

NORTHERN HEALTH AND SOCIAL SERVICES COUNCIL

Minutes of a meeting of the Northern Health and Social Services Council held at 1.30pm in Tilly Molloy's, Armoy on Wednesday 7 February 2007.

PRESENT:

In the Chair: Mr Tom Creighton

<u>Members:</u>	Mrs Beth Adger	Mr Sam McClelland
	Mrs Maureen Anderson	Mr Tommy Nicholl
	Mr Jim Brown	Mr Tony Quinn
	Mrs Irene Johnston	Mr Ian Stevenson
	Mrs Liz Johnston	Mrs Kate Swain
	Mr John Millar	

In Attendance: Mr Noel Graham
Mrs Jacqui Erwin

14/07 **APOLOGIES**

Apologies were received from Ms Armstrong, Mr Douglas, Professor Kernohan, Mrs Morrison, Mrs McClelland and Mr Nolan.

15/07 **CHAIRMAN'S BUSINESS**

The Chairman welcomed members to the meeting. He commented upon his attendance at meetings of the Northern Health and Social Services Board and United Hospitals Trust. He referred to recent appointments of staff from the Trust to the Northern Area Trust and members sought assurances that patients would not be affected by the changes taking place. Professor Kernohan had attended the Homefirst Trust Board Meeting and Mrs I Johnston the Causeway Trust Board Meeting.

The Chairman referred to complaints raised with him relating to member conduct during the previous Council meeting and urged members to observe proper protocol.

16/07 **MINUTES OF THE MEETING HELD ON 3 JANUARY 2007**

The minutes were agreed and signed.

17/07 **MATTERS ARISING FROM MEETING OF 3 JANUARY 2007**

4/07 Breast Screening Services

Mr Graham updated members on the situation with breast screening services. Invitations are issued to women aged 50-64 to attend a breast screening session every three years, however, women over 64 can still contact the service for an appointment but as yet are not routinely invited to attend. Currently about 10% of attendees are women outside the 50-64 years age group. In due course it is the Department's intention to extend and offer routine breast screening to women up to age 70.

In a year approximately 12,700 women from the Northern area are invited to attend breast screening and around 75-80% attend.

The screening process is automatic with an appointments system and a short stay. Radiologists later read the images taken and indicate whether all is clear or if there is a need for further assessment.

Around 1 in 20 women screened require further assessment at the Assessment Clinic where the radiologist is involved in the consultation and a number of these women require surgery in due course.

Running concurrently is the Symptomatic Clinics where women have been referred as urgent or routine by their GP.

The shortage of radiologists impacts on the reading of mammograms, Assessment Clinics and Symptomatic Clinics.

Since the screening service recommenced in the Northern area assistance has been provided by Action Cancer, Altnagelvin Hospital, Eastern Health and Social Services Board and Craigavon Hospital.

Efforts to recruit and retain breast radiologists are ongoing across Northern Ireland to meet demand.

The Council raised with the Minister the matter of waiting times for the Symptomatic Clinics which were up to 10 weeks. A number of additional weekend clinics were held and the position in mid January 2007 was urgent referrals waiting up to three weeks and non-urgent referrals up to twelve weeks.

The overall breast service provision in Northern Ireland is monitored by the Boards and the Department of Health, Social Services and Public Safety with a further report due at the end of March 2007 together with a plan for the year beyond July 2007.

Mr Brown called for a definite timescale for the extension of the screening service to women over 64 and Mrs I Johnston wondered how many incidences of cancer there were in women aged 64 to 70.

4/07 United Hospitals Trust Paper on Proposed Changes to Patient Services at Whiteabbey and Mid-Ulster Hospitals prior to the Implementation of Developing Better Services

Members remained concerned about the potential impact on ambulance services as a result of changes to services at Whiteabbey and Mid-Ulster Hospitals and had written to the Health Minister, the Northern Health and Social Services Board (NHSSB) and the Northern Ireland Ambulance Service (NIAS).

In his response the Health Minister confirmed that the NHSSB had provided additional funding to NIAS to support ambulance services with a second night-time crew in the Mid-Ulster area. Mr Millar sought confirmation that the additional support in the Mid-Ulster area was indeed a second crew and not a paramedic in a 4X4 while Mr Brown sought a written breakdown of what the funding had provided.

The Minister pointed out that additional investment in ambulance services in the Whiteabbey area was not considered necessary as the travel distance to other hospitals is not excessive therefore overall response times are not significantly increased. There is also much more readily available ambulance cross-over from nearby stations in this area. He indicated that NIAS would give priority to emergency calls over non-emergency calls in the Whiteabbey area to ensure resources are available for life threatening calls and that the NHSSB would continue to monitor the situation.

In terms of developments in rural areas, the Department of Health, Social Services and Public Safety and NIAS are looking at a range of services, such as First Responders to help improve pre-hospital care in rural areas and be complementary to the ambulance service.

Regarding ambulance services in the Newtownabbey area the NHSSB revealed that the first month's figures from NIAS, following the changes, did not show a reduction in the emergency service in the Newtownabbey area and that in fact the percentage of calls responded to within eight minutes had increased. The Board would, however, continue to monitor the position from month to month.

Mr Quinn reported that he had taken the opportunity to raise the matter with his local MLA which had resulted in a Parliamentary

question being tabled on response times in the Mid-Ulster area. Information received showed that NIAS had failed to meet targets for response times, both in the Mid-Ulster and other Board areas over the last few years.

Due to the rurality of many areas Mr Quinn called for the introduction of an air ambulance service.

A meeting had been requested with NIAS Chief Executive and a date was awaited. The NHSSB Ambulance Services Liaison Committee would next meet on Friday 23 February 2007. Both meetings would provide an opportunity to discuss the issues raised.

4/07 Treatment Room Services

Mr Millar referred to treatment room services as a 'postcode lottery' and was unconvinced that the situation was improving, as claimed by Homefirst Community Trust.

4/07 Environmental Cleanliness Action Plan

The Council had drawn attention to current problems relating to leaks in the roof of Broadway Workshops, Newtownabbey. In its response Homefirst Community Trust confirmed that the priority items observed during the first Cleanliness Matters Audit have been addressed resulting in the score for Broadway rising from below 20% to above 70%.

The roof still proves to be a problem due to its age and condition. Leaks are addressed, however, they are only patch repairs. The roof covering could be replaced but with the associated renewal and repair of the structure decking it would be very expensive in what is a 'Category DX' (beyond economical repair) building.

The Trust confirmed that repairs had recently been carried out.

Mr Millar referred to complaints he had received from two people who attend the Workshops and said he remained very concerned about the situation, particularly in light of the increased numbers who now attend.

Mrs L Johnston suggested Mr Millar contact the local Borough Council Health and Safety Department. Mr Millar agreed to speak to fellow member Mrs McClelland, the Newtownabbey Borough Council representative. Broadway Workshops would be included on the March visiting programme.

4/07 Healthcare Acquired Infections

Mr Millar had drawn attention to new strains of the MRSA bug - Clostridium difficile (C diff) and Panton-Valentine Leukocidin (PVL) and Mr Graham had undertaken to obtain information on prevalence within the Board area.

Mr Graham reported that he had met with Dr Devine, NHSSB and Dr Kearney, United Hospitals Trust. They had advised him that there was a Healthcare Acquired Infection Committee which included representation from Public Health (NHSSB), each Trust and Primary Care. Within each Trust there is an Infection Control Committee which reports annually to the Board.

The Department of Health, Social Services and Public Safety issued an Action Plan for the Prevention and Control of Healthcare Acquired Infection in Northern Ireland 2006/2009 in March 2006. The Board's Committee reviews and monitors progress against the actions.

Mr Graham explained that C.diff is a spore forming bacteria found in the bowel. It is present as normal intestinal flora in around 2% of the population and in as many as 50% of children under two years of age.

C.diff associated disease occurs when the normal intestinal flora is altered allowing C.diff to flourish and produce a toxin that causes watery diarrhea.

Poor hygiene procedures or not following proper contaminated waste handling can spread the disease.

PVL is a toxic substance produced by some strains of Staphylococcus Aureus. Dr Kearney was not aware of any cases in Northern Ireland, however, there were some cases in the United States and in England. Infections are most likely through close contact.

Healthcare Infections are monitored by the Communicable Disease Surveillance Centre (Northern Ireland) on behalf of the DHSSPS from the collection and validation of reports undertaken by Trust microbiologist, laboratory staff and infection control teams throughout Northern Ireland.

Mrs Adger drew attention to a recent outbreak of C.diff at the Braid Valley Hospital, Ballymena, Mrs Anderson to complaints about

unhygienic hospital conditions and Mr Stevenson to the difficulties faced by hospitals through people bringing infection in.

Mr Graham informed the meeting that it was hoped to repeat the Bugwatch exercise in Causeway and Antrim Hospital towards the end of March/beginning of April. Details would be issued in due course.

5/07 Complaints Advocacy for Prisoners

After the 1 April 2007 it is likely that Health and Social Services Councils, particularly Eastern and Northern, will become involved to some degree with healthcare complaints from prisoners. As Secretary of the Independent Monitoring Board, Mrs I Johnston had arranged for the Chief Officer and Information/Complaints Officer to meet the Governor and Deputy Governor of Magilligan Prison.

Magilligan is an all male prison with 420 prisoners, all sentenced, with anything up to 12 years. Currently it operates a primary care model and has its own healthcare centre with eight beds and a complement of fifteen staff. A GP provides medical treatment with arrangements for other healthcare staff to provide sessional services eg Allied Health Professions, Opticians, Dentists and so on.

A number of prisoners would be dependent on alcohol and drugs at the time of sentence and complaints issues might include medication, prescribing and detox policies.

Issues for Health and Social Services Councils include demand and resources, distance, risk and training.

8/07 General Medical Services Forum

During the meeting, attended by Mr Creighton, Professor Kernohan and Mr Graham, areas discussed included public awareness of the General Medical Services contract, the Donaldson Report which looked at governance arrangements for doctors on their registration, changes to patient registration areas and out of hours provision, treatment room services and flexible GP surgery hours. An update was given regarding a flu pandemic and plans to maintain Primary Care Services for as long as possible should a pandemic occur.

9/07 DHSSPS Consultation re: Complaints in the HPSS

A joint Council Workshop had been held on Thursday 25 January 2007 when attendees had heard from the Department of Health,

Social Services and Public Safety and the four Council Complaints Officers.

Concern had been expressed about the proposed removal of the 2nd stage of the NHS Complaints procedure and the lack of information about the Ombudsman's future role. Further work would be done within the Health and Social Services Councils prior to submitting a final response.

18/07 **CHIEF OFFICER'S REPORT**

Rural Medicine Workshop

The Rural Medicine Workshop had been well attended by community representatives and others. Notes from the working groups were fed back and some follow-up sessions would be arranged.

Advocacy Project

The four Health and Social Services Councils are involved in a project to establish current advocacy support within the statutory, private and voluntary sectors. Questionnaires had been completed and returned and relatives' focus groups and residents' interviews had commenced.

Regional Approach

It had been agreed that from April 2007 one Council meeting per quarter become a regular joint Council event to which speakers on regional issues would be invited. Regular up-dates on the progress towards the Patient and Client Council would be provided and other regional business could be transacted.

The first meeting was scheduled for Wednesday 23 May 2007 and would be hosted by the Northern Health and Social Services Council.

Expenditure

Expenditure to the end of December 2006 was £144,556.

19/07 **PATIENT AND CLIENT COUNCIL UPDATE**

Information requested by Dr Stuart, Director of Special Projects, Department of Health, Social Services and Public Safety, in order to inform the Business Case being developed in respect of the Patient and Client Council, had been extracted and forwarded to her. The Chief Officers would meet with her again on Friday 9 February 2006.

20/07 **VISITS**

February Visits

Arrangements were made for visits to Armour Day Centre, Ballymoney and Kells and Connor Medical Practice.

21/07 **CONSULTATION ON THE HEALTH AND SOCIAL SERVICES (REFORM) (NORTHERN IRELAND) ORDER 2007**

In November 2005, Ministers announced decisions on the reform of Health and Personal Services structures. These decisions will be implemented on a phased basis.

Mr Graham referred to the extract relating the Patient and Client Council and informed members that they would have the opportunity to share their views at a Joint Council Workshop arranged for Friday 16 March 2007. Health and Social Services Councils would also be engaging with the wider public to establish views.

22/07 **CONSULTATION ON THE FUTURE OF PATHOLOGY SERVICES IN NORTHERN IRELAND**

Since the last review of pathology services in Northern Ireland in 1983 much has changed. Demand for services has increased significantly, technological advances have changed the way in which pathology tests are conducted and increasingly the clinical component of pathology is identified as a priority in providing patient care. In conducting its work, the Review Group assessed current services, with a particular focus on the four main sub-speciality areas within pathology, chemical pathology, haematology, histocytology and microbiology.

The document recommends that Pathology Services in Northern Ireland should work towards the development of a single, managed network, led by a Director, with regional leaders appointed for each key discipline.

Specifically the document refers to integrated clinical biochemistry and haematology provided on a 24 hour daily basis at Altnagelvin, Antrim, Craigavon and Ulster Hospitals sites and on a 12 hour daily basis at Causeway, Daisy Hill and the new South West Hospitals with out-of-hours urgent samples transferred to the nearest large acute hospital laboratory. Histopathology and cytopathology services provided from Belfast with small facilities at the large acute hospitals for urgent diagnostic work and a permanent consultant pathologist team at Altnagelvin. Microbiology on a 24 hour basis at Altnagelvin and Belfast and on a 12 hour basis at Antrim, Craigavon and Ulster Hospitals. No laboratory facilities at local and enhanced local hospitals and primary and community care pathology services provided by the nearest laboratory.

Mr Graham reported that he had spoken to Dr Flannagan, Medical Director with United Hospitals Trust and those attending the Board Meetings of United Hospitals and Causeway Trusts had taken the opportunity to raise a range of issues. Members also noted correspondence received by Mr Kinahan through Antrim Borough Council and forwarded to Mr Graham.

If implemented the proposals would have a knock-on effect on laboratories at Antrim and Causeway Hospitals and other facilities including primary care using the services based there.

Concerns voiced included the impact on the cancer unit at Antrim Hospital, on maternity units, trauma centres and Accident and Emergency Departments, the potential for delay in analysing samples, accessing reports and commencing appropriate treatment, the effect on working relationships and the relocation of staff.

Mr Graham would prepare a response to the consultation on behalf of the Council.

23/07 **CONSULTATION ON IMPROVING SERVICES FOR MAJOR TRAUMA IN NORTHERN IRELAND**

Major trauma affects around one person a day in Northern Ireland and is the single biggest cause of potential loss of life for people under 35 years of age. Most major trauma occurs as a result of motor vehicle collisions, while other significant causes include assault, falls and burns.

The consultation focuses exclusively on the management of major trauma and the proposals will not diminish the current provision of

Accident and Emergency or other trauma services such as fracture services.

Patients with major trauma require urgent and definitive input from specialists in order to optimise the outcome of their treatment therefore members were in agreement that a robust system is in place that would include investigation of air ambulance provision.

24/07 **CONSULTATION ON REGIONAL CANCER FRAMEWORK – A CANCER CONTROL PROGRAMME FOR NORTHERN IRELAND**

The Framework has been developed in the context of a society in which cancer will touch every family, and will for the foreseeable future be a major cause of illness and death. The purpose of the Regional Cancer Framework is to set out a clear and comprehensive plan detailing how to reduce cancer in Northern Ireland.

Members supported the developments in cancer services in the last ten years and in the capturing of cancer data within the Northern Ireland Cancer Registry. Also supported were the efforts to improve attendance for the various screening programmes, the need to raise public awareness and the provision of information in various formats, styles and languages. The issue of local accessibility through the provision of mobile screening units in rural areas was called for.

Members welcomed the continued focus on health promotion and disease prevention measures and felt it essential that the experiences of people affected by cancer be sought and taken account of.

It was felt that there should be the same quality standards, skills, care pathways, drug regimes, equipment and technology as elsewhere in the United Kingdom and in Europe which would entail forward planning for recruitment and retention of specialists and other staff and the provision of the necessary additional resources. The need for continual progress and investment in research was also considered important.

Mr Graham would forward a response on behalf of the four Health and Social Services Councils.

25/07 **CORRESPONDENCE**

The correspondence list had been circulated with the agenda.

Mrs Anderson accepted the invitation from the Northern Investing for Health Partnership to a seminar 'Local Solutions for Local Problems' to be held on Thursday 8 March 2007.

Mrs Adger, Mr Nicholl and Mr Stevenson would attend the General Medical Council's Draft Children's Guidance Consultation Seminar to be held on Monday 12 February 2007.

Additional items of correspondence included:

- Homefirst Community Trust Minutes of 21 December 2006
- Causeway Trust Minutes of 27 November 2006
- Department of Health, Social Services and Public Safety Overview Report 'Our Children and Young People – Our Shared Responsibility' – Inspection of Child Protection Services in Northern Ireland

26/07 **OTHER BUSINESS**

Transport for Post Mortem Examinations

Information would be sought from Trusts within the Northern area on who arranges transport in the event of a hospital death and subsequent requirement of a post mortem examination.

The Chairman closed the meeting at 3.45pm. Visit reports to the Ambulance Stations at Ballymena and Carrickfergus would be considered at the March meeting.

27/07 **DATE OF NEXT MEETING**

The next meeting would be held at 1.30pm on Wednesday 7 March 2007 in the Coleraine Borough Council area.

Chairman

Secretary

Date