

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

Minutes of a meeting of the Northern Health and Social Services Council held at 1.30pm in The Ross Park Hotel, Kells on Wednesday 7 December 2005.

### **PRESENT:**

**In the Chair:** Mr T Creighton

**Members:**

Mrs M Anderson	Mrs C McCambridge
Ms R Armstrong	Mrs N McClelland
Mrs I Johnston	Mr S McClelland
Mrs L Johnston	Mrs K McEldowney
Prof G Kernohan	Mr M Nolan
Mr J Millar	Mrs K Swain
Mrs R Morrison	Mr A Wilson

**In Attendance:** Mr N Graham  
Mrs J Erwin  
Mr Alan Marsden – ICATS Programme Manager,  
Northern Health and Social Services Board

### 98/05 **APOLOGIES**

Apologies were received from Mrs Adger, Mr Brown, Mr Douglas, Mr Kinahan, Mrs Montgomery, Mr Nicholl and Mr Stevenson.

### 99/05 **CHAIRMAN'S BUSINESS**

The Chairman commented upon his attendance at Board Meetings of the Northern Health and Social Services Board and United Hospitals Trust. He thanked Professor Kernohan for attending United Hospitals Trust Board Meeting and Mrs I Johnston for attending Causeway Trust Board Meeting.

Mr Creighton reported that he had also attended the launch of the Review of Public Administration, a meeting of the Health and Social Services Councils' Executive Committee and a meeting with Mr Mitchell, Chief Executive of United Hospitals Trust to discuss the breast assessment services at Antrim Hospital.

### 100/05 **MINUTES OF THE MEETING HELD ON 2 NOVEMBER 2005**

The minutes were agreed and signed.

101/05 **MATTERS ARISING FROM MEETING OF 2 NOVEMBER 2005**

**88/05 Visiting**

Members had welcomed the opportunity to meet with representatives of Causeway Trust on Thursday 1 December 2005 to discuss the Trust's Estates Strategy.

**88/05 General Medical Services Contract Update**

At a meeting with representatives of the Northern Health and Social Services Board's Family Practitioner Unit members had learned that quite a number of GP practices were now receiving payment for providing a minor injury service and/or a minor surgery service. The Chief Officer informed the meeting that out of the 82 practices in the Northern area 79 provided a minor surgery service and 58 provided a minor injury service. The Council had voiced concern about the lack of awareness of these services within the local population, however, the Family Practitioner Unit pointed out that it was the responsibility of the individual practices to inform their patients. The Council would keep the matter under review.

Members had also been informed that a number of GP practices had applied to reduce the size of their catchment area. The Family Practitioner Unit had contacted each practice to highlight the implications and would keep the Council updated.

Several members highlighted the importance of patient consultation by each practice and the implications for practice-based community staff.

**88/05 Withdrawal of Medication**

Ms Armstrong had drawn attention to the withdrawal of the drug Melleril (thioridazine), one of the first antipsychotic therapies for schizophrenia, from adults with a learning disability. Whilst the drug had been withdrawn by the manufacturer due to side effects, Ms Armstrong said that families had not been properly

communicated with and therefore not prepared for the effects on behaviour caused by this withdrawal.

The Chief Officer would enquire from Dr Morrison, the Northern Health and Social Services Board's Director of Pharmaceutical Services, if there are any satisfactory substitutes.

### **89/05 Administration Committee – 13 October 2005**

During the Casualty Watch at Mid-Ulster Hospital, Magherafelt, issues were raised in relation to directional signage to the hospital. In a copy letter, forwarded by United Hospitals Trust, from Roads Service it stated that policy in relation to the provision of direction signs is based on the premise that the minimum amount of signing consistent with proper guidance should be erected on our roads network. In addition, where clear guidance is given by existing traffic direction signs, additional signage should not be necessary until the general area of a facility is reached.

With this in mind, the Roads Service felt it would be reasonable to expect anyone making their way to the Mid-Ulster Hospital to firstly follow the existing directional signage for the town of Magherafelt. On reaching the town there is in place signage to the hospital, denoted by the A&E plate, on all approaches. The exception to this, as pointed out by the NHSSC, is at the Garden Road/Union Road junction where a mini-roundabout has recently been introduced. A new sign for the hospital has now been ordered for this location and should be erected within the next few months.

Although welcoming the new sign, Mr Graham felt that Roads Service was missing the point about those people making their way to the town of Magherafelt from which the A&E department is signposted. The NHSSC was trying to get across that anyone not familiar with the area wouldn't know that the hospital was in Magherafelt as the name Mid-Ulster Hospital does not convey this. The NHSSC still feels that at a major junction such as the Castledawson roundabout it would be useful to indicate that a hospital exists in nearby Magherafelt. This would be raised again with United Hospitals Trust.

### **94/05 Avian Influenza**

Members were reminded to pass any concerns or comments on Avian Influenza to Mr Millar in time for the next meeting of

the NHSSB Avian Influenza Multi-Disciplinary Group on 16 January.

### **95/05 Correspondence**

#### **Causeway Local Health and Social Care Group**

A request had been received from Causeway Local Health and Social Care Group for a nomination to a Reference Group on Older People. The issue of local policy on recognising the value of lay member input had been raised, however, the Group had responded to say that it must adhere to the Northern Health and Social Services Board's Remuneration Policy therefore only travel and any out of pocket expenses would be reimbursed. Mrs L Johnston asked that her name go forward.

#### **Northern Health and Social Services Board Ambulance Service Liaison Group**

The Group had requested Council support in campaigning for increased funding for the Ambulance Service. Further to this the Chief Officer was in the process of organising a meeting with the Northern Health and Social Services Board's Director of Information, Risk and Performance Management.

Ms Armstrong called for innovation in dealing with 999 calls referring to initiatives on the mainland where patients were signposted away from Accident and Emergency Departments.

In light of the various issues to be raised members agreed to also request a meeting with Mr McIvor, Chief Executive of the Northern Ireland Ambulance Trust.

### **102/05 TO CONSIDER BUSINESS OF COMMITTEE MEETING:**

#### **Administration Committee – 11 November 2005**

Health and Social Services Councils' Chief Officers and Chairmen would meet with the Permanent Secretary, Dr McCormick on 9 January 2006. A date was still awaited for the meeting with the Health Minister.

Having considered the Terms of Reference for the Administration Committee the recommendation was put to the full Council that, for a trial period, matters requiring attention be

raised by the Chief Officer at the monthly Council meeting. This was agreed by those present.

103/05 **PRESENTATION ON INTEGRATED CLINICAL ASSESSMENT AND TREATMENT SERVICES (ICATS)**

The Chairman introduced and welcomed Mr Marsden, ICATS Programme Manager, Northern Health and Social Services Board to the meeting.

Mr Marsden referred to the Minister's speech in July when Mr Woodward said that the length of time patients are presently waiting for assessment and treatment in Northern Ireland was unacceptable and that the whole system must be reformed.

Discussions between the Department of Health, Social Services and Public Safety and the Boards have centred on the development of new integrated clinical assessment and treatment services (ICATS). This is a range of services for patients which will be provided by integrated multi-disciplinary teams of health service professionals, including GPs with a special interest, specialist nurses and allied health professionals. Services will be provided in a variety of primary and secondary care settings and include assessment, treatment, diagnostic and advisory services.

The introduction of these services will significantly reduce outpatient waiting times by referring to hospital only those patients who will benefit from seeing a consultant. Patients will receive a decision about the care they need much more quickly than at present and hospital specialists will have more time to treat inpatients and day cases and to focus on those outpatients who truly require specialist knowledge and experience.

Using a flow diagram, Mr Marsden outlined the new clinical management process from GP referral to resolution. He explained that the primary function of an ICATS service is to allocate each referral to one of five 'next step' outcomes. These are diagnostics, direct treatment, discharge, Tier 2 (the new clinical services that should typically form the core of the ICATS) and traditional hospital outpatients.

The project is being undertaken in the context of a wider range of reforms. These include weekly monitoring by the Department of Health, Social Services and Public Safety, the

setting of in year targets, the NI Patient Offer Centre, the reasonable offers policy, the re-organisation of outpatient clinics, bookings for out-patients, pre-assessment clinics, pooling of consultant lists and outpatient validation.

Over the last 18 months the Board has been working on a number of projects and these must now be developed into complete ICATS. These include orthopaedics, ear, nose and throat (ENT), urology, dermatology and rheumatology. More specialities will be added to the project early in 2006.

Before establishment, ICATS needs to be discussed with local representative forums to ensure that the benefits are clearly explained and any patient related concerns can be addressed. Consultation will shortly take place with the Northern Local Medical Committee and the NHSSC will be invited to nominate a member to the Public Awareness Group.

Members took the opportunity to ask questions and to wish Mr Marsden every success with the project.

Mr Creighton thanked Mr Marsden for his informative presentation.

## 104/05 **VISITING**

### **January Visits**

Arrangements were made for visits to The Brook, Coleraine and The Frocess Medical Centre, Cloughmills.

### **Visit Reports**

#### **In-Patient Services, Braid Valley Hospital, Ballymena**

Mr Millar reported on the pleasant ambiance within the building. From a health and safety point of view, however, the visiting team felt that bathing in all wards, poses risks for both staff and patients as bathrooms are too small. It was also felt that the installation of shower facilities would greatly improve patient care.

The hospital provides mainly rehabilitation and delayed discharges are a problem. This has resulted in some wards being overcrowded and staff being put under pressure.

Issues highlighted would be raised with United Hospitals Trust.

### **Lynwood Hostel, Newtownabbey**

Lynwood Hostel provides supported living for thirteen adult tenants who have learning disabilities. The visiting team commended the high level of community involvement and would congratulate the four tenants who have been selected to participate in the Special Olympics in table tennis, snooker and swimming.

The aim of Lynwood is to provide increased opportunities, choice and independence for tenants to enable them to live independently. With care and support from staff this appears to be successfully taking place.

It was indicated to the visiting team that some dining room equipment could do with being replaced and that the provision of double glazing would provide greater comfort for the tenants.

These issues would be raised with Homefirst Community Trust.

### **Inniscoole Day Centre, Rathcoole**

A dementia unit, Inniscoole Day Centre provides a wide range of activities for its clients.

The visiting team commented upon the good relationship with outside agencies, including Newtownabbey Institute of Further and Higher Education.

Staff advised the visiting team that requests had been made to Homefirst Community Trust for additional computers to assist the clients in improving their IT skills and for the conversion of an unused bathroom to an office/counselling room, however, these had not materialised.

Lack of signage on the main road had been raised on a previous visit and remains a problem as the visiting team encountered some difficulty in locating the facility.

The visiting team reported that clients, transferred from Carrickfergus Day Centre, had settled in well, however, with the increase in numbers and the ongoing referrals problems could arise in relation to space and staffing and suggested this be monitored regularly.

Overall the visiting team was impressed with the Unit and felt staff provide an excellent service to clients.

Issues highlighted would be raised with Homefirst Community Trust.

105/05 **REVIEW OF PUBLIC ADMINISTRATION**

Information had been issued to members following the announcement of the outcome of the Review of Public Administration on 22 November 2005. Following on from this the Department of Health, Social Services and Public Safety had released details of the next steps to include provisional timeframes. In terms of the new Patient Client Council it was expected that instructions for primary legislation would be drawn up between now and June 2006 with legislation in place by November 2007. Engagement with stakeholders would continue and by April 2008 the new Patient Client Council should be up and running.

106/05 **JOINT HEALTH AND SOCIAL SERVICES COUNCILS' CONFERENCE**

Mr Graham referred to the forthcoming Joint Council Conference to be held on 24 and 25 January 2006 in the Radisson Roe Park Hotel, Limavady on the theme of the new Patient and Client Council. The Conference would provide an opportunity for participants to listen to the views of a panel of stakeholders, to consider potential models and to agree on proposals for a workable model.

107/05 **NORTHERN HEALTH AND SOCIAL SERVICES BOARD PROPOSALS FOR INVESTMENT IN THE MODERNISATION AND DEVELOPMENT OF HEALTH FACILITIES**

Members noted details of the announcement by the Northern Health and Social Services Board that proposals had been forwarded to the Department of Health, Social Services and Public Safety for the modernisation of hospital and community care facilities. If approved the developments, estimated at £600m, will be prioritised and implemented over the next 10 – 15 years.

Mr Wilson referred to rumours in the Larne area that Inver House would close in the new year. Mr Creighton advised that

United Hospitals Trust had assured that closure was not imminent, however, as part of the modernisation of hospitals and community care facilities, it was expected that services would transfer in due course.

108/05 **BREAST ASSESSMENT SERVICES AT ANTRIM HOSPITAL**

Mr Graham updated members on the situation with the breast assessment service at Antrim Hospital following the suspension of a Consultant Radiologist by Belfast City Hospital Trust.

The Council understands that the Radiologist worked at Antrim Hospital from approximately February 2003 to November 2004 when he moved to Belfast City Hospital, however, he continued to provide a locum service to Antrim until his suspension.

Concerns were raised about the clinical judgement/ management decisions of the Radiologist at the Assessment Clinic and reported to United Hospitals Trust. Following initial internal investigations an urgent audit of the Consultant's work by external assessors was initiated and the findings shared with the Trust. This was discussed with the Department of Health, Social Services and Public Safety and the Minister and action taken. Some 700 cases in total have been reviewed and 44 women were contacted by phone and asked to re-attend clinics set up within a week or so.

Since the Radiologist also provided advice to Breast Surgeons all cases (5000+) that he was involved with were reviewed. Each of the patients was informed by letter and a telephone helpline set up.

The Breast Screening Service, where women between the ages of 50 and 64 are routinely called every 3 years for check ups, is on hold at present since staff are dealing with the reviews and recalled cases. Because of the double reading safeguards within this service the NHSSC understands that women who accessed this service are not being reviewed. It is expected that this service will resume in February when a new Radiologist takes up post.

Dr Wilson, Director of Breast Screening Quality Assurance, East Midlands is leading the review of work involving this Radiologist at Antrim, Belfast City and Altnagelvin Hospitals. The review will take 2 – 3 weeks and involve assistance from colleagues in UK and Ireland. The NHSSC understands that

Dr Wilson will report to the Minister by the end of December 2005.

The Health and Social Services Regulation and Improvement Authority has been asked by the Department of Health, Social Services and Public Safety to investigate the circumstances and report back.

109/05 **REPORTS ON:**

**Health and Social Services Councils' Executive Committee – 23 November 2005**

Mr Graham reported that the meeting had included debate and speculation about the wording relating to the new Patient Client Council as contained within the outcome of the Review of Public Administration.

An outline programme for the Joint Health and Social Services Councils' Conference had been agreed and issues noted for discussion with the Permanent Secretary.

Other items discussed included a review of Joint Council's Equality Schemes, revision of Terms of Reference for the Executive Forum and production of one for the Joint Chief Officers' Forum.

Some joint policy/guidelines had been considered and would be brought to the January Council meeting.

A booklet 'Let's Talk', a guide to becoming more actively involved in your health and social care needs had been adapted for Northern Ireland in agreement between the Northern Ireland Clinical and Social Care Governance Support Team and Irish Society for Quality and Safety in Healthcare, and in partnership with the four Health and Social Services Councils. This was distributed to Council members and would shortly be distributed to various health and social care facilities throughout Northern Ireland.

**Northern Investing for Health Partnership Conference 2005 - 17 November 2005**

This was deferred to the January meeting.

**Carers Northern Ireland Seminar re: Discussion of Current Standards and Models in England and Northern Ireland – 29 November 2005**

This was deferred to the January meeting.

**Homefirst Community Trust Workshop on Review of Mental Health Services for Older People**

Ms Armstrong reported that she and Mrs Montgomery had attended the workshop. Homefirst Community Trust, together with the Northern Health and Social Services Board and Causeway Health and Social Services Trust are currently undertaking a review of mental health services for older people provided within the Homefirst area. The review will focus on people with dementia (all ages) and people with a mental illness (over 65 years of age).

The workshop was one of a series planned in order to gather views and to allow the Trust to develop a comprehensive strategy and implementation plan.

**Northern Investing for Health Partnership Obesity Prevention Sub-Group – 14 November 2005**

A report, prepared by Mr Millar, had been distributed. The main focus of the meeting had been on evaluating proposals submitted for funding. This had been followed by a presentation by Dr McConnell, Senior Research Officer, in the Department of Public Health Medicine, Northern Health and Social Services Board on Healthy Eating Policies.

**General Medical Council Public Meeting – 23 November 2005**

Ms Armstrong and Mr Millar attended the public meeting entitled 'What is Good Medical Practice'? The audience listened to three scenarios and suggested what would be good medical practice. This was then discussed and debated with the Panel members.

110/05 **CORRESPONDENCE**

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

Additional items of correspondence included:

- Regional Bugwatch Report
- The Review of Mental Health and Learning Disability (NI) Consultation Document on draft report 'A Vision of a Comprehensive Child and Adolescent Mental Health Service'
- Northern Investing for Health Partnership draft Fuel Poverty Strategy and Action Plan
- Department of Health, Social Services and Public Safety Consultation Document on the Government's Proposals on a Home Childcarer Approval Scheme 'Supporting the Cost of Home-Based Childcare'
- Northern Ireland Human Rights Commission correspondence re: Human Rights Day – 10 December 2005

111/05 **OTHER BUSINESS**

**Childcare Unallocated Social Work Placements in Causeway Trust**

An update was sought on the position with childcare unallocated social work placements in the Causeway Trust area. This would be requested.

112/05 **DATE OF NEXT MEETING**

The next meeting will be held on Wednesday 4 January 2006 in the Coleraine Borough Council area.

The meeting closed at 4.15pm.

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Chairman

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Secretary

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Date