

# CMO'S UPDATE 30

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IMPORTANT INFORMATION FOR DOCTORS FROM THE CHIEF MEDICAL OFFICER [MARCH 2007](#)

### FOREWORD

Welcome to my first CMO's Update. I want to use the CMO's update to let you know about important issues, and I hope you will take time to read each Update.



I became Chief Medical Officer for Northern Ireland in September 2006. I have really enjoyed my first six months, and I am looking forward to ensuring that we use all the strengths of public health, primary care and hospital services to provide the best possible health for the people of Northern Ireland. I would like to thank Dr Etta Campbell for her leadership during her 11 years as CMO, and wish her every happiness in her retirement.

This is a time of great change for all doctors in Northern Ireland. The Review of Public Administration is leading to the creation of five new Trusts from April this year and the new Health and Social Services Authority from April 2008. Modernising Medical Careers is moving to the next stage with the creation of new Specialty Registrar posts replacing SHO and SpR grades. The changes to medical regulation proposed in "Good Doctors, Safer Patients" would impact on all doctors, the government's response is expected this year. These changes will of course provide challenges, but they will also provide opportunities. I am optimistic about the future for health and social services and encourage you all to help ensure that these changes

lead to better ways of working for staff and better services for patients.

It is vital that we provide safe high quality services to our patients. Medicine is an increasingly complex profession. Some treatments that can offer great

improvements for patients also carry risks, and healthcare cannot be completely risk free. There are, however, many ways we can promote good practice, learn from incidents and reduce risks. CREST has been providing local clinical guidance for almost 20 years, and this year has produced seven new guides. Guidance from NICE will now apply to Northern Ireland, but will always be considered by local experts to ensure that any local considerations are reflected. The Regulation and Quality Improvement Authority (RQIA) will provide an independent assessment of the quality of health and social care provision across Northern Ireland. The action plan in "Improving Patient Safety: Building Public Confidence", the Department's response to the Shipman Inquiry Reports, includes steps to improve death certification, the use of controlled drugs and governance arrangements. Quality and Safety is a priority for every doctor and patient, and it will be a priority for my team within DHSSPS.

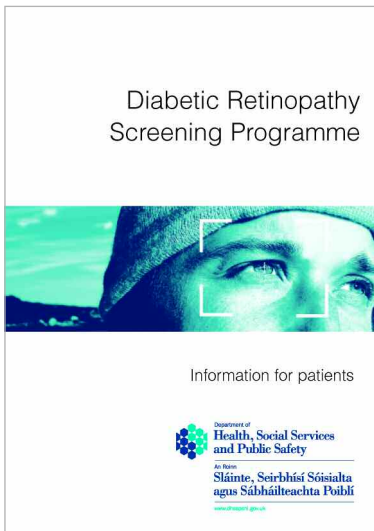
**Michael McBride**

For further details on any item in CMO's Update contact CMO's Team  
 E-mail: [cmo@dhsspsni.gov.uk](mailto:cmo@dhsspsni.gov.uk) Tel: 028 9052 2359 or visit [CMO's webpage at:](#)

<http://www.dhsspsni.gov.uk/index/phealth.htm>

# DIABETIC RETINOPATHY

## screening



Diabetic retinopathy is the leading cause of blindness and visual impairment in the UK in people of working age. It is also a major cause of blindness in older people. It is estimated that diabetes causes, on average, 50 new cases of blindness each year in Northern Ireland. This leads to increased dependency, potential loss of earning capacity and the likelihood of greater social support needs for those individuals.

In its early stages, diabetic retinopathy is symptom free. Progression of the disease can be

prevented by early detection of retinopathy and treatment by laser therapy.

A diabetic retinopathy screening programme is currently being rolled out across Northern Ireland. It will build on the limited screening service which has been in place for over 10 years. The implementation will be phased, reflecting the increase in capacity as new staff are recruited and trained. By 2008 all eligible people with diabetes aged 12 and over should be offered annual screening for diabetic retinopathy using digital retinal photography. Those identified as having a potentially sight-threatening retinopathy should have rapid access to specialist assessment and treatment.

### Further Information

Further details can be found in CMO's letter HSS(MD) 45/2006 available at [http://www.dhsspsni.gov.uk/ph\\_hss\\_\(md\)\\_45\\_-\\_2006.pdf](http://www.dhsspsni.gov.uk/ph_hss_(md)_45_-_2006.pdf).

# REGIONAL AUDIT OF CONSENT

## to examination, treatment or care

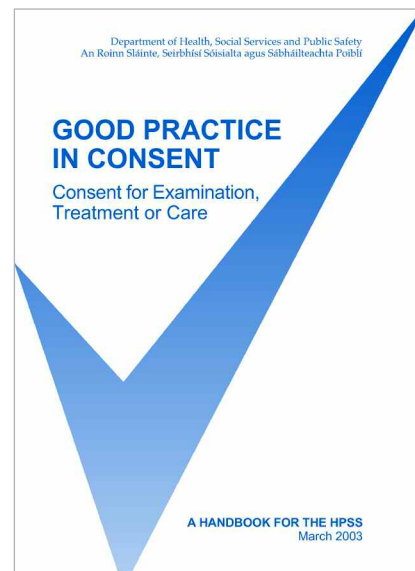
The Department of Health, Social Services & Public Safety (DHSSPS) issued guidance on consent "Good Practice to Consent for Examination, Treatment or Care" in 2003.

Following the Regulation & Quality Improvement Authority (RQIA) Report - "Review of the Lessons Arising from the Death of Mrs Janine Murtagh" it was recommended that "A regional review of the application of the DHSSPS Reference Guide to consent for examination, treatment or care should be carried out".

A Steering Group was established to oversee a regional consent audit. Three areas of the consent process will be audited:

- Strand 1 Patient information leaflets
- Strand 2 Collation of existing consent audit information
- Strand 3 Patient experience questionnaire

Results of the audit will be available by April 2006



### Further Information

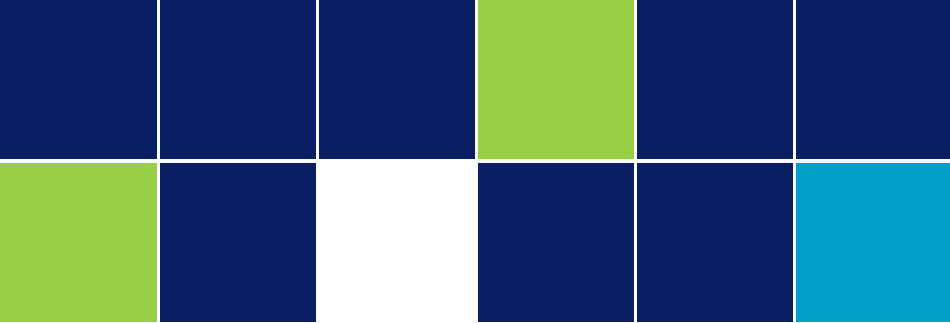
If you require further information please contact either

**Dr Heather Neagle**  
heather.neagle@dhsspsni.gov.uk

• Tel: 028 9052 2359 or

**Miss Nicola Porter**  
nicola.porter@dhsspsni.gov.uk

• Tel: 028 9052 0628



## NI goes **SMOKE-FREE**

Smoking is the single greatest cause of preventable illness and premature death in Northern Ireland, costing the health service around £44 million each year.

Northern Ireland's smoke-free legislation will come into effect on 30 April 2007. This means that smoking will no longer be permitted in enclosed public places and work places right across Northern Ireland, including bars and restaurants.

It is fair to assume that some smokers may also take this opportunity to quit. Evidence has shown that smokers who take part in smoking cessation services such as this, combining advice and support with Nicotine Replacement Therapy (NRT), quadruple their chance of quitting compared to using willpower alone.

The NI Smokers Helpline 0800 85 85 85 was established in

January 2003. This is the first point of contact for many smokers seeking help to quit as it keeps a database of all specialist smoking cessation services in the region, directing smokers to the service that is most suitable for their needs.

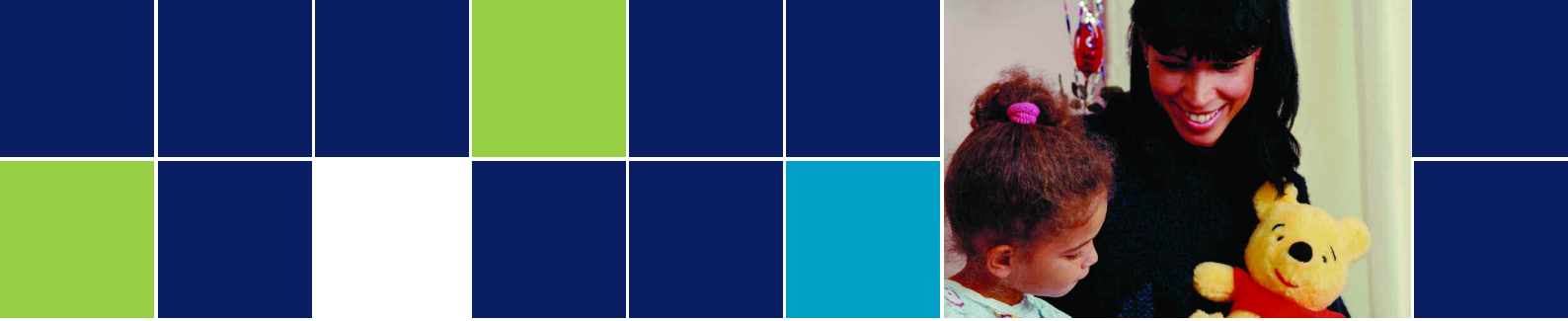
Since December 2006 smokers can also enrol in pharmacy-based services which provides advice and, where appropriate, with free NRT if they do not pay for their prescriptions. Smokers who pay for their prescriptions will pay a prescription charge for each week that NRT is supplied.

A promotional campaign was launched on 1st December in all participating pharmacies targeting the smoker who is thinking about stopping. The posters and leaflets ask 'Are you ready to quit?' and direct smokers to ask for information about the service available in the pharmacy.



### Further Information

Further details can be found at [www.spacetobreathe.org.uk](http://www.spacetobreathe.org.uk)



# IMPROVING PATIENT SAFETY: BUILDING PUBLIC CONFIDENCE

## DHSSPS Response to the Recommendations of The Shipman Inquiry

Most people in Northern Ireland are satisfied with the health and social care they receive, but high profile cases, such as the murders carried out by Harold Shipman, naturally lead to public concerns.

A detailed Action Plan is a key part of the report. The Action Plan identifies which organisations are responsible for specific actions, the anticipated outcome and the timeframe for completion. The actions cover:

### Education and Training

- improve quality and safety through education and training.

### Death Certification

- improve verification and recording of fact of death;
- enhance completion of medical certification of cause of death;
- improve referral of death to the coroner;
- enhance use of death certification information;
- promote appropriate post mortem examinations; and
- implement Human Tissue Authority's Codes of Practice.

### Controlled Drugs

- improve regulation of controlled drugs;
- improve quality in prescribing through enhanced information systems;
- enhance a centralised pharmaceutical inspectorate;
- develop local arrangements for Accountable Officers for controlled drugs;
- promote liaison with other regulatory bodies;
- improve education and training; and
- provide better information for patients and carers.

### Improved Governance Systems and Professional Performance

- convene local group to take forward the outcome of consultation on *Good Doctors, Safer Patients and The Regulation of Non-Medical Healthcare Professions*;
- enhance and produce an electronic version of Clinical and Social Care Governance

portfolios for general practice and actively encourage their use and positive outcomes;

- amend legislation and develop local standards for private general medical and dental practice;
- clarify reporting arrangements for the management of adverse incidents in primary care and promote the cascade of learning arising from incidents;
- develop an incremental approach to improving the quality of prescribing and the attribution of prescribing data to individual GPs and groups, and support these changes through education and training;
- consult on a revised HPSS complaints procedure;
- produce new guidance on how to raise concerns about professional performance in primary care;
- produce further guidance on the handling of concerns about professional performance, to harmonise procedures across the HPSS;
- improve local regulation of family practitioner services;
- further develop and improve recruitment and employment procedures in general practice;
- improve governance arrangements in single-handed general practices;
- extend the scope of the GP Practice Mortality Project in Northern Ireland; and
- continue to work to enhance medical appraisal systems, taking account of the outcome of consultation of Good Doctors, Safer Patients.





## National Institute for Health and Clinical Excellence (NICE)

The Department of Health, Social Services and Public Safety has formed a link with the National Institute for Health and Clinical Excellence (NICE). NICE is the independent organisation responsible for providing national guidance on the promotion of good health and the prevention and treatment of ill health.

The Department of Health, Social Services & Public Safety's (DHSSPS) link with NICE came into effect from 1 July 2006.

This enables the Department, HPSS and other groups to participate in the development of NICE's guidance on medicines and treatments. The Department will now review all new

NICE guidance including technology appraisals, clinical guidelines and public health guidance for its applicability to Northern Ireland.

### Further Information

All NICE guidance can be found at [www.nice.org.uk](http://www.nice.org.uk)

## POSTNATAL CARE for women and their babies

Routine Postnatal Care for Women and their Babies guidance was issued by the National Institute for Health and Clinical Excellence in July 2006. It is one of a series of guidance currently under development by NICE to promote good practice in antenatal, intrapartum and postnatal care.

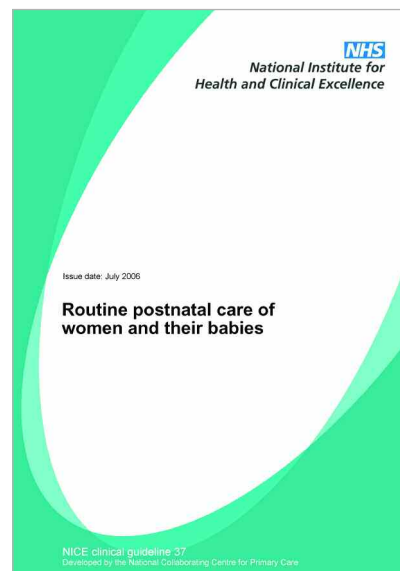
The Department has endorsed this guidance and is making available a quick reference guide, via HSS Trusts and Central Services Agency, to midwives, health visitors, paediatricians, obstetricians and to each general practice in Northern Ireland.

Of particular note are the "emergency actions" required to manage women with:-

- sepsis;
- post-partum haemorrhage;
- pre-eclampsia/eclampsia; and
- pulmonary embolism or deep venous thrombosis.

A number of "emergency action" health problems in babies are also identified in the quick reference guide, including jaundice and bleeding in newborn babies. At the point of discharge from hospital, parents should be provided with written information giving explicit advice on the:

- recognition and significance of jaundice in newborn babies and warning signs of complications;
- importance and timing of Vitamin K doses;
- increased risk of haemorrhagic disease of the newborn in babies who are jaundiced and/or are being breastfed; and
- need to investigate even minor bleeds, which occur in the first 6 months of life, particularly in breastfed or jaundiced infants.



### Further Information

For more detail see CMO's letter HSS(MD)43-2006 at <http://www.dhsspsni.gov.uk/ph-hss-md-43-2006.pdf> or the NICE website [www.nice.org.uk](http://www.nice.org.uk)



## Recruitment begins to

# NEW SPECIALTY REGISTRAR POSTS

Early in 2007, Modernising Medical Careers (MMC) is moving to the next phase of reforms: new specialty and GP training programmes. These reforms will bring about change and challenge for both the consultants training junior doctors and the junior doctors themselves.

As a result of the reforms, the Senior House Officer (SHO) and Specialist Registrar (SpR) grades will be merged to form a single training grade: Specialty Registrar (StR).

For the first time, all applications to new specialty/GP training programmes will be made through an online portal, the Medical Training Application System (MTAS). Applications for programmes starting in August 2007 will be

accepted between 22 January and 4 February 2007. Applications will be assessed by a panel of trained selectors, which will include senior medics. Recruitment will be competitive, with competency-based national person specifications for each specialty group. In most specialties there will be more than one entry point, so that doctors of broadly the same level of training and experience will compete with each other at the same entry level. All doctors who get a place on the new programmes will be allocated a national training number (NTN). There will be around 325 specialty registrar and 55 GP registrar posts in Northern Ireland. In addition there will be over 230 one-year Fixed Term Specialty Training Appointments. Those currently in

the SHO and SpR grades who already have contracts will be able to stay in their current contract until they are complete.

Each specialty will have a new curriculum that junior doctors must be assessed against. The curricula for all 58 specialties are currently going through the approval process with the Postgraduate Medical Education and Training Board (PMETB).

## Further Information

More information is available from [www.mmc.nhs.uk](http://www.mmc.nhs.uk) and [www.nimmdta.gov.uk](http://www.nimmdta.gov.uk)

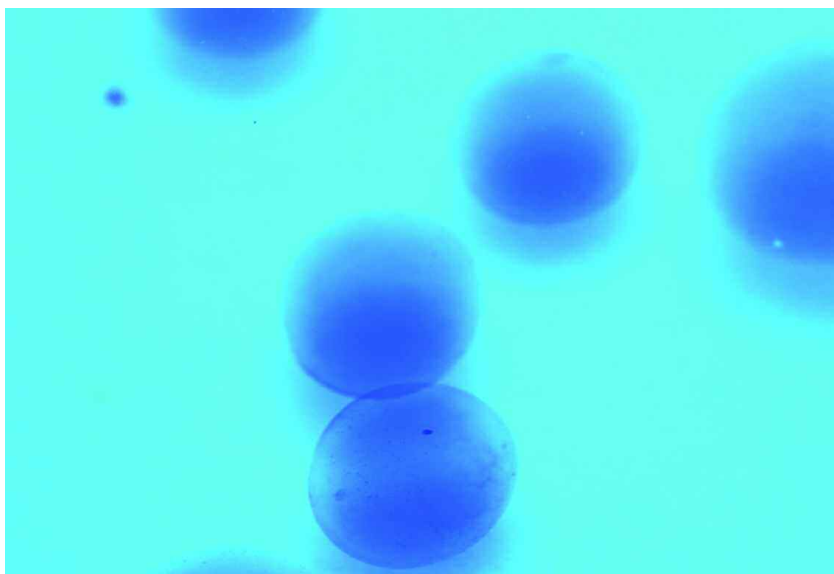
## Guidelines for

# MALARIA PREVENTION

These practical guidelines, from the Health Protection Agency Advisory Committee on Malaria Prevention for UK Travellers, update and combine the *Guidelines for malaria prevention in travellers from the United Kingdom for 2003* and *Malaria prophylaxis for long-term travellers in a new format*.

The guidelines are for use by healthcare workers who advise travellers but may also be of use to prospective travellers who wish to read about the options themselves.

The ACMP prophylaxis guidelines are intended for UK-based visitors to malaria endemic areas and may not be appropriate for use by those residing in endemic areas.



## Further Information

[www.hpa.org.uk/publications/2006/Malaria/guidelines.htm](http://www.hpa.org.uk/publications/2006/Malaria/guidelines.htm)



# CHILDHOOD IMMUNISATION

From 4th September 2006, the following changes were introduced to the routine childhood immunisation programme:

- Pneumococcal (PCV) vaccine offered at 2, 4 and 15 months of age (a pneumococcal vaccination catch-up programme will be carried out for children aged under two years)
- The schedule for Meningitis C and Hib vaccines was modified to offer two doses of Men C vaccine, one dose at 3 months and one dose at 4 months, with a booster dose offered at 12 months. A Hib booster dose will be introduced at 12 months. The booster dose will be given as a combined Hib/ Men C vaccine (brand name: Menitorix). This schedule requires an additional immunisation visit at 12 months of age.



## Routine Childhood Immunisation Schedule from 4th September 2006

When to immunise	Diseases vaccine protects against	How it is given
2 months old	Diphtheria, tetanus, pertussis (whooping cough), polio and Hib (DTaP/IPV/Hib) Pneumococcal infection (PCV)	One injection One injection
3 months old	Diphtheria, tetanus, pertussis, polio and Hib Meningitis C (Men C)	One injection One injection
4 months old	Diphtheria, tetanus, pertussis, polio and Hib Meningitis C Pneumococcal infection	One injection One injection One injection
12 months old	Hib and Meningitis C	One injection
15 months old	Measles, mumps and rubella Pneumococcal infection	One injection One injection
3-5 years old	Diphtheria, tetanus, pertussis and polio Measles, mumps and rubella	One injection One injection
14-18 years old	Tetanus, diphtheria and polio	One injection



### Further Information

<http://www.dhsspsni.gov.uk/index/phealth/immunisation.htm>



## Northern Ireland

# BEREAVEMENT NETWORK

Care of the dying and the bereaved is recognised as being generally carried out by family, friends and communities, supported by HPSS professionals and interested organisations. Dedicated resources currently within the statutory sector are limited and there are variations in the range and quality of the bereavement care provided. This was recognised in the Report of the Human Organ Inquiry (2002) which put forward a number of recommendations relating to bereavement care, training and support.

In response the Department of Health, Social Services and Public Safety established the Northern Ireland Bereavement Network, which was formally launched in March 2006 with the establishment of a Regional Steering Group and the appointment of five Area

Bereavement Co-ordinators hosted by individual HSS Trusts within each Board Area.

The remit of the Network is to develop and co-ordinate bereavement care, standards and training within the statutory sector and promote increasing partnership with the voluntary sector.

Since March significant progress has been made in developing a Management Plan for the Network, part of which will include a Regional Audit of current services provided by hospitals and hospices for bereaved relatives, friends and staff. This will establish a baseline of current service provision for those who die in hospital or hospice, and their families, in accordance with recognised standards and good practice guidelines.

Another essential element of the work plan is to develop a Regional Bereavement Strategy that will be launched in November 2007. To this end a Strategy Workshop was held in February 2007 and was attended by representatives of organisations with a remit for bereavement care, as well as DHSSPS and local government officials.

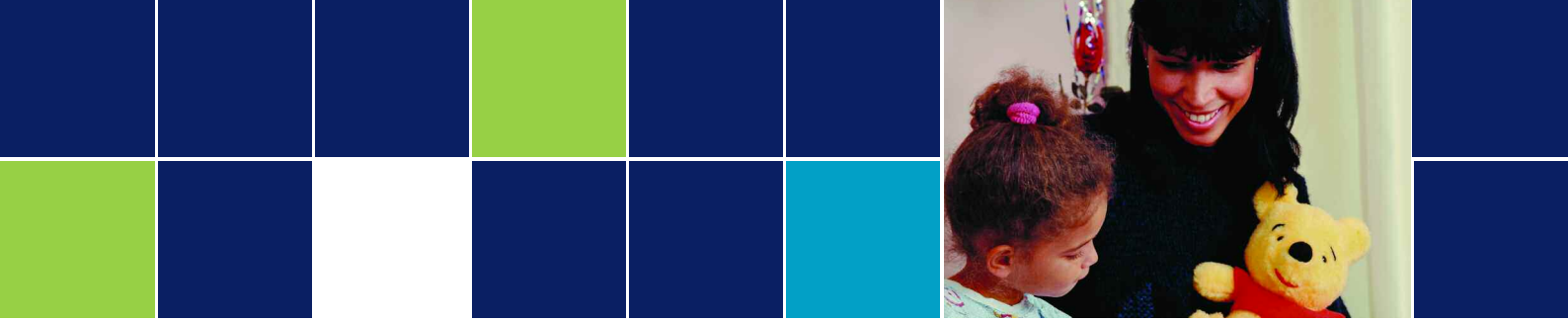
These two pieces of work will help to inform the future direction of bereavement care within Northern Ireland.

The Network also has responsibility to provide training for those involved in obtaining Post Mortem Consent and following the Regional Audit of hospitals and hospices an audit of current community practices will be carried out.

## AREA BEREAVEMENT CO-ORDINATORS

### Contact Details

AREA BEREAVEMENT CO-ORDINATOR	TRUST	TELEPHONE	E.MAIL ADDRESS
BARBARA BANKHEAD	NORTHERN	028 9442 4992 07841 468824	barbara.bankhead@uh.n-i.nhs.uk
PAUL McCLOSKEY	SOUTH EASTERN	028 9048 4511 EXT 2398 07841 103955	paul.mccloskey@ucht.n-i.nhs.uk
SHARON McCLOSKEY	SOUTHERN	028 38613 861 07702 923161	smccloskey@cahgt.n-i.nhs.uk
CAROLE MCKEEMAN	WESTERN	028 7134 5171 EXT 5545/5548	cmckeeman@alt.n-i.nhs.uk
HEATHER RUSSELL	BELFAST	028 9063 3904 07920186935	heather.russell@royalhospitals.n-i.nhs.uk



# CREST

## Guidelines

The Clinical Resource Efficiency Support Team was established in 1988 to help professionals maintain the highest possible standards of quality while recognising the need to take account of economic constraints and improve the cost effectiveness of the service. Since then CREST has published 48 clinical guidelines and 16 equipment user surveys.

The CREST guidelines published during 2006 are

Crest Guidelines for the Prevention of Infection and Decontamination of Respiratory Equipment in Northern Ireland

Guidelines for Cardiac Rehabilitation in Northern Ireland

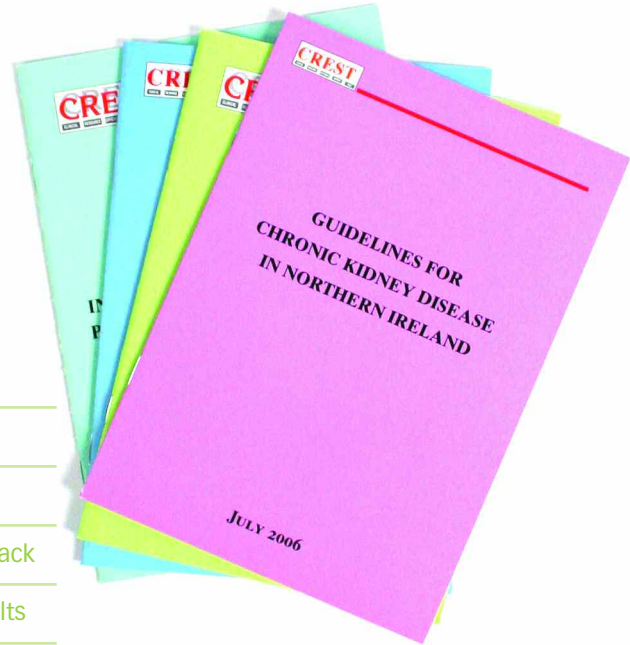
Guidelines for Chronic Kidney Disease in Northern Ireland

Guidelines for Investigation and Management of Transient Ischaemic Attack

Guidelines for the Diagnosis and Management of Coeliac Disease in Adults

Protocol for the Inter Hospital Transfer of Patients and Their Records (2006)

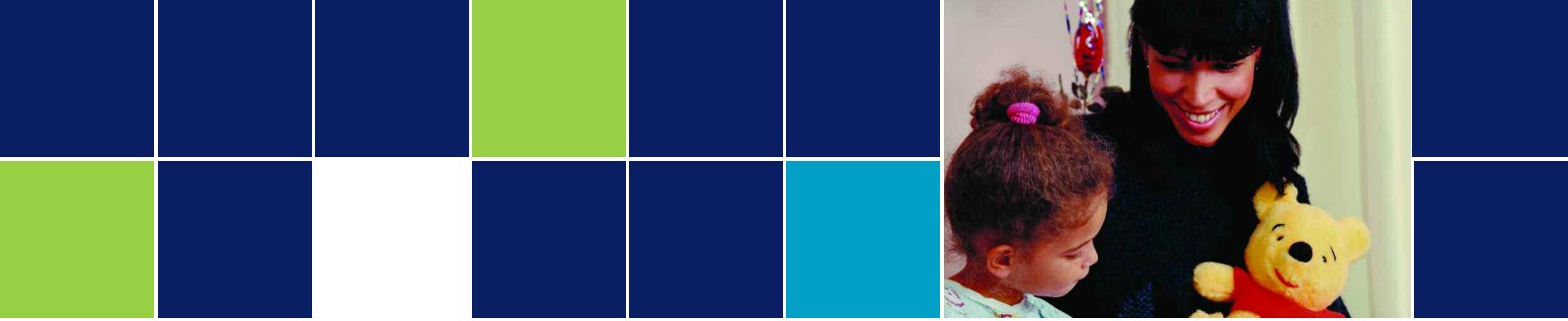
Safe and Effective Use of Insulin in Secondary Care - Recommendations for Treating Hyperglycaemia in Adults (2006)



## Further Information

All CREST guidelines are available on the website at [www.crestni.org.uk](http://www.crestni.org.uk)



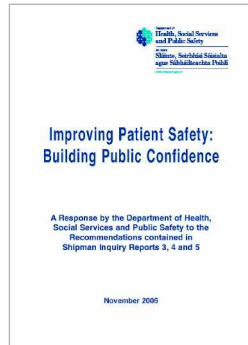


# RECENT PUBLICATIONS

## Improving Patient Safety - Building Public Confidence

A response by the Department of Health, Social Services & Public Safety to the recommendations contained in the Shipman Inquiry Reports 3, 4 & 5, including a detailed action plan covering education & training, death certification, controlled drugs, improved governance and professional performance.

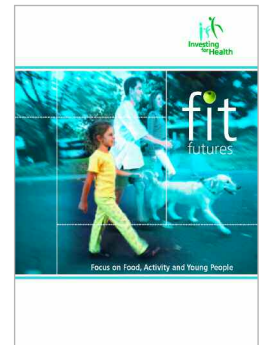
[http://www.dhsspsni.gov.uk/improving\\_patient\\_safety\\_-\\_building\\_public\\_confidence.pdf](http://www.dhsspsni.gov.uk/improving_patient_safety_-_building_public_confidence.pdf)



## Fit Futures: Focus on Food, Activity and Young People

The Fit Futures Implementation Plan contains a programme for action to reduce the increase in levels of children and young people in Northern Ireland. It was issued for consultation on 1 February 2007.

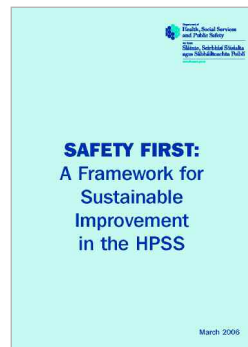
[http://www.dhsspsni.gov.uk/index/consultations/parent\\_consultations.htm](http://www.dhsspsni.gov.uk/index/consultations/parent_consultations.htm)



## Safety First - A Framework for Sustainable Improvement in the HPSS

No health and social care service will ever be 100% error-free but what we can do is reduce the risk, enhance systems and expertise, and learn from adverse incidents and near misses. The Framework aims to draw together key themes to promote service user safety in the HPSS.

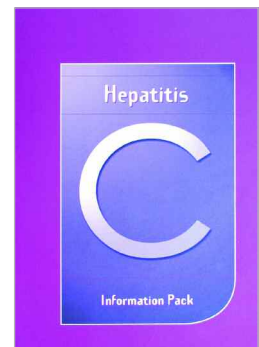
[http://www.dhsspsni.gov.uk/safety\\_first.pdf](http://www.dhsspsni.gov.uk/safety_first.pdf)



## Action Plan for the Prevention, Management and Control of Hepatitis C in Northern Ireland.

The hepatitis C virus (HCV) can cause liver disease, including cirrhosis. In Northern Ireland it is likely that only about a quarter of individuals who are infected with hepatitis C are aware of it. Through this plan, the Department aims to achieve a reduction in the prevalence of hepatitis C in Northern Ireland while ensuring that people with the infection are identified and receive high quality, evidence-based treatment.

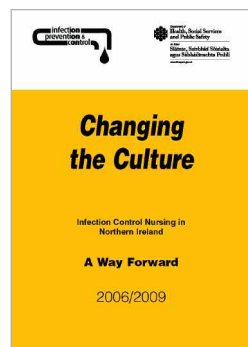
[http://www.dhsspsni.gov.uk/index/phealth/health\\_protection\\_leaflets\\_and\\_information/hepatitisc.htm](http://www.dhsspsni.gov.uk/index/phealth/health_protection_leaflets_and_information/hepatitisc.htm)



## Changing the Culture

An Action Plan for the prevention and control of Healthcare Associated Infection for 2006-2009. This highlights that prevention and control of HCAI should be firmly embedded in clinical and corporate governance arrangements and the need to develop and establish targeted surveillance programmes. Infection control is everyone's responsibility, and professionals should work in partnership with patients and the public to prevent and control HCAI.

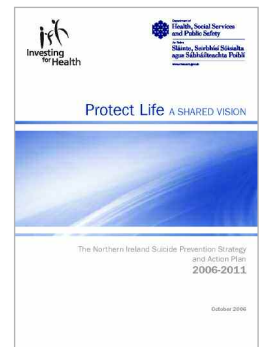
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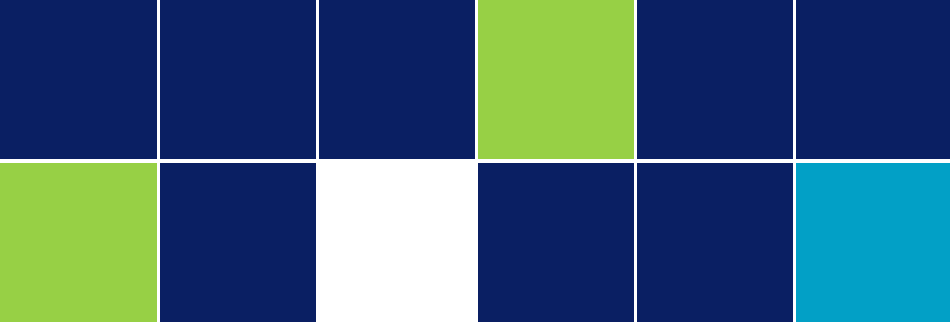


## Protect life: A Shared Vision

Between 2000 and 2004, there have been approximately 150 deaths by suicide in Northern Ireland each year, and the vast majority (79%) have been male. The Northern Ireland Suicide Prevention Strategy & Action Plan 2006 – 2011 aims to obtain a 10% reduction in the overall suicide rate by 2008; and to reduce the overall suicide rate by a further 5% by 2011.

[http://www.dhsspsni.gov.uk/phnisuicidepreventionstrategy\\_action\\_plan-3.pdf](http://www.dhsspsni.gov.uk/phnisuicidepreventionstrategy_action_plan-3.pdf)





## Upcoming CONFERENCES

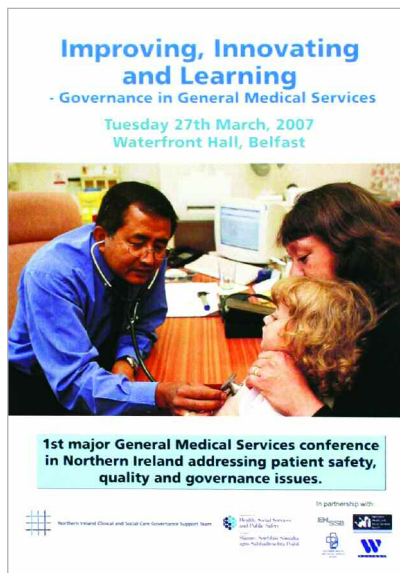
### Improving, Innovating and Learning - Governance in General Medical Services Conference

27 March 2007

General Practitioners, practice managers, nurses, professionals allied to medicine and key staff from organisations which commission or deliver GMS and primary care services, are invited to the 1st major General Medical Services Conference in Northern Ireland addressing patient safety, quality and governance issues.

The conference objectives are:

- To celebrate, disseminate and share best practice in relation to quality improvement in general practice



- To raise awareness of key quality and safety initiatives in health and social care
- To further develop team based governance activity



### 5 Nations Health Protection Conference

Belfast Waterfront Hall, Belfast, Northern Ireland

Tuesday 22nd May and Wednesday 23rd May 2007

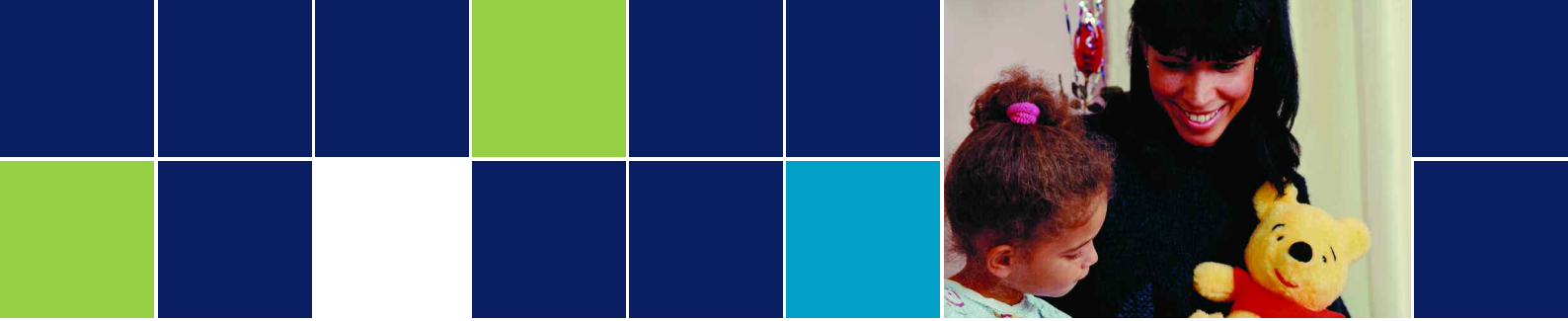
The aim of the 5 Nations Health Protection Conference is to provide a focus for Continuing Professional Development for Consultants in Communicable Disease Control, Consultants and Specialists in Public Health Medicine and their colleagues in the epidemiology and control of infectious, non infectious diseases and environmental hazards.

Short papers will also be presented by those actively working in Health Protection.

- Emergency Planning
- Incident Management and Control
- Risk Assessment and Communication
- Surveillance
- Travel and Migration
- Late Breakers / Hot Topics

### Further Information

[www.5nations.com](http://www.5nations.com)



# CHIEF MEDICAL OFFICER'S

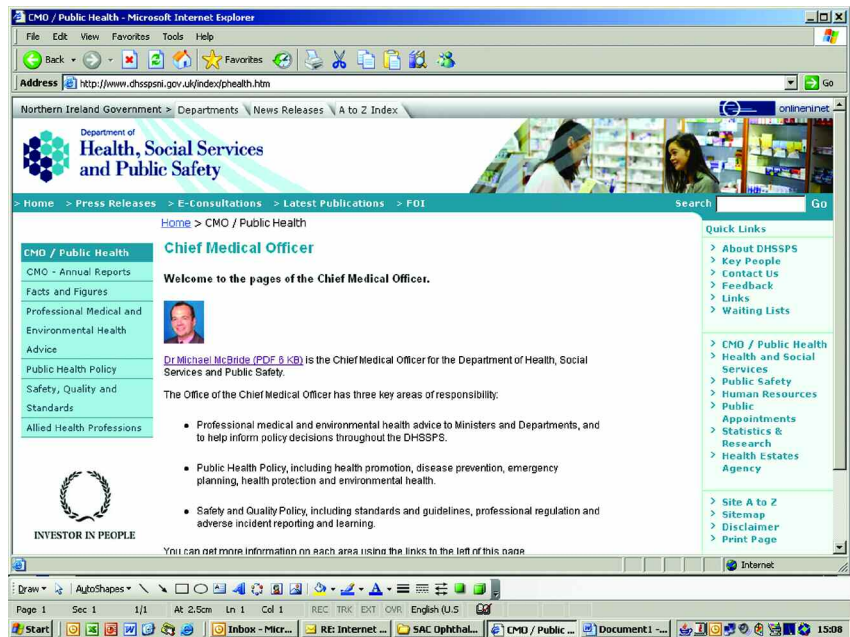
## Web pages

The Chief Medical Officer's web pages are a useful source of up to date information on a wide range of topics.

You can access all of CMO's annual reports since 1988 as well as CMO's updates and all circulars and urgent communications issued by CMO since 2000. There is also information about clinical good practice guidance and professional regulation.

Public Health Policy issues including investing for health, screening, travel advice and emergency planning are regularly updated to provide advice for professionals and the public.

CMO's web page can be found at <http://www.dhsspsni.gov.uk/index/phealth.htm>.



## USEFUL WEBSITES

**Health and Care NI** is the official gateway to Health and Social Care Services in Northern Ireland, containing links to Boards, Trusts, G.P. Surgeries and Clinics, Agencies. There is also advice about healthy lifestyles, the latest local, national and international health news and online access to medical databases. <http://www.healthandcareni.co.uk>

**The Health Protection Agency** provides an integrated approach to protecting UK public health, including communicable disease, radiation, chemical and environmental hazards. <http://www.hpa.org.uk>

**The Health Promotion Agency** provides leadership and support to all those involved in promoting health in Northern Ireland, including nutrition, physical activity, drug and alcohol misuse, smoking, mental health and sexual health. <http://www.hpani.org>

**The Regulation and Quality Improvement Authority** inspects the quality of health and social care services provided by Health and Personal Social Services (HPSS) bodies in Northern Ireland. The Authority also regulates (registers and inspects) a wide range of health and social care services delivered by HPSS bodies and by the independent sector. <http://www.rqia.org.uk>

## Electronic version of

# CMO'S UPDATE

Many of you will have received this update electronically for the first time. As well as being more environmentally friendly, the electronic version provides you with links from many articles to websites for further information.

If you received a hard copy of CMO's Update, but would like to receive future copies electronically, please contact us at [cmo@dhsspsni.gov.uk](mailto:cmo@dhsspsni.gov.uk).

**FOR FURTHER DETAILS ON ANY ITEM IN CMO'S UPDATE CONTACT**

CMO's Team e-mail: [cmo@dhsspsni.gov.uk](mailto:cmo@dhsspsni.gov.uk) tel: 028 9052 2359  
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