

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

Minutes of a meeting of the Northern Health and Social Services Council held at 1.30pm in Antrim Enterprise Centre on Wednesday 1 February 2006.

### **PRESENT:**

**In the Chair:** Mr T Creighton

**Members:**

|                |                  |
|----------------|------------------|
| Mrs B Adger    | Mrs J Montgomery |
| Mrs M Anderson | Mrs R Morrison   |
| Ms R Armstrong | Mrs N McClelland |
| Mr J Brown     | Mr S McClelland  |
| Mrs I Johnston | Mr M Nolan       |
| Mr D Kinahan   | Mr T Quinn       |
| Mr J Millar    | Mrs K Swain      |

**In Attendance:** Mr N Graham  
Mrs J Erwin  
Mr Deboys, Northern Health and Social Services Board and Mr McIvor and Mr Richardson, Northern Ireland Ambulance Service - Agenda Item 7

### 14/06 **APOLOGIES**

Apologies were received from Mrs L Johnston, Professor Kernohan, Mrs McCambridge, Mr Nicholl and Mr Stevenson.

### 15/06 **CHAIRMAN'S BUSINESS**

The Chairman commented upon his attendance at a range of meetings including the Northern Health and Social Services Board, the Permanent Secretary, Dr McCormick, Homefirst Community Trust Board and the Health and Social Services Councils' Executive Committee.

### 16/06 **CHIEF OFFICER'S REPORT**

Mr Graham referred to the meeting with the Permanent Secretary, Dr McCormick and Mr McCann, Director of Planning and Performance Management, Department of Health, Social Services and Public Safety, when discussion had centred on the Councils' work to date and the establishment of a Patient Client Council as referred to in the

Minister's announcement following the Review of Public Administration. Dr McCormick had reinforced the Minister's commitment to a 'strong empowering patient and client body' with the principle of local access at its core and had made it clear that no additional funding would be available to support the change management process. Some discussion had also taken place about timescales and the setting up of fourteen project teams, one of which was the Patient Client Council.

Mr McCann would lead the Patient Client Council project team and had requested a nomination from each Council. It was agreed that this would be the Chief Officer.

Mr Graham also referred to the Joint Health and Social Services Councils' Conference held on 24 and 25 January 2006 and to the report since produced by the Facilitator and circulated to members.

Mr Graham drew attention to the report produced by Dr Wilson, Consultant Radiologist at Nottingham Breast Institute on the review of breast imaging at Altnagelvin, Belfast City and Antrim Hospitals. The Executive Summary was distributed to members. The report concluded that fourteen out of the sixteen women whose breast cancer diagnosis has been delayed were patients of Antrim Hospital and detailed the effect of what Dr Wilson referred to as 'clear evidence of sub-standard care'. Reference was also made to the ultrasound equipment in Antrim Hospital which was described as sub-standard as it was 7 years old and that thermal images were of an unsatisfactory quality.

Members were greatly concerned about the damaging effects of this on patients and sought assurances that every safe guard was in place to protect patients in the future. The matter would be raised with United Hospitals Trust and the Northern Health and Social Services Board.

The investigation by the Health and Social Services Regulation and Quality Improvement Authority into the circumstances surrounding this matter is ongoing and its report should be with the Minister in March.

Mr Graham referred back to the Bugwatch exercise which had looked at infection control measures in Antrim and Causeway Hospitals. United Hospitals Trust had since produced an action plan for Antrim Hospital which would be shared with

those on the exercise. The Trust had no objections to this being repeated, unannounced, in the future.

Mr Graham also updated members on the current position with staffing cover, budget expenditure, the Agenda for Change process and the review of the Council's Equality Scheme.

17/06 **MINUTES OF THE MEETING HELD ON 1 FEBRUARY 2006**

The minutes were agreed and signed subject to the addition of Ms Armstrong's name under apologies, a rewording of item 5/06 (109/05) and inclusion of the item raised by Mrs Adger in relation to the Administration Committee.

18/06 **MATTERS ARISING FROM MEETING OF 1 FEBRUARY 2006**

**101/05 General Medical Services Contract Update**

The Family Practitioner Unit had contacted those practices that had applied to reduce the size of their catchment area to highlight the implications. A number had now withdrawn and further information was awaited from the others.

**101/05 Withdrawal of Medication**

The Chief Officer had raised the issue of the difficulties experienced by some patients following the withdrawal of Melleril with Dr Morrison, the Northern Health and Social Services Board's Director of Pharmaceutical Services. Dr Morrison had reiterated the fact that Melleril had been withdrawn by the manufacturer because of concerns about its safety. A long-established product there are other treatments which appear on the present evidence available to have lower risk of serious side effects, however, these alternatives differ in their action and also have a range of side-effects which make them unsuitable for some patients. Consequently there is no direct substitute.

The general advice given in the medical literature at the time of withdrawal was that prescribers should consider the balance of effectiveness and potential side effects of the alternative products available in reaching decisions on continuing treatment.

Within the Northern area, written guidance was issued to each medical practice by the Prescribing Advisers from the Board's Family Practitioner Unit and included advice on the withdrawal process, measures to reduce the impact on patients and possible substitute medication.

Ms Armstrong remained dissatisfied at the lack of consideration for families of patients in communicating the impact of withdrawal of the medication.

### **9/06 Integrated Clinical Assessment and Treatment Services (ICATS)**

No date had yet been agreed for the first meeting of the ICATS Public Awareness Group.

### **10/06 Department of Health, Social Services and Public Safety Consultation on the Primary Dental Care Strategy**

Rather than meet separately with Mr Donaldson, Consultant in Dental Public Health, Northern Health and Social Services Board to discuss the consultation document members decided to accept the invitation to attend one of the four road shows arranged during February.

### **11/06 Remuneration of Local Health and Social Care Group Management Board Members**

The Chief Officer communicated further clarification on the remuneration of members of the Local Health and Social Care Group Management Board. A number of members remained concerned about remunerating LHSCG Board members who were also Trust employees. They felt that a conflict of interest existed. Chief Officer was asked to raise these concerns with the Northern Health and Social Services Board.

### **12/06 Proposed Relocation of Whitehouse Medical Practice**

Mrs McClelland had drawn attention to objections to a proposal by Whitehouse Medical Practice to relocate its surgeries from the Whitewell Road to the Abbey Centre at Newtownabbey.

Mr Millar reported that this was part of a split practice, the other part being located in Whiteabbey Health Centre.

Mr Graham reported that he had liaised with the Northern Health and Social Services Board's Family Practitioner Unit and been advised that the submission of a final Business Case was awaited and that a decision was likely to be taken in March.

### **12/06 Palliative Care in the Causeway Area**

Mrs McCambridge had raised concerns about the suspension of the Marie Curie contract in the Causeway Area. Causeway Trust, however, had reassured the Council that this was not the case and that no patient had been left without a service where need existed. Patients were also referred to the Hospice at Home Service, a similar care service provided by Northern Ireland Hospice, if for some reason Marie Curie is not able to provide the service.

The Trust also confirmed that it had prepared a bid for capitation to expand Marie Curie to include patients with heart failure as well as cancer in 2006/07. If successful the service will be developed and extended.

### **12/06 Pain Clinic, Antrim Hospital**

Mr Millar had drawn attention to the lengthy six year waiting list for the Pain Clinic at Antrim Hospital. In a response from the Northern Health and Social Services Board an assurance was given that pain management/anaesthetics would be included in the ICATS projects.

Ms Armstrong drew attention to the existence of other Pain Clinics.

## **19/06 VISITING**

### **March Visits**

Arrangements were made for visits to Homefirst Community Trust's Community Equipment Centre in Ballymena and to the Community Addiction Unit also based in Ballymena.

### **Visit Report**

The visit to The Brook, Coleraine had been postponed.

The report on the visit to The Frocess Medical Centre, Cloughmills was deferred to the March meeting.

### **Visit Response**

The response for the visit to Lynwood Hostel, Newtownabbey was deferred to the March meeting.

20/06

### **PRESENTATION ON AMBULANCE SERVICES**

Mr Creighton welcomed Mr Mclvor, Chief Executive and Mr Richardson, Acting Divisional Officer for Northern Division from the Northern Ireland Ambulance Service and Mr Deboys, Director of Information, Risk and Performance Management, Northern Health and Social Services Board.

Mr Mclvor explained that the Ambulance Service operates in a difficult environment. Staff don't know what they will come up against and matters are made more difficult by increasing demand. In the past five years there has been a 50% increase in emergency demand. The service is also changing with more transfers required. The aim is to focus on quality of care as well as speed of response and calls are prioritised to manage demand and target resources to those most in need.

In providing an update five years on from the Strategic Review Mr Mclvor indicated the key issues around the Review, the items outstanding and how it all fits into modernisation and reform within the wider Health Service.

The Review was wide-ranging and came up with seventy two recommendations across eleven broad areas. In providing a flavour of the changes, Mr Mclvor referred to the introduction of rapid response and intermediate care vehicles which have led to the reduction of work done by the emergency ambulances.

In terms of the patient care services the management side has been revised and additional control staff have been introduced to non-emergency patient care.

Over sixty new vehicles have been purchased, however, forty current vehicles are outside of Government guidelines and require replacement. A Business Case has been submitted for the replacement of twenty of these and Council support in securing these was sought.

In terms of the Estate a Business Case worth £16/£17m of capital has been submitted which includes the provision of thirty sub-stations and work to current stations.

The control environment is a key element of the infrastructure. 999 calls and other requests must be managed. Recent developments have been the consolidation of a new telephony and command and control platform and the purchase of new digital mapping from Ordnance Survey NI.

Also since the Strategic Review clinical skills have been developed, structures have been set up for clinical governance and an officer-on-call system has been developed for emergency planning. A Human Resources Strategy has been developed and implemented, work is ongoing with other agencies and effective commissioning continues.

In looking to the challenges ahead Mr McIvor highlighted the reconfiguration of the current four Accident and Emergency Control Rooms to two, the development of estate and new locations, additional emergency resources, new treatment options for ambulance personnel, to include alternatives to despatching an ambulance and taking patients to Accident and Emergency Departments, fleet replacement, clinical supervision through a peer network and community engagement.

In explaining how the Ambulance Service is contributing to the current reforms Mr McIvor referred to efficiency savings, a range of initiatives under reform and modernisation such as additional response points, alternative responses to non-life threatening calls and alternative care pathways and the acute service reconfiguration in terms of the Sperrin Lakeland response and governance and risk.

A question and answer session followed the presentation and members took the opportunity to ask a variety of questions of Mr McIvor, Mr Richardson and Mr Deboys. Topics covered included, staff turnover as a result of violence, percentage of budget spent on salaries, cost and benefits of a rapid response vehicle, sub-station location and standard, response targets and appraisal of trained paramedics.

A number of questions raised by members prior to the meeting would be responded to in writing.

In concluding Mr Deboys thanked the Council for its support over the years on both the Ambulance Project Board and the Liaison Group.

21/06 **JOINT COUNCIL POLICY DOCUMENTS**

Consideration of the Joint Council policies on Representation on Committees and on Consultation was deferred to the March Council meeting.

22/06 **CONSULTATION ON UNITED HOSPITALS POLICY ON PAY CAR PARKING AT ANTRIM HOSPITAL**

Members were asked to consider the document in detail to enable a full discussion to take place at the March Council meeting.

23/06 **TO CONSIDER JOINT COUNCIL/TRUST BOARD MEETINGS**

This item was deferred until the March Council meeting.

24/06 **REPORTS FROM:**

**Joint Health and Social Services Council's Conference**

This item was deferred until the March Council meeting.

**United Hospitals Trust Board Meeting – 26 January 2006**

A report, prepared by Professor Kernohan, was circulated to members.

25/06 **CORRESPONDENCE**

The correspondence list had been circulated with the agenda.

Additional items of correspondence included:

- Notification of the opening of a General Medical Council Northern Ireland Office at Premier Business Centre, 20 Adelaide Street, Belfast

26/06 **OTHER BUSINESS**

**Presentations at Council Meetings**

To allow sufficient time to complete Council business as listed on the agenda members were of the view that all future presentations be arranged outside the normal Council meetings.

**Dalriada Urgent Care**

Ms Armstrong voiced some concern about the employment of foreign doctors within Dalriada Urgent Care. She agreed to obtain further detail to enable the matter to be raised with the Northern Health and Social Services Board.

27/06 **DATE OF NEXT MEETING**

The next meeting will be held on Wednesday 1 March 2006 in the Carrickfergus Borough Council area.

The meeting closed at 4.45pm.

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Chairman

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Secretary

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Date