

# WESTERN HEALTH AND SOCIAL SERVICES COUNCIL

Minutes of One Hundred and Forty-third meeting of the  
Western Health and Social Services Council  
held in Limavady Borough Council Offices, Limavady  
on Thursday 3 November 2005  
at 2.00PM

Present:	Mr W Page (Acting Chair) Mrs V Brown Mr J Campbell Mr M Carten Mr G Foley Mrs M Hamilton	Mrs S Hogg Miss S Hume Mr R McIntyre Mr V McKelvey Ms M Trimble
Apologies:	Miss M Burke Mr M Durkan Ms R Lynch Mr I Maguire	Mr P McGowan (Chair) Mrs M McKeague Ms F Robson Mr D Sutherland
In Attendance:	Ms M Reilly Mrs M Gormley	Mrs K Loughran

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## C86/05 Chairman's Business:

The Chief Officer informed members that the Chairman Paddy McGowan was unable to attend due to illness and as the Vice-chair was also not present that members should nominate an acting Chair for the meeting. Mr Billy Page was proposed by Mr Joe Campbell and seconded by Mr Victor McKelvey.

Mr Page thanked members for their proposal and opened the meeting by welcoming everyone to the one hundred and forty-third meeting of the Western Health and Social Services Council. He said the Chairman's Business had been already approved by Mr McGowan.

Mr Page informed members that sadly last week the Council's Vice-chair Frances Robson's father died and on behalf of the members sent condolences to Frances and her family.

He said since last month's meeting there had been more changes within Sperrin Lakeland Trust namely the Minister's announcement regarding the standing down of the Chair and Non Executive Directors of the Trust and the appointment of Mrs Gillian Shaw as the new Chair. This he said was not what the Council had expected when they called for 'special measures' and would be discussed later on as an agenda item.

Mr Page said members would no doubt be delighted that the ophthalmology initiative led by the Board for Sperrin Lakeland Trust patients had begun and had already made a considerable dent in the Outpatient and Day-case treatment figures. He said the Council had been campaigning for almost two years for the Board to deal with the totally unacceptable numbers of patients waiting for such a long period of time for treatment.

Mr Page then welcomed the Western Health and Social Services Board's (WHSSB) three Leads for the new Strategic Commissioning Teams:

- ~ Mrs Margaret Kelly - Adult
- ~ Ms Dorothy Jeffrey - Children
- ~ Mrs Bridget Bergin - Older People

who were attending the meeting to give a presentation to Members on the Board's new model of commissioning services.

#### C87/05 **Presentation - Strategic Commissioning Teams (SCTs):**

Members heard presentations from each of the three speakers.

##### ***Background:***

For some time now the environment in which Health and Personal Social Services (HPSS) organisations operate has been changing. In response to this the Western Health and Social Services Board has recognised the need to adapt in order to continue to be in a position to meet the significant challenges being faced by commissioning organisations. In particular Boards have an important leadership role to play in improving health and social well-being at a strategic level. This involves placing increased emphasis on:-

- Intersectoral partnership working;
- Joint working/shared decision making;
- Meaningful user/community involvement.

### ***Key Drivers For Change:***

The Board undertook a systematic business improvement programme over a period of some 18 months. This involved critically evaluating and, where necessary, re-designing core business processes to improve organisational effectiveness. Among the key drivers identified for change were the need to:-

- Move away from the purchaser/provider culture created by the internal market;
- Take forward implementation of key policy initiatives such as:-
  - ✓ Investing for Health
  - ✓ Local Health and Social Care Groups
  - ✓ Developing Better Services
  - ✓ New General Medical Services Contract;
  - ✓ Reform and Modernisation Agenda;
  - ✓ Review of Public Administration;
- Streamline decision-making and strategic planning for population groupings;
- Develop a much more comprehensive understanding about the health and social care needs and preferences of individuals and local communities;
- Provide strategic leadership and direction to partner organisations working in the wider HPSS and community/voluntary/private sectors;
- Oversee the quality, governance and risk management responsibilities;
- Forge more effective links with patients, staff and local communities.

### ***Commissioning Strategically:***

The WHSS Board had previously undertaken its commissioning/planning functions on the basis of Programmes of Care and consequently its internal Directorate and committee structures have tended to reflect this approach. However it has become increasingly apparent that it would be much more appropriate to address the health and social care needs of our resident population by adopting an age related model of working. Such an approach would ensure that any artificial boundaries created by a Programme of Care focus could be overcome. A much more responsive, integrated framework for planning/commissioning service provision would be introduced.

An important consideration for the Board in planning this transition was the need to ensure that specialist knowledge, skills and expertise developed under the Programme of Care organisational arrangements were retained and transferred to an age related model of working. To this end staff from Medical, Nursing, Social Services, Allied Health Professions, Finance, Information and Business Management backgrounds have all made a significant contribution to the redesign process. This has been secured through their active participation in various workshop events and

an extensive round of internal discussions. There has also been close collaboration with other key stakeholders, including local Trusts, throughout the process.

***SCT Configuration:***

The new model of SCT working is intended to predominantly segment service commissioning and planning on the basis of age. The aim is to ensure that the task of commissioning is undertaken around the changing needs of service users as they progress through the normal life cycle. SCTs have therefore been established on the basis of:-

1. Children, Young People and their Families.
2. Adults.
3. Older People.

It is recognised that there is currently a very significant reform and modernisation agenda to be taken forward in respect of acute and primary care services. In order to ensure that the strategic shifts identified within Developing Better Services (DBS) and the new General Medical Services (GMS) contracts are fully implemented, a Planning for Change group will continue to meet and oversee that analysis. This work will clearly impact on the agenda of all three SCTs and will require close collaboration as appropriate on an ongoing basis.

***Membership Of SCTs:***

Proposed SCT membership will be multi-disciplinary in nature and involve all the key stakeholders. Each team will be led by a Strategic Commissioning Team Lead who will be a member of the Senior Management Team and will attend meetings of the Board. Team membership will consist of the following:

- Nursing;
- Public Health Medicine;
- Social Services;
- Local Health and Social Care Groups/Primary Care Representatives;
- Investing For Health/Health Improvement;
- Allied Health Professions;
- Business Management;
- Finance;
- Information;
- Nominated Trust Representatives;
- Appropriate Service User participation will also be secured.

### ***Remit of SCTs:***

The core remit identified for SCTs is as follows:-

- Commission integrated services on the basis of needs assessment, available evidence and relevant legislation, policy and guidance;
- Seek to continuously improve and modernise services for their respective population groupings;
- Develop local commissioning strategies and influence regional policies;
- Plan and re-design services on a person centred/needs led basis;
- Work in partnership with other agencies;
- Put in place structured user involvement/participation arrangements for commissioning services;
- Develop and implement effective performance assessment arrangements.

Mr Page thanked Mrs Kelly, Ms Jeffrey and Mrs Bergin for a very informative presentation. He said the Council will want to hear from them again to see how this new way of commissioning is working.

It was agreed the SCT Leads would come to a future meeting of the Western Health and Social Services Council to discuss these issues in detail.

### **Action Point AP: a/11/05**

SCT Leads will attend a future meeting of the WHSS Council in April/May 2006.
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### **C88/05 Member Discussion:**

A number of issues were raised. These included:

- Monitoring and Accountability.
- User involvement - should be meaningful, well supported and resourced. Not to have just one user sitting on such committees and a mechanism to provide a way of feeding back to their community, other patients or other service users so that there is a continuous link in bringing issues to and from commissioning teams. One user could not be expected to represent the views and needs of particular age groups.
- It was noted that funding from the Department will still remain under Programme of Care allocation

## Action Point AP: b/11/05

Chief Officer to continue to liaise with SCT Leads on these issues.

- Involvement of Medical Staff.
- Members felt early intervention for young people with Mental Health disabilities needed attention.
- Integration of Out of Hours Services (Altnagelvin).
- Emergency Care/A&E/Ambulance Services.
- Getting information to the Community.

Again Mr Page thanked the three SCT Leads for their answers and commitment to return to the Council when this form of commissioning was more firmly embedded.

### C89/05 Minutes of Previous WHSSC Meeting:

Minutes of the previous meeting held on 6 October 2005 were adopted on the proposal of Mrs Sue Hogg and seconded by Mr Victor McKelvey.

### C90/05 Matters Arising:

**Response to Action Points AP: a/10/05 – q/10/05:**

**Action Point AP: a/10/05 Specialist Cancer Nurses.**

Ms Reilly said the Oncology Unit at Altnagelvin Hospital had been contacted and the following information received in relation to Specialist Nurses:

#### ***Breast Cancer:***

There are 3 Whole Time Equivalent specialist nurses (4 people) across the WHSS Board area. One is based in Sperrin Lakeland Trust most of the time and all provide cross-cover.

#### ***Endoscopy:***

There are two specialist endoscopy nurses (not specifically designated as cancer nurses).

#### ***Palliative care:***

There are five specialist nurses across WHSS Board area, two of whom are based in Altnagelvin.

#### ***Uro-oncology:***

One specialist nurse.

***Lung cancer:***

One specialist nurse.

Altnagelvin have put forward bids to the WHSS Board for a Colorectal Nurse Specialist & Gynae Nurse Specialist.

**Action Point AP: c/11/05**

WHSS Council will follow this up by checking other Board Areas/Cancer Care Units to find out how these figures compare with the Western Area and return to agenda when additional information available.

A Member raised a concern about what happens during periods of absence where there is only one specialist nurse (e.g. Lung Cancer or Uro-oncology).

**Action Point AP: d/11/05**

WHSS Council to get information on how periods of absence are covered.

**Action Point AP: b/10/05 Visit to Altnagelvin Cancer Unit.**

The Chief Officer said that a date will be agreed with Dr Hughes, Lead Clinician, Altnagelvin to arrange a visit to the Cancer Unit during January 2006. It was agreed that a small group should visit in order to keep disturbance to a minimum and if necessary more than one visit could be made.

Members who agreed to attend were: Mrs Mary Hamilton, Mr Michael Carten, Mr Gerard Foley and Mrs Sue Hogg (it was agreed to ensure that a member from the Omagh area should also be present).

**Action Point AP: e/11/05**

WHSSC to arrange date for visit/s in January/February 2006.

**Action Point AP: c/10/05 GP held Waiting Lists - Greenpark.**

Ms Reilly said she will check again in December to see if the system whereby GP held waiting lists for Green Park Healthcare Trust had now ceased.

**Action Point AP: f/11/05**

Chief Officer to report back at December meeting.

**Action Point AP: d/10/05 Acute Hospital/Local Hospital/Networks:**

Ms Reilly said the Western Health and Social Services Board had completed the document on the service profile for the new hospital in the southwest and the local hospital in Omagh and it is currently with the Department for approval.

The Department have stated that they would prefer not to release the service profile until the current Consultation period in relation to 'Making Services Safer at Sperrin Lakeland Trust' has ended (25 November 2005) because depending on the outcome of that consultation the service profile may change. Mr Dean Sullivan, Director of Secondary Care with the Department, has offered to meet with the WHSS Council Members to discuss the service profile.

It was agreed that when the Council receives the document they would hold a Workshop to discuss the contents of the document. This will probably take place during January 2006 after which Mr Sullivan will be invited to meet with Members.

**Action Point AP: g/11/05**

WHSSC to arrange Members' Workshop when document received.

**Action Point AP: h/11/05**

Following Workshop invite Mr Sullivan to a meeting to discuss document.

**Action Point AP: e/10/05 Diabetic Nursing Post at Tyrone County Hospital.**

A meeting has been arranged with Mr Eugene Gallagher, Head of Primary Care and Family Practitioner Services, WHSSB on 11 November 2005 regarding this and other issues.

**Action Point AP: i/11/05**

Chief Officer to discuss with Mr E Gallagher and report back to Members.

**Action Point AP: f/10/05 Breast Cancer Clinics.**

Agenda Item.

**Action Point AP: g/10/05 and h/10/05 Volunteer Drivers.**

Agenda Item.

**Action Point AP: i/10//05 Pharmacy Practices Committee Training.**

Unfortunately it has not been possible to arrange this training as the Chairman has had a period of sickness but the training will be scheduled as soon as he returns from sick leave.

There is currently a vacancy on the Pharmacy Practices Committee for a nomination from Limavady. The Chief Officer suggested that either Mr Michael Carten or Mr Michael Mclvor might fill the vacancy. Mr Carten agreed to contact Mr Mclvor, who was not present at the meeting, and ask him if he would be willing to sit on the Committee.

Mrs Valerie Brown who sits on the National Appeals Panels (NAPs) said there was speculation that the NAPs were to return to the Central Services Agency (CSA) from the Department.

**Action Point AP: j/11/05**

Chief Officer to check if NAPs are returning to CSA.
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**Action Point AP: j/10/05 Out of Hours Premises Access - Update.**

The Chief Officer said the Feasibility Study carried out for WHSS Board on the Strabane and Omagh Out of Hours premises has been completed. This will now go to a Board meeting and it is likely that WHSS Council will be involved in looking at the options.

Ms Reilly said the refurbishment work has been completed at the Erne and the Out of Hours premises have been re-sited in the old Health Centre. She said that so far there had been a positive reaction with better GP/Patient facilities. She was informed that there may be some disruption when work begins on extending the Casualty Department.

**Action Point AP: k/11/05**

Members will be updated on progress.
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The Chief Officer said there had been an issue relating to disabled parking spaces at the Limavady Out of Hours Centre. Four parking spaces are available; however patients felt that these were located too far away from the entrance. She said the Board had approved moving these spaces closer to the entrance. This was welcomed by the members of WHSS Council.

A member raised a concern about the issue of the Out of Hours at Altnagelvin

**Action Point AP: I/11/05**

WHSS Council to contact WHSS Board for an update on the issue of the Out of Hours centred/co-located at Altnagelvin.

**Action Point AP: k/10/05 Meeting re Sperrin Lakeland Trust developments for Learning Disabled.**

The WHSS Council have a full programme until early next year. Mr Campbell will inform Mr Kieran Downey, Community Services Manager for Learning Disabled, Sperrin Lakeland Trust, at the next PIP meeting that a date will be arranged for him to attend a Council meeting to update Members on developments for Learning Disabled clients in the New Year.

**Action Point AP: m/11/05**

Mr Campbell to update Mr Downey and WHSSC to arrange date for Mr Downey to attend a Council meeting in the New Year

**Action Point AP: I/10/05 Response to Minister re 'Making Services Safer at Sperrin Lakeland Trust'.**

The Chief Officer said that the additional points the Members had requested at the previous Council meeting had been added to the Council's response and sent to the Minister. Members were issued with a copy of the full response with addendum.

**Action Point AP: m/10/05 OT routine Waiting List at Sperrin Lakeland Trust.**

The Chief Officer said that rather than write to the Chief Executive (due to change over and possible time delay for response) the Business Services Manager had a detailed discussion directly with the Head of OT Services regarding this issue.

Ms Reilly said that while it would appear that the member of staff on maternity leave (who is a grade I) has been replaced, the replacement is a grade II and therefore the workload undertaken by this member of staff is different from that which the grade I would be doing.

The Chief Officer is due to meet with the Allied Health Professions Manager on 14 November 2005 to discuss OT services and she will raise this issue with her.

Ms Reilly said a review of OT services is currently underway in Sperrin Lakeland Trust which it is hoped will lead to improvements in service re-design and delivery processes.

**Action Point AP: n/11/05**

Raise issues with AHP Manager at meeting on 14 November and report back to WHSS Council.

**Action Point AP: n/10/05 Waiting Lists: Ophthalmology, Orthopaedics, Occupational Therapy and Cancer Clinics.**

Ms Reilly said that she is arranging for the WHSS Board's lead for Waiting List Initiatives on Ophthalmology, Orthopaedics and Cancer Clinics and the lead for OT clinics, to attend the first meetings of the Waiting List Working Group in early December.

The Working Group members are Mrs Valerie Brown, Mr Ignatius Maguire, Ms Frances Robson, Mr Joe Campbell, Miss Ruth Lynch and Mr Roley McIntyre.

**Action Point AP: o/11/05**

Confirm Working Group meetings with Board Officers in early December.

**Action Point AP: o/10/05 Trust Liaison Meetings.**

Altnagelvin Trust - 12 January 2006 (confirmed – 2.00pm)

Sperrin Lakeland Trust

Foyle HSS Trust

} expected either February or March – to be confirmed.

**Action Point AP: p/10/05 Accountability.**

Agenda Item.

**Action Point AP: q/10/05 Resignation of Chief Executive WHSSB.**

A letter has been sent to Mr Lindsay, Chief Executive, WHSSB on behalf of the Members of WHSS Council wishing him every success for the future.

C91/05 **Breast Cancer Clinics - Update:**

Ms Reilly and Mrs Gormley met with Dr McConnell, Director of Public Health, WHSSB to discuss the Council's concerns regarding the Board not capturing information about the length of time patients have to wait for an appointment beyond 4 weeks.

Dr McConnell explained the rationale behind categorising patients into High and Low risk and the difficulties doing so because of insufficient information in the GP referral letter.

Patients categorised as High risk will be seen within the recommended 2 week period. The maximum waiting time for patients who are categorised as Low risk will be 13 weeks (plan to reduce to 6-8 weeks in the future).

Statistics:

2200 High risk patients are seen each year. Approximately 150 patients are diagnosed with breast cancer per year (i.e. 1 in 14 diagnosed with cancer). Approximately 50% of patients referred are categorised as high risk.

40% are referred because of a family history. 25% are low risk.

Referrals categorised as high risk by the GP will go to the Multi-disciplinary team for assessment.

Additional collateral clinics run by Breast Care Nurses will be held alongside the Consultant-led high risk clinics in Altnagelvin initially for a period of approximately one year to build up the skills of Breast Care Nurses. Those in the family history and Low risk groups will be seen locally in Breast Care Nurse led clinics and, if necessary, fast tracked (within 1 week) into the Consultant led clinic at Altnagelvin.

Dr McConnell stated that the backlog of referrals has now been cleared. He said that Altnagelvin has the capacity to cope with patients from the Sperrin Lakeland area. All referrals have been assessed as high or low risk but all patients in the low risk group have not been contacted.

Initially there was a high number of non-attenders at clinics – patients now get a letter asking them to contact the hospital to arrange an appointment and this has resulted in 100% attendance. All patients on the backlog list will have been contacted by Christmas 2005.

It was restated to Dr McConnell that Council members felt they would want to see the contacting of patients as a priority. Patients do not know if they have been categorised as low risk so their fear is the same as those regarded as high risk except they have to wait much longer to find out.

***Access to breast clinics at Altnagelvin for rural women in Sperrin Lakeland Trust area:***

Dr McConnell stated that breast cancer services are not local in other Boards and patients have to travel for other specialist services so it could not be justified to pay transport costs just for breast cancer services.

Ms Reilly pointed out this specialist service had to all intents and purposes existed in Sperrin Lakeland Trust and was then removed, albeit on the grounds of patient safety; therefore the Board had an obligation to support patients to access this re-located service.

Dr McConnell stated that in cases where there is real and genuine difficulty the Board will authorise a voluntary car if the GP can justify the need. The Board will monitor the uptake of appointments from women in rural areas of Sperrin Lakeland Trust.

Dr McConnell said that the Board plan to hold road shows in Sperrin Lakeland area to ensure the public and GPs are aware of the new arrangements for breast cancer services.

Mr Billy Page raised a concern about the facilities at Altnagelvin where women receiving bad news have to come through an area where others are waiting. Ms Reilly reminded Mr Page that the Council had raised this issue previously with Altnagelvin Trust Board and had received assurances that women did not have to come through the public waiting area in such circumstances but that if there was evidence that this issue hadn't been resolved we should raise it again at our next Trust Liaison meeting.

**C92/05 Use of Voluntary Drivers:**

The Chief Officer said she had attended the Local Ambulance Liaison Group (LALG) meeting on 12 October 2005 and raised the issue of Northern Ireland Ambulance Service (NIAS) Trust's use of Volunteer Drivers. The NIAS Trust are developing a paper for the LALG on this service which will include issues around recruitment, training and vetting.

Ms Reilly said that the Council will put this issue back on the Agenda when we have access to this paper. She asked in the meantime if members could gather the views of users of this service or voluntary drivers where they have any contact with them.

**Action Point AP: p/11/05**

Keep on Agenda and Members to speak to Voluntary Drivers and Patients they know who use this service.

C93/05 **Proposals on Making Services Safer in Sperrin Lakeland Trust :**

Members were issued with a copy of the Minister's Press Release in relation to the proposals and the consultation.

Ms Reilly said following the period in which the Council made a response to the Sperrin Lakeland Trust proposals (5 October 2005), the Minister announced on 11 October 2005 a six week period of consultation which ends on 25 November 2005. She said that even though the Council had already submitted a response, she was hoping now to have an opportunity to discuss the Minister's proposals further with Community Networks. Mr McGowan is currently arranging to facilitate meetings with community groups through the Community Networks which will be attended by Mr Dean Sullivan, Director of Secondary Care from the Department.

Mr Campbell cautioned against the Western HSSC being seen as undermining the local hospital campaign.

Ms Reilly noted that the Western HSSC had a responsibility to hear and reflect the views of the local community and that the Council would report these views back to the Minister during the consultation period. She said it was not the intention that these meetings would in any way undermine any campaign group.

The Chief Officer said that Mr Woodward had also announced the standing down of the Sperrin Lakeland Trust Chair and Non Executive Directors citing reasons of 'unacceptable strain' on these people. Ms Reilly said the Council were not in a position to know or comment on the level of strain felt by the Chair and Non Executive Directors. However, she said what is worrying is that a strata of local accountability has been removed.

A new Chair from outside the area has been drafted in and the Western Health and Social Services Council would wish her well in this challenging role but there was concern that there didn't seem to be any urgency in replacing the local Non Executive Directors.

Ms Reilly said that one of the areas of concern the Western Health and Social Services Council had consistently raised had been about accountability. She said this development was somewhat worrying and she believed unprecedented. What the Council had envisaged with 'special measures' was that additional professional managers could be drafted in to support the Executive of Sperrin Lakeland Trust. Members agreed this should be reflected back to the Minister.

The Chief Officer said she had received acknowledgement of her first request to meet the Minister (8 September 2005). She read the letter and copied it to all Members. The letter went on to say "As you will be aware, the Minister takes a very close interest in Sperrin Lakeland. He is, at present, concerned that he would be

unable to meet with you in the next few weeks, owing to previous diary commitments. He would nevertheless like you to meet Deputy Secretary Andrew Hamilton as soon as possible". It was agreed that the Chief Officer arrange for this meeting to take place.

It was also agreed that the Chief Officer write to the Minister to register Members' disappointment at not meeting with the Western Health and Social Services Council as this in their view undermined the role of the Council

**Action Point AP: q/11/05**

Invite Mr Hamilton to December Council Meeting and also request to meet with the Minister in the New Year.

C94/05 **Ophthalmology Clinics:**

Members were issued with the Board/Trust Press Releases on the Ophthalmology Initiative held at Tyrone County Hospital and Erne Hospital.

Members very much welcomed this initiative and have already heard positive feedback from some patients who had been waiting a very long time for treatment.

This exercise will be repeated on 4 November 2005 and 11 November 2005.

Ms Reilly said the Western Health and Social Services Council had raised this issue for over two years and are delighted with this initiative. However the Council will continue to monitor the situation through their Waiting List Working Group to ensure that the resources are in place so that the waiting lists do not grow to such proportions again.

A concern was raised by Mr Michael Carten about a patient who had to cancel an appointment through no fault of their own being told they would go back to the bottom of the waiting list.

**Action Point AP: r/11/05**

WHSSC to find out if patients who cancel an appointment through no fault of their own go back to bottom of waiting list?

C95/05 **HSS Councils Conference:**

Ms Reilly asked members to hold 24/25 January 2006 as the proposed date for the Joint HSS Conference. The proposed venue is the Radisson Hotel, Limavady. The theme of the Conference will be to look at what Councils do at a local level which they would want to see retained following the re-organisation brought about by the Review of Public Administration.

The Chief Officer said she would hope to be able to confirm this at the December Council meeting.

C96/05 **Trusts' Business:**

1. *Foyle Health and Social Services Trust:*

- Minutes of the Trust Board meetings held on 30 September 2005 and Agenda for a meeting to be held on 28 October 2005 were noted.

2. *The Royal Hospitals:*

- Minutes of the Trust Board meeting held on 1 September 2005 and Agenda for a meeting to be held on 3 November 2005 were noted.

3. *Green Park Healthcare Trust:*

- Minutes of the Trust Board meeting held on 26 September 2005 and Agenda for a meeting to be held on 3 November 2005 were noted.

4. **Altnagelvin Trust**

- Agenda and Minutes of Trust Board meeting held on 1 September 2005.
- Agenda for a meeting on 6 October 2005.
- Agenda and Minutes of Extraordinary Trust Board meeting held on 20 October 2005.

C97/05 **Any Other Business:**

*Roslea Ambulance Incident:*

The Chief Officer reported that the incident in Roslea is currently being investigated and she will report back to Members when further information is available.

**Action Point AP: s/11/05**

Keep on Agenda. Members will be updated when report from NIAS Trust is available
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*Autism:*

Ms Reilly said the WHSS Council had facilitated a meeting between parents of children with Autism and WHSS Board officers on 13 October 2005. She thanked the Council members who had attended this very worthwhile meeting. She said there had been clear actions and outcomes identified from the meeting. These were:

- WHSS Board to share Action Plan/Implementation Plan with parents;
- WHSS Board to organise and arrange meeting with parents and representatives of Sperrin Lakeland Trust ;
- WHSS Board to explore what happens in the SHSS Board area in terms of recompense to parents who privately seek specialist help/interventions;
- If there are private practitioners WHSS Board to consider buying in services on behalf of parents as an interim measure;
- WHSS Board to look at the patient pathways in Foyle and Sperrin Lakeland Trust and compare these;
- A parent who has raised a number of issues over a period of time will compile one letter for the WHSS Board to include all questions he had not had answers to.

Ms Reilly said the families expressed their appreciation for the value of the Autism West group; however they were concerned that after two years it still hasn't brought about additional service provision.

The WHSS Council said it was unacceptable that families have the additional burden of campaigning for services for their children.

The WHSS Council will want to meet up with parents again in the new financial year to look at any new service provision. In the meantime the Council will continue to liaise with families in order to monitor the outcome of meetings with the WHSSB and parents.

Ms Reilly told members she wished to acknowledge that she had received an e-mail from a parent and thank you card from the Omagh Branch of PAPA who had attended the meeting thanking "the Council for their support and the efficient and effective manner in which they facilitated the meeting".

**Action Point AP: t/11/05**

Add as Agenda item for March meeting. WHSSC to arrange to meet with parents in new financial year

**Action Point AP: u/11/05**

Action Plan to be distributed to Working Group members when received from WHSS Board

***'Flu' Vaccinations:***

Ms Reilly said that due to concern about the availability of the 'flu' vaccine last year she had contacted the Department and they have confirmed that there are no problems with the supply of the vaccine this year.

She said she had this confirmed by a GP who raised the issue with the Council last year.

***Members Representation on Groups and Committees:***

The Chief Officer said that the Council will be carrying out a review of Groups/Committees which Members currently sit on. As part of the review, the Business Support Manager, Maureen Gormley, will be sending out a questionnaire to those members who already sit on various groups/committees to gather information on for example, the terms of reference of the group/committee, the Member's level of involvement, and the impact of having Council representation on the group/committee.

When this exercise is completed, the Council will evaluate the information and decide on the appropriate member representation.

Ms Reilly said this review had begun sometime ago but in view of the significant change over of membership it could only be completed in this period.

**Action Point AP: v/11/05**

WHSSC to carry out review of Members Representation on Groups and Committees.
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Ms Reilly said the Council are currently working with a number of complainants who have had a less than satisfactory experience of accessing the GP complaints system. As a result she will be raising a number of issues regarding this with the Family Practitioner Services Unit (FPSU) at the Board. She said GPs are accountable to their patients who have the right to make complaints and have these responded to.

Access to the Complaints process is well established within Trusts but the Council's experience is that this is less so within Primary Care. The Council will continue to monitor this situation and raise these concerns directly with Practices and the Board (who commission the services of GPs). She also intends to raise these issues with the Department.

**Action Point AP: w/11/05**

MR to have discussion with E Gallagher to formally raise issues around the Complaints process in Primary Care
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### **Joint Complaints Forum:**

Ms Reilly said that the four Councils have set up a Joint HSSC Complaints Forum which had its inaugural meeting on 2 November 2005. This is an opportunity for the four Complaints Officers to share issues which might have a regional dimension to them and to support each other and learn from shared good practice.

### **Northern Ireland Executive of Health and Social Services Councils:**

Ms Reilly informed the Members that the NI Executive of the four Councils usually meet every six months. The Executive consists of the four Council Chairs and four Chief Officers. The next meeting is currently being organised for November.

### ***Bugwatch:***

The Council completed the Bugwatch survey at Altnagelvin. Members were informed of the findings which had been sent to the Chief Executive.

#### **Action Point AP: x/11/05**

Members to be issued with the report and it will be posted on the Council's Website.
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A composite report of the eight hospital surveys in Northern Ireland will be also be presented by the four Chief Officers to the Department in November . Members will be issued with a copy of this report when it has been finalised.

#### **Action Point AP: y/11/05**

Issue members with Composite Report
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### ***Meeting with SLT Chair/Chief Executive:***

Ms Reilly and Mrs Gormley are due to have a first meeting with the Chair and Chief Executive of Sperrin Lakeland Trust on 11 November 2005. The Chairman Mr P McGowan is not expected to be available for this meeting. Members will be given an update at the December meeting. This will be an agenda item for next month.

#### **Action Point AP: z/11/05**

Include on December WHSSC meeting Agenda.
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***New Member Induction:***

Arrangements have been made for an Induction meeting for new Members to be held on 1 December 2005 at 11.00am– 1.00pm at WHSS Council Offices, Hilltop.

***Homicide Inquiry Panel:***

Ms Reilly said that the Homicide Inquiry Panel she has been involved with has now concluded. She said the Panel had sat for a total of 31 Days.

***Request from Department to Health Council Members to sit as Non Executive Directors on Sperrin Lakeland Trust Board:***

Two members of the WHSS Council said they had been approached by the Public Appointments Unit to consider sitting as Non-executive Directors of Sperrin Lakeland Trust.

The Chief Officer and Members voiced their disappointment that the Department should approach Members of the Western Health and Social Services Council in this regard. Ms Reilly said whilst it was a positive development to see that the Department was actively seeking new non-executives to Sperrin Lakeland Trust Board it was important that the Health Council was able to retain its committed members.

**Action Point AP: a(i)/11/05**

Chief Officer to write to Department's Public Appointments Unit to register the disappointment of the WHSSC.
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***Carers:***

Mrs Mary Hamilton raised a concern about the shortage of Carers. It was felt that Carers' working conditions were unsatisfactory e.g. time and salary to attract people to these posts.

***Strabane/Castlederg Ambulance Depots:***

An issue regarding rat infestation/no cleaners at Strabane/Castlederg Ambulance depots was raised by Mr Gerard Foley. The Chief Officer said it was her understanding that this issue had been resolved but she would raise it with NIAS Trust to ensure this was the case.

**Action Point AP: b(i)/11/05**

Chief Officer to raise with NIAS Trust.

***Out of Hours Services - GPs called out to certify a death:***

The issue of GPs being called out to certify a death was raised by Mr Billy Page because of two cases he knew of where families had to wait several hours for a GP to come to their home to certify a death.

It was agreed to seek further information on this issue.

**Action Point AP: c(i)/11/05**

WHSSC to find out if there is a protocol for GPs when called out to certify a death.

***Mourneside Surgery - Wheelchair Access:***

A concern about Wheelchair Access at Mourneside Surgery was raised by Mr Gerard Foley who said that there was no provision for wheelchairs.

**Action Point AP: d(i)/11/05**

Chief Officer to raise at meeting with Head of Primary Care and Family Practitioner Services, WHSSB.

**Meetings and Events attended by Members for period 7/10/05 – 2/11/05**

**Date:** 7 October 2005  
**Meeting:** Complainant (KJ)  
**Venue:** Conference Room, Hilltop, Tyrone and Fermanagh Hospital  
**Nominated:** Mr McGowan

**Date:** 10 October 2005  
**Meeting:** Bugwatch Group  
**Venue:** Glenavon Hotel, Cookstown  
**Nominated:** Mrs Brown      Mr Campbell      Ms Trimble

**Date:** 11 October 2005  
**Meeting:** Chief Officer/Business Support Manager WHSSC  
**Venue:** Hilltop, Tyrone and Fermanagh Hospital, Omagh  
**Nominated:** Mr McGowan

**Date:** 11 October 2005  
**Meeting:** Manager Strule/Erne LHSCG (Diabetes)  
**Venue:** Enterprise Centre, Trillick  
**Nominated:** Mr McGowan

**Date:** 13 October 2005  
**Meeting:** Autism  
**Venue:** Conference Room, Hilltop, Tyrone and Fermanagh Hospital  
**Nominated:** Mr McGowan      Mr Campbell      Mrs Hogg  
Mr Hussey      Mr Johnston      Ms Trimble

**Date:** 24 October 2005  
**Meeting:** National Appeals Panel  
**Venue:** Belfast  
**Nominated:** Mrs Brown

**Date:** 27 October 2005  
**Meeting:** National Appeals Panel  
**Venue:** Belfast  
**Nominated:** Mrs Brown

**Meetings and Events attended by Chief Officer/Staff for period 7/10/05 – 2/11/05**

**Date:** 7 October 2005  
**Meeting:** Complainant (KJ)  
**Venue:** Conference Room, Hilltop, Tyrone and Fermanagh Hospital  
**Staff:** Ms Reilly

**Date:** 10 October 2005  
**Meeting:** Chief Officers  
**Venue:** Glenavon Hotel, Cookstown  
**Staff:** Ms Reilly

**Date:** 10 October 2005  
**Meeting:** Bugwatch Group  
**Venue:** Glenavon Hotel, Cookstown  
**Staff:** Ms Reilly      Mrs Gormley      Mrs Loughran

**Date:** 11 October 2005

**Meeting:** Chairman WHSSC  
**Venue:** Hilltop, Tyrone and Fermanagh Hospital, Omagh  
**Staff:** Ms Reilly Mrs Gormley

**Date:** 11 October 2005  
**Meeting:** Manager Strule/Erne LHSCG (Diabetes)  
**Venue:** Enterprise Centre, Trillick  
**Staff:** Ms Reilly

**Date:** 12 October 2005  
**Meeting:** Local Ambulance Liaison Group  
**Venue:** WHSS Board Headquarters, Gransha Park, L'Derry  
**Staff:** Ms Reilly

**Date:** 12 October 2005  
**Meeting:** Director of Healthcare  
**Venue:** WHSS Board Headquarters, Gransha Park, L'Derry  
**Staff:** Mrs Gormley Ms Reilly

**Date:** 13 October 2005  
**Meeting:** Autism  
**Venue:** Conference Room, Hilltop, Tyrone and Fermanagh Hospital  
**Staff:** Ms Reilly Mrs Gormley

**Date:** 13 October 2005  
**Meeting:** Western Area Complaints Forum  
**Venue:** WHSS Board Headquarters, Gransha Park, L'Derry  
**Staff:** Ms Reilly Mrs Gormley

**Date:** 14 October 2005  
**Meeting:** Complainant (TO'C)  
**Venue:** Co Fermanagh  
**Staff:** Ms Reilly Mrs Gormley

**Date:** 14 October 2005  
**Meeting:** Complainant (McG)  
**Venue:** Co Fermanagh  
**Staff:** Ms Reilly Mrs Gormley

**Date:** 24/25 October 2005  
**Panel:** Independent Inquiry  
**Venue:** Belfast  
**Staff:** Ms Reilly

**Date:** 25 October 2005  
**Conference:** Care Review Complainant (JD)  
**Venue:** Conference Room, Hilltop, Tyrone and Fermanagh Hospital  
**Nominated:** Mrs Gormley

**Date:** 25 October 2005  
**Meeting:** Complainant (FC)  
**Venue:** Conference Room, Hilltop, Tyrone and Fermanagh Hospital  
**Staff:** Mrs Gormley

**Date:** 26 October 2005  
**Meeting:** Chief Officers (Conference Planning)  
**Venue:** Glenavon Hotel, Cookstown  
**Staff:** Ms Reilly

**Date:** 31 October 2005  
**Meeting:** Western Equality and Human Rights Forum  
**Venue:** WHSS Board Headquarters, Gransha Park, L'Derry  
**Staff:** Mrs Gormley

**Date:** 1 November 2005  
**Meeting:** Complainant (McG)  
**Venue:** Co Fermanagh  
**Staff:** Ms Reilly

**Date:** 2 November 2005  
**Meeting:** Joint Councils Complaints Forum  
**Venue:** Glenavon Hotel, Cookstown  
**Staff:** Ms Reilly Mrs Gormley

C98/05 **Date, time and place of next Council Meeting:**

**Date:** Thursday 1 December 2005  
**Time:** 2.00pm  
**Venue:** Silverbirch Hotel  
Gortin Road  
Omagh

**The meeting ended at 5.40pm**