Minutes of the CREST meeting, held on Thursday 6 May 2004, at 2.00pm in Conference Room C3.18, Castle Buildings.

Present:

Dr D Stewart (Chairman)

Mr G Collins

Professor Davidson
Dr K Fitzpatrick
Dr G McVeigh
Dr G Mock

Dr A Montgomery

Dr C Russell
Mrs J Skeffington
Dr T Trinick
Mrs M Waddell

Mr G Hannan (Secretariat)

Apologies:

Dr M Briscoe
Dr C Harper
Mrs J Holmes
Mr G Humphreys
Mr M M O'Hare

Mrs E Qua
Dr M Smith
Dr J Stone

In attendance:

Ms J Anderson for Item 4

1. Introduction and apologies

2. Minutes of the previous meeting

3. Matters arising

(i) Review of Wound Management guidelines

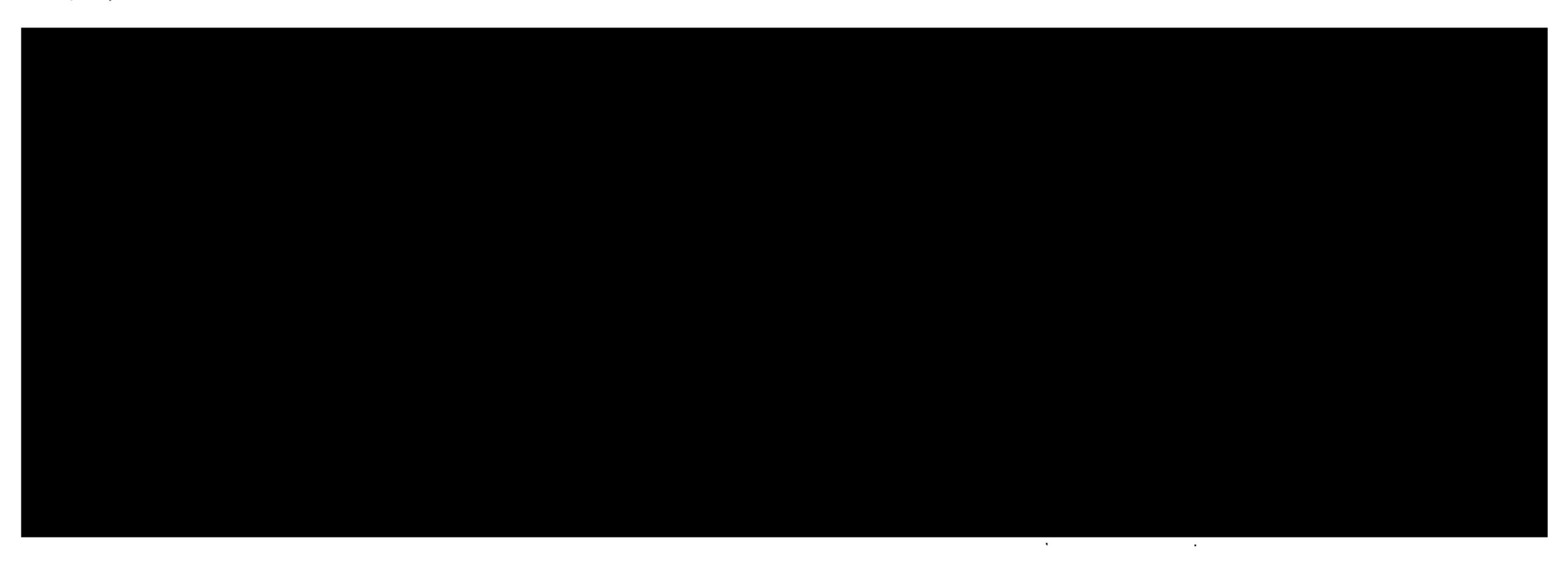


(ii) Getting Evidence into Practice

Professor Davidson referred to the report which had previously been tabled at CREST. He felt that this could be married with the Implementation Strategy produced by Dr Harper for inclusion in the Cellulitis guidelines and perhaps published by CREST as a stand alone document. Members agreed with this and Professor Davidson undertook to liaise with Dr Harper and Mr Hannan to edit the 2 pieces of work.

Action:Professor Davidson
Dr Harper
Secretariat

(iii) Varicose Veins



(iv) Control of Pain in Patients with Cancer



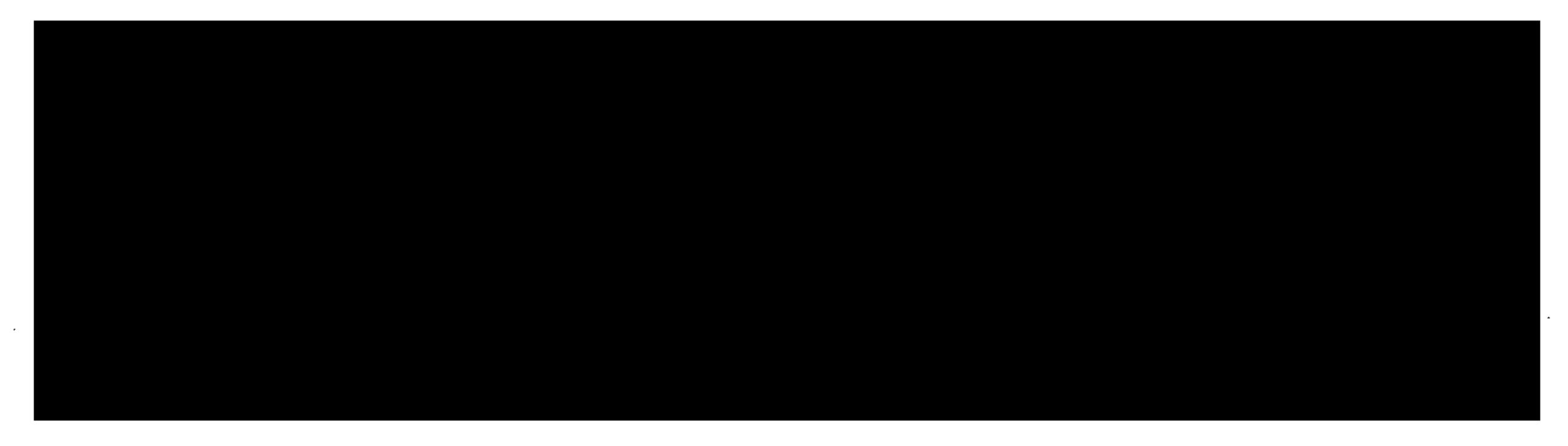
(v) Warfarin/Thrombolytic Therapy



(vi) Drug Testing



(vii) Healthcare Improvement Collaboration



(viii) Review of Regional Audit Arrangements



4. Emergency Care



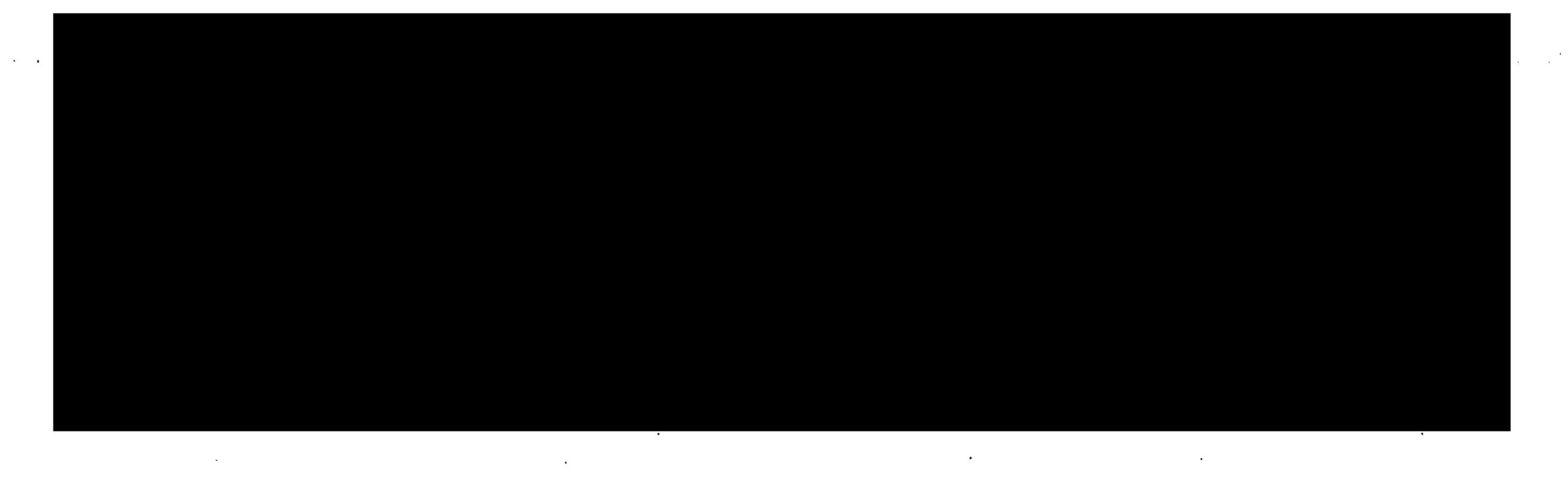
5. The future role of CREST within the Standards and Guidelines Unit

Dr Stewart reported that a number of processes were underway to progress the Best Practice - Best Care agenda. A Standards Development Task Group, led by Jennifer Holmes had been established to produce minimum standards against which, such bodies as Nursing Homes, Fostering Agencies and Day Care Services will be regulated and inspected against by the new regulation authority (HPSSRIA). Further standards will be developed to include Controls Assurance Standards setting out requirements which Boards and Trusts must deliver for a particular function e.g. Emergency Planning. The guidelines process and proposed links with NICE and SCIE had not yet been developed but it was envisaged that the new guidelines group would conduct Horizon Scanning to sift and prioritise against criteria and identify gaps where local guidance was required. The new group would also be required to address issues relating to the economic aspects of the implementation of guidelines.

Mr Collins reported that the Standards and Guidelines sub-group had drafted Terms of Reference, including the role that CREST would play in the process. The group included representation from CREST and DHSSPS as well as input from the voluntary sector and will produce a model for the complete guidelines process, including the development of Service Development Frameworks. Mr Collins, Dr Briscoe and Dr Harper, had arranged a visit to NHS Quality Improvement in Scotland to see how they had developed links with NICE and implemented its guidelines. He also reported that a Clinical and Social Care Governance Support Group would be established with Anne O'Brien, seconded from the Modernisation Unit, in charge of developing this.

Dr Stewart noted that it was pleasing to see how the Best Practice - Best Care recommendations were developing and that CREST could still provide an important contribution to this.

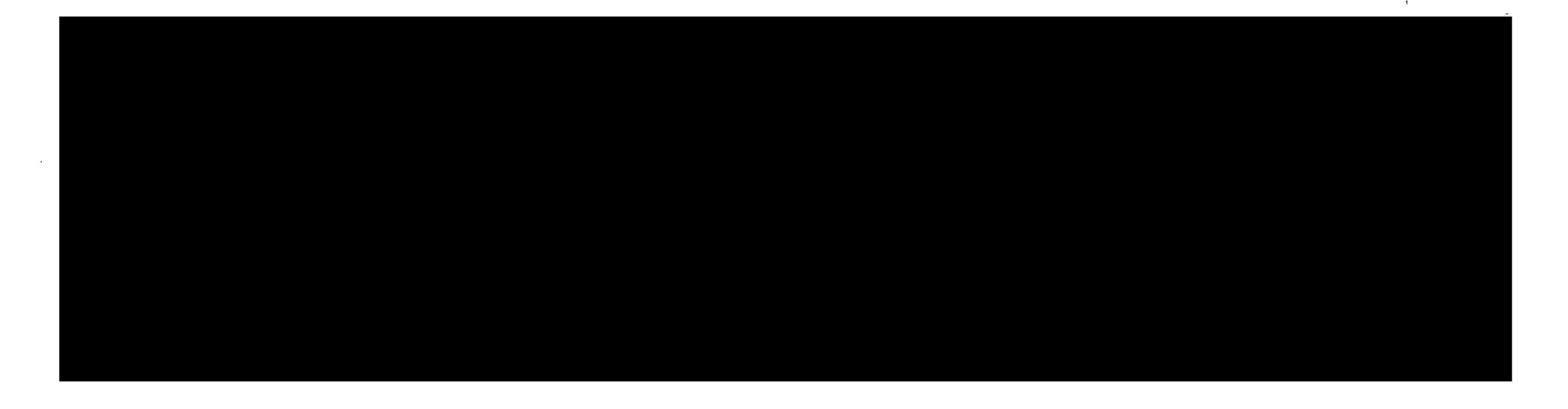
6. Management of Depression



7. Prevention and Treatment of Osteoporosis – Pharmacological Issues



8. Cardiac Rehabilitation



9. Coronary Heart Disease

10. Regional Review of Lymphodaemia Services



11. Re-usable Equipment and Transmittable Agents



SUB-GROUP REPORTS

12. Management of Cellulitis



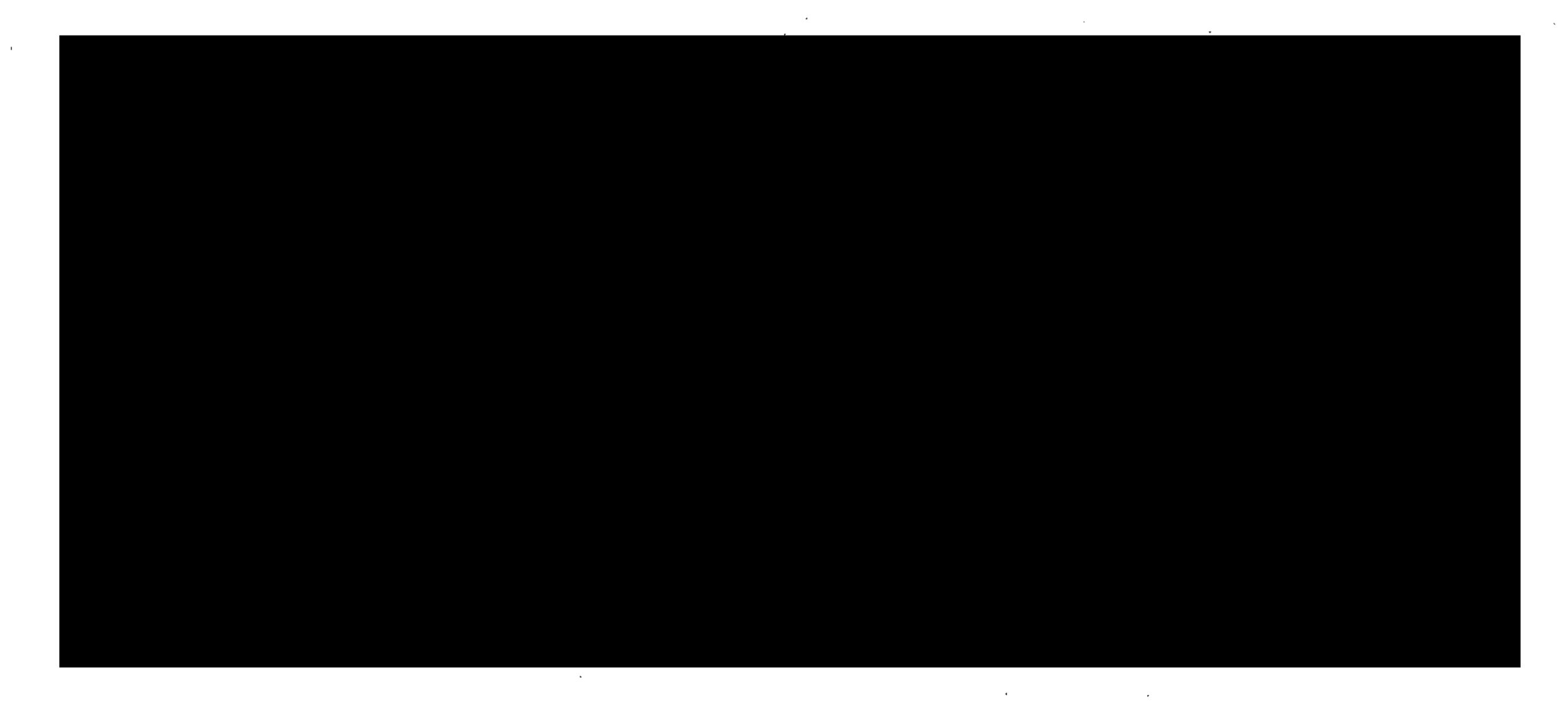
13. Chronic Heart Failure



14. Obesity

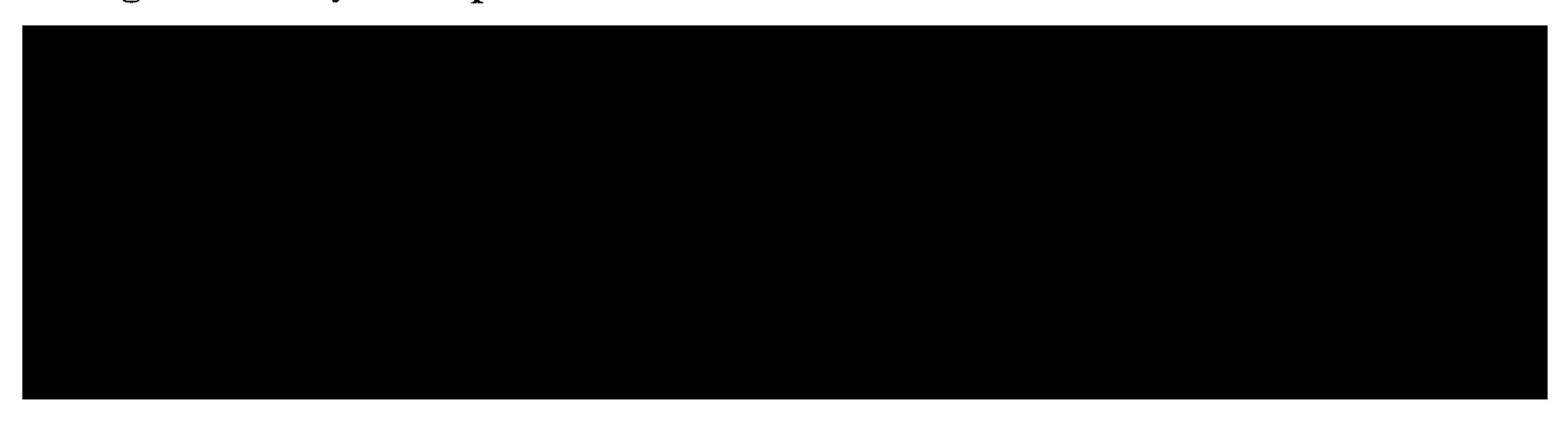


15. Enteral Tube Feeding



16. Evaluation of Equipment

17. Drugs Advisory Group



18. Any other business

(i) Committee on the Safety of Medicines.



(ii) Hyponatraemia

Dr Russell reported that he had received correspondence from Dr Winston Shaer, a South African Plastic Surgeon working in London and Dr Anil Mane, Consultant Physician, Erne Hospital. Dr Shaer had felt that the CREST guidelines didn't sufficiently cover the surgical point of view. Dr Russell had replied that this aspect had been alluded to at the launch of the guidelines but that the guidelines had been targeted at junior doctors and nursing staff.

Dr Mane had felt that the use of hypertonic saline and diuresis in the management of hyponatraemia with hypervolaemic status should have been included. Dr Russell had again consulted members of the sub-group and had replied that the group had no difficulty with the use of diuretics in the hypervolaemic category but all guidelines and evidence based articles that the

sub group looked at, related to the use of hypertonic saline and Frusemide in the isovolumic category.

18. Date of the next meeting

The next meeting of CREST has been arranged for Thursday 4 November 2004, at 1.00pm in Conference Room C3.18, Castle Buildings, commencing with lunch.