

## **NORTHERN HEALTH AND SOCIAL SERVICES COUNCIL**

Minutes of a meeting of the Northern Health and Social Services Council held at 1.30pm in West Bann Development Offices, Coleraine on Wednesday 5 January 2005.

### **PRESENT:**

**In the Chair:** Mr T Creighton

**Members:** Mrs M Anderson Mrs R Morrison  
Mr P Boyle Mrs C McCambridge  
Mrs L Johnston Mr S Nicholl  
Prof G Kernohan Mr I Stevenson  
Mr J Millar

**In Attendance:** Mr N Graham  
Mrs J Erwin  
Mr A Marsden – Agenda Item 5

Mr Lapsley, inaugural Chairman and a current Director of West Bann Development welcomed members. Costing nearly £1m, the recently opened Centre has transformed the previously dilapidated area in one of Northern Ireland's most deprived wards. A cross-community Centre, it hosts a state of the art computer suite and provides a venue for a range of groups to meet. Plans are already afoot to extend to a nearby building and to change the name of the Centre to the Bertie Peacock Centre.

Mrs L Johnston paid tribute to the work done by Mr Lapsley and thanked him for his commitment.

### 1/05 **APOLOGIES**

Apologies were received from Mrs Adger, Ms Armstrong, Mrs Baker, Mrs Beattie, Mrs Drummond, Mr Hamilton, Mrs I Johnston, Mrs Montgomery, Mr Montgomery, Mr T Nicholl and Mr Nolan.

### 2/05 **CHAIRMAN'S BUSINESS**

Mr Creighton commented upon his attendance at various meetings and events. These included Board meetings of the Northern Health and Social Services Board and Homefirst Community Trust, the official opening of the MRI Scanner at Antrim Hospital, a mental health modernisation programme celebration at Holywell Hospital and the launches of A Healthier

Future, A Twenty Year Vision for Health and Wellbeing in Northern Ireland 2005-2025 and the 2003 Report of the NHSSB Director of Public Health.

Mrs Morrison thanked Mr Creighton for his commitment to attending events and meetings on behalf of the NHSSC.

3/05 **MINUTES OF THE MEETING HELD ON 1 DECEMBER 2004**

The minutes were agreed and signed.

4/05 **MATTERS ARISING FROM MEETING OF 1 DECEMBER 2004**

**109/04 Additional Signage to the Causeway Hospital, Coleraine**

The Council had written to the Roads Services regarding appropriate signage for external routes to the hospital. Roads Service has now agreed to provide additional signs on the approach to the Portrush Road Roundabout (from Ballymena and Ballymoney) and on the traffic island leaving the roundabout.

**109/04 Visit to Elderly Care Unit, Mid-Ulster Hospital, Magherafelt**

Mr Mitchell, United Hospitals Trust's Chief Executive had offered to chair a further meeting to discuss a number of issues raised by relatives following a visit to the Elderly Care Unit. Members concerned would be advised of the date in due course.

**109/04 Terminal Illness**

Mrs McCambridge had highlighted the service provided by Marie Curie Cancer Care and had sought details on other similar providers.

Mrs McCambridge said it was her understanding that Marie Curie Cancer Care nurses can only enter a home once an assessment has been completed by the District Nursing Sister. She stressed the need for this to be at an early stage and cited one instance where if the services of a Marie Curie Cancer Care nurse had been brought into the home earlier a terminally ill person could have died there rather than in hospital.

Council had originally written to the Northern Health and Social Services Board for information, however, further clarification by Mrs McCambridge on the detail sought had resulted in contact with Causeway Trust. Once in receipt of a response it would be considered in detail and, if necessary, a presentation on the subject requested.

Mr Stevenson agreed that Marie Curie Cancer Care Nurses and similar providers offered an excellent palliative care service for patients outside of hospital.

### **109/04 Antrim Hospital – M2 On-Slips**

Mr T Nicholl had sought an update on the position with the provision of new motorway on-slips which would allow immediate access from Antrim Hospital on to the M2, west towards Randalstown and east towards Belfast.

United Hospital Trust had written to the Roads Service seeking information by way of update on the project particularly in relation to the timetable. Roads Service has now confirmed that the Antrim Hospital slip roads scheme is part of a package of work, along with the M1 Westlink Project and the M2 widening scheme, which make up Roads Service's Design, Build, Finance and Operate Package 1. This contract is presently being tendered. It is envisaged that the scheme will start on site from 2006 onwards, however, the anticipated start date will be clearer once a contractor has been appointed.

### **116/04 Drugs Overspend at Belfast City Hospital**

Ms Armstrong had referred to recent media coverage in relation to an overspend on cancer drugs at Belfast City Hospital and had enquired about the situation at Antrim Hospital. Mr Graham confirmed he had spoken to Dr Scott from United Hospitals Trust and been advised that Antrim Hospital was within the funding allocated to it by the Northern Board, however, there was a need for a more regional approach to identifying future pressures.

5/05

### **PRESENTATION ON WAITING LISTS**

Mr Creighton welcomed Mr Marsden, Senior Service Development Manager, Directorate of Information, Risk and

Performance Management, Northern Health and Social Services Board.

Mr Marsden commented upon what the Board has done to date and what it can realistically achieve in the future in terms of challenging waiting list targets. He also provided details of feedback from patients who are transferred to the private sector for treatment.

Over the past three years the Board has invested £2½m to deliver 979 extra theatre sessions to over 3600 people per year and £3½m to £4m temporary funding for 2000 – 2500 additional patients to be treated in the HPSS or private sector.

This resulted in the Northern Board's waiting list reducing from 16717 in July 2002 to 12582 at the end of October 2004. The number of Board residents waiting at all hospitals has been reduced by 25% since July 2002 but remains at a slightly higher rate than for Northern Ireland as a whole. In recent months the total waiting list has remained fairly constant but the number of people waiting longer than the target maximum waiting time continues to see significant reductions. An 'excess wait' is currently defined as 18 months or more. In July 2002 there were 2115 people waiting longer than 18 months and in October 2004 623, a drop of 71%.

For the Board this involves investing in the right services, organising all the complex arrangements for patient transfers in the context of financial uncertainty and shrinking capacity in the private sector. The Board is currently working to ensure that all inpatients/day cases at risk of exceeding the waiting time target are offered treatment by the end of March 2005.

To achieve this more patients are having to be treated, ensuring that patients of equal need are treated in date order, extra clinics and theatre sessions requiring overtime and weekend working are being provided, greater use is being made of new permanent HPSS services such as the Mater Hospital's Protected Elective Unit and more patients are being offered treatment opportunities in the private sector.

In future new ways of modernising the services must be considered. The momentum will be difficult without funding the unused time in theatres. Day surgery needs to be used as the norm and more treatments need to be done as Outpatients. The number of follow-up appointments and the number of

queues must be reduced and the range of staff who can see people at outpatients must be increased. By the end of March 2006 there should be nobody waiting more than 15 months.

There has been much public interest in the comparison between Northern Ireland's and England's waiting list. Over the past 6 years England's waiting list has reduced by 35%. The maximum wait for an operation in England is nine months and the maximum wait for an outpatient appointment is 17 weeks. England has achieved this through a significant increase in expenditure on health which has seen major increases in staff numbers and in bed numbers.

In keeping with practice in England, the private sector in Northern Ireland has helped to reduce waiting lists. Despite the efforts of Trusts there are simply not enough surgical sessions or specialist staff available in the health service to treat everyone within target times. Each year therefore the Board offers patients the chance to have their treatment at different hospitals, mainly in the private sector. This approach, however, is not the long term solution as preference is for building capacity within the health service.

In attempting to understand patients' views on the private sector more fully a questionnaire was issued to a sample of patients involved. The results displayed an overwhelming satisfaction level. The reasons why people refuse mainly relate to preference for the local hospital. Clearly there was an issue with travel arrangements. The Board provides all or part expenses for patients travelling outside Northern Ireland but not for transfers within Northern Ireland. This will have to be reviewed although most patients do not receive this type of help when being treated in the health service.

In his concluding remarks Mr Marsden referred to the need for sustained investment and an improvement in the way things are done if the whole waiting time from GP referral to treatment is to be reduced. He recognised that England has shown what is possible with investment and re-organising services and that the private sector would be required for the foreseeable future. He felt that those patients refusing such offers of treatment are missing an ideal opportunity.

During a question and answer session Mr Creighton enquired how England could be doing better when Northern Ireland had

more hospitals per head of population. Mr Marsden indicated that one of the theories was that money was tied up in the acute sector. He also reminded members that total expenditure on health in England had been raised from £33 billion to £67 billion in seven years. Mr S Nicholl felt that England had received such a huge investment as health was a Government manifesto issue and they had to deliver on it.

Mrs McCambridge drew attention to the number of Consultant posts that remained unfilled in Northern Ireland and voiced disappointment at the number of people refusing treatment in private hospitals. Mr S Nicholl felt there was a need to educate people in Northern Ireland to help them understand that operations cannot always be provided locally. Mr Marsden explained that in Northern Ireland there are two private hospitals and a number of smaller clinics and that there is only so much the Northern Health and Social Services Board can do to encourage people to go to private facilities. In an attempt to encourage people to go to England for neuro-surgery the Board has asked hospital staff to come to Northern Ireland to meet with potential patients and personally ask them to go to England for treatment.

Mr Boyle felt there was a need to adopt a holistic approach to the whole waiting list issue and enquired specifically about trolley waits. Mr Marsden referred to the Action Plan implemented by the Department of Health, Social Services and Public Safety. He said there was a need to change how patients are processed through the hospital system and to follow good practice from England.

Mrs McCambridge drew attention to the number of delayed discharges and wondered what could be done when people refused to accept an available nursing/residential home place. Mr Marsden accepted there was a need to communicate to people when they enter hospital about what to expect.

Mr Graham referred to the protected elective unit at the Mater Hospital and enquired if there were any in Causeway or United Hospitals Trust areas. Mr Marsden explained that there were 14 general surgery beds at the Mater and 4 general surgery and 2 gynaecological beds at Causeway Hospital. He added that greater promotion of these beds and the guaranteed waiting time would be necessary as the Board was experiencing difficulty in getting the uptake to fill them.

Mr Graham feared that as waiting lists for inpatients were coming down, waiting lists for outpatients were going up. Mr Marsden, however, said there was no evidence to suggest this. Mr Graham also highlighted the difficulty in recruiting staff and suggested that in order to save on advertising costs jobs be advertised on a regional website.

Mr S Nicholl enquired if there was an enhanced role for GPs. Mr Marsden confirmed that the intention was to develop GPs with specialist interests and stressed the need to ensure that patients are referred appropriately at the outset.

In thanking Mr Marsden, Professor Kernohan said he felt encouraged by the approach being taken by the Northern Health and Social Services Board in its endeavours to reduce waiting lists.

#### 6/05 **VISITING**

##### **Visiting Programme – January**

Arrangements were made for a visit to Millbrook Resource Centre, Ballymoney. The date of the visit to the Elderly Care Wards at Whiteabbey Hospital would be agreed later in the month.

#### 7/05 **REPORTS**

Feedback on events attended by members was deferred until the February Council Meeting.

#### 8/05 **CORRESPONDENCE**

The Chairman referred to the correspondence list circulated with the agenda.

Mr Graham advised members that copies of the DHSSPS Consultation on Minimum Care Standards were still awaited.

Additional items of correspondence included:

- Consultation document NHSSB Investing for Health Team Report on Young People in Community Conflict.

- Invitation to launch of NHSSB Social Services Directorate Annual Report 1 April 2003 to 31 March 2004. Mrs McCambridge, Mr Millar, Mrs L Johnston, Mrs Anderson Mr Boyle and Mr Creighton would attend.
- Letter from United Hospitals Trust re: the announcement of full planning permission to erect a wind turbine generator at the Antrim Hospital site. Mr S Nicholl requested a copy.
- WHSSC Minutes of 16 September, 6 October and 3 November 2004.
- Northern Ireland Priorities and Budgets 2005-08.
- Health and Social Care Inequalities Monitoring System: First Update Bulletin 2004.

9/05 **OTHER BUSINESS**

**Car Parking Arrangements at Robinson Hospital**

Mr Stevenson drew attention to inadequate car parking facilities at the Robison Hospital, Ballymoney and the inconvenience cars are causing parked on the Newal Road. This would be drawn to the attention of Causeway Trust.

10/05 **DATE OF NEXT MEETING**

The next meeting will be held on Wednesday 2 February 2005 in the Antrim Borough Council area.

The meeting closed at 3.47pm.

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Chairman

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Secretary

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Date