

Apologies: **Mrs V Brown**
 Councillor M Carten
 Councillor M Durkan
 Councillor S Hume

Mr I Maguire
Councillor B Page
Mr D Sutherland

In Attendance: **Ms M Reilly**
 Mrs M Gormley

Mrs L Preston
Mrs K Loughran

Press journalists were also in attendance

C093/06 Presentation by WHSSB:

Review of Public Administration:

Mr McGowan introduced Professor Burke, Acting Chief Executive and Mr Eugene Gallagher, Business Manager for Family Practitioner Services Unit and explained they would be giving an update on the Review of Public Administration (RPA).

Professor Burke said he welcomed the opportunity to meet with the Council to discuss RPA issues relating to the HPSS. RPA he said is the biggest change that has ever been faced in the public service in Northern Ireland.

Mr Eugene Gallagher gave a presentation on the RPA. Members were issued with a handout of the slides.

Mr Gallagher gave a brief explanation of a number of issues relating to the RPA.

Mr McGowan thanked Professor Burke and Mr Gallagher for their Presentation.

WHSS Board/WHSS Council Liaison Meeting

C094/06 Opening Remarks - Chair WHSSC

Mr McGowan welcomed Ms Karen Meehan Chair, Western Health and Social Services Board (WHSSB) to the meeting and invited her to make her opening remarks.

C095/06 Opening Remarks - Chair WHSSB

Ms Meehan thanked Mr McGowan Chairman Western Health and Social Services Council (WHSSC) for giving herself and her team from the Board the opportunity to meet with Council members.

She introduced the Members of the Western Health and Social Services Board, Professor Dominic Burke, Dr Bill McConnell, Ms Bridget Bergin, Mrs Margaret Kelly, Mr Eugene Gallagher, Mrs Dorothy Hutchinson, Mrs Helena Doherty and Mr Michael Gormley.

She apologised for her absence at the earlier Presentation by Professor Burke and Mr Gallagher on the RPA.

Ms Meehan said the Board always value the opportunity to hear directly from Council members on issues of interest and concern they and the people they represent may have.

Ms Meehan said if they could not answer members' questions she assured them that a written response would be provided at the earliest opportunity.

Ms Meehan referred to the last Liaison meeting between the Board and the Council when Mr Steven Lindsay was still the Board's Chief Executive. She said she wished to pay tribute to the role he played in leading the Board through a period of rapid and complex change. Professor Burke she said had been appointed as Acting Chief Executive and had taken on the leadership role with great energy and determination. This is during a time of great challenge for the service as a massive programme of reform and modernisation and implementation of the Review of Public Administration is taken forward.

Ms Meehan said she recognised that significant changes are also being planned in relation to public representation in the HPSS. She was aware that Ms Maggie Reilly, Chief Officer, WHSSC had shared with the Board's Senior Management Team details of the proposals which are now being considered for the new Patient Client council. She said she wanted to assure the Council members that the Board will work closely with them to do everything they can to facilitate the transition to the new arrangements and she believed that both the Board and the Council share the same aim i.e. to strengthen the voice

of the public and of the service user.

Ms Meehan referred to the very significant developments which have been taking place in relation to the RPA implementation. These include the appointments of Mr David Sissling as the Chief Executive Designate of the new Health and Social Services Authority, Mr Gerry Guckian as Chair of the Western Area Trust and Mrs Elaine Way as Chief Executive of the Western Area Trust. Both Mr Guckian and Mrs Way she said were well known to everyone through their roles in Altnagelvin and although Mr Sissling only took on his role in early August he already seemed to have a good understanding of the HPSS and of the needs of our population.

Ms Meehan said that earlier in the week the Health Minister Mr Paul Goggins announced that Local Health and Social Care Groups will be stood down from 30th September 2006. This announcement she said clearly demonstrated how talking about RPA in theory to implementing RPA in practice was moving forward.

Local Health and Social Care Groups she said, have played an important part in the planning and commissioning of services since their establishment in June 2002. They have done much to bring commissioning to a local level and she wished to take this opportunity to thank the Chairs, Members, Managers and Staff in the two Local Health and Social Care Groups in the Western area for all their innovative work over the last four years. She said the Chairmen and their teams have much to be proud of and have provided a model for involving service professionals in planning and commissioning which she believes will be extremely helpful as they work to design new commissioning arrangements for the service.

Ms Meehan said she wished to convey congratulations on behalf of the Board to Mr McGowan and his wife Lisa on their recent marriage. She also conveyed best wishes to Councillor Mark Durkan for a speedy recovery from his recent accident.

C096/06 Integrated Clinical Assessment Treatment Services:

Mrs Margaret Kelly gave a brief update on the Integrated Clinical Assessment Treatment Services (ICATS).

Mrs Kelly said the ICATS had stemmed from a Review of Out Patient Services and how they are going to be delivered in the future. She said the Health Minister had set a target that by March 2008 no one will be waiting more than 13 weeks from GP referral to resolution of the referral i.e. decision to treat.

Mrs Kelly explained that ICATS are:

- services at the interface between primary and secondary care;
- a way of providing more options when a GP seeks specialist advice/care;
- a means to manage a referral and keep the patient and GP informed and involved in a timely way;
- multidisciplinary services that can identify and provide the most appropriate response to a referral;
- services that can be provided in primary, community or hospital settings.

ICATS models have been agreed on a regional basis for Orthopaedics, Urology and Ophthalmology. Implementation plans are in place for Orthopaedics with services to commence in October/November. Urology implementation in November/December and Ophthalmology implementation in December/January.

Mrs Kelly said that Foyle Trust were the Pilot Trust in the Western area for the implementation of ICATS models.

Development of ICATS models for Cardiology/Rheumatology/General Surgery/ Mental Health/ENT/Neurology are ongoing.

Mrs Kelly said that a system called Electronic Referral Management Systems (ERMS) will be used to capture all GP referrals electronically. The ERMS Centre will be located in North and West Belfast and serve all of Northern Ireland. This service is expected to be in place in early 2007.

Mrs Kelly outlined the benefits of ICATS:

- significant improvements in primary care access to specialist

assessment and treatment (13 week target);

- more rapid access to diagnosis and start of right treatment;
- improved communication for patient, GP and ICATS Teams;
- patient notified of next step within 5 days of referral from GP;
- ERMS captures and processes all GP referrals and provides single point of contact for patients;
- all referrals to a service i.e. not a named consultant;
- patients will not always see a consultant after a GP referral for more specialist assessment;
- performance managed on a regional basis.

Mrs Kelly said public engagement sessions had been held during the spring providing information on the Primary and Community Care Infrastructure and also the Integrated Service Delivery model. She said more communication was planned especially with patients who had experience of particular specialities within health care.

Mrs Kelly said she would be very happy to come back to the Council at a later date and share information in more detail.

Ms Reilly said one of the issues had been to do with the lack of diagnostics and asked if there was any indication of greater investment in this area.

Mrs Kelly said that in looking at each of the models they have been looking at the diagnostic element as well and where there is additional funding required there will be investment.

With regards to diagnostics as a whole across Northern Ireland she said there is a major review ongoing and baseline exercises have been carried out.

She said this was very important because they have already found that the level of diagnostics in Northern Ireland and across the UK is actually more than other European countries and the United States.

Mrs Kelly said as part of the waiting list funding identified by the Department money has been ring-fenced for diagnostics.

Professor Burke said that it was also worth noting that within the PCCI capital build there is also a recognition that they want to see diagnostics being developed in local areas where the Health and Care Centres are being set up.

Ms Frances Robson asked if the resources actually exist or if they have just been applied for.

Mrs Kelly said there was considerable investment going into these services. There has been £2 million allocated across Northern Ireland this year which the WHSSB will get their capitation share of.

Mrs Kelly said there was an issue in terms of rolling out the ICATS to all the specialities. She said there are not enough resources to deal with them all at once and they will be seeking additional funding.

She said all the ICATS services designed to date have required some investment with some requiring more than others.

C097/06 Primary and Community Care Infrastructure:

Mr Eugene Gallagher said that the Primary and Community Care Infrastructure is a term given to a capital investment programme across Northern Ireland. Each Board he said has been asked to put forward an Outline Business Case (OBC) to try and secure as much of the capital as possible. There is already approval in principle for the first stage of the OBC and the second stage has to be completed by the end of October.

He said in future they want to try provide as many services as close to people's communities as possible.

Mr Gallagher said that over the next 15-20 years 86 projects are planned and this will continue regardless of what happens in RPA.

Over the next 15 years on a rolling basis a number of schemes will be prioritised and they will be put in place as the Business Case is approved.

Overall in Northern Ireland the estimated cost so far is £1 billion. The estimated cost for the WHSSB schemes is £250 million.

Mr Gallagher said where Health Centres are in poor condition they will be replaced by a Health and Care Centre. These Centres will have a number of other services such as outpatients, ICATS and mobile diagnostics. People will go to the Health and Care Centre nearest to them.

Mr Gallagher said it was a complex programme with 58 GP Practices in the West. They will continue to support as far as possible and invest in them. The existing 58 Practices will network with 15 Health and Care Centres.

Ms Reilly asked for clarification about networking, asking if these would be virtual networks?

Mr Gallagher said the Practices would remain independent, but where they were unable to provide the services in their own Practices the patients would be referred to the Health and Care Centre.

Ms Ruth Lynch raised a concern specifically about the Health and Care Centre that has been proposed for Lisnaskea. She said there was a fear that a Residential Home close-by would be relinquished for the sake of a new Health and Care Centre.

Responding to Ms Lynch, Mr Gallagher said that was definitely not the case. He said the building of the Health and Care Centre in Lisnaskea would not threaten the Home concerned.

Ms Bridget Bergin said a review had been carried out across the Board area. They had been looking at the standard of Residential Homes, the type of care people would like to see for the future and the occupancy levels. She said nobody would be removed from Residential Homes until such times as they have alternative and much better quality services available for older people.

C098/06 Complaints - Independent Review Process:

Ms Reilly gave a brief background to the Independent Review

Process. She outlined the Council's concerns having looked at the statistics over a period of time and the decrease in the number of Independent Reviews granted.

Mr Michael Gormley said he had shared the Council's concerns with Dr Aine Downey the Board's Lead Convener. He said the Convenor works with a completely independent lay chairperson. They make all decisions on which cases go to Independent Review.

Dr Downey asked Mr Gormley to highlight two areas which she felt may be reasons why there were less Independent Reviews granted over the last year: (1) improvement across the Trusts and Family Practitioner Services in attempting to address the issues and concerns relating to complaints, (2) an increased willingness on the part of service providers to meet with complainants during local resolution to try and deal with the issues.

Mr Gormley said that the Independent Review was the second stage of the complaints process but that it was important to remember there was a third stage (Ombudsman) and people were entitled to take their complaint to that stage.

Mr Gormley acknowledged that the WHSS Board had a very poor year last year in terms of response to complainants. He said this was largely caused by the fact that they had seen an increase in the number of requests for Independent Review coming through. In 2004/05 there were 24 requests and in 2005/06 there were 61. The Board were not staffed to deal with the increase and this meant people were having to wait longer than was acceptable. From April 2006 to date there have been 28 requests for Independent Review. Mr Gormley said the trend upwards in these figures does not necessarily mean that services are getting worse; reasons for this he said could be the publicity around the Ombudsman's Report or the general awareness of the complaints procedure.

Mr Gormley said that six months ago the Board were not meeting their performance targets so an additional Complaints Officer was appointed. The WHSSB he said also identified another Manager apart from himself to have a watching brief on the complaints procedure.

He said on a monthly basis the Senior Management Team (SMT) get an anonymised update on every complaint as to what progress has

been made on addressing the issues. On a bi-monthly basis the Board's Governance Committee receives a report on progress.

Mr Gormley said a new computerised system for recording and responding to complaints had also been introduced and the Board were now meeting their performance targets.

He said he would be happy to work with Ms Reilly on trend analysis looking in more detail at reasons as to why they are receiving more requests for Independent Review and why those requests are not going through to the Independent Review stage.

Ms Reilly said she still had a concern on behalf of the clients that come to the Council about access to Independent Review. She said she would raise this issue at the Western Area Complaints Forum.

Action Point AP: a/09/06

Chief Officer to raise issue of access to Independent Review at the Western Area Complaints Forum.

WHSSB will raise this issue at the SMT and will discuss how they can look at the issue of Independent Reviews and how they are managed.

Action Point AP: b/09/06

WHSSB to raise issue of access to Independent Review at Senior Management Team meeting.

C099/06 **Waiting Lists:**

Ms Reilly asked the Board for an update in relation to the Health Minister's targets for both in-patients and out-patients and also an update on breast cancer services urgent referrals.

Mrs Margaret Kelly said the Health Minister had set a target that patients should wait no longer than six months for an inpatient appointment, outpatient appointment or a day case procedure. This target has to be achieved by March 2007.

She said the Sperrin Lakeland Trust and Altnagelvin Trust are on target to meet the inpatient and the day case target. In terms of the outpatient waiting times she said there is quite a way to go to get to the six month target between now and the end of March. Both Trusts have Action Plans in place and both have appointed Outpatient Improvement Managers. She said members of the public will be contacted and consulted about their appointment to ensure that a suitable appointment is made. This process she said is known as 'partial booking'. All referrals to consultants are now made to the service which means that a patient will no longer be referred to a named consultant but to the speciality concerned.

Sperrin Lakeland and Altnagelvin Trusts are improving the information system to manage outpatient appointments. Mrs Kelly said this will interface with the Electronic Referrals Management System when it is up and running.

Difficulties exist in Altnagelvin's Orthopaedics and General Surgery inpatient and day case lists. Altnagelvin are preparing a Business Case for further investment in Orthopaedics. Part of this she said will help in the Board's Strategic objective of ensuring that patients across the Western area can access the Orthopaedic service locally.

Mrs Kelly said in terms of outpatients the areas where there are problems are Orthopaedics, General Surgery, ENT, Neurology and Ophthalmology. Orthopaedics she said is a major issue across all of Northern Ireland.

Sperrin Lakeland are well on target for inpatient and day cases. In outpatients they have small numbers waiting longer than six months. The specialities with the longest waiting lists are General Surgery and ENT. Progress has been made over the last year in achieving targets and this has been reached primarily through good information. This is now available on a weekly basis for inpatients, outpatients and day cases.

Mrs Kelly said there have been changes in the way staff work and changes in the systems within hospitals in looking at the flow of patients through the system. There has also been very close and rigorous performance management by the Service Delivery Unit at the Department. There are weekly meetings involving the Trusts, the

Board and the Department in monitoring progress. In addition the Board has weekly operational meetings with the two local Trusts and they will continue to hold these.

Mrs Kelly said one of the biggest changes in terms of meeting targets is actually seeing patients in chronological order i.e. working down the waiting lists and seeing those patients who have waited longest first.

C100/06 **Breast Services:**

Dr McConnell said the Board had two different responsibilities i.e. to commission as much service as they can in response to need but equally he said they have a responsibility to make sure the services they are commissioning are of satisfactory quality.

He explained that previously if a woman presented with a breast lump she was normally referred to a surgeon but it has been established that this was not adequate. He said women who have more serious symptoms or signs need to be looked at by a combination of people; a surgeon, a pathologist, a radiologist and a breast nurse for what is known as multi disciplinary assessment. One of the difficulties they had found was that every woman who had any type of a problem was being referred by their GP as urgent resulting in clogging the system.

The Board provided additional funding to develop three different types of clinics i.e. high, medium and low suspicion so that everyone will be seen relatively quickly. Dr McConnell said patients would be channelled to the clinic that is considered to be most appropriate to their needs. There will be nurse led clinics, family history clinics and multi disciplinary assessment clinics. There will also be a fast track system between the family history clinic and the nurse led clinic straight into the next available multi disciplinary assessment clinic.

Dr McConnell said that because of issues relating to training and recruitment it has taken a number of months for Altnagelvin to get the clinics in place and it is only now that they are starting to see a fall in the waiting times.

Dr McConnell assured members that from a professional and technical perspective it would make no difference to the outcome if a patient waits four weeks than if they had been seen within two weeks. The real issue he said was about the anxiety they had experienced in the

interim.

Ms Reilly asked Dr McConnell if the target of two weeks for urgent referrals was a political target or a clinical target.

Dr McConnell said it was a political target and he wished to qualify what he said previously i.e. it doesn't make any difference to the cancer outcome but it does make a difference to the level of anxiety.

Ms Reilly said, if this was the case, it was absolutely appalling. She said women have a good awareness about breast cancer and understand that an urgent referral is meant to be seen within two weeks. They have believed that this two week target is clinically based so as to ensure the best health outcomes for them. Hence their added distress if this target is not met.

Dr McConnell added that a very high proportion of breast cancers will have been present for 4-5 years before reaching the size of 1/2cm.

Ms Reilly said it was shocking that this kind of information has been obscured in the idea of a two week target.

Mrs Gormley said the breast service was transferred from Sperrin Lakeland in August 2005. She said she was informed by Altnagelvin that they had held extra clinics without additional funding. They said funding had not been made available to them until January 2006 and the sum received was £36,000. This amount was not equivalent to the amount of money that had been spent on the service in Sperrin Lakeland.

Dr McConnell said the amount was greater than that and they had been assured that it was available late last November.

He said that they could not transfer all the funding that was in the service in Sperrin Lakeland. There were Ward Nurses, Anaesthetists and others all dealing with different aspects of the service.

Professor Burke said they would identify the two sources of funding. He said over the past few weeks Dr McConnell has had direct contact with Dr Reilly and Mrs Way Chief Executive of Altnagelvin Trust because they do have a concern about the current waiting times.

He said he wished to reassure the Council that they were monitoring this closely and he would ensure that information about potential investments and results of actions would be provided to the Council.

Mrs Gormley said in 2003/04 that the time from GP referral to diagnosis on average had been 8 and 12 days respectively. Since the Sperrin Lakeland service was transferred to Altnagelvin the average was now 21 days. She said WHSSC are very concerned as this is quite significant.

Ms Reilly referred to the controversy in the NHSSB area about access to routine screening and the offer from Altnagelvin Trust's Chief Executive to provide support to the NHSSB. She questioned how Altnagelvin had capacity to provide additional services to the NHSSB when waiting times for Western Board patients were unacceptable.

Professor Burke said the capacity was created by holding extra clinics on evenings and Saturdays.

Dr McConnell explained that in addition to the extra work undertaken these are two different services. One he said depends on radiology and not on surgery or pathology and the other one depends on a combination of all services.

Ms Reilly said she appreciated this nevertheless she said it came from the same collective resource. It seemed incredible she said that extra time could be found for this particular issue yet waiting times remain unacceptably high in the WHSSB area. In February there were 83% of urgent referrals waiting more than two weeks, in April it was 77% and she acknowledged the slight improvement in these figures but the latest figures at the end of June she said were back up to 79% and this was a major concern.

Ms Reilly said the Board stated clearly and consistently that additional resources were given to Altnagelvin. She said that the Lead Clinician in Altnagelvin was saying that the service from Sperrin Lakeland was brought into their area and they had provided the service for five months out of their own budget. Ms Reilly said that because this was significantly different from what the Board was claiming they were asked to repeat the information and if they would stand over it. The Clinician confirmed that this was the case.

Professor Burke said he will investigate this further and will come back to WHSSC with answers.

Mrs Kelly said there was more than £36,000 made available and she will come back to WHSSC to confirm what that was. She said there had been significant training issues. Mrs Kelly said they had a huge number of waiters who were in the low risk category and they were waiting for information from Altnagelvin as to what resources they require and how it should be addressed. She said Altnagelvin had not yet identified this but they were in the process of doing so.

Ms Reilly said the WHSSC were aware from speaking to the Clinicians that a significant amount of work was being done. She acknowledged the fact that GPs referring almost everyone as urgent was indeed affecting the waiting lists. It is our understanding that Clinicians in Altnagelvin triage the referrals from GPs and re-designate what in their opinion is an urgent referral. She said it seemed to her that the Board were almost doing a disservice to their own figures by not showing the numbers that are referred by GPs as urgent, the number that were determined by a multi-disciplinary review as urgent and how many of the true urgents are actually seen within the two week period.

Professor Burke said that Dr McConnell had asked Altnagelvin to undertake to enter into discussions with GPs regarding referral patterns and to look at the consequent change of designation and to see what that means.

Mr Victor McKelvey said that the 79% not met within the two week political target was a shocking statistic and these patients were moving into the anxiety period that Dr McConnell referred to. Mrs Gormley quoted that 93% had been seen within the four week period. Mr McKelvey said this meant 7% were going beyond the dangerous period and something needed to be done about it. He said every woman should be seen within the two week period and had a concern that this was not possible.

Dr McConnell assured Mr McKelvey that they can get to the point where they can deal with the true urgents in two weeks.

Councillor Bert Johnston said it was intolerable for women to have to live through two extra weeks of waiting.

Action Point: c/09/06

WHSSB to report back to WHSSC on funding to Altnagelvin.

C101/06 Access to Fertility Services:

Regional:

Ms Reilly raised the issue of access to fertility services on behalf of a number of patients from the WHSSB area.

She said she was aware that the Boards had received documentation from the Regional Fertility Service regarding proposed changes. She said her understanding was that an interim review had been carried out within the Regional Fertility Service. It was her further understanding that the letter to the Board had suggested engaging with the respective Councils on this issue. She said she was disappointed that this had not happened as she had been raising patient concerns with Dr Mc Connell for some time._

Ms Reilly said there was a major issue in terms of access to the regional services for IVF and fertility treatments.

She said up until recently Altnagelvin had been providing a service for IUI and because of quality assurance and clinical governance reasons this service had been suspended. However she said there was an undertaking that women already receiving treatment would continue do so. The remainder of the women from the Western Board area who are on Altnagelvin's waiting list would transfer over to the regional service. She said this would be complicated by the ongoing issue of how patients actually get on the regional list. Patients can move up and down the list depending on a number of variables.

Dr McConnell said the original mechanism, a few years earlier, for patients going on the waiting list was dealt with and Health and Social Services Councils were consulted with and agreed to it. He said over the intervening years it had been found that there were difficulties in operating the system. What is proposed now he said is that the waiting time begins when a referral is received by a consultant in secondary care. He said he wants to find out what the issues are with the NICE guidance which Northern Ireland is supposed to be adopting.

Dr McConnell said he had asked for clarification on these issues and hopes the mechanism for considering people on the waiting list will change.

Locally at Altnagelvin:

Dr Mc Connell said that 83 patients had started treatment at Altnagelvin and 63 were referred on to the regional service but had not started treatment. Funding has been made available to Altnagelvin and the service provided by Dr Moohan will continue for a year. Dr McConnell said this service had not been stopped for clinical governance reasons but for capacity reasons.

Dr McConnell said that Dr Moohan had given a commitment to deal with the remainder of those patients who had started their treatment at Altnagelvin.

Dr McConnell said he had discussed getting additional capacity with the Regional Fertility Centre but as yet he does not know if they will be able to provide it. He said he had also spoken to alternative providers outside the Health Service about their capacity to undertake the treatment for the 63 patients.

Dr McConnell explained that there were four possible options for the provision of fertility services:

1. General Practice level.
2. Obstetrician/Gynaecologist.
3. Local expert (Sub-speciality).
4. Regional Fertility Clinic.

Ms Reilly said that she and the other three Chief Officers of the Health and Social Services Councils had met with Regional Fertility Service Managers and her understanding was that they had the capacity but not the resources to do additional work.

Dr McConnell said that the WHSSB were funding staffing costs, facility costs, egg storage costs and sperm storage costs.

Dr McConnell said he would need further information to be clear as to

what is required.

Action Point: d/09/06

C102/06

WHSSB to get further information and report back to WHSSC.

Ms Reilly said there was a long history of questioning from both the WHSSC and parents on the issue of Shared Care for Children with Cancer and there is still no better understanding of what has happened on this issue.

Dr McConnell said that there are 50 new cancers per year in children in Northern Ireland under the age of 16. He said there were approximately 28 boys and 22 girls per year.

He said there are high and constantly improving cure rates; with some cancers at the moment having a cure rate of 88-95%.

By taking the population of the Western area as being 1/6 of Northern Ireland Dr McConnell said that would equate to 8 new cancers per year in the area. He said therefore there are insufficient numbers to build up local expertise.

Dr McConnell said the issue of shared care had been discussed by officials at Belfast's Royal Victoria Hospital, Altnagelvin and Letterkenny Hospitals and Dublin's Children's Cancer Centre.

He said they were trying to identify some of the treatments they may be able to provide locally such as blood transfusions, lumbar punctures and blood tests. He pointed out that patients for the majority of their treatment would still have to go to Belfast. He said it was important to make sure that all the right governance and quality arrangements are in place anywhere treatments are to be provided.

Dr McConnell said he appreciated that people had a concern about the length of time involved in this issue but it was not something that could be rushed through. He pointed out that it had taken eight years in the Republic to start this service and gradually enhance it.

Mr McGowan asked if it would not be feasible for patients from the Western area to use the service in Letterkenny.

Dr McConnell said this was not possible as it takes them outside the WHSSB's governance arrangements and they need to make sure that whatever is being done in Altnagelvin is integrated with treatment in the Royal Belfast Hospital for Sick Children.

Dr McConnell said governance was one of the single biggest barriers to them developing common acute services across the border. He said the IMC and GMC won't cross-register doctors and the relevant nursing bodies in the UK and Ireland won't cross-register nurses.

Mr McGowan said he wants to see the issues fully explored and pressed at Government level.

Mr Ross Hussey said the Government were clearly stating that cross-border health services are available and now was the time to press the issue at Government level. He said he would expect the Board to put pressure on the Minister to reach a conclusion on this issue.

Ms Reilly said she will speak to the parent concerned but knows he will be very disappointed with this answer as he has heard it before. She said the parent had been campaigning for more than four years. She asked Dr McConnell if he had any indication when this service might become available for the small number of patients in the WHSSB area. Dr McConnell said he would not give false promises to the Council but he said he would keep pushing the issue as best he can.

Professor Burke said he and Dr McConnell had been in discussions on this issue and Dr McConnell had also been in contact with the parent concerned. He said over the last 7-8 months there have been meetings in Dublin and Letterkenny and he gave an undertaking that Dr McConnell would pursue the matter. Professor Burke said he would keep the WHSS Council informed of developments.

Action Point: e/09/06

WHSSB to keep WHSSC informed of developments in relation to Shared Care for Children with Cancer.

C103/06 **Generic Prescribing:**

Ms Reilly said the WHSSC understood that a Department circular had been issued to the Board on Generic Prescribing. She asked how this was being taken forward and how the Board were monitoring it.

Mr Eugene Gallagher said Generic Prescribing was one element of a major programme of investment and an initiative in the Department's Pharmaceutical Services Improvement Programme.

Mr Gallagher said that through the prescribing team there was an initiative to move to Generic Prescribing and there have been regional and local Press Releases to persuade people that Generic doesn't mean second best. Generic drugs have the same content and are exactly the same as the branded drugs. Mr Gallagher said this was not just a GP issue and they need to work with professional colleagues both in Primary and Secondary Care.

He said there is a Prescribing Incentive Scheme whereby if Practices meet certain targets they can share in the savings made. These savings cannot be used for personal gain but the Practice can use them for investing in benefits for their patients.

Mr Gallagher said Practices' prescribing patterns are monitored through a scheme called the Compass Report. This allows the Board to measure performance against targets.

He said there is also an issue of Generic Substitution as opposed to Generic Prescribing. He said there is a Pilot scheme ongoing in Northern Ireland which one GP Practice and one Pharmacist from the WHSSB area are taking part in looking at Generic Substitution. This means that even if a GP writes a prescription for a branded drug and there is no particular reason for doing so then the Pharmacist can substitute it for a Generic drug.

Mr Gallagher explained that a target had been set at 51% and in 2004 the WHSSB had achieved 41%, in 2005 43% and in 2006 (January to May) 46%.

Ms Reilly said that the reasons given by GPs why they do not prescribe Generics more frequently was that patients themselves were asking for branded versions. She asked if the WHSSB was planning to provide an education or awareness programme directed at patients.

Mr Gallagher said this was ongoing through Press Releases, working with the Health Action Zone, and Community and Voluntary groups. He said they will continue to try and get a positive message out that Generics do not mean second best.

C104/06 **Ethnic Minority Patients experiencing difficulty in accessing GP Lists:**

Mr McGowan said there was an issue in some Board areas about Ethnic Minority patients experiencing difficulties in accessing GP lists and asked if there were any problems in the WHSSB area and if so how was this being monitored.

Mr Gallagher said the WHSS Board do monitor this and he said it is very important to be aware of everyone's rights. He said that anyone who cannot gain access to GP services should contact the CSA or the WHSS Board and through this they can find out why people are refused entry to a list Practice by Practice.

Mr Gallagher said the Board has an Interpretative Service. He added that staff had recently purchased a Red Cross multilingual book which is issued to all Practices and the Out of Hours services.

Mr Gallagher said they were also conscious that they needed to reach out to all communities. He said Strabane Council had recently produced a welcome pack in a number of languages and the Board are actively supporting it and will put it on the Board's Website and communicate it to all GPs.

He said they had also developed a laminated welcome poster in 36 languages which is going out to all Practices and community Pharmacists. The Patient's Charter and Patient access leaflets would also be made available in different languages.

Training days have been held for Practice Managers to make them aware of the migrant worker situation.

Mr Gallagher said they realised that monitoring was reactive and they need to be more proactive. He asked if anyone had any ideas or suggestions on this issue he would be happy to hear from them.

Dr McConnell added that information on Pandemic flu and Avian flu had been made available in different languages.

Ms Ruth Lynch asked whether or not the Board had met directly with ethnic minorities or their representatives.

Mr Gallagher said they had met with some organised communities and have not had any evidence of problems. He requested that anyone becoming aware of any problems should let the Board know.

C105/06 Occupational Therapy Services at Sperrin Lakeland Trust:

Mr McGowan said the WHSSC still had concerns relating to Occupational Therapy Services at Sperrin Lakeland Trust and asked the Board for an update.

Mrs Dorothy Hutchinson said the Board monitors community waiting lists through individual Trust Performance Management meetings which take place on a quarterly basis. She said if lists start to show an increase an action plan is required as to how this is going to be addressed.

Mrs Hutchinson said that in Sperrin Lakeland Trust a review of OT services was taking place and an Action Plan has been produced which Occupational Therapy Services are working through.

She said there has been validation of the waiting lists and sharing information with staff which had not previously happened. With the employment of a Locum she said they had managed to reduce the waiting times for those who are on the priority list.

Mrs Hutchinson said there was still a concern about those who remain on routine waiting lists. She said Sperrin Lakeland would be recruiting technical assistants, instructors and clerical officers on a temporary basis to allow the Trust to run additional clinics in both Omagh and Fermanagh. This initiative should be up and running by September with the aim of addressing the routine waiting lists.

Mrs Hutchinson said that the OT waiting lists in Sperrin Lakeland Trust were beginning to reduce. She said monitoring from March to the end of July had shown an 11% decrease i.e. 111 patients overall.

C106/06 **Members Issues:**

Speech and Language Therapy - Assessment and Waiting Times:

Domiciliary/Home Care - Waiting Lists/Availability of Carers:

Out of Hours Service - Lack of Psychiatric Nurse provision during the period 1.00pm - 8.00am:

Provision of Child and Adolescent Services for the West:

Lack of Dentists in Fermanagh District Council Area:

Specialist Nurses for Cancer Care Services:

Funding to implement Foyle Trust's Mental Health Review:

Mr McGowan proposed that due to time constraints that the Board would provide written responses to the outstanding members' issues listed above. This was agreed by Professor Burke

Ms Lynch said she wished to make a point about the OT waiting lists. She said her concern is not about the numbers waiting but the length of time patients are waiting and in Fermanagh this had not moved in two years. She asked if Technical Instructors had been employed for the two proposed clinics in Enniskillen. Ms Lynch said her main concern was that some of those on the routine waiting list for the past two years could have become a priority in the interim.

Mrs Hutchinson said she recognised the difficulties but assured Ms Lynch that they were working towards resolving this and will report back to the WHSSC on this issue.

Action Point: f/09/06

WHSSB to report back to WHSSC on OT waiting list issues.

Action Point: g/09/06

WHSSC to continue to monitor through Waiting List Monitoring Sub-Group .

Mr Hussey said that whilst he accepted that questions were put in writing to the Board, he had several concerns he wished to raise in relation to Domiciliary Care, Oncology and Oral Surgery Services at Tyrone County Hospital. He said there is inadequate provision of Domiciliary Care in certain rural areas in West Tyrone. He referred to a person who had been discharged from hospital after a stroke and was only receiving 20 minutes care a day beginning at 7.40am. He said the excuse being given is that Sperrin Lakeland Trust cannot get people to work in rural areas. He said if this is the case would the Board take steps to pay mileage to carers to travel to these areas to ensure that the service is delivered?

Mr Hussey said that an Oncology nurse in Tyrone County Hospital gave notice in April that she would be going on maternity leave in September and he is concerned that there appears to be no plans to replace her.

Mr Hussey asked for an update on the Oral surgery clinics which had previously been held on Mondays in the Tyrone County Hospital. This issue has been raised with Altnagelvin at a previous Council meeting.

Mr Hussey said he was happy for these questions to be put in writing to the Board.

Action Point: h/09/06

WHSSC to write to WHSSB about Domiciliary Care Issue/Oncology Nurse at TCH/Oral Surgery Clinics.
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Ms Bergin said she would give a more detailed response in writing but she wished to reassure Councillor Hussey that a considerable amount of work in Domiciliary care has been going on. There is a Review currently under way and it is due to be completed by the end of October. She said they had also formed a partnership with the Independent sector and are looking at training and a number of different issues that will hopefully entice people into the Domiciliary care workforce.

Ms Bergin said she recognised there was a huge issue in relation to recruitment of Carers. She said they were taking forward a considerable amount of work on delivering reform and modernisation of integrated service delivery. This will concentrate on the issue of what happens to people when they come home from hospital. She said they were developing a new service called the Urgent Intensive Response Service which will be dedicated to providing concentrated rehabilitation services for patients returning to their own homes.

Mr Hussey pointed out that there are a lot of carers who are held in high regard in the community and consideration should be given to paying them mileage as they cover a very wide area.

Ms Reilly said that Mr Eugene McGrade wished to raise an issue which he had brought to the attention of the Council Chair and Chief Officer. She said that there was some urgency in making the Board aware of it.

Mr McGrade said there was a real concern about the Renal Unit in Omagh which had been brought to his attention the previous evening. He said his understanding was that all political parties were aware of the issue and an MP had received correspondence back from the Minister and Mr Compton on this issue. He also understood that a DUP MLA had a letter in his possession admitting that money earmarked for Omagh was siphoned off for the unit in Altnagelvin. Mr McGrade acknowledged that correspondence and evidence needed to be produced but he thought this was a very serious situation

Professor Burke said there was no money siphoned off from Omagh to Altnagelvin. He said Mr Compton had been asked a similar question at an Administrative Services meeting recently and assured the Board there was no risk or danger to the unit in Omagh and no question of diminution of services there.

Professor Burke said he will formally respond to the Council giving detail as to the investment and current position.

Action Point: i/09/06

WHSSB to report to WHSSC on the current position re the Renal Unit at Tyrone County Hospital.

Mr McGowan thanked Ms Meehan and the Board Officers for attending and apologised for running over time because of the extensive agenda.

WHSS Council Meeting

C107/06 Election of Chair/Vice-Chair (07/09/06 - 31/03/08):

Ms Reilly informed members that eight of the current members' appointments were due to end in March 2007 and in order to ensure continuity the Public Appointments Unit had contacted them to offer an extension to March 2008. With the exception of Miss Mary Burke all members had accepted the extension of term of office.

Ms Reilly informed members that Miss Burke had tendered her resignation from the Council due to family circumstances. Ms Reilly on behalf of the Council expressed regret and conveyed the Council's best wishes to her.

Ms Reilly said the Executive Committee of the four Health and Social Services Councils had met recently and part of their work is around making sure that there is an orderly transition from the standing down of the Health Councils to the setting up of the new Patient Client Council. In order to ensure that there is as much continuity as possible the Executive Committee had recommended that each of the Councils should retain their current Chairs and Vice-Chairs for the life of the Council principally because they have been most involved with the ongoing programme of change.

Ms Reilly said it was important to note that Members were under no obligation as a Council to take up this recommendation. Each Council she said would determine whether or not they agree with this approach or whether they wish to nominate different people for the positions.

Mr Michael McIvor proposed that the Council adopt the recommendation from the Executive Committee and that the Chair and Vice-Chair should remain. His proposal was seconded by Mrs Sue

Hogg.

The Chief Officer asked if there were any alternative proposals and confirmed there were none. She also confirmed that Mr McGowan and Ms Robson were willing to allow their nominations to go forward.

The proposal was carried unanimously and Mr McGowan (Chairman) and Ms Frances Robson (Vice-Chair) were elected until 31 March 2008. Mr Hussey said that Councillor O'Brien from Omagh had resigned and Councillor McColgan was nominated by Omagh District Council to replace her. He asked if the appointment had been approved by the Minister?

Ms Reilly said the Minister had previously indicated that no member vacancies would be filled at this time in light of RPA. However she said that the decision had been reviewed in response to Omagh District Council having expressed their wish to have the vacancy filled. The Department have relaxed the ruling in order to accommodate this request but have stated it is a one off. Ms Reilly said that Ms Mary Burke would not be replaced or any other vacancy filled which may arise between now and the end of March 2008.

C108/06 Minutes of Previous Meeting - 01/06/06:

The Minutes of the previous meeting held on 1 June 2006 were adopted on the proposal of Mr Ross Hussey and seconded by Mrs Sue Hogg.

C109/06 Matters Arising from previous meeting - 01/06/06:

Ms Reilly said due to the time constraints a written response to Action Points a/06/06 to o/06/06 would be sent out to Members.

C110/06 Any Other Business:

Mr McGowan on behalf of the Western Health and Social Services Council conveyed best wishes to Councillor Mark Durkan for a speedy recovery from his recent accident.

Ms Frances Robson on behalf of the Western Health and Social Services Council congratulated Mr McGowan and his wife Lisa on their recent marriage.

PCC Workshop:

Ms Reilly proposed that the Council have a separate half day Workshop for members to receive an update on ongoing work relating to the new Patient Client Council.

It was agreed that the Workshop will take place on Thursday 2 November 2006 in place of the regular monthly Council meeting.

Sperrin Lakeland Trust Annual Public Meeting:

Ms Reilly informed Members that the Sperrin Lakeland Trust Annual Public Meeting will be held in the Clinton Suite, Clinton Centre, Enniskillen on Thursday 21 September 2006 from 10.30am to 12.00 noon.

C111/06 **Date, time and place of next Council Meeting:**

Date: Thursday 5 October 2006
Time: 2.00pm
Place: Strabane Enterprise Centre Conference Room
Strabane
Co Tyrone

The meeting ended at 9.10pm