

WESTERN HEALTH AND SOCIAL SERVICES COUNCIL

Minutes of One Hundred and Forty-fifth meeting of the
Western Health and Social Services Council
held in the Denis Desmond Room,
Altnagelvin Hospitals HSS Trust Headquarters,
Glenshane Road, L'Derry
on Thursday 12 January 2006
at 2.00PM

Present: Western Health and Social Services Council:

Ms F Robson (Vice-chair)

Mr J Campbell

Mr M H Durkan

Mrs M Hamilton

Miss S Hume

Mr R Hussey

Mr I Maguire

Mr R McIntyre

Mr V McKelvey

Mr W Page

Mr D Sutherland

Altnagelvin Hospitals HSST:

Mr G Guckian, Chair

Mrs E Way, Chief Executive

Miss I Duddy Director of Nursing

Mr D Hill, Director Clinical Support Services

Mr N Smyth, Director of Finance

Mr M Doherty, Director of Personnel

Mr A Moore, Director, Strategic Development Project

Dr G Nesbitt, Medical Director

Dr D Hughes, Lead Clinician, Cancer Services

Apologies:

Mrs V Brown	Mr B Johnston
Miss M Burke	Ms R Lynch
Mr M Carten	Mr E McGrade
Mrs S Hogg	Ms M Trimble
Mr P McGowan (Chair)	

In Attendance: Ms M Reilly
Mrs M Gormley

Mrs L Preston
Mrs K Loughran

A Member of the Press was in attendance.

Altnagelvin HSS Trust/WHSSC Liaison Meeting

C001/06 Opening Remarks by Chairmen:

Chair Altnagelvin HSS Trust:

Mr Gerry Guckian welcomed everyone to Altnagelvin Hospital. He said he realised that there were a number of new members of the Western Health and Social Services Council since the last liaison meeting and introduced himself to them. He said that the new format of liaison meeting where it has been integrated into the Health and Social Services Council's monthly meeting is very much welcomed. He noted it allowed for as many members of the Council as possible to have an opportunity to raise any issues they might have directly with the hospital.

Mr Guckian said he hoped to address any problems raised by members and reminded members there would always be an opportunity for Council officers to contact the hospital or Directors at any time to raise any concerns they may have. He said they had an open door policy and they will continue to liaise with the Chair and Chief Officer.

Mr Guckian asked his Trust Board officers to introduce themselves in particular for the benefit of the new members.

Vice-Chair WHSSC:

Ms Frances Robson said that unfortunately the Chairman Mr Paddy McGowan was unable to be present and had asked her to convey his personal thanks to Altnagelvin Trust, to Mrs Elaine Way and Mr Gerry Guckian for allowing the Health Council the use of their premises for the meeting. She also thanked them for agreeing to the new format for the liaison meeting.

Ms Robson welcomed the Press who were in attendance. She said the first part of the meeting up to 3.30pm would consist of the liaison meeting dealing with Trust issues and after a short break it would re-convene to continue with the Western Health and Social Services Council monthly meeting.

Ms Robson opened the meeting by saying she hoped everyone had a good Christmas and wished all a prosperous and Happy New Year. She said it was the first Altnagelvin liaison meeting with Mrs Way as the Chief Executive and the first for many of the Council's members who have only recently joined the Council.

Ms Robson asked the Health Council members to introduce themselves to the Trust Board officers. She then invited Mrs Way to make her opening remarks.

Chief Executive Altnagelvin HSST:

Mrs way welcomed everyone to the meeting and said she agreed with the Chairman's remarks. She said she was looking forward to the new format of the liaison meetings as over the years in her role as Chief Executive of Foyle Trust a number of formats had been tried. She said previously they had met with local members and she thought it would give an opportunity to talk to more members about issues across the Board area.

Mrs Way said during discussions on New Developments and Any Other Business she would like to mention Waiting Lists and the financial situation at Altnagelvin. she said in terms of information she felt it was important that members are aware of the pressures that Altnagelvin are under in these two areas.

C002/06 **Co-located GP Out-of-Hours:**

Ms Reilly gave a brief outline on the background to co-located Out-of-hours based at hospitals. She said that this had happened in Omagh and Enniskillen but her understanding was that this had not yet happened at Altnagelvin. Out-of-Hours she said is still sited at Great James Street GP Practice. She asked the Trust Board for an update on developments.

Mr Alan Moore said he had attended a number of meetings with colleagues from the Trust in order to support officers from the Western Health and Social Services Board to implement the process. One of the clear challenges for Altnagelvin he said as they undertake the strategic development was to ensure that the environment within which they continue to operate remains safe and with sufficient space to meet everyone's needs. He said that within that plan they did examine with Western Health and Social Services Board the opportunities for co-locating immediately even on an interim basis.

Mr Moore said that after several meetings including with the Consultant A & E staff that the practicalities of doing this before the proper solution was put in place would mean they would end up with a lesser service. He said it was agreed and confirmed at meetings yesterday that they have got to try and strive towards implementing as quickly as possible a properly designed, properly co-located GP Out-of-Hours Service. He said it should be at the standard of accommodation that the population would want and expect to have available to them at the earliest opportunity.

He said they were moving towards this in terms of the production of the Business Case and the submission of this to the Department of Health for the funding and to the Western Health and Social Board for support. He said the Business Case was at

an advanced stage and they would expect it to be submitted to both in April. They would be moving towards the preparations of designs as soon as they can get a positive response from the Department and would expect that the work would be integrated with the re-development of the A & E department. This would be due to start in approximately 2½ years time and take about a year to complete. Mr Moore said that a very substantial cost would be associated with this but in essence what they wanted to see was the best, most appropriate facilities in place at the earliest opportunity rather than squeezing people into three or four misplaced rooms in the hospital and providing a lesser service.

Ms Reilly said that in terms of timeframe this would mean it would be 3½ years at least before the co-located unit would be at Altnagelvin. She said that within the Council there were two views; first that there was a welcome that Out-of-Hours would continue in Great James Street because it gives access for City side patients. She said there is some concern that when Out-of-Hours moves into Altnagelvin there would be less access for that population and this is something that needs to be addressed. Secondly the premise on which all Out-of-Hours co-location was based was that it would be right beside A & E, X-rays, diagnostics etc. and actually give a superior service. She said there was a concern that this would not be happening for 3½ years

Mr Moore said the difficulty for the Trust and which he hoped members would understand was that some years ago they had embarked on a re-development of the hospital to the value of approximately £150million and the real challenge for them was to make sure they undertook that work in the safest possible way and with absolutely no risk to patients or staff. He said where you are actually refurbishing areas, taking them out of commission, and squeezing the remaining services into what remains does not give much spare capacity available for emerging needs. He said they would take these issues on board but to do this they would want to do it correctly and safely and he knew there were issues about timeframes and commitments perhaps that other agencies may aspire to or wish to bring about. Mr Moore said what they have to ensure within the Trust is that whatever they do they are honest about it, do it in the quickest time possible and site it in the best possible location. He said that clearly the whole advantage in co-location of Out-of-Hours was that you had them co-located with the services precisely where you needed them like diagnostic services and A & E and not somewhere else on site which is inappropriate and serves no useful advantage.

Ms Reilly said the Council would need to look at this issue again with the Western Health and Social Services Board because the interim measure is actually going to be much longer than expected. She said this has in fact reduced access from what it was previously, as Out-of-Hours is just available in Great James Street whereas beforehand it was shared between two premises. She said the Council would want to look at this issue in terms of fairness and equity.

Mrs Way said it was important to point out that the decision about the co-locating of GP Out-of-Hours alongside A & E Departments was made by the Western Health and Social Services Board and was more or less presented to Altnagelvin. She said Ms Reilly was absolutely right to point out the difficulties and there is a concern about emergency services being withdrawn from the West bank in the City but they have as a Trust committed themselves to making the co-location happen. Mrs Way believed the Trust would come under a lot of pressure from the Board to make it happen sooner rather than later. The Western Health and Social Services Board have been to Altnagelvin and have seen the plans and the work the Trust have been doing and no one is prepared to settle for an interim solution that actually reduces the quality of the service. Mrs Way said the Council were absolutely right to go back to the Western Board to see how they can make sure the service is right in the interim.

Action Point: AP a/01/06

Chief Officer to raise co-location of Altnagelvin Out-of-Hours with WHSSB.
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Mr Billy Page asked if the Trust felt there would be a duplication of the Out-of-Hours Service if located close to the A & E Department at Altnagelvin e.g. he said if someone was unable to get an Out-of-Hours appointment they may go to A & E instead.

Mrs Way said she thought there would have been fears from Altnagelvin Staff at a time that if people turned up at the Out-of-Hours Service that they may drift into the A & E Department when in fact they did not need it. She said there are clear protocols when patients arrive at the hospital as to where they go and how they are triaged. She said she did not have concerns about this but it was very much dependent on having the proper accommodation. She said if people were squeezed into accommodation which was too small for the purpose it would increase the risk of them drifting into A & E but she added with good protocols in place this should not happen.

C003/06 Antenatal/Postnatal Services:

Mr Page raised a concern about the re-location or amalgamation of antenatal/postnatal services on the same ward. He said his concern was around the removal of the service from the fifth floor to the fourth floor and the fact the theatre would be on the fourth floor. Mr page asked if a risk assessment had been carried out around the issue of using lifts in emergency situations.

Mr Page said he also had a concern about mothers who had lost a baby being placed in a ward with mothers and their newborn babies.

Mrs Way explained that Obstetrics and Gynae had four wards in Altnagelvin hospital. In February last year she said the Clinical Director in that area had shared with her plans that the Doctors had developed in conjunction with the lead nurses to convert four wards into three. Part of the reason for this she said was because antenatal care, postnatal care and Gynae care had changed over the years and the occupancy figures had gone down. In two of the four wards occupancy was running between 40 and 50% so they were looking at how they could rationalise the unit. Mrs Way said there was a full process of consultation and the voluntary organisation Mother's Voice had been included in the consultation and the plans were agreed. The only thing she said that was holding them back was the lack of funding. She said wards needed to be refurbished and changes needed to be made which included two rooms for mothers who had unfortunately lost children.

Mr Page said he accepted Mrs Way's assessment on the issue and said if this was done in the interests of the hospital and better service for patients he had no problem with it. He said he did not think the consultation was wide and varied because some people within the hospital were unaware of the consultation.

Mrs Way said there had been a full consultation and the issues around risk assessment, lifts etc. had all been looked at and she said she was satisfied that the matter was well handled by the Clinical leaders in Obstetrics and Gynae. She said she would be happy to meet any member of staff if they wanted to come and see her or Miss Duddy or anyone else to say they if feel they have not been properly involved in the consultation.

Mrs Way told Mr Page she had been advised that the voluntary organisation Mother's Voice felt very strongly that they had been fully involved and they supported the proposals.

Ms Reilly said from the Council's point of view there is always concern about consultation with service users and she congratulated Altnagelvin Trust for consulting with Mother's Voice.

Mr Page asked if they thought there would be a problem moving from Ward 5 to Ward 4 and to the theatre if there was an emergency.

Miss Irene Duddy said that in terms of the lifts in case of any emergency be it cardiac arrest or whatever there is an over riding system that ensures that the public do not take precedence over the emergency. In any emergency the staff in the hospital can ensure that lifts are used for the emergency without any unnecessary stops.

Mr Moore provided some additional reassurance to Mr Page that they were also providing an additional patient lift as part of the wider strategic development of the hospital. He expected this to be in place in three or four months time.

Dr Geoff Nesbitt added that in most other hospitals the main theatre block is used for Maternity patients even when the Labour Ward is some distance away from it. Altnagelvin he said had a theatre in the Labour Ward and in the new build they intend to retain it.

Ms Reilly said she commended them for this initiative.

Ms Reilly asked are the two separate rooms for mothers who have lost babies actually available now.

Mrs Way said they have created two separate rooms, one in Ward 15 and one in Ward 55. She said the situation will be monitored closely and if they find that this is insufficient they will then have to make alternative arrangements and might have to try and identify a separate en suite room.

Ms Reilly said the Council would want to come back to this issue.

Action Point: AP b/01/06

WHSS Council to seek follow up on this issue.

Mrs Way said Altnagelvin are creating what they consider to be an exciting new development in the hospital; an Acute Medical Unit. She explained they were taking the existing Ward 43 (the old A & E Department) and completely refurbishing it. She said the unit at this point in time was being used to deal with emergency admissions e.g. when a patient comes in and it is not quite sure whether they need to be admitted to a hospital ward or discharged. Mrs Way pointed out the hospital would be under tremendous pressure during the three months of re-development.

C004/06 **Oral Surgery Out-Patients at Omagh:**

Mrs Maureen Gormley described the situation where Mr Ryan, Consultant Oral Surgeon held clinics in Omagh on the first and third Mondays of each month but these clinics have now been reduced to once a month i.e. the first Monday of the month. She said she understood this was because Mr Ryan now attends a clinic in Sligo on the second Monday of the month. He continues to attend two clinics per month at the Erne Hospital in Enniskillen i.e. on the second and fourth Mondays of the month. There is a concern she said about the clinics in Omagh because they fall on the first Monday of the month and as Bank Holidays normally fall on the first Monday there is a potential not to have any clinics e.g. for the whole month of January. Mrs Gormley said this would obviously have an impact on patients on the waiting lists.

Mrs Way responded by saying Altnagelvin had developed a contract with Donegal

through Letterkenny to enhance the Oral-maxillary Facial Surgery for the Western area and across the border. They had provided significant funding to Altnagelvin to recruit two additional Oral Surgeons. She said they had been unable to recruit the surgeons and although they had funding for four they had just two on the ground. She said that because they had received funding from the cross border contract they had to provide services to Sligo and Letterkenny as well.

Mrs Way said they hoped to recruit two additional Oral Surgeons within the next two weeks which if successful will ease the pressures and hopefully enable them to provide a better service in Omagh in terms of outpatients.

Mrs Way said the point Mrs Gormley made about the clinics on the first Monday of the month was very valid and one that Altnagelvin needed to look at. She said she noticed when dealing with how they managed their waiting lists that people who have surgery on a Monday are disadvantaged because of the Bank Holidays. Mrs Way pointed out that the Directorate Manager of Surgery and Critical Care who had negotiated and created a very innovative contract was leaving to take up the post of Chief Officer with CAWT. She said this would mean it would take a bit of time to sort out. She said she noted the point about Omagh not getting its fair share of services and will look at this.

Ms Reilly asked for confirmation that people from the Omagh area will not be kept waiting on an Omagh Clinic waiting list until additional Consultants are recruited. She asked if these patients would be seen at Altnagelvin until this issue was resolved.

Mrs Way said they were already on the Altnagelvin list and in terms of the waiting list management they are seen in order of clinical priority. She said when these problems first arose she questioned whether they could sustain this service. She said these are highly skilled Consultants who are obviously scarce on the ground, but the medical leaders said that the service must be retained because as a major trauma centre they need to have Oral-maxillary Facial surgery as well. Mrs Way said not only are they working hard to not just retain the service but in fact to enhance it. The Department she said are monitoring very closely how they are handling their inpatient list and will shortly be moving on to outpatients and ensuring that people are treated fairly. When working with outpatients and a particular problem arise they will either try and resolve it locally or work with colleagues elsewhere or ultimately pay to have patients treated elsewhere.

Action Point: AP c/01/06

WHSSC to monitor this situation and track the waiting list.

C005/06 **Review of Public Administration:**

Mr Guckian said as a result of the Review of Public Administration that Altnagelvin as a Trust will cease to exist but the hospital will not cease to exist and business must go on. He said they will continue their plans for hospital improvement.

Mr Guckian said the challenge for everyone in the Health Service in Northern Ireland will be to keep business going and improving over the next 18 months. The timeframe he said is March 2007 and they are working on that. He said that they clearly wish to make as many plans as possible. The priorities will be firstly to patients and secondly to staff. Their job as a Trust Board was to make sure that in service terms this will be a seamless transition and that not a single patient will be negatively affected by the change.

Mr Guckian said they will be working hand in hand with other stakeholders, people involved in other Trusts, the Western Board and the Department to ensure they move as seamlessly as possible with the main priorities being patient care.

In relation to staff he said they were very concerned about the possible negative impact on staff morale and Altnagelvin Trust will do everything they can to make sure there are proper lines of communication throughout the organisation.

Ms Reilly said that current staff had developed expertise in the planning, design and implementation of the new projects that were due to come on stream. The danger might be the loss of some of this expertise during this change process. She enquired from the Trust Board if they were risk assessing this in relation to their developments.

Mrs Way said they were not picking up a lot of anxiety amongst their frontline staff as they realise that the major implications in terms of people potentially losing jobs is more at the top level of the organisation. She said their priority was in developing what is known as Managed Clinical Networks to deal with the changes that is being proposed in relation to the Tyrone County Hospital and the Erne Hospital. The Managed Clinical Networks are happening and becoming strong. She said there is one for General Surgery, one for A & E and one for ENT. She said in a sense it was the clinical staff getting together to say how they can best design the services to provide a good quality service for all patients across the Western area.

Mrs Way said that in Altnagelvin's response to the Review of Public Administration they had said that the whole of the Western area should come together as one big Trust including the merging of the Causeway. The reason she said for this was that clinically there are very strong networks between Altnagelvin Medical Staff and Doctors in Coleraine hospital.

Mrs Way said that all Trust Chief Executives were meeting with the Permanent Secretary next week. On the agenda she said for discussion was how they can move this forward in a way to reassure and involve staff and staff organisations.

C006/06 **Update on New Developments:**

Mrs Way said there were a lot of exciting things going on in Altnagelvin and at the end of her first year as Chief Executive she was extremely impressed by the skills and commitment of the clinical staff in Altnagelvin Hospital. She said it was a very busy hospital about to spend £150million and they are carrying on the physical work in the existing hospital building while making these changes. Some of the new developments she said are about either trying to enhance services for patients or ease some of the pressures on the hospital or both.

Mrs Way said Altnagelvin Trust were delighted that the new Renal Unit was opened on 12 December 2005. She said it has made a tremendous difference to people's lives in particular those who are living in Dungiven or Limavady and would previously have had to travel to Omagh for treatment. Mrs Way paid tribute to the Omagh staff and Dr Peter Garrett as the Lead Clinician who she said were magnificent in supporting this.

Miss Irene Duddy described the Acute Medical Unit and what benefits it will bring to patients and staff. She said Altnagelvin was a busy hospital and year on year there had been increases in emergency admissions. Unfortunately she said over the past year for the first time ever they had got into the difficult situation of sometimes having longer trolley waits in the A & E Department than they would wanted to have.

Miss Duddy said Altnagelvin Trust have been looking at what is best practice elsewhere and in doing this they have made links with a hospital in Liverpool which she said had come from a much worse baseline situation. They had 100 delayed discharges, and had trolley waits in the corridor of their A & E Department that lasted up to 72 hours. They created an Acute Medical Unit where GP admissions come in and are initially triaged and assessed. Any who did not need to be in an inpatient setting were discharged either with quick access to Outpatients or back to the GP's care.

Liverpool have streamlined their whole inpatient flow through the development of rigorous protocols around how patients are treated. They have developed a clinical throughput team who work very closely with the clinical teams on bed management in unblocking the system with the result they have shortened the length of stay in hospital. They have ensured investigation and treatment of patients proceed in a very timely way and now have a situation where there are no trolley waits and practically no delayed discharges.

Altnagelvin have linked with them formally and clinical staff have visited with the Chief Executive. Miss Duddy said she followed up with a visit and the Liverpool staff in turn came to meet with Altnagelvin Trust.

Miss Duddy said Altnagelvin Trust are at the end stages of developing a Business Case to go to the Western Health and Social Services Board which will create a similar system to the one in Liverpool. She said they had met with GP's recently and they have welcomed this initiative. She said they hope to open in April providing they get the finances to staff it. They also hope to appoint the clinical throughput team and are currently in the process of developing the protocols around which the unit will work.

Miss Duddy said that when coupled with what is happening through the Strategic Commissioning Teams and Primary Care regarding developments within communities these will help to prevent inappropriate hospital admissions and facilitate better rehabilitation and earlier discharge arrangements for patients. She said there is going to be a radically different way of treating patients with a much higher quality of care happening in the appropriate place via the right team in the right setting.

Ms Reilly commended Altnagelvin for looking at areas of best practice on these issues. On the issue of delayed discharge she assumed it related to not having enough services in the community which she said it was clearly a major issue across the Western Board area.

Miss Duddy said there was a very strong and very positive working relationship between Altnagelvin and Foyle and they have in fact one of the lowest discharge rates in the Province. She said they have ongoing arrangements with Foyle Trust through winter pressures funding for step down beds. This is to facilitate early discharge where patients can go to a nursing home for a few weeks to have ongoing care whilst their community packages are put in place.

C007/06 **Men's Cancer Services:**

Ms Reilly said that in relation to the presentation Dr Dermot Hughes, Lead Clinician in Cancer Services had given to the Western Health and Social Services Council recently there had been a concern about services for men's cancers.

Dr Hughes said in terms of male cancers such as prostate, testicular and bladder men tend to self refer late resulting in access to services being later than would be desired. He said there have been very prominent health campaigns especially for testicular and prostate cancer and awareness is improving. The major new development that will come on stream in 2009 is Colo-rectal screening which will be the first screening programme to be offered to men.

In England he said a pilot study for Colo-rectal cancer screening had an uptake of only 57%. These are services men tend not to avail of. In terms of provision, urological services have two Consultants and they have recently advertised for an assistant grade practitioner. He said there were two specialist nurses providing very valuable services as well.

Dr Hughes said there were pressures on urological services. Services previously supplied by Sperrin Lakeland Trust are not now available resulting in the workflow coming to Altnagelvin. He said they hoped that with the appointment of an Associate specialist that some diagnostic services could be redirected to the Sperrin Lakeland Trust area.

Ms Robson asked if screening for men's cancers was available in Northern Ireland yet. Dr Hughes said there was no formal screening programme but GPs were very keen to perform tests for early detection of prostate cancer. He said the reason there is not a formal screening programme for prostate cancer is basically on health/economic grounds as governments around the world tend to decide if it is worth the cost of putting the programme in place in terms of life saved. There is no firm evidence as yet to show this he said.

Altnagelvin Trust have employed a PhD grade Specialist nurse who visits GPs throughout the Western Board advising them of the most appropriate setting to use this test so that it is targeted at the appropriate people. Dr Hughes said the incidents of Prostate Cancer are rising and this is probably because they are doing more tests.

Ms Reilly asked if GP's had concerns about access to diagnostics.

Mrs Way said they had a formal liaison meeting between GP's locally and Altnagelvin and talked it through with them. She said there was a difference of medical opinion about whether the use of ultrasound testing as a first line diagnostic was the best way to diagnose cancer. They have agreed to set up a small group including people from Altnagelvin and the GP's to look at what would be the best way that men could access these services on a timely basis. Her belief she said from what she has been told was that the best person to make the diagnosis is a skilled Urologist and also that some GP's can be trained to use ultrasound in the community and do primary testing themselves. Because of the increasing demand on this service Mrs Way said they were trying to re-design the service in conjunction with the GP's. The issue had been raised directly with her by Dr Tom Black Chair of the LMC and they are taking it forward in partnership with the GP's.

Dr Hughes said that GP's feel that if they had access to ultrasound examination of testes they could exclude cases of testicular cancer. He said that Radiologists feel that if someone presented to a GP with symptoms of testicular cancer they should be referred to a Urologist first for primary examination and then have the ultrasound.

Ms Reilly asked if there was an issue about waiting times to see a Urologist.

Mrs Way said that in terms of the Altnagelvin waiting lists the three areas which are under greatest pressure are General Surgery, Orthopaedics and Urology and they currently have two Urologists working in the hospital. She said that her belief was if they had another Urologist they may be able to facilitate easier access in terms of what the GP's want. She said what they have been advised is that they should be looking at a model whereby they would identify GP's with a specialist interest who would work closely with the Urologist and who would be trained to spot a minor abnormality or something which doctors should be concerned about. She said that ultrasound equipment could be based in community facilities and accessed by GP's which reduce the demand on the hospital. Mrs Way said that part of the system of re-design that they were working on is to reduce unnecessary work in the hospital that can be done better elsewhere in the community.

Ms Reilly asked if there were two pressure points in this situation i.e. access to a Urologist and access to diagnostics such as ultrasound.

Mrs Way said that access to diagnostics will always be an issue in acute hospitals. She said they were working with the Radiologists and Pathologists to see how they can make sure that patients have rapid access to diagnostics so that decisions can be made regarding early admission. She said they were saying to the Western Health and Social Services Board that one of the priorities for investment over the next few years is in diagnostics.

Mr Page said it was time for people from the North West to stand up and call for their own regional cancer facility in the North West.

Mrs Way said there is an excellent service West of the Bann and she paid tribute to Dr Hughes, Lead Clinician for Cancer for making sure that the service here is of a very high quality. She said he is linked to the Northern Ireland Cancer Network where they are looking at what standards should be, how we access levels of treatments, quality assurance etc. Any service she said that is being delivered here locally is provided to the highest standard.

Dr Hughes said that they did not have Radiotherapy on site at Altnagelvin. He said there is a provision which will open on 17 March 2006 in the City Hospital providing services for all of Northern Ireland. He said there is a potential for Radiotherapy in the future to be on the Altnagelvin site. In cross border activity they provide Cervical Screening for the Republic of Ireland and they have active discussions about other cancer services.

Dr Hughes said in response to Mr Danny Sutherland's query on the criteria for having specialist nurses that in Breast Services they have four specialist nurses

(three Whole Time Equivalent), in Urology two specialist nurses and in Colo-rectal Cancer a stoma nurse. In Respiratory Medicine there is one specialist nurse in Altnagelvin and one in Sperrin Lakeland Trust. Dr Hughes explained the reason Breast Cancer services appear to be better provided for had been due to greater awareness and public pressure. He said however many other cancers such as Colo-rectal, Stomach and Oesophageal are not as well publicised and there isn't the same pressure from the public. Unfortunately this can sometimes mean services are not as well developed in these areas.

Mr Sutherland asked if there was a responsibility on professionals to allocate resources where they feel they are deserving rather than where the public clamour suggests. He said it seems strange to him that Colo-rectal Cancer has no specialist nurse yet he felt that Colo-rectal incidences of cancer are level with Breast Cancer and they have four specialist nurses.

Dr Hughes said Business Cases are made for these services and they also approach charities for funding. He said he was ill at ease that there is this inequity in cancer services and everybody should have access to the same quality of care.

Mrs Way said she wanted to clarify that Altnagelvin Trust are not responsible for allocating resources. They receive £100 million a year and are told how they are expected to spend it. Frequently she said they make cases to develop new services or enhance existing services.

Dr Hughes said his colleagues, when making their Business Plans make specialist nurses their priorities as this is where they see best spend for improvement. He said they have applied for specialist nurses from McMillan Cancer Care who are providing funding for two specialist nurses for the care of the dying which he said is very welcome.

Ms Reilly said the Council will bring the issue to the Board and Department about the inequity around certain cancers and not enough specialist nurses.

Action Point : AP d/01/06

Council to raise cancer service inequalities including lack of specialist nurses with the WHSS Board and Department.
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C008/06 Children's Cancer Services - Local Provision:

Ms Reilly asked the Trust if there was any progress on the issue raised by a parent who was looking for better local services for children with cancer and their parents. Mrs Way said she had met on several occasions with the parent concerned and he had raised a number of issues around the way services were offered in Belfast e.g.

travelling up and having to wait and travelling back late. Mrs Way said Altnagelvin will provide the service that Dr Dempsey (Royal Belfast Hospital for Sick Children) delegates to them and it will be done on an individual patient basis and will largely be administering blood transfusions to children at Altnagelvin rather than the parents having to take them to Belfast.

She said they had to differentiate between what Altnagelvin and Western Health and Social Services Board can change. The Board pay the Royal Hospitals for this service and Dr McConnell, Director of Public Health at the Board has been working very closely with the Royal to look at what they can do to make a better experience for people West of the Bann.

Mrs Way said she thought the parent who had raised these issues had moved on slightly in his thinking in that now he would like the full service to be provided at Altnagelvin. She said she did not believe that this was a likelihood within the near future. The number of children is extremely small and they couldn't resource the high quality service that would be needed. She said that one part of the team which is critical to children with Leukaemia is a Haematologist for children. She added that there is no Haematologist for children employed at Altnagelvin and that they have one adult Haematologist who might be prepared to supervise transfusions for older children but wouldn't feel skilled in providing for younger children. She said Altnagelvin are about to recruit two additional Haematologists but neither would be seen as been expert in children's Haematology.

Dr Hughes said childhood cancers are predominantly Leukaemia's. The survival rates for childhood cancers have changed remarkably from 20% many years ago to 70% at present. The benefits of centralised care he said are immense but Altnagelvin could not possibly provide the same standard of care even if they had the resources because they would not have the volume of patients.

Ms Reilly said that she had understood from the parent that part of his child's treatment could reasonably have been provided closer to home such as the blood transfusions. She said the WHSS Council were supporting his view on this issue. Ms Reilly said her understanding was that there had been a problem for a number of years at Altnagelvin in relation to Haematology per se and this might have had some bearing on whether or not Altnagelvin could have provided the blood transfusion part of the treatment. She said she wasn't aware that the parent was now going on to advocate that there should be a specialist treatment centre for children with cancer at Altnagelvin.

Mrs Way said she had written to confirm that where the Clinician based in Belfast who is responsible for the children's care says Altnagelvin can deliver aspects of the treatment then they will do so. She said it was fair to say that the parent had not asked for a specialist centre but that written confirmation from her has not satisfied him and he is suggesting that Altnagelvin need to do more. She said she interpreted

that to mean he was asking why should it be left to the Doctor in Belfast who is the specialist to say when it should be done at Altnagelvin. The reason she said is because he is the specialist who is managing the child and can say what is reasonable. Mrs Way says her expectations were that when she agreed to what the parent initially asked for he would go to the Board on the wider issues about the Royal. She said he continues to expect her to do more and she doesn't know what more she can do.

Ms Reilly said the Western Health and Social Services Council might have expected something more too. She said they would have hoped that where aspects of care for children or anyone else for that matter who has cancer such as the need for a blood transfusion that in principle Altnagelvin could provide these. The caveat to that she said, is that if the Consultant leading the care felt it was not in the interest of the patient to do this locally because e.g. complications then of course neither parents nor the Council would advocate over riding the clinical decision.

Dr Nesbitt stressed the importance of the Regional Centre and the excellent care it provides. He said they liaise quite closely with Dr Dempsey in particular for children and are very grateful for the help he gives them. He said if it was just a simple matter of a blood transfusion then Altnagelvin have said yes they will deliver it provided Dr Dempsey thinks that it is appropriate. He said Dr Dempsey looks at a lot more than blood transfusions and the specialist nursing care the child gets when they are in Belfast is more than can be offered at Altnagelvin so it is much more complicated. The Trust agree with people not having to travel long distances and they will provide a blood transfusion and have done so in the past but only when it is suitable. Very often it is not suitable for these children as they are very vulnerable and are prone to all sorts of risks that Altnagelvin may not be able to deal with.

Ms Reilly said in view of this agreement by Altnagelvin, where it was appropriate to provide such a local service would parents be made aware of this option for their child?

Mrs Way said if a child is diagnosed with cancer they are referred to the Regional Centre and therefore their treatment is very much led by the Clinicians there. She said she has told the parent concerned that he should ask the Western Board that in their contract with the Royal they should say to the clinicians there that when a family comes from the West of the Bann they should at the start of the treatment tell them that there is an option to have a blood transfusion in Altnagelvin when appropriate so that they are aware of this.

Mrs Way said she would share notes from her last meeting with the parent concerned with Ms Reilly.

Ms Reilly said she would raise these issues directly with the WHSS Board and speak again to the parent.

Action Point: AP e/01/06

Chief Officer to meet with Dr McConnell to progress this issue and to discuss Altnagelvin's response with parent.

Mr McKelvey queried the shortage of Haematologists and asked if Altnagelvin recruit two will it fill all vacancies and was this part of the problem?

Mrs Way said it was a completely separate issue. They have funding for three and if the recruitment is successful it will bring them up to what they are funded for but they will not have a children's Haematologist.

C009/06 Any Other Business:

Mrs Hamilton asked how many beds were in the new Renal Unit and will it be extended in the future. Mr Moore said it had started with a 16 place unit with the capacity to extend to 20 and ultimately in 5-6 years they expect to have 32 places.

Mr Hussey asked the Chief Executive with regards to the Review of Public Administration and the various changes in the hospitals within Tyrone and Fermanagh did she believe if there are further cuts in services in Tyrone County Hospital that Altnagelvin will be able to cope with additional services.

He also asked about ambulance cover in the city when they had problems over the Christmas period.

Mrs Way said that the Ambulance Service Trust was a different organisation. She said she had concerns herself about the sick leave over Christmas.

Ms Reilly told Mr Hussey that she is raising this issue at the Local Ambulance Liaison Group meeting on Friday 27 January 2006.

Mrs Way said in relation to the Review of Public Administration there is going to be one organisation and the three hospitals will be networked. It will be the responsibility of the people who allocate the money to the new big Trust to make sure that the services are provided fully and fairly across the area.

Mrs Way said when the consultation process was happening the Department officials would have been working with Craigavon, Altnagelvin, Tyrone County and the Erne Hospitals to look at issues of capacity. It is accepted by the Department that resources will need to be moved, added or changed. She said what Altnagelvin have said is that they will be involved in this process and they will have to assess how patients will move. The plan as she understands it is in the majority of cases patients will either be dealt with in the Tyrone County Hospital or will go to the Erne.

Mrs Way said it may well be that more patients than are planned for will come to Altnagelvin. She said Altnagelvin had said to the Department if this was the case then they needed to make sure they would have the resources to deal with this. The Department, she said, have assured her that resources will be provided.

Mr Hussey said that if there was a major trauma it was quite clear that patients will not be taken to Tyrone County Hospital but to the nearest acute hospital. He said for quite a large part of the area this would mean patients going to Altnagelvin. He said this could happen sooner rather than later and obviously Altnagelvin do not have the resources in place now if something were to happen.

Mrs Way said if there was a major trauma in the area an assessment would be made and the individual would be either sent to Altnagelvin or the Royal as is happening currently. She said Altnagelvin see themselves as a major trauma centre.

Waiting Lists:

Mrs Way said in relation to waiting lists, that they were trying to make sure that they re-design the way they work in Altnagelvin hospital so that they are not left in a position at the end of every year to rush to clear waiting lists. She said they were trying to change things fundamentally so they have short term plans to deal with the immediate problems with waiting lists and then they have longer term re-design plans.

Financial Position:

Mrs Way said the Council would not be surprised to know Altnagelvin had financial difficulties. She said they started the year with a Contingency Plan for £1.3 million and would balance the books at the end of the year. This is largely because they had in year help both from the Department of Health and the Western Health and Social Services Board.

Mrs Way suggested a further meeting with the Western Health and Social Services Council to discuss the budget over the next couple of years. She said they expect they may need to go into what the Department call Financial Recovery which is a level up from Contingency.

Ms Reilly proposed arranging a Workshop on this issue.

Action Point: AP f/01/06

WHSS Council to arrange a Workshop to discuss Altnagelvin's financial difficulties.

Mr Guckian said as there was a number of new members of the Council they would not have seen the DVD or the model of the new Strategic Development but as time did not permit it was agreed that a further meeting would be arranged.

Action Point: AP g/01/06

Arrange to meet to view Altnagelvin's new developments DVD.

Ms Robson thanked Mr Guckian, Mrs Way and the officers for their time, their welcome and also for the use of their premises.

Altnagelvin Trust Officers and Chair left meeting.

WHSS Council Meeting

C011/06 Minutes of Previous WHSSC Meeting:

The Minutes of the previous meeting held on 1 December 2005 were adopted on the proposal of Mr Ross Hussey and seconded by Mr Roley McIntyre.

C012/06 Matters Arising from previous meeting (1/12/05):

Response to Action Points AP: a/12/05 – k/12/05:

Action Point AP a/12/05: Correlation between the allocation of Cancer Specialist Nurses and incidences of Cancer across NI.

Currently waiting on further information. Item to be returned to the Agenda.

Action Point AP b/12/05: GP held Waiting Lists - Musgrave Park (Slot System).

Mrs Gormley spoke to Linus McLaughlin (WHSSB). Another letter has been sent to GPs to ensure this system of referral should end by 31 March 2006.

Action Point: AP h/01/06

WHSS Council to check slot system ended by 31 March 2006.

Action Point AP c/12/05: Diabetic Nursing Post at Tyrone County Hospital.

Western Health and Social Services Board are currently involved in a review of this service. The Council will be kept informed and the item returned to the Agenda.

Action Point AP d/12/05: Out-of-Hours at Tyrone County Hospital - Access.

Ms Reilly said she had contacted WHSS Board on this issue and the decision has been made with Sperrin Lakeland Trust that if a patient arrives at the front of the building in Omagh and has a mobility problem they will be given front access to the Out-of-Hours but otherwise patients will have to use the back entrance.

Action Point AP e/12/05: Appointment of Non-executive Directors to Sperrin Lakeland Trust.

Mr Hussey said he wished to record an objection to the way the whole matter of the appointment of Non-executive Directors to Sperrin Lakeland Trust was handled and the fact there were no local appointments. He said contrary to the Minister's statement the Department had originally planned to have local representation and had approached two sitting members of the Western Health and Social Services Council. He said this was not acceptable.

Mr Hussey said the Executive Directors are still the same after the Risk Review and he wondered why there had not been any changes there.

Ms Reilly said that Mrs Gormley had contacted the Public Appointments Unit at the Department and was assured by them that a computer error had meant that the two Western Health and Social Services Council member's names had not been removed from the pool of available applicants after their appointment to the Western Health and Social Services Council. A letter of apology is to be sent to WHSS Council from the Public Appointments Unit.

Action Point: AP i/01/06

Chief Officer to raise the issue with the Department about no local representation.

Mr Joe Campbell said he wished to be associated with Mr Hussey's remarks and called for the Trust to be disbanded altogether. He said he wished to raise another concern which had come to light through the local media. He reminded members that the Council had been given an assurance by Mr Compton's predecessor Mr Rod Halls that the function of Corporate Affairs in the Trust would no longer exist and in particular that complaints should not be part of a Department which also has responsibility for PR and communications as the two areas were potentially in conflict with each other.

The media report highlighted the return to work of an individual whose previous role was Corporate Affairs and confirmed by the Trust in the report that this person would be responsible for complaints and communication. Whilst accepting that the use of the term Corporate Affairs was not used it was remarkable that the person was still holding the same Portfolio in everything but name.

Members asked that the Chief Officer and Chair raise their concerns with the Trust and the Department.

Action Point: AP j/01/06

Make representation to Trust and Department.

Mr Campbell proposed the Western Health and Social Services Council should take a stand and not meet with the Sperrin Lakeland Trust Board as had been arranged for the February meeting until this issue has been resolved.

Mr McKelvey pointed out the Council still needs to meet with the Trust in order to fulfil the Council's challenge role. It was agreed that the Liaison meeting for February would be postponed and the Chair and Chief Officer would meet with Sperrin Lakeland's Chair and Chief Executive to raise these and other issues.

C013/06 **Nominee for Western Investing for Health:**

It was agreed that the Chief Officer would approach a member from Foyle to Mrs Helen Quigley.

Action Point: AP k/01/06

Approach Foyle members for nomination to WIFH.

C014/06 **Trusts' Business:**

1. *Altnagelvin Hospitals Health and Social Services Trust:*

- Minutes of the Trust Board meetings held on 3 November 2005 and 1 December 2005 were noted.

2. *Foyle Health and Social Services Trust:*

- Minutes of the Trust Board meeting held on 25 November 2005 and Agenda for a meeting to be held on 16 December 2005 were noted.

C015/06 **Any Other Business:**

Mr Hussey raised the issue about the Care in the Community House to be situated in Coolnagard Village.

He proposed that an arrangement should be made for the Trust to hold a meeting with the residents in the area about this new development.

Action Point: AP I/01/06

Chief Officer to contact Trust to make arrangements to meet with local residents.

Mr Campbell and Mr Hussey said the Trust needed to be upfront with people.

Members agreed, to bring the meeting to an end at this point as the Chair had to leave and the Council would be inquorate.

The Chief Officer said she would deal with the remaining matters arising at the February meeting.

Meetings and Events attended by Members for period 2/12/05 – 11/01/06

Date:	1 December 2005
Meeting:	Induction for New Members
Venue:	Hilltop, Tyrone and Fermanagh Hospital, Omagh
Nominated:	Mr Durkan Mr Foley Ms Hume Mr Johnston Miss Lynch Mrs McKeague
Date:	5 December 2005
Meeting:	Allied Health Professions Project Team
Venue:	WHSS Board Headquarters, Gransha Park, L'Derry
Nominated:	Mr Maguire
Date:	7 December 2005
Meeting:	Chief Officer
Venue:	Hilltop, Omagh
Nominated:	Mr McGowan
Date:	7 December 2005
Meeting:	Chief Executive/Chair Sperrin Lakeland Trust
Venue:	SLT Headquarters, Tyrone and Fermanagh Hospital, Omagh
Nominated:	Mr McGowan
Date:	7 December 2005
Meeting:	Waiting List Working Group/WHSS Board Officers
Venue:	Conference Room, Hilltop, Tyrone and Fermanagh Hospital
Nominated:	Mr McGowan Mrs Brown Mr Campbell Miss Lynch Mr McIntyre Ms Robson

Date: 8 December 2005
Meeting: Sperrin Lakeland Trust PIP Group (Learning Disability)
Venue: Drumcoo Centre, Enniskillen, Co Fermanagh
Nominated: Mr Campbell

Date: 8 December 2005
Launch: 'Patients' Experiences of Using General Dental Services' and Consultation on the new Primary Care Dental Strategy
Venue: Seagoe Hotel, Portadown, Co Armagh
Nominated: Mrs Brown Mr McKelvey Ms Robson

Date: 9 December 2005
Planning Day: Community Engagement Chair/CO/BSM
Venue: Lusty Beg Island, Co Fermanagh
Nominated: Mr McGowan

Date: 9 December 2005
Meeting: Palliative Care Forum
Venue: Clinical Education Centre, Altnagelvin Area Hospital, L'Derry
Nominated: Ms Robson

Date: 15 December 2005
Meeting: Sperrin Lakeland Trust Board
Venue: DBS Headquarters, Tyrone and Fermanagh Hospital, Omagh
Nominated: Mr McGowan

Date: 5 January 2006
Meeting: HSS Council's Executive
Venue: SHSS Council Offices, Lurgan
Nominated: Mr McGowan

Date: 9 January 2006
Meeting: Permanent Secretary (DHSSPS)
Venue: Castle Buildings, Belfast
Nominated: Mr McGowan

Meetings and Events attended by Chief Officer/Staff for period 1/12/05 – 11/01/06

Date: 1 December 2005
Meeting: Induction for New Members
Venue: Hilltop, Omagh
Staff: Ms Reilly Mrs Gormley

Date: 2 December 2005
Meeting: Induction (WHSSB)

Venue: WHSS Board Headquarters, Gransha, L'Derry
Staff: Mrs Gormley

Date: 2 December 2005
Training: CAMS Database
Venue: NHSS Council Offices, Ballymena, Co Antrim
Staff: Mrs Gormley Mrs Preston Mrs Loughran

Date: 5 December 2005
Meeting: Chief Officers
Venue: Ramada Hotel, Belfast
Staff: Ms Reilly

Date: 5 December 2005
Meeting: Chief Officers (J Graham)
Venue: Ramada Hotel, Belfast
Staff: Ms Reilly

Date: 6 December 2005
Meeting: Complainant
Venue: Tyrone and Fermanagh Hospital, Omagh
Staff: Mrs Gormley

Date: 6 December 2005
Meeting: Adoption
Venue: WHSS Board Headquarters, Gransha Park, L'Derry
Staff: Ms Reilly

Date: 7 December 2005
Meeting: Chairman
Venue: Hilltop, Omagh
Staff: Ms Reilly

Date: 7 December 2005
Meeting: Chief Executive/Chair Sperrin Lakeland Trust
Venue: SLT Headquarters, Tyrone and Fermanagh Hospital, Omagh
Staff: Ms Reilly

Date: 7 December 2005
Meeting: SLT Risk and Clinical Governance Steering Group
Venue: Conference room 2, Cedar Villa, T&F Hospital, Omagh
Staff: Ms Reilly

Date: 7 December 2005
Meeting: Waiting List Working Group/WHSS Board Officers

Venue: Conference Room, Hilltop, Omagh
Staff: Mrs Gormley

Date: 8 December 2005
Meeting: Investing for Health
Venue: Enterprise Centre, Strabane
Staff: Ms Reilly

Date: 8 December 2005
Meeting: Complainant)
Venue: Conference Room, Hilltop, Omagh
Staff: Mrs Gormley

Date: 9 December 2005
Planning Day: Community Engagement Chair/CO/BSM
Venue: Lusty Beg Island, Co Fermanagh
Staff: Ms Reilly Mrs Gormley

Date: 12 December 2005
Meeting: Complainant
Venue: Erne Hospital, Enniskillen, Co Fermanagh
Staff: Ms Reilly

Date: 12 December 2005
Meeting: Chief Officers
Venue: Glenavon Hotel, Cookstown
Staff: Ms Reilly

Date: 12 December 2005
Meeting: Complainant
Venue: Conference Room, Hilltop, Omagh
Staff: Mrs Gormley

Date: 12 December 2005
Meeting: Complainant
Venue: Conference Room, Hilltop, Omagh
Staff: Mrs Gormley

Date: 13 December 2005
Meeting: Case Review - Complainant
Venue: Abbey House, Omagh, Co Tyrone
Staff: Ms Reilly

Date: 14 December 2005

Meeting: Complainant
Venue: Hilltop, Omagh
Staff: Ms Reilly

Date: 14 December 2005
Meeting: Complainant/Director of Mental Health SLT
Venue: Conference Room, Hilltop, Omagh
Staff: Ms Reilly

Date: 15 December 2005
Meeting: Head of Primary Care and Family Practitioner Services WHSSB
Venue: WHSS Board Headquarters, Gransha, L'Derry
Staff: Ms Reilly Mrs Gormley

Date: 15 December 2005
Meeting: Complainant
Venue: Enniskillen, Co Fermanagh
Staff: Ms Reilly Mrs Gormley

Date: 16 December 2005
Meeting: Complainant
Venue: Conference Room, Hilltop, Omagh

Date: 19 December 2005
Hearing: Panel Inquiry
Venue: Parliament Buildings, Belfast
Staff: Ms Reilly

Date: 19 December 2005
Meeting: Coroner and family
Venue: Coroners Office, Belfast
Staff: Mrs Gormley

Date: 20 December 2005
Meeting: Complainant
Venue: Co Fermanagh
Staff: Ms Reilly

Date: 3 January 2006
Meeting: Complainant
Venue: Hilltop, Omagh
Staff: Ms Reilly Mrs Gormley

Date: 9 January 2006
Meeting: Permanent Secretary (DHSSPS)

Venue: Castle Buildings, Belfast
Staff: Ms Reilly

Date: 9 January 2006
Review: 5 Year Equality Schemes
Venue: Lough Neagh Discovery Centre
Staff: Mrs Gormley

C016/06 **Date, time and place of next Council Meeting:**

Date: Thursday 2 February 2006
Time: 2.30pm
Venue: Silverbirch Hotel
Gortin Road, Omagh, Co Tyrone

The meeting ended at 4.50pm

Signed: _____
Chairman

Date: _____