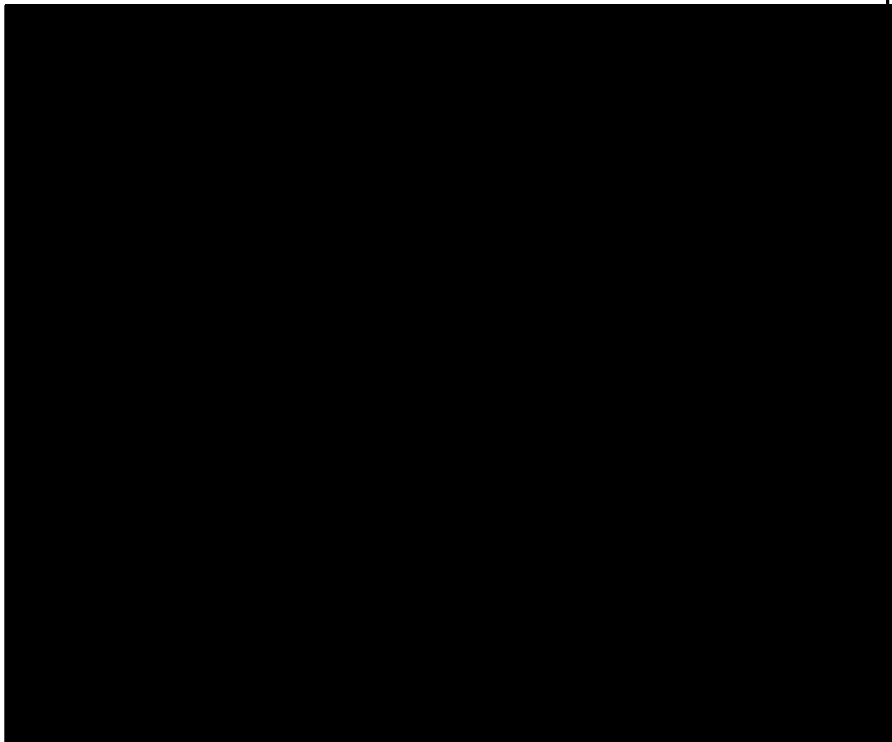
FURTHER ACTION

CMO undertook to convey the advice of the DsPH to the Department.

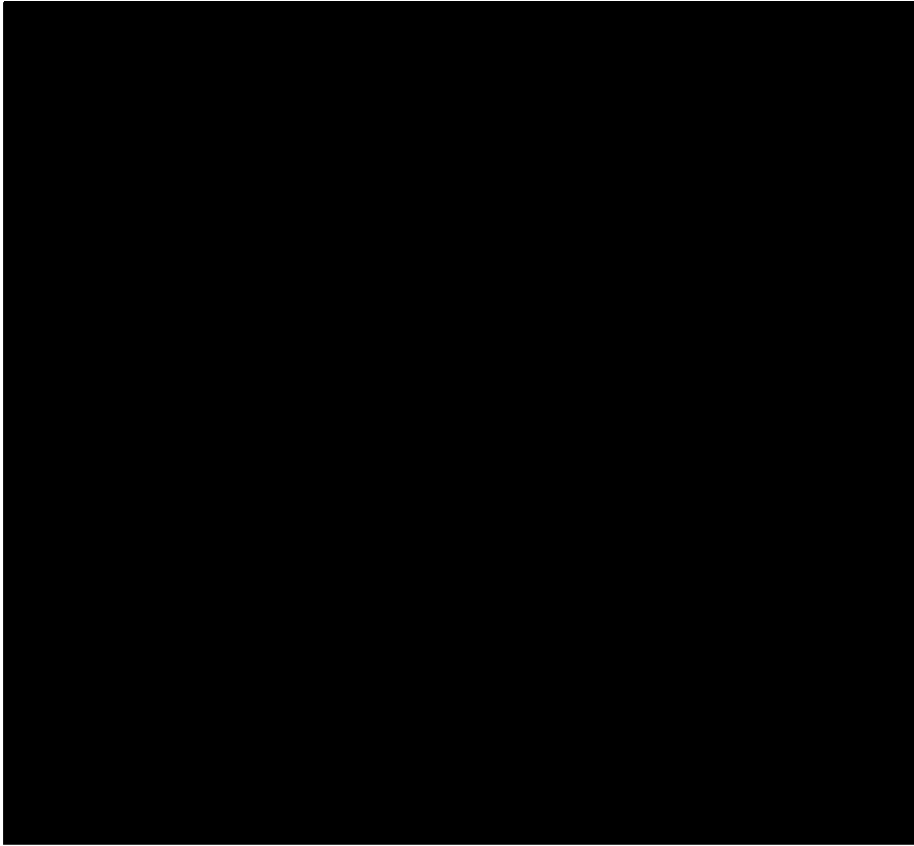
7 GP MINOR SURGERY LIST



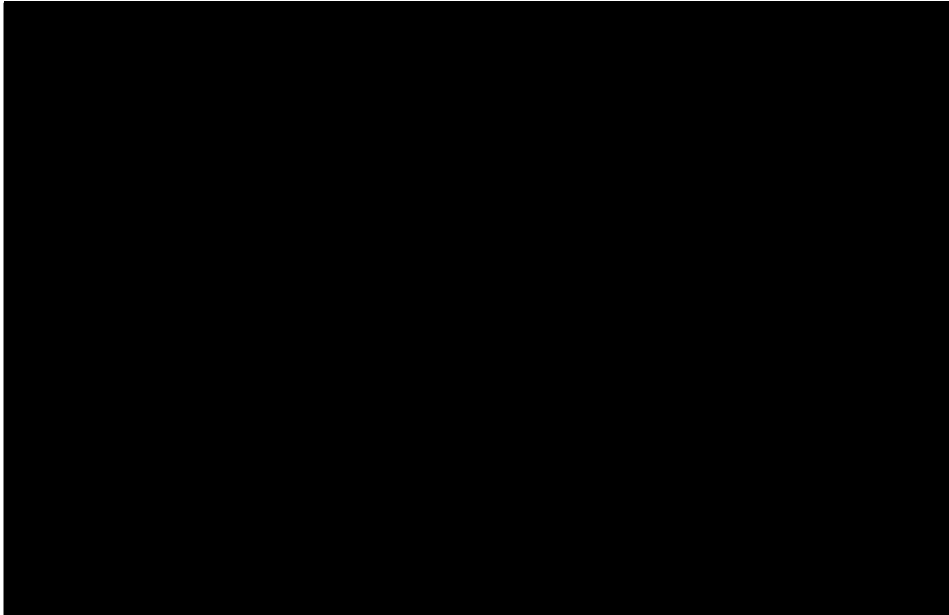
8 REVIEW OF CERVICAL SCREENING PROGRAMME



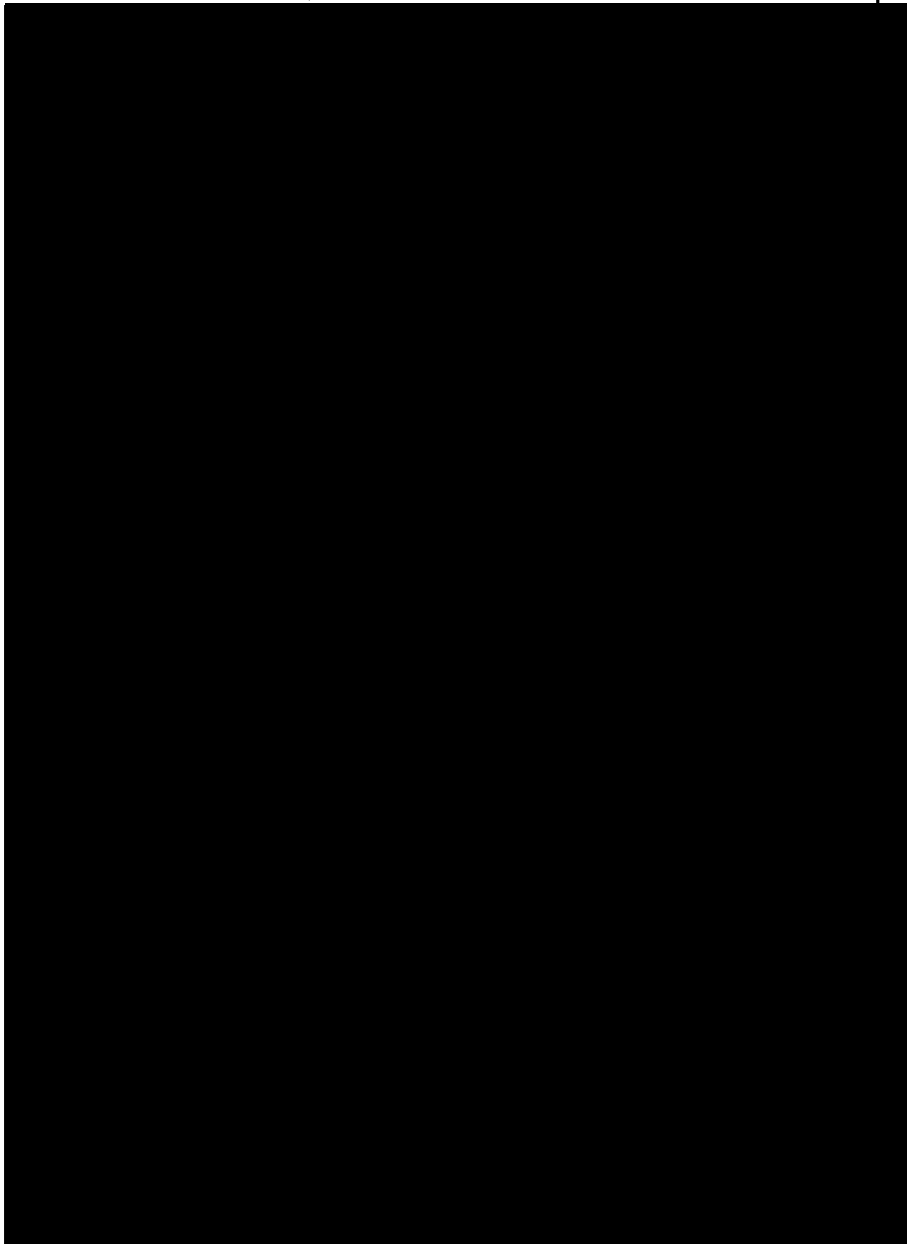
FURTHER ACTION



9 TRAINING OF MLSO STAFF



10 RESEARCH ETHICS COMMITTEES



11 AUDIT IN INTENSIVE CARE UNITS

CMO sought views on external audit of ICUs in NI along the lines proposed in Dr Johnston's letter, through the ICNARC scheme. The RGHT was seeking central funds to enrol in the scheme. Dr Telford reported that Craigavon Hospital was considering the same proposal. Dr McClements explained that there was no money available through the regional audit mechanism.

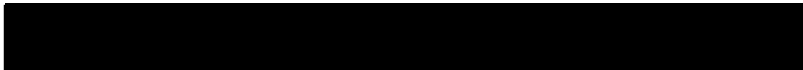
It was felt that considerable sums (including consultant sessions) were already devoted to medical audit, although the proposed scheme could be considered a form of external inspection. It could be encompassed in the audit programme for anaesthetics. The precedent of paediatric intensive care was cited. A mechanism for taking this forward was through the Regional Audit Committee by considering intensive care as a small specialty within anaesthetics.

CMO felt that this highlighted an important principle that applied to a number of specialties. It was vital that rigour and objectivity were ensured in assessing standards of practice.

12 DEVELOPMENT IN FAMILY PLANNING SERVICES



13 PALLIATIVE CARE



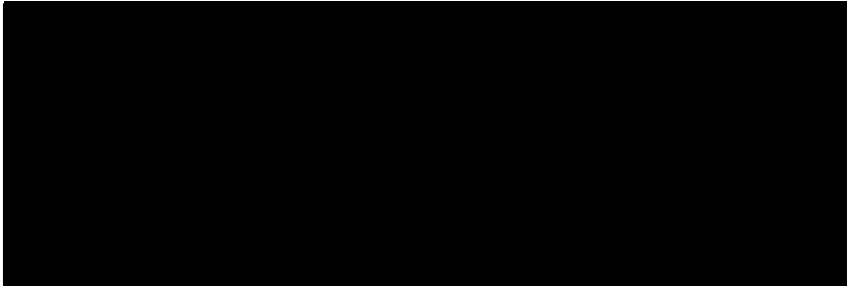
14 JUNIOR DOCTORS' HOURS - REPORT ON PROGRESS AND FUTURE PLANS

Dr Acton appraised DsPH of the current position and future plans on the implementation of the "New Deal". He had recently completed a round of visits to Trusts and expressed disappointment at their lack of knowledge on many issues relating to junior doctors' hours. The next stage would involve preparation of action plans agreed with each Trust. These would set out and cost the options for achieving the December 1996 targets. A suggestion was that each Trust set up a local task force to forward implementation. To date £8M had been allocated to Trusts and it was expected that by April 1998 these funds would be returned to the funding pool and allocated to Boards on a capitation basis. A means of determining purchaser support for proposed posts was under consideration.

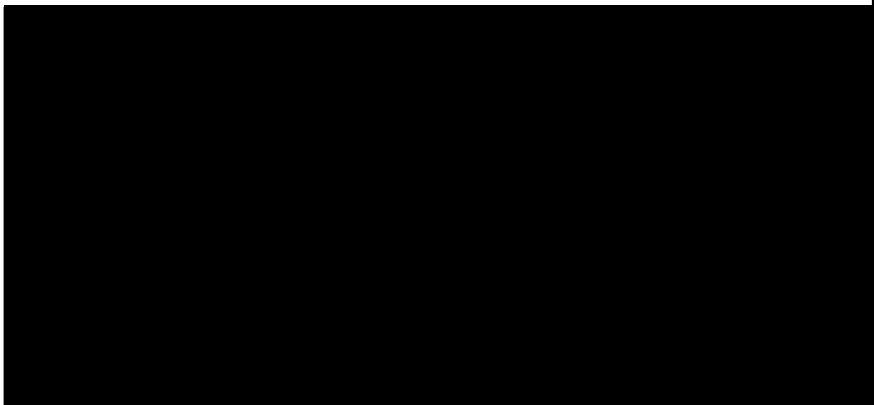
FURTHER ACTION

DsPH welcomed these plans and felt it important that any additional posts were approved only when purchaser support was apparent.

15 SCREENING FOR HYPOTHYROIDISM IN DOWN'S SYNDROME



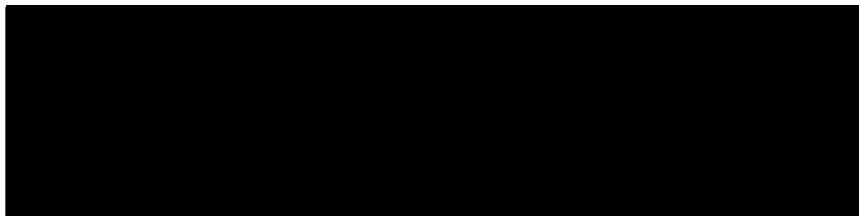
16 PRIORITY BOOSTER FOR MMR



17 URGENT COMMUNICATION TO THE MEDICAL PROFESSION

Dr Campbell explained that she would soon have access to a new fax machine which could relay urgent messages to relevant practitioners. This would diminish the need to use similar HSSB systems.

18 DISCRETIONARY POINTS FOR PUBLIC HEALTH DOCTORS

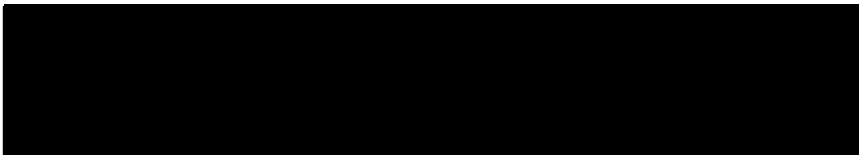


FURTHER ACTION

- 19 CHILD PROTECTION PROCEDURAL GUIDELINES -
ROLES OF FORENSIC MEDICAL OFFICERS &
CONSULTANT PAEDIATRICIANS.**



- 20 NORTHERN IRELAND HEALTH AND SOCIAL
WELLBEING SURVEY.**



- 21 ANY OTHER BUSINESS.**



- 22 NEXT MEETING.**

10.00 AM, 07 OCTOBER 1996.