

**MINUTES OF THE MEETING
SPECIALTY ADVISORY COMMITTEE
PAEDIATRICS
TUESDAY 5 OCTOBER 2004
2.15 – 5.00, ROOM C3.18**

PRESENT

Dr M Rollins
Dr N Corrigan
Dr P Crean
Mr V Boston
Dr J McAloon
Dr J Porteous
Dr M Shields
Dr A Bell
Dr J Jenkins
Dr B Craig
Dr R Tubman
Dr P Kennedy
Dr P McAlinden
Dr D Carson
Dr T Brown

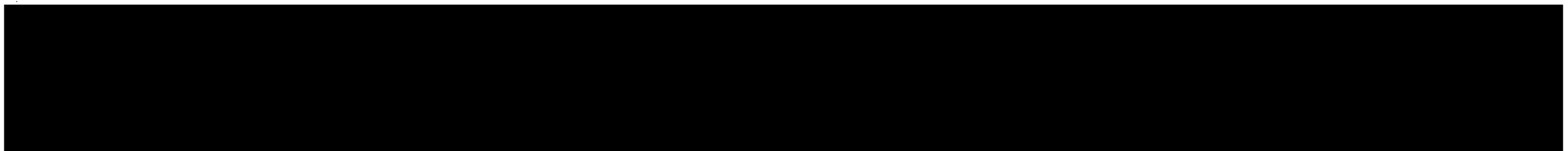
DsPH / REPRESENTATIVES

Dr C Beattie
Dr F Kennedy
Dr B Farrell
Dr J McClean (observer)

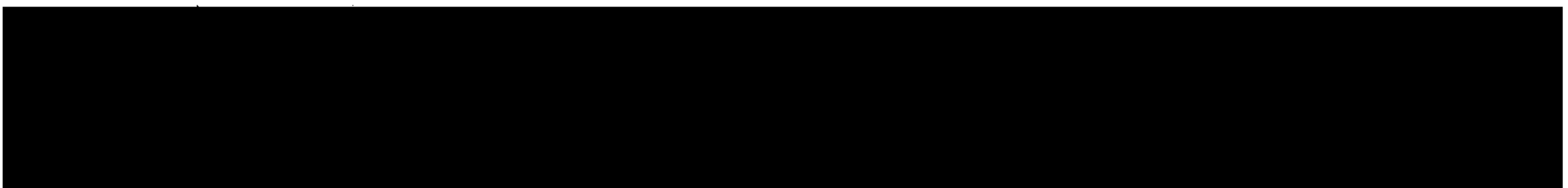
DEPARTMENT

Dr H Campbell, Chairman
Dr C Willis
Dr P Woods
Dr M Boyle
Mr D Sullivan
Mrs I Wilkinson

1. APOLOGIES

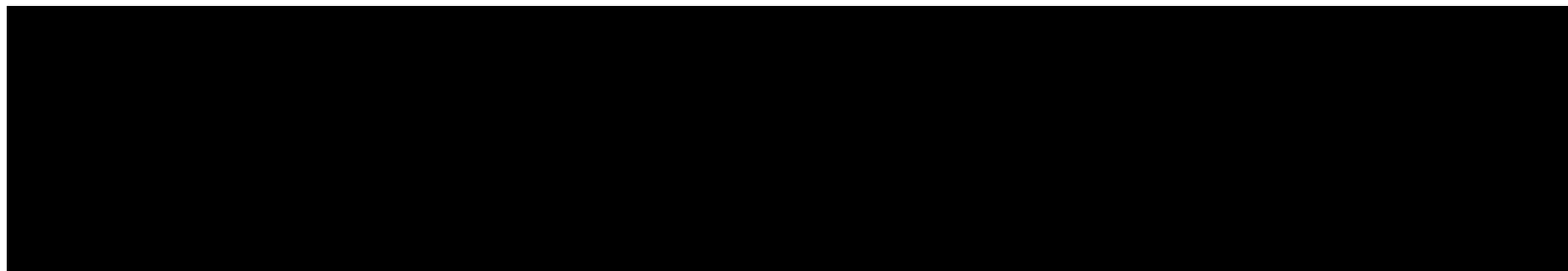


**2. MINUTES OF THE PREVIOUS MEETING 7 OCTOBER 2003,
RECONVENED 10 FEBRUARY 2004**

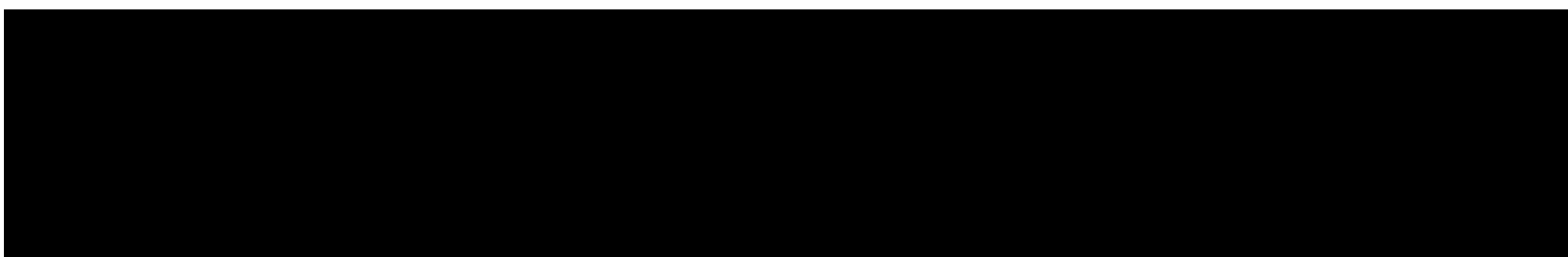


3. MATTERS ARISING

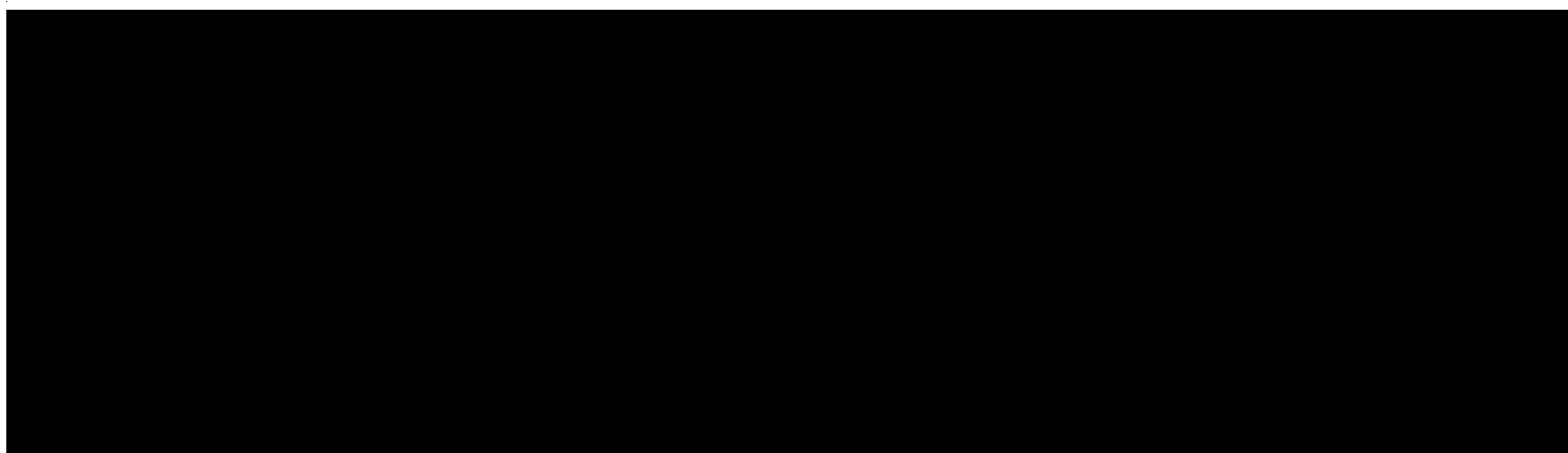
3.1 Child Protection



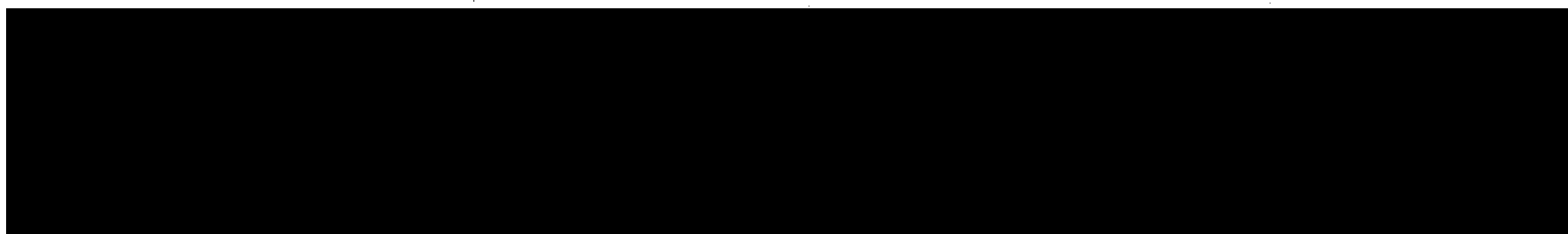
3.2 Upper Age Limit for Admission to Children's Hospital



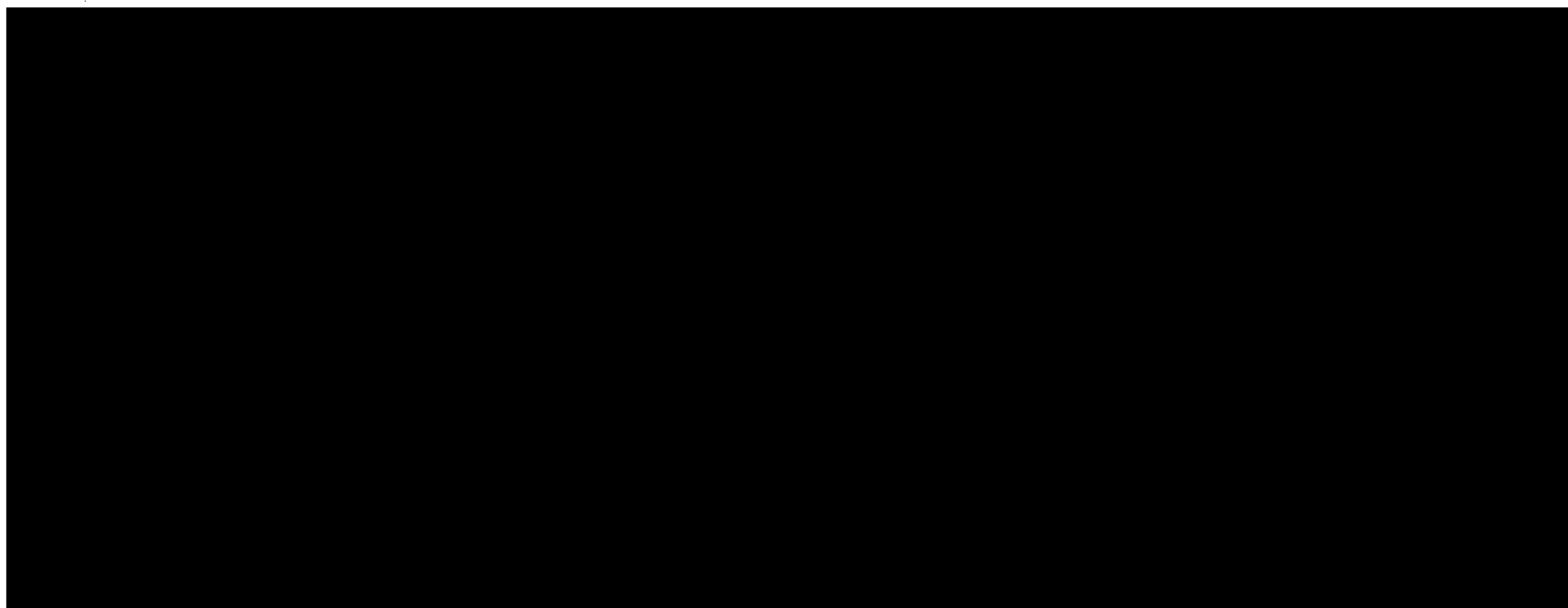
3.3 Neonatal and Paediatric Transfer



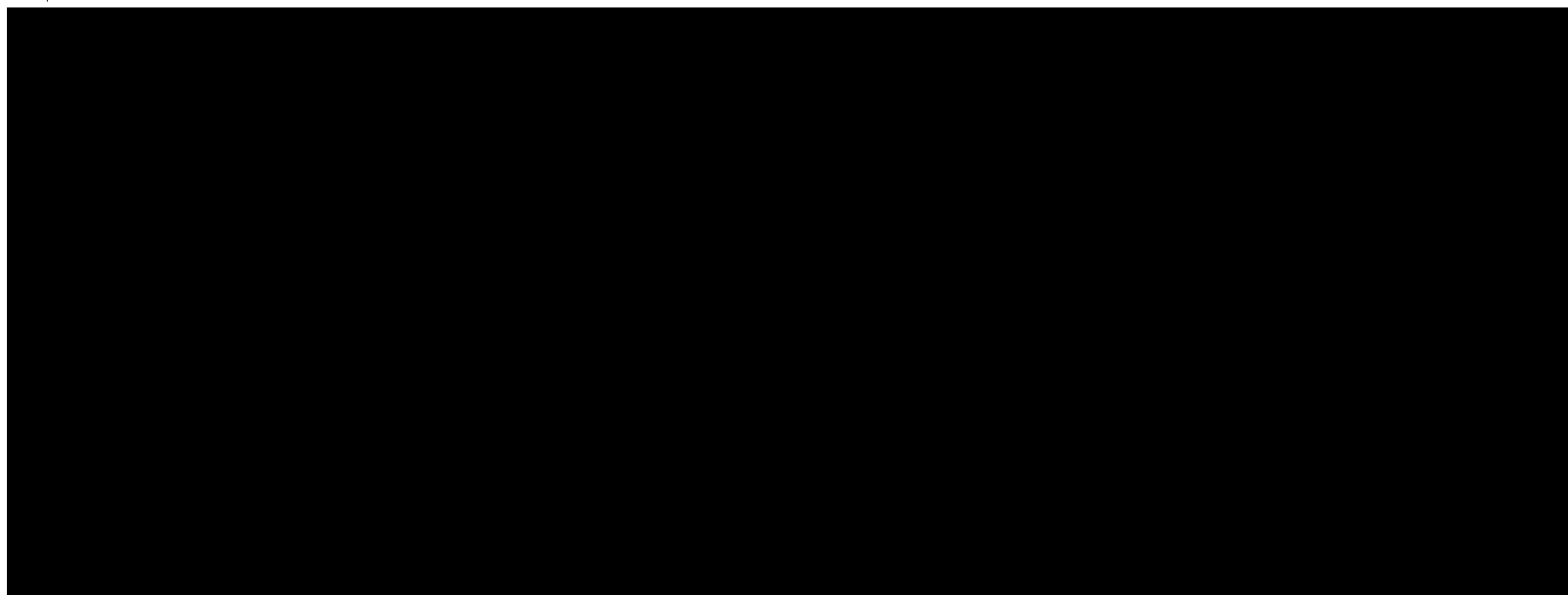
3.4 Framework for the Care of Children Requiring Long Term Ventilatory Support



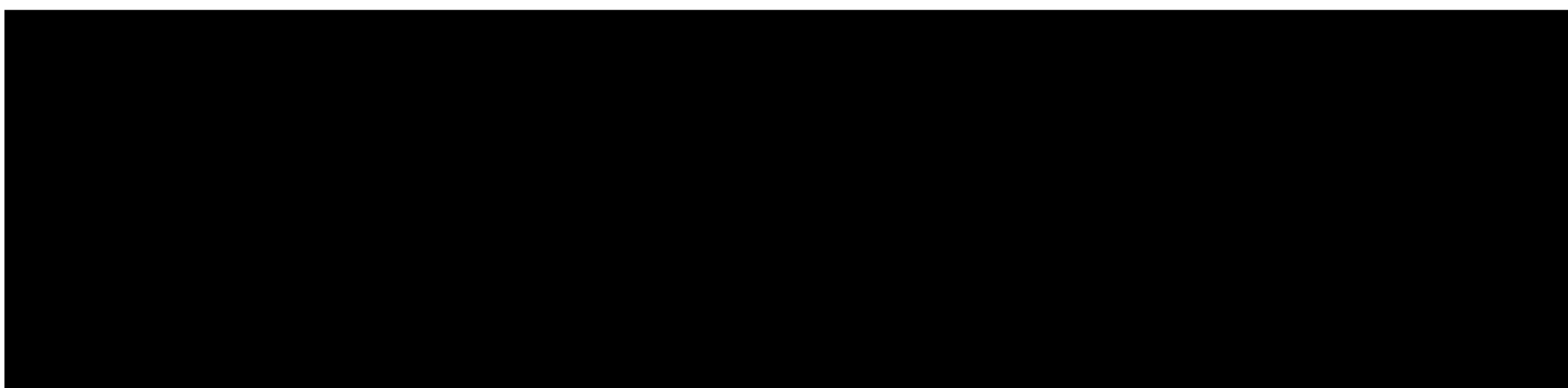
3.5 Paediatric Surgery – Paper 2/04



3.6 Paediatric Epilepsy Services – Paper 3/04



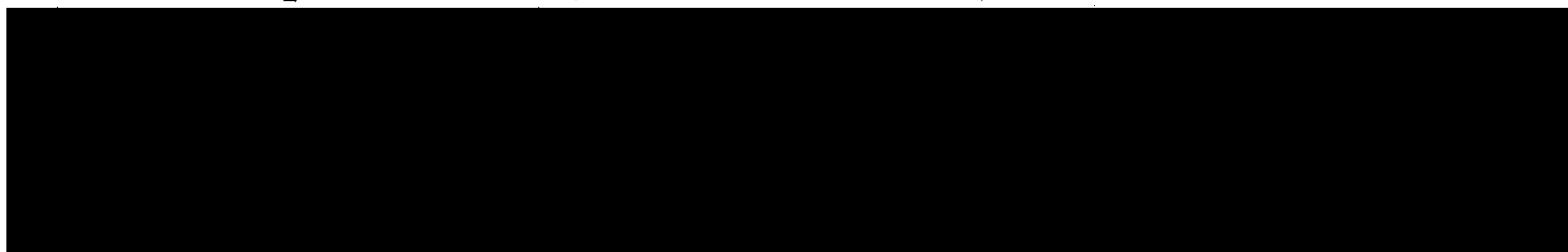
3.7 Paediatric Gastroenterology



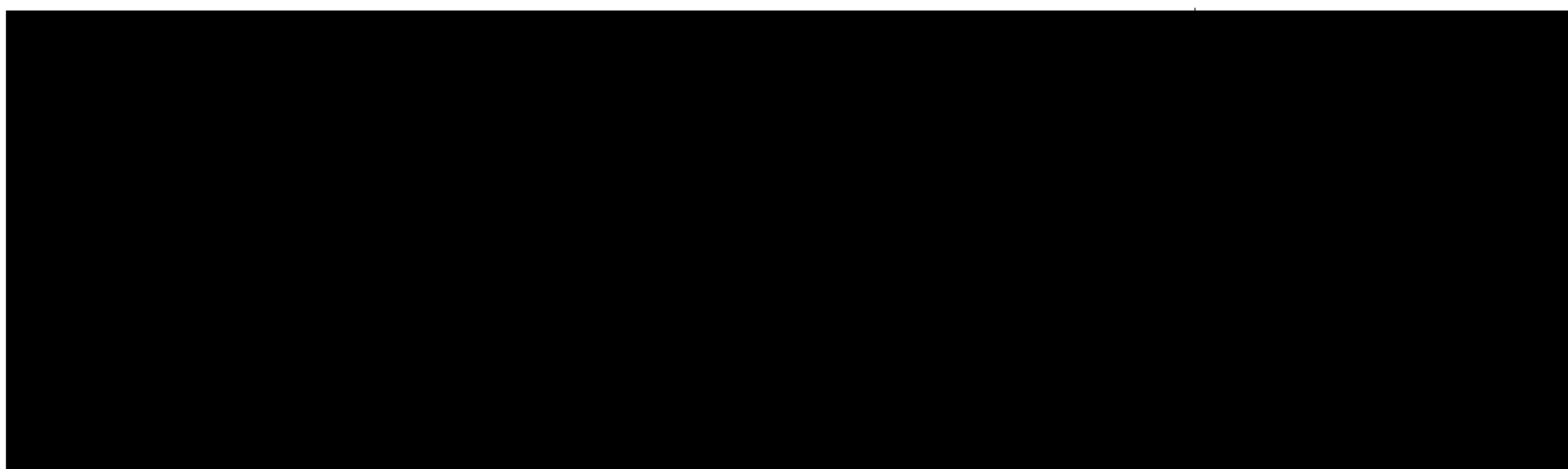
3.8 Vitamin K for Babies – Paper 4/04

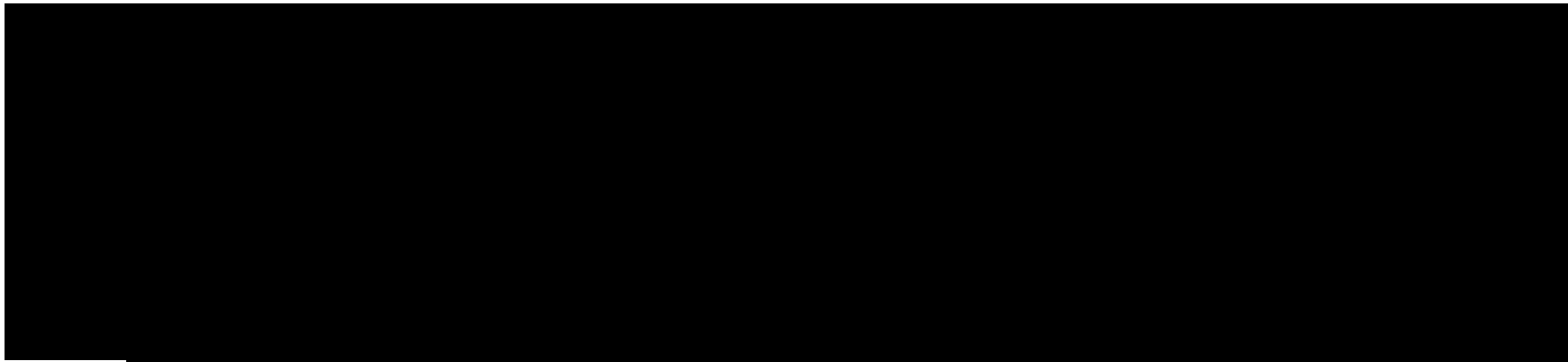


3.9 CREST Report on Diabetes

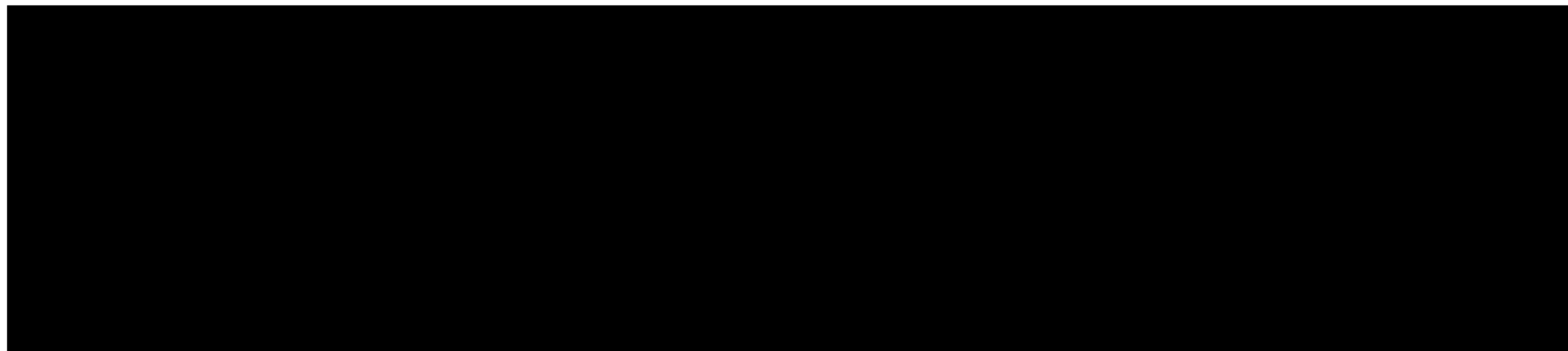


3.10 Neonatal Intensive Care

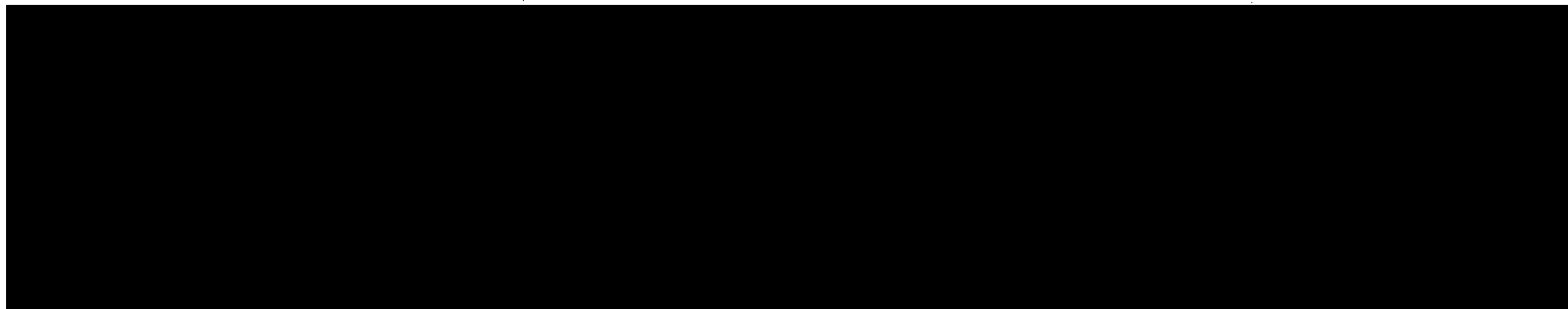




3.12 Community Paediatric Workforce Survey – Paper 5/04

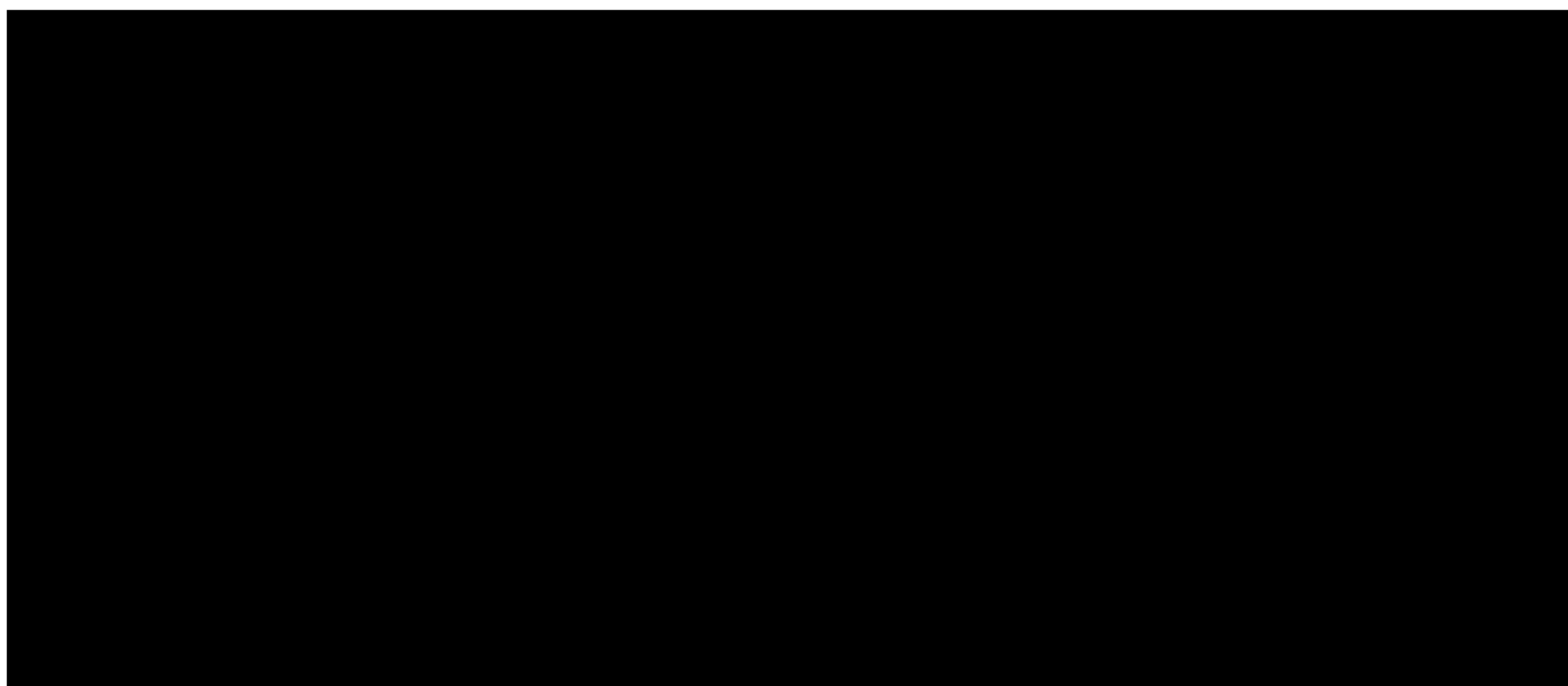


3.13 Community Midwifery Unit – Paper 6/04

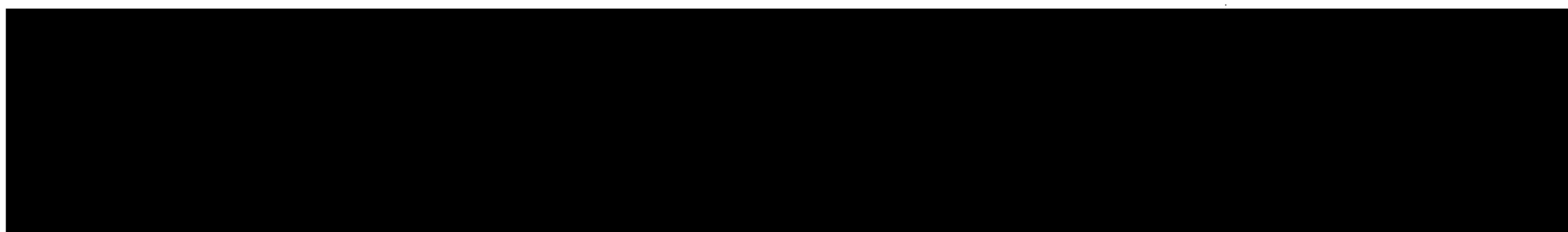


4. MEDICAL STAFFING AND DEVLEOPMENT

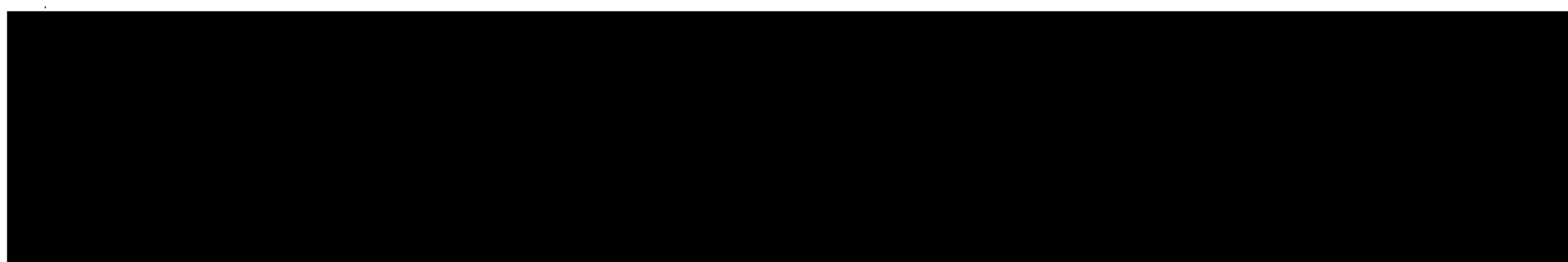
4.1 Consultant and Medical Staffing – Paper 7/04



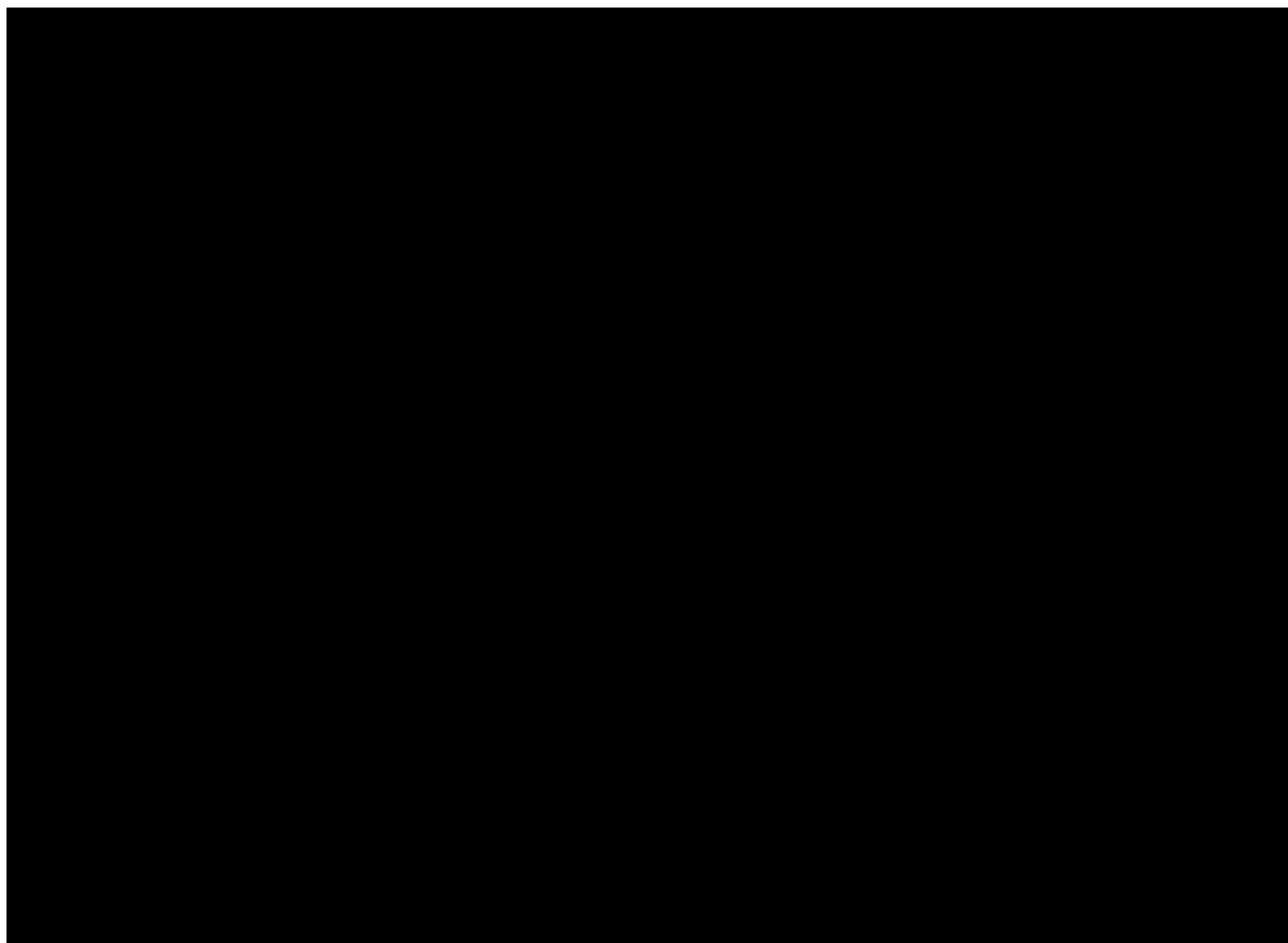
Paediatric Cardiology



Medical Genetics



4.2 Modernising Medical Careers – Paper 8/04



5. AUDIT ON HYPONATRAEMIA – PAPER 9/04

Dr McAloon outlined the findings of the first regional audit undertaken to examine practice following introduction of the guidance. The evidence suggested that implementation so far had been incomplete.

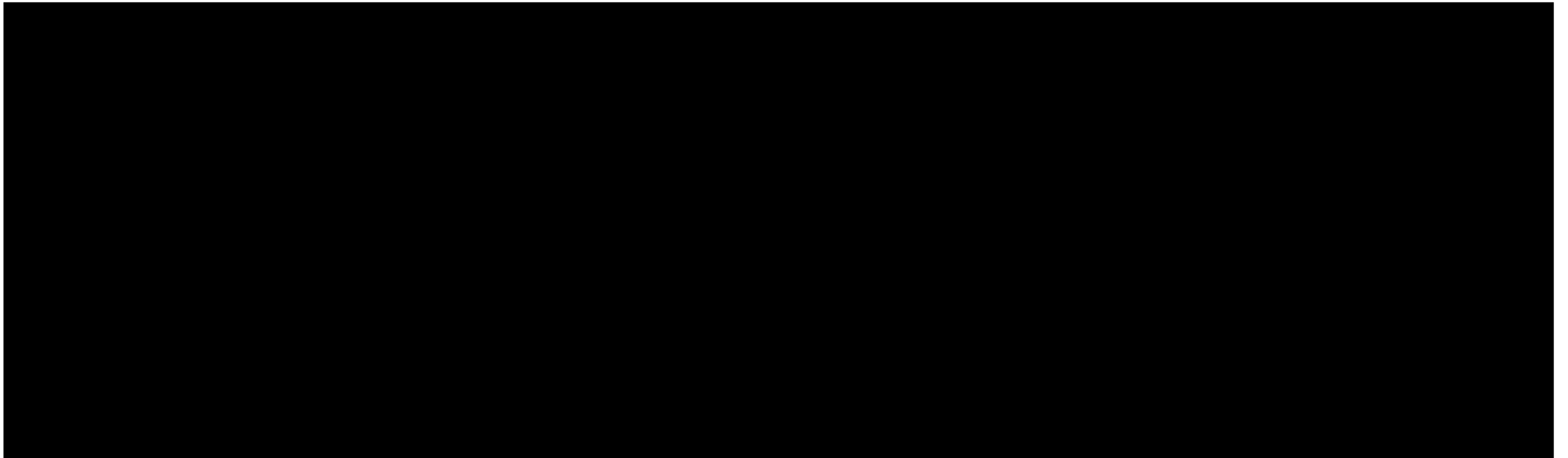
It was acknowledged that internationally, best practice is still controversial and preparation of definitive protocols is not yet possible. Until then it is essential that all clinicians in Northern Ireland caring for children in receipt of fluid therapy know of the associated risks and are aware of the regional best practice guidance and that paediatric departments initiate a process of regular monitoring of guideline adherence as part of their multidisciplinary audit and clinical governance programme.

Dr McAloon advised that he is presenting the findings at a forthcoming workshop and looking into a redesign of fluid balance charts.

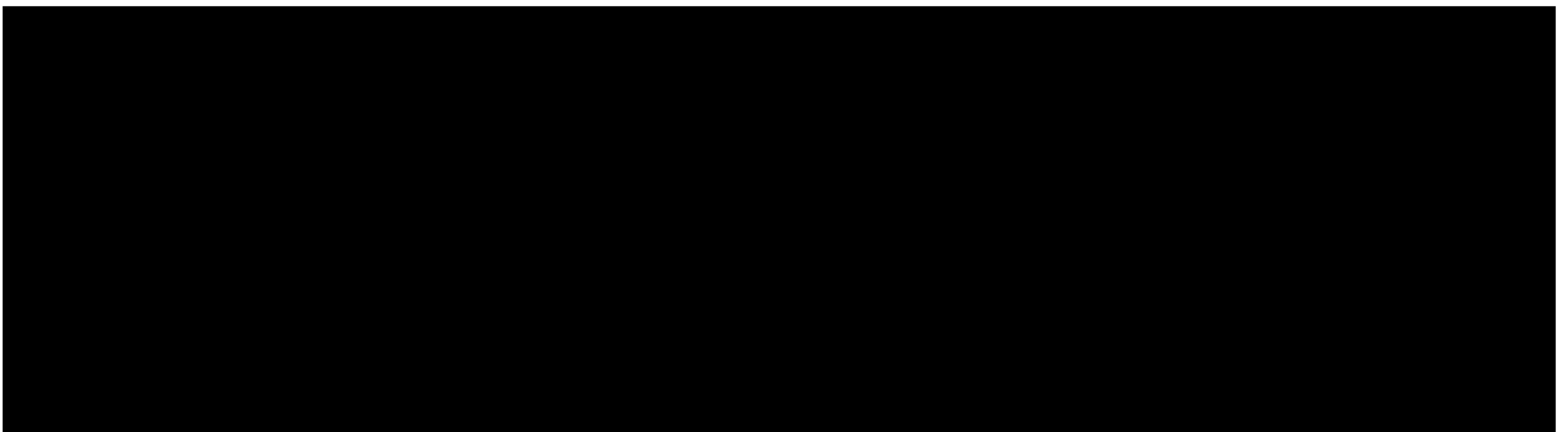
6. **CHILD HEALTH SCREENING – PAPER 10/04**



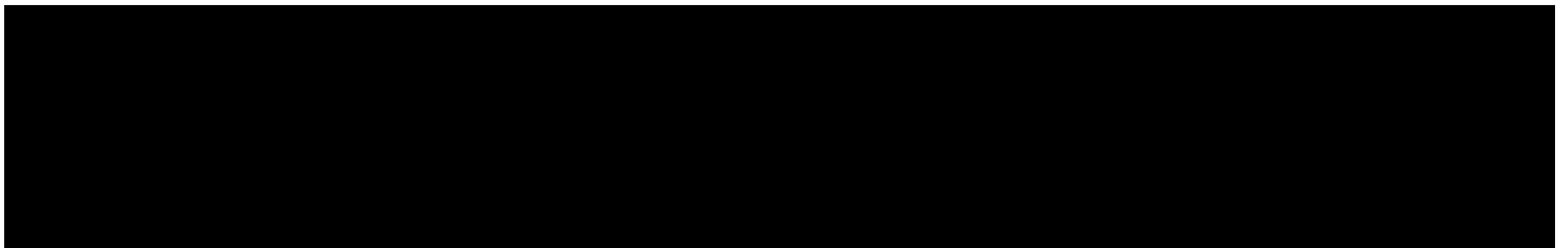
7. **REGIONAL DEVELOPMENT OF PAEDIATRIC ALLERGY SERVICES – PAPER 11/04**



8. **DEVELOPING BETTER SERVICES – UPDATE ON PROGRESS – PAPER 12/04**



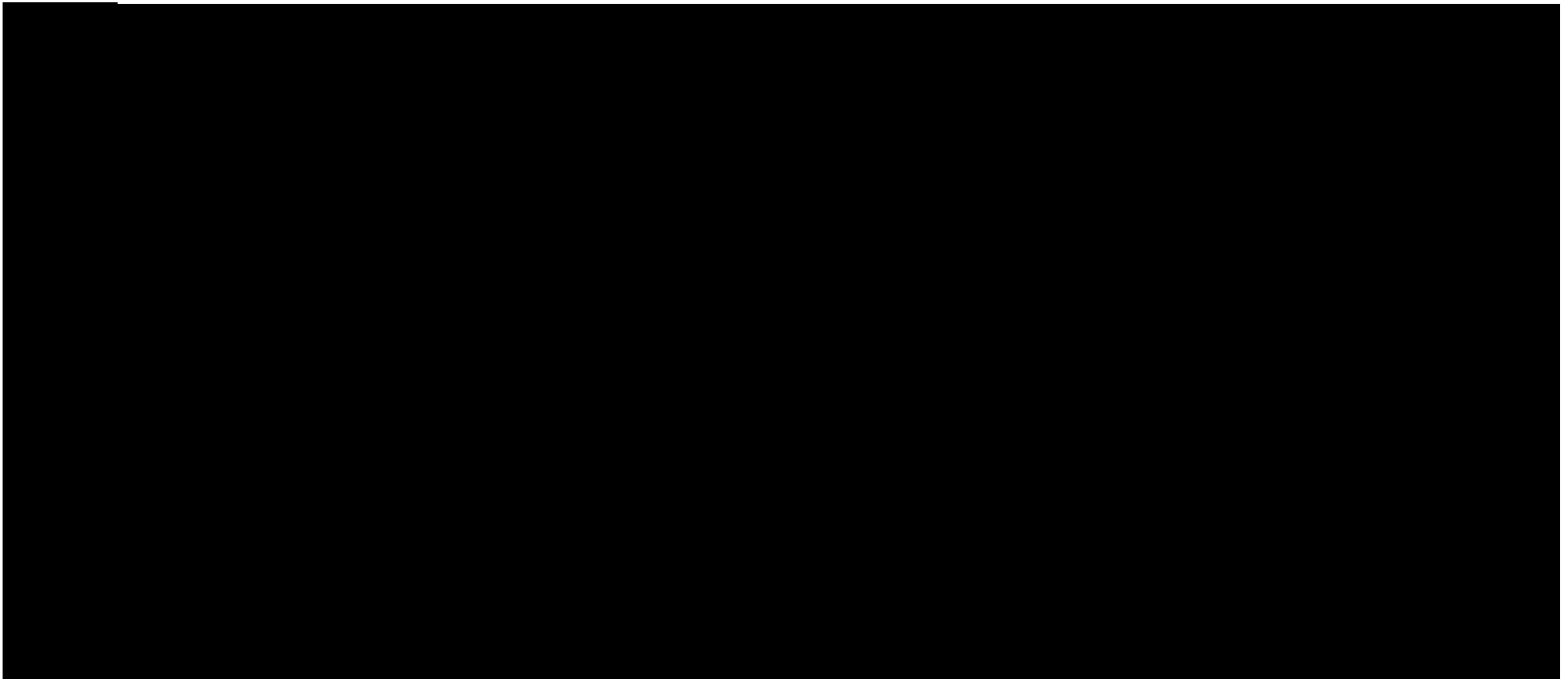
9. **SCHOOL HEALTH – PAPER 13/04**



10. **THE POLICY FRAMEWORK FOR REVALIDATION: A POSITION
PAPER – PAPER 14/04**



11. **ANY OTHER BUSINESS**



FEBRUARY 2005

SAC PAEDIATRICS
5 OCTOBER 2004
ACTION POINTS

ITEM	ACTION	LEAD	DHSSPS CONTACT	PROGRESS DATE
Matters Arising				
3.3 Neonatal and Paediatric Transfer	Move forward with implementation	Dr Beattie	Dr Willis	Completed
3.4 Paediatric Surgery	Liaise with Dr Thornbury and Dr Sweeny	Mr Boston	Dr Willis	
3.6 Paediatric Epilepsy Services	Apparent disparity in EEG provision in Southern Board	Dr Farrell	Dr Willis	
3.7 Paediatric Gastroenterology	Funding for a paediatric gastroenterologist	Royal Group of Hospital members	Dr Willis	
3.8 Vitamin K for Babies	Is 1998 guidance still in line with Royal College guidelines	Dr Carson Dr Beattie	Dr Willis	
3.11 Acute Bacterial Meningitis and Meningococcal Disease	Issue final version of guidelines to all units	Dr Taylor Dr Willis	Dr Willis	
7 Regional Development of Paediatric Allergy Services	Develop a regional view on type of service needed. Forward to the Department and to RMSC	Dr Brown	Dr Willis	
8 Developing Better Services	Consider the appointment of a Clinical Lead for Children	CMO	Dr Willis	