

**MEETING OF THE DIRECTORS OF PUBLIC HEALTH/DHSS.
MONDAY 4 NOVEMBER 1996 AT 10.00AM IN DUNDONALD HOUSE**

AGENDA


PAPER

- | | | |
|-----|--|--------|
| 1. | Apologies | |
| 2. | Minutes of meeting held on 7 October | 56/96 |
| 3. | Matters Arising
- Update on Cancer Services | |
| 4. | Relationship between Boards and HHCRU | 57/96* |
| 5. | Public Health Expertise in Environmental Health | 58/96 |
| 6. | Registry of Hereditary Non-Polyposis Colon Cancer Families | 59/96 |
| 7. | Identification of criteria for high and low risk pregnancies | 60/96 |
| 8. | Organisation of Incontinence Services | 61/96 |
| 9. | National Total Hip Replacement Audit Project | 62/96 |
| 10. | Any Other Business | |
| 11. | Next Meeting | |

PAPER FOR INFORMATION

Health Service Use of Ionising Radiation

*** Papers to follow**




**MINUTES OF THE MEETING OF THE DIRECTORS OF PUBLIC
HEALTH/DHSS HELD ON MONDAY 4 NOVEMBER 1996 AT
10.00AM IN DUNDONALD HOUSE**

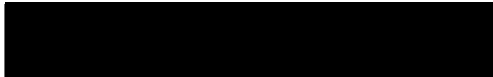
PRESENT

Dr D Stewart
Dr A M Telford
Dr W McConnell
Dr J D Watson
Dr J Q Jamison (Item 4)
Dr D O'Reilly (Item 4)

DEPARTMENT

Dr H Campbell
Dr C E Hall
Dr P G McClements
Dr Woods


1 APOLOGIES

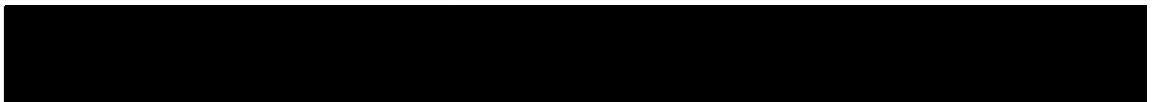


2 MINUTES OF THE MEETING HELD ON 7 OCTOBER 1996



3 MATTERS ARISING

Update on Cancer Services



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

Dr Campbell welcomed Dr J Jamison and Dr D O'Reilly and invited them to give a presentation on the work of the HHCRU.

Dr Jamison gave a brief summary of the work of the HHCRU and outlined the main research themes:

- Acute Hospital Admission Rates

- Care in the Community
- Health Inequalities
- Perinatal Epidemiology

He explained that, over the last 2 years the staffing at the unit had increased to 15 funded from a variety of sources including the Department, Queen's University, Boards and individual Project Grants.

Dr Jamison outlined the strengths, weaknesses, opportunities and threats that impinged on the Unit. Among the strengths were a multidisciplinary staff, the relationship with the Medical school and the extent of the research portfolio. Weaknesses highlighted included the relative inexperience of staff, limited track record of the Unit and the lack of central project funding. The considerable scope for Health Services Research in Northern Ireland together with the potential for collaboration were cited as strengths. Perceived threats were continued funding uncertainties and the lack of a professional research commissioning capacity. He added that the imminent appointment of a new Director for Research and Development should also enhance the work of the Unit. He concluded by listing the projects in which the Unit was currently involved and added that they also hoped to become involved in assisting in the Clinical Effectiveness Initiative. CMO said she believed Clinical Effectiveness was something in which everyone should become involved and needed help and assistance to develop a co-ordinated approach.

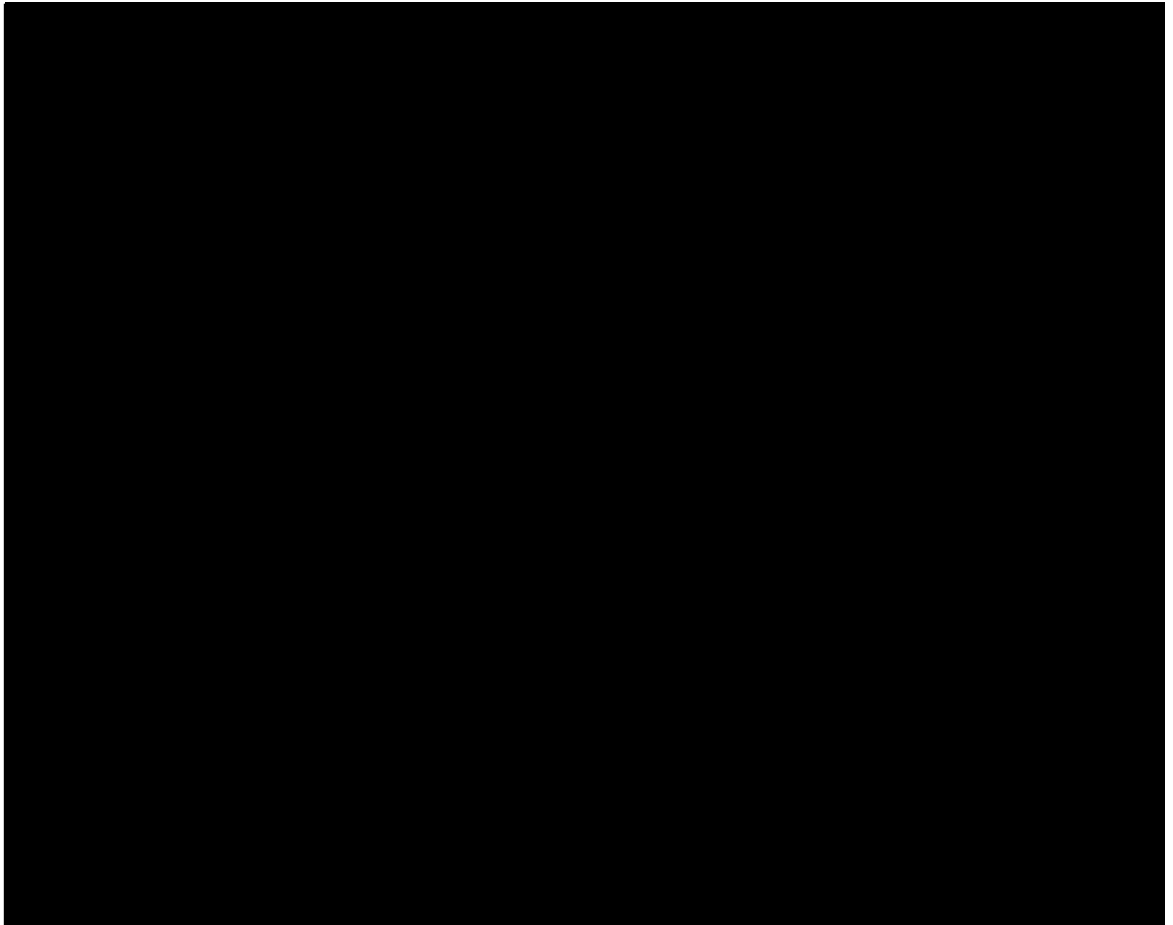
The ensuing discussion centred on areas of work that Boards had engaged the HHCRU. A frequent comment was the lack of awareness of the range of projects that the Unit was involved in. Dr Jamison said it was obvious that the Unit needed to develop some way of keeping people informed of the work being carried out, perhaps by a bulletin listing current projects and estimated time of completion rather than a detailed and time consuming report. Dr O'Reilly added that there were several very important pilot exercises, costing a lot of money, being evaluated at the moment which if successful could have a real impact on patient care. He felt though that because these were classed as pilot schemes and they would not come under the Research and Development umbrella. Dr McConnell believed it was important to develop better co-ordination of research activities to ensure that as many people as possible became aware of the expertise of the Unit.

Finally, Dr Jamison enquired if it would be useful for him to make a

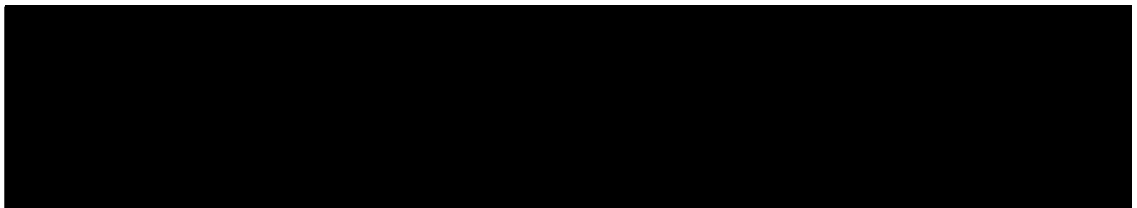
presentation to each HSSB. It was agreed that this was important, particularly if it related to current health and social service issues.

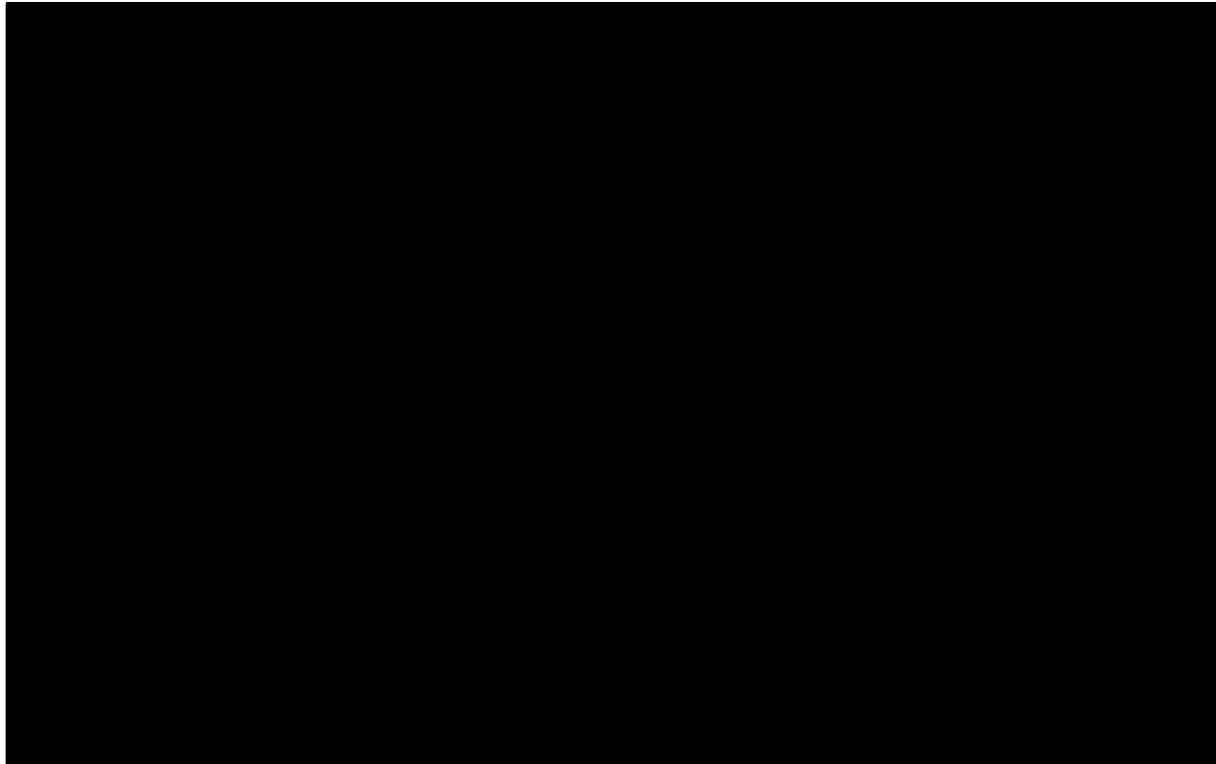
CMO thanked Dr Jamison and Dr O'Reilly for attending the meeting and for giving an interesting and useful presentation. She added that it might be useful if an update could be arranged periodically.

5. PUBLIC HEALTH EXPERTISE IN ENVIRONMENTAL HEALTH

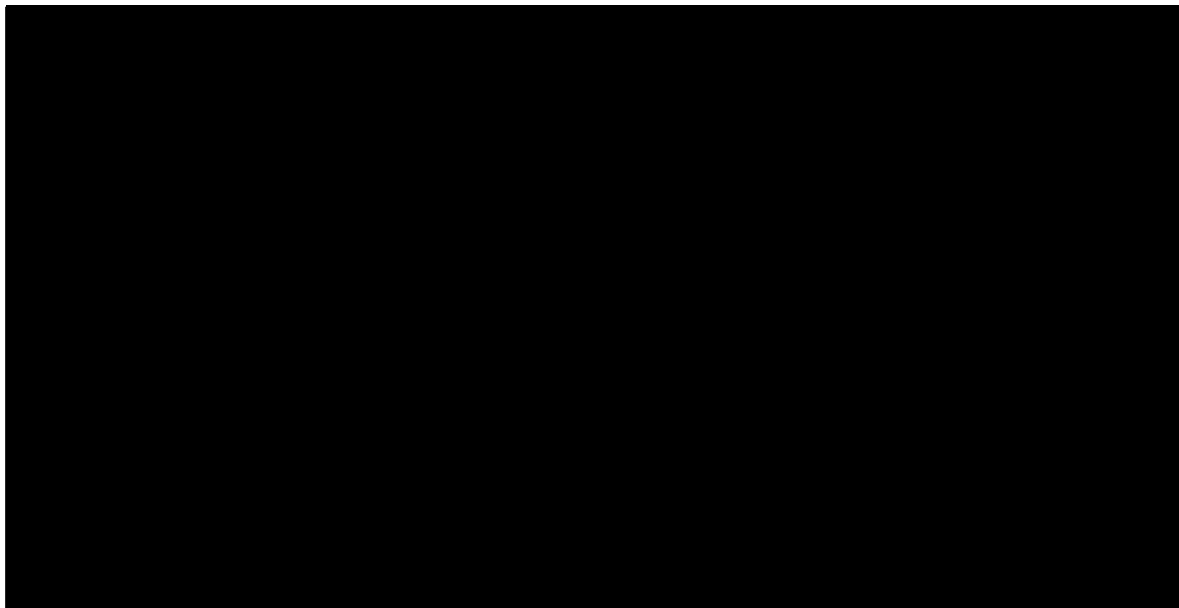


6. REGISTRY OF HEREDITARY NON-POLYPOSIS COLON CANCER FAMILIES

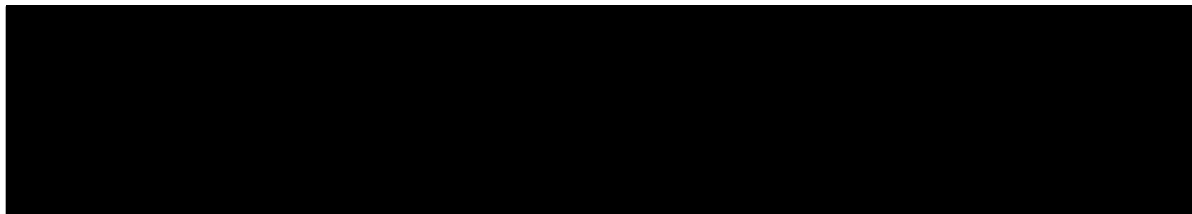


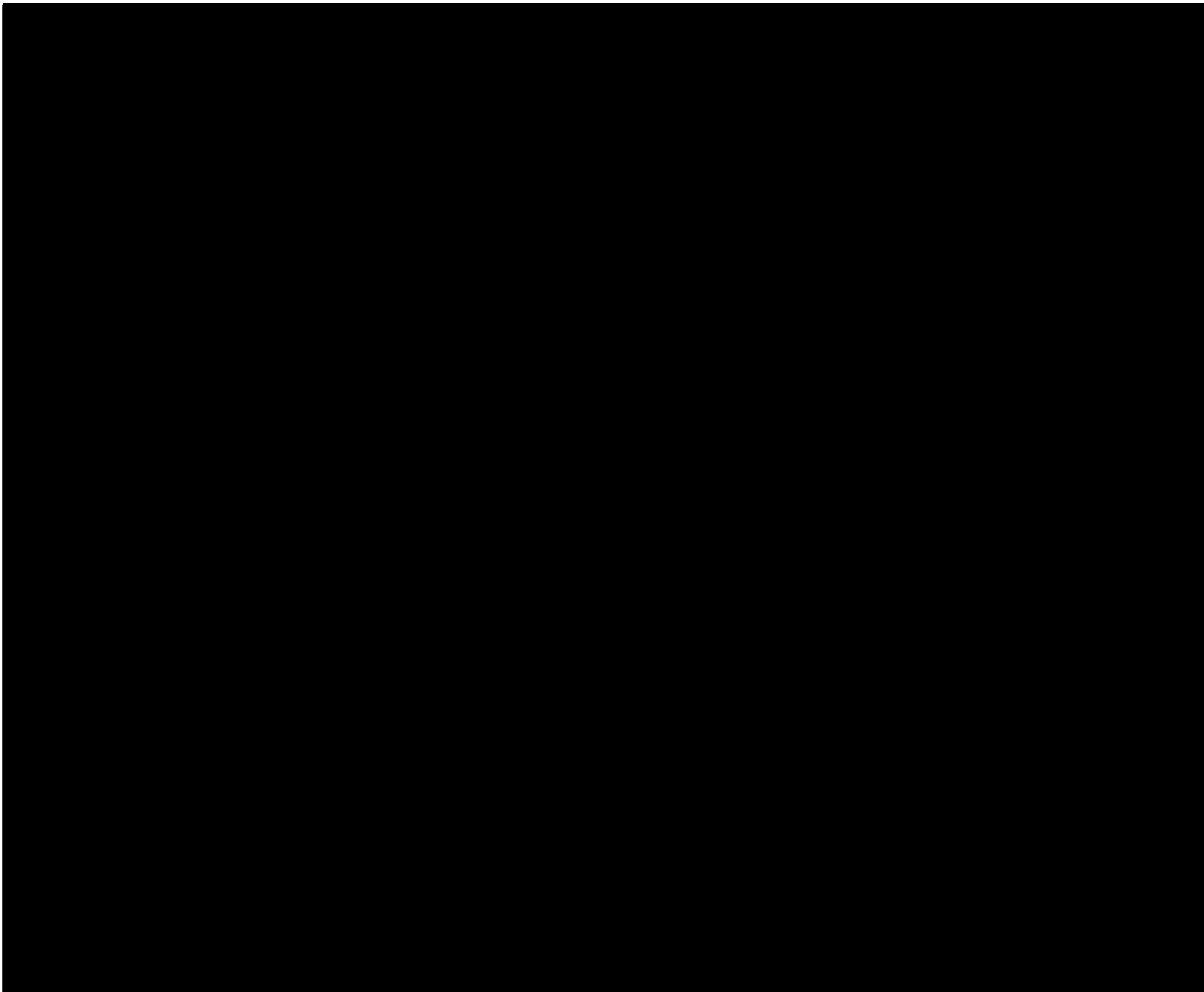


7. IDENTIFICATION OF CRITERIA FOR HIGH AND LOW RISK PREGNANCIES

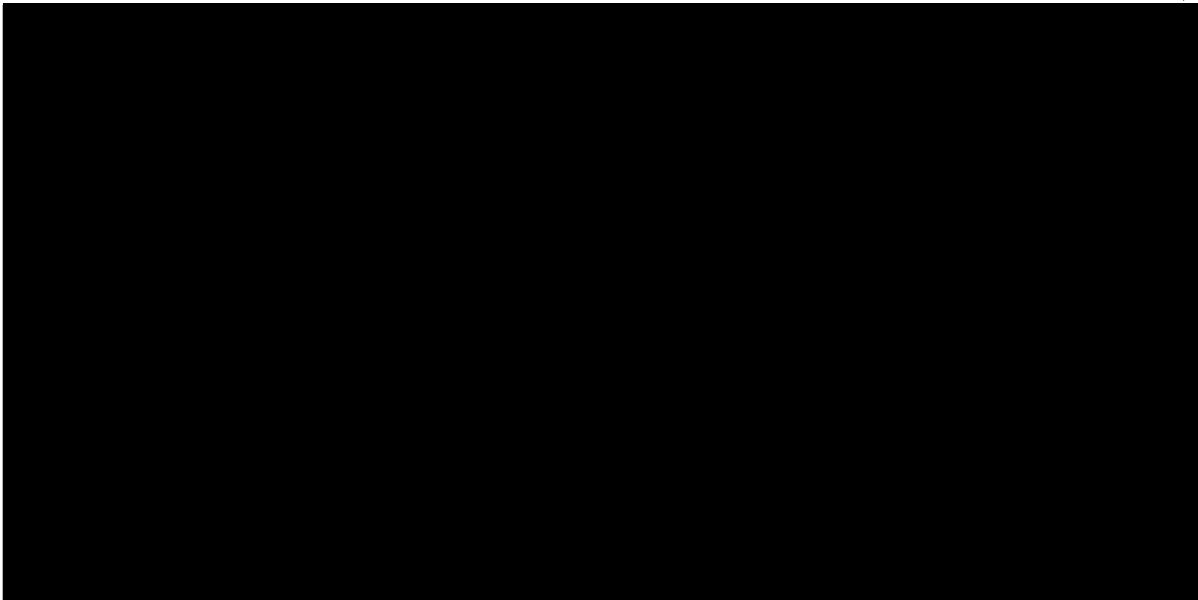


8. ORGANISATION OF INCONTINENCE SERVICES





9. NATIONAL TOTAL HIP REPLACEMENT AUDIT PROJECT



10. ANY OTHER BUSINESS



11. NEXT MEETING

