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**THESE MINUTES ARE EMBARGOED UNTIL  
FRIDAY 1 FEBRUARY 2008 AT 1.00PM**

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**WESTERN HEALTH AND SOCIAL SERVICES COUNCIL**

**Minutes of One Hundred and Fifty-eighth meeting of the  
Western Health and Social Services Council  
held in the Watermill Room, Kelly's Inn  
232 Omagh Road, Ballygawley, Co Tyrone  
on Friday 7 December 2007  
at 2.00pm**

**Western Health and Social Services Council**

<b>Present:</b>	<b>Mr P McGowan (Chairman) Mrs V Brown Mr J Campbell Councillor M Carten Councillor M Hamilton Councillor R Hussey Mr I Maguire</b>	<b>Councillor M McColgan Mr E McGrade Mr M McIvor Mr V McKelvey Councillor J McKeever Mrs F Robson Mr D Sutherland</b>
<b>Apologies:</b>	<b>Councillor M H Durkan Councillor G Foley Mrs S Hogg Councillor B Johnston</b>	<b>Councillor R Lynch Mr R McIntyre Councillor B Page Ms M Trimble</b>
<b>In Attendance:</b>	<b>Ms M Reilly Mrs M Gormley</b>	<b>Mrs K Loughran</b>

**C070/07 Chairman's Business:**

Mr McGowan welcomed everyone to the 158<sup>th</sup> meeting of the Western Health and Social Services Council.

He welcomed Mrs Frances Robson back to the Council following her recent absence and wished her continued good recovery.

Mr McGowan said at a previous meeting the Chief Executive of the WHSC Trust had accepted an invitation for Trust officers to attend the WHSS Council's monthly meetings. He said the Trust officers

had agreed to be present for the first half hour of each meeting in order to respond to issues raised by members. It will also be an opportunity for the Trust to brief members in advance of any new initiatives.

**Action Point: AP a/12/07**

Chief Officer to write to WHSC Trust to confirm arrangements.

Mr McGowan welcomed WHSC Trust officers Mrs Margaret Kelly, Director of Acute Services and Mr Oliver Kelly, Communications Manager to the meeting.

Mrs Kelly said she and Mr Kelly were delighted to attend the Council's December meeting on behalf of the WHSC Trust and thanked the WHSSC for the invitation.

She said the Chairman and Chief Executive of the Trust are very keen to work in partnership with the Council. The Trust is keen to work with the community and knows that the Council is aware of local issues through its various contacts with the community and its work supporting the public through formal and informal complaints. Mrs Kelly said the Trust can learn from that and it is important they take every opportunity to hear and respond to the voice of the community as this is an area that requires developing.

Mrs Kelly said the Trust have been visiting District Councils to provide information about the new Trust. Their presentation explains how the Trust is made up and that it covers all of the health and social care services; who the key people are; who is responsible for various services and functions within the Trust and what are the key objectives. She said the Trust's primary aim is to ensure that they are delivering high quality care for patients and clients through highly skilled and well motivated staff.

Mrs Kelly said the Trust has been working on its corporate direction, plans and objectives and would be very keen to share these with the Council at the next meeting. Mrs Kelly also proposed that the Trust would provide the Council with a regular update on actual performance.

**Action Point: AP b/12/07**

Trust to share corporate direction, plan and objectives with WHSS Council and provide regular updates on performance.

Mrs Kelly said Trust Board meetings regularly receive updates on access and performance targets set by the Minister.

She said the waiting time targets for outpatients, daycases and inpatients had improved in Northern Ireland overall. In terms of the Western Trust's performance it is currently sitting at 20 weeks for outpatient appointments and expects to meet the 13 week target set by the Minister by the end of March. The waiting time for inpatients and daycases is 21 weeks. This is the target which had been set for end of March, so the Trust has already met this target and is maintaining it. She said they are making good progress in other areas such as emergency care, diagnostics and access to Allied Health Professionals (AHP) services.

Mrs Kelly said she met with the WHSS Council Chief Officer, Ms Reilly, and Business Support Manager, Mrs Gormley, last week to look at performance with regard to waiting times. They had agreed that it would be useful to re-establish the Council's Waiting List Monitoring Group to continue to monitor waiting times.

She said there may be other areas of performance the WHSSC are keen to look at, for example, infection control and cleanliness. Mrs Kelly said the Trust is aware of the work the Council has done with their 'Bugwatch' survey and an Action Plan has been drawn up by the Trust following the Survey.

Mrs Kelly said it would be helpful for the Trust to know in advance of the Council's monthly meetings what information is required in order for them to respond to the issues raised.

Mrs Kelly said herself and the Communications Manager are looking at producing regular reports on a bi-annual basis.

Ms Reilly agreed with Mrs Kelly and said that the Council would forward requests for information to the Trust in advance of the monthly meetings.

Ms Reilly reminded members that Trust officers attending WHSS Council monthly meetings would not replace the liaison meetings. Liaison meetings between the Council and the Trust are already well established. The attendance of Trust officers at the monthly meetings is to help improve communication and hopefully members will be able to receive quicker responses to questions which they raise.

Ms Reilly asked members if there are any particular developments

at present which they would like to have an update on at the next Council meeting which Trust officers will be attending?

Mr Victor McKelvey said the message coming out of the Programme for Government is that there is going to be a shortage of money which is of great concern to the Council.

He referred to the resignation of Mr Sissling the Chief Executive Designate of the Health Authority and said it gave an impression of disarray within the Health Service. He said what is happening at a strategic level is a matter of concern and wondered if this had any implications for the Trust?

Ms Reilly said Mr McKelvey's point was well made and the Programme for Government and the budget were on the Council's agenda for discussion. Clearly the Trust she said will have concerns about some of the budget implications and the 3% year on year savings that have to be made. She said it would be useful if the Trust would share their response to the draft Programme for Government with the Council in order to better understand the impact on the Trust.

Ms Reilly said the time scale for responding to the draft Programme for Government is 4 January 2008. She said if there are any high level concerns that the Trust might want to share with the Council they could do so by e-mail.

Mrs Kelly said it is a really key issue and she was glad Mr McKelvey had raised it. She said the Trust will be making a response and will share it with the Council in advance of the 4 January 2008. She said the Trust are very concerned about the level of investment. She referred to a statement by the Chief Medical Officer regarding rolling out and extending breast screening to older women and the implementation of colorectal screening. She said the sort of funding and investment that is against these currently is not going to make much difference in the next three years. She said it would require much greater investment to roll out this programme. Mrs Kelly said the Trust are aware of the significant savings that have to be made - over the next three years the Trust will be expected to make savings of approximately £37million.

**Action Point: AP c/12/07**

Trust to share their response to the draft Programme for Government.
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Mr McKelvey said because of publicity over the last two or three years the community believes breast screening and colorectal screening will take place. He said this financial package is going to cause problems and the Council needs to make representation because cancer is such a major issue.

Mrs Kelly said there are also issues around Mental Health, Learning Disability and implementation of the Suicide Strategy.

Referring to Mr Sissling's resignation Mrs Kelly said the Trust will be very sad to see him go. She said he was visionary and very focussed on commissioning and developing communities in Northern Ireland. She said it is unfortunate but the Minister has made it very clear that the existing arrangements with regard to the Trusts are stable at the moment. However, the commissioning role, which currently still sits with the Western Board, is in transition between the Board and new Authority. Her understanding she said is that the Minister will make an announcement before Christmas with regard to the Review of Public Administration and the direction of travel for Commissioning.

Ms Reilly asked if there were any other issues that members wished to have put on the agenda for the half hour slot at the next Council meeting?

Mrs Frances Robson asked that an eye be kept on children's services especially cancer services.

Mr Campbell asked for an update on the new hospital in Enniskillen as he had heard rumours that the contractor had encountered difficulties at the site.

Mrs Kelly offered to share briefing papers to members prior to meetings so any questions that may arise can be formulated before a meeting.

**Action Point: AP d/12/07**

Trust to send briefing paper to WHSSC members prior to meetings.
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Mr McGowan thanked Mrs Kelly and Mr Kelly for their attendance and they left the meeting at this point.

### **Chairman's Business continued:**

Mr McGowan thanked all of the WHSS Council members for agreeing to an extension of their term of appointment until 31 March 2009.

The Chairman on behalf of the WHSS Council expressed sympathy to the McElhill and McGovern families on their tragic loss that occurred in the house fire at Lammy, Omagh.

### **C071/07 Minutes of Previous WHSSC Meeting (2/11/07):**

The Minutes of the previous WHSSC meeting held on 2/11/07 were adopted on the proposal of Mr Ignatius Maguire and seconded by Mr Jim McKeever.

### **C72/07 Matters Arising from Previous Meetings:**

Members were provided with a written update on Action Points a/11/07 - k/11/07.

Ms Reilly said she had received some further updates, which are not included in the written report, on some of the Action Points and would update members on these.

### **Action Point AP: a/11/07 - Chief Officer and Mr Gormley to meet to analyse the statistics on the outcome of Independent Reviews and share reports**

Ms Reilly said she had met with Mr Gormley and raised a number of issues the Council had concerns about. It was agreed that the Council's Business Support Manager, Mrs Gormley, and a WHSS Board officer would meet and go through some of the statistics in more detail to try and get to the bottom of some of the concerns the Council has about Independent Reviews.

The meeting will take place in the New Year but in the meantime the Council are continuing to monitor access to Independent Reviews.

### **Action Point: AP e/12/07**

Business Support Manager to report on meeting with Board officer.
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**Action Point AP: b/11/07 – Breast services - Council to follow up on outcome of audit of breast referrals in Altnagelvin**

No response received.

**Action Point: AP c/11/07 – Fertility services - WHSSB to provide WHSSC with a breakdown of what has happened to the 83 patients who had started treatment at Altnagelvin**

No response received.

**Action Point: AP d/11/07 - Provision of Shared Care for Children - Professor Burke to provide a formal response to WHSSC before next meeting on 7/12/07**

No response received.

Ms Reilly said the Council was very disappointed that there has been no response to these issues. These three issues she said had been formally raised with the Board at the last Council meeting and also at a liaison meeting a year ago. She said the Council have not had a satisfactory response to date.

Ms Reilly proposed that she would write on behalf of the full Council to Professor Burke, Chief Executive, WHSSB registering the Council's concern and disappointment that there has still not been a response on these three outstanding issues.

She said Professor Burke had given an undertaking at the previous Council meeting to provide a formal written response. This has not been forthcoming to date.

Mrs Robson asked if Ms Reilly normally sends a reminder regarding a response approximately a week before the Council meeting takes place?

Ms Reilly said she has asked several times and in order to re-inforce that she said there have been several communications i.e. face to face, e-mails and by telephone.

Mr McIvor asked how many times was Professor Burke going to give these undertakings? He asked how long the Council was expected to wait for this information to be provided?

Mr McIvor said there needs to be a severe letter sent to Professor

Burke from the Council.

Mr McIvor said he had a consultation last week about the breast services in hospitals and it is not good.

Ms Reilly said that Mrs Gormley represents the Council on the Cancer Access Target Steering group. She said at a meeting of the group Mrs Gormley had mentioned to Dr Dermot Hughes, Lead Clinician, Cancer Services at Altnagelvin about the audit/review. Dr Hughes said that they regularly audit their work on a monthly basis.

Mr Ross Hussey raised the issue of the Western Board having provided a service to the Northern Board in relation to screening.

Ms Reilly said she had raised this issue previously. She said the Council has every sympathy for the women in the NHSSB area but if Altnagelvin has spare capacity they should provide a service to their own population in the first instance. She said the figures for routine screening showed that in the NHSSB there were 7000 women waiting beyond the reasonable time, the EHSSB had approximately 8000, SHSSB had approx 1200 and the WHSSB had 400. Ms Reilly said these 400 women could have been seen as the WHSSB had the resource.

Mr Hussey said he had raised this question with the Board a week ago because the issue had been reported in the local papers. He said he had not received a response from the Board.

### ***Shared Care Services for Children:***

On the topic of the shared care for children issue and services across the border Ms Reilly reminded members that Dr Bill McConnell had said at the liaison meeting in September 2006 that he had met with a Consultant in Letterkenny. The Council had asked that they be informed as to the outcome of that meeting. She said Professor Burke was reporting that nothing had happened one year later. She reminded members that this issue dated back to the time Barbara DeBruin was the Health Minister several years ago. Ms Reilly said with members' permission she would write a strongly worded letter to Professor Burke expressing the Council's considerable disappointment at the lack of response. Ms Reilly said she will bring to Professor Burke's attention the letter that came from the Minister reminding the Boards and Trusts that they must continue to work with the Health Councils until such times as the proposed Patient Client Council has been formed.

Mr McGowan proposed the letter should be copied to the Minister. Mr Eugene McGrade concurred with this proposal.

Mr McIvor proposed that the letter be sent to the Minister outlining that there are difficulties getting responses to these issues.

Mr McGowan agreed with Mr McIvor and said the letter should be sent to the Minister outlining the problems the Council has had in obtaining this information and the number of times it has been requested. A copy of the letter should be sent to Professor Burke.

Ms Reilly proposed that such a letter should be signed by the Chairman. She said she will go through the Council minutes to pick out the number of times the issues were raised and what the Council was promised.

Mr McKelvey asked as a matter of principle if Professor Burke had received a letter from the Council on these issues or had they always been discussed at meetings?

Mr McGowan said Professor Burke had been contacted on several occasions.

Mr McKelvey therefore said he agreed with the action to be taken in writing to the Minister.

Mr McGowan said there is a persistent history and not just around cancer services. He said he could refer back at least four years when the Council asked a question about what services were planned for the future in both Omagh and Enniskillen and what was currently in both hospitals. He said the Council still to this day had not received a satisfactory response.

Ms Reilly said to be fair to the Board and Trust she understood that the Department had given instructions not to provide the information at that particular time because it was work in progress.

The point is she said that these are three serious issues and the Council cannot take it any further until the information is received. Ms Reilly said she had reason recently whilst supporting a complainant to talk to the Chief Executive of the Letterkenny Hospital as the patient was receiving a service in Letterkenny and was due to be transferred back to Derry. She said she was going to arrange a meeting with him and ask if she could visit the Letterkenny hospital in terms of their shared services for children

with cancer. She said this is what she understood Dr McConnell was supposed to be doing and he was then to present his findings to the Board and discuss whether a similar model could be provided at Altnagelvin. She feels this should be done in order to find out what the issues are and what can be learned from Letterkenny.

Mr McGowan referred to Dr McConnell having spoken on RTE radio recently along with a Department of Health official in the South around shared care services between North and South and there were no problems as far as he was concerned.

Ms Reilly said she wished to clarify the issue Mr McKelvey had raised. She said she had never written formally to Professor Burke to say that he has not provided responses to questions raised. However she said it had been raised at a number of meetings including liaison meetings with herself, the Chair, Professor Burke and a Board officer.

Mr Maguire said the real issue is not the fact that the Council has not had a response but that while everyone debates the issue, children are having to travel back and forth to Belfast. He said he believes quite honestly that the authorities here are playing on the fact that parents are so caught up in the trauma of dealing with a sick child that they will not say anything. They will travel as far as necessary to get the problem sorted. He said it is just not good enough.

After much discussion members voted unanimously to send a letter to the Minister regarding the lack of responses received from the WHSSB.

### ***Breast Services:***

Ms Reilly explained the issue around Breast Services was about the urgent and non urgent referrals and how the GPs categorise referrals. She said the Council's concern is that a patient may be triaged into the non urgent category but it could subsequently turn out that they did have breast cancer. The Trust are currently meeting the 2 week target for urgent referrals. She said the Council's interest in the outcome of the audit is to see how effective the triage system is.

### **Action Point: AP f/12/07**

Chairman to write letter to Minister regarding responses received from WHSSB.
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**Action Point: AP e/11/07 – Renal Unit at TCH – Mr Michael Gormley to confirm if there are any patients travelling from Derry to Omagh for Renal Dialysis.**

Ms Reilly said she had spoken to Mr Gormley Head of Consumer Services WHSSB and he informed her that there are 11 patients currently travelling from the Northern Sector to Tyrone County Hospital for Dialysis. This is because the Altnagelvin stations are fully utilised. There is currently a regional review being undertaken on the overall demand for Renal Dialysis stations. The Board will review the findings when they receive them from the Department in the New Year and will look at the totality and the balance of the service across the Western Board area.

Mr Ross Hussey said he would have a concern that this Review is an attempt to again try and cut services at Tyrone County Hospital (TCH). He said the Renal service in Omagh is excellent and that patients using the service will be very angry if the review is used to downgrade services at TCH. He said the WHSSC needs to keep a watching brief on this issue to ensure that services are not reduced in Omagh to the cost of the general public.

Mr McGowan said he had been informed that patients from the Western Trust area requiring dialysis have to start their treatment in Omagh because that is where the experienced staff are and they are then transferred back to Derry.

Ms Reilly said she was not aware of this.

Mr McGowan said he would have the same concern as Mr Hussey if there was any sort of move towards removing the service from Omagh.

Ms Reilly said at the present time because they are full to capacity in Altnagelvin it is her understanding that the Trust are delighted to have such a very good service in Omagh that they can send patients to it.

Mr Hussey said his concern was that they would try to upgrade services in Altnagelvin.

Ms Reilly said the WHSSC will request access to the Review and see what conclusions the Department reaches on where the need and provision will be and how the Board responds to this. She thought it was quite positive to see that the Tyrone County Hospital

was being recognised as a good service provider and patients could safely go there for their treatment.

**Action Point: AP g/12/07**

WHSSC to get a copy of the Department's Review of Renal Dialysis.

**The following are written answers received by the Council:**

**Agenda Item 6**

**(x) Update on Out of Hours Psychiatric Nurse provision.**

"The Trust is progressing towards a 24/7 Primary Care Liaison Crisis Response Service across the entire Trust area. This is complemented by access to home treatment, inpatient beds and Day Hospital provision. (These services are available within the former Foyle area).

The availability of urgent out of hours assessments has been made substantive between the hours of 18.00 until 01.00 (day time services now operate until 18.00 hours). The Trust expects to have full 24/7 cover in place by March 2008 within the northern sector. (The one newly constituted Primary Care Liaison Team has replaced the five Community Mental Health Teams thus facilitating one referral point for all GPs.)

Currently patients in crisis between 01.00 and 09.00 (at weekends and bank holidays the out of hours service is available between 13.00 and 01.00) are dealt with via Urgent Care and the Out of Hours Approved Social Work Service, which is available 24/7 and may be accessed by GPs during the period when the Primary Care Liaison Crisis Response Service is not covering out of hours.

The Trust is currently in the process of consolidating an integrated model of management and service delivery to incorporate the former Sperrin Lakeland Trust area. The Board expects the Trust to develop firm proposals for the operational harmonisation of services within the southern sector by March 2008. These will include the extension of the 24/7 Crisis Response Service.

The position regarding out of hours cover in Sperrin Lakeland will be brought into line as soon as possible. However this will require a fundamental reorganisation of services along the lines of Health in Mind and Moving Forward.

In the meantime the Approved Social Work Out of Hours/Urgent Care arrangements remain in place. The out of hours pilot continues to function between 17.00 and 22.30 hours and a help line is available to carers of known patients and is operated from the Tyrone and Fermanagh Hospital”.

Ms Reilly said there are a number of concerns around Mental Health (1) the roll-out of the Bamford Review and the implementation of the recommendations (2) the Programme for Government and where the money will come from for implementation of the recommendations in the Reviews carried out in the former Foyle and Sperrin Lakeland areas. She said the Council does need to keep a watchful eye on this in terms of the finances for the next year or two.

Mr McGowan asked how far developments had actually gone within the former Foyle and Sperrin Lakeland Trust because the WHSS Council had questions and concerns even before the Bamford Review on the allocation of resources. He said it would be useful to know how many new teams or what new services had been developed.

**Action Point: AP h/12/07**

WHSSC to request how many new teams or what new services have been developed in relation to Mental Health
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Ms Reilly said the written response received had not really told the Council anything new. The reason she said the question was originally asked was because the Council was concerned about the lack of service after 01.00am.

**(xi) Update on Re-allocation of Local Health and Social Care Groups funding.**

“When the LHSCGs were discontinued, the Board reviewed the funding in terms of commitments that the Groups had made. The table below shows the funding which has been continued on a recurring and non-recurring basis, with the

expiry date in respect of each of the non-recurring funding streams identified:

Permanent Funding		Temporary Funding (with expiry date)	
<u>Northern LHSCG</u>	<u>£'000</u>	<u>Northern LHSCG</u>	<u>£'000</u>
Coronary Care	60	<u>NIL</u>	
Diabetes	183		
AHP	120		
Palliative Care	133		
GMS	60		
Nursing	71		
Intermediate Care	49		
Chronic Disease Mngmnt	93		
Respiratory Care	31		
Prostrate Assessment	40		
Cancer Care	7		
Leg Ulcers	40		
<b>Total</b>	<b>887</b>		
<u>Southern LHSCG</u>		<u>Southern LHSCG</u>	
Nursing	95	First Housing:	
GMS	60	- Youth Alcohol	} six 12
Chronic Disease Mngmnt	95	- Street Drinking	} months 12
Dsyphagia	42		
Community Rehab	105		
Specialist Equipment	20		
Diabetes	132		
Health Promotion	85		
<b>Total</b>	<b>634</b>		

The Board was allocated a total of £376,000 to cover the salary and running costs of the LHSCGs. That money was allocated annually on a non-recurring basis by the DHSSPS. When the LHSCGs were discontinued, the total funding was retained at the centre, and will form part of the total funding package to support the RPA restructuring in health and personal social services.

There are a number of former LHSCG staff who have

permanent contracts. The Board continues to request draw down of funding to cover their salary costs. However, these staff form part of the Board's staff complement which will have to be considered in terms of savings to be achieved as part of the RPA. The LHSCG staff will be treated exactly the same as other Board officers in terms of the future staffing complement required post RPA".

**(xii) Integrated Clinical Assessment and Treatment Services (ICATS) update:**

~ **Update on ICATS.**

~ **Update on Electronic Referral Management System (ERMS)**

~ **What investment or improvements have there been in diagnostics?**

~ **How is the Board ensuring that Health and Care Centres identified for Phase II of Primary and Community Care Infrastructure (PCCI) which may take years to implement will have access to diagnostics in the interim?**

***Background:***

The HPSS System in Northern Ireland has embarked on a major programme of reform and modernisation. Key to this modernisation programme is the development of an approach known as Integrated Clinical Assessment and Treatment Services (ICATS).

***What are ICATS?:***

ICATS is the term used for a range of services provided by integrated multi-disciplinary teams of health service professionals such as GPs with Specialist Interest (GPSwSI), Nurse Specialists and Allied Health Professionals. ICATS is provided between Primary and Secondary Care settings and includes assessment, treatment, diagnostic and advisory services. ICATS deals with a significant number of patients whose problems, while requiring a higher level of expertise than is normally available in primary care, do not require the expertise of a Consultant.

The introduction of these services has significantly reduced outpatient waiting times by referring only those patients who will benefit from seeing a consultant to hospital.

These new services have been put in place to help ensure that patients are seen by the right staff with the right skills/services at the right time.

### ***Why are ICATS being set up?:***

ICATS provides a range of specialist assessment and treatment services for patients who do not need to wait to see a hospital consultant. Patients receive the care they need much quicker and specialists have more time to treat inpatient and day cases and focus on those outpatients who truly require specialist consultant knowledge and experience.

ICATS is complemented by the parallel introduction of a new Electronic Referral Management System (ERMS), which ensures that all GP referrals are channelled through and registered at a single point of entry in each hospital. This provides a more modern and efficient means of tracking and monitoring the progress of individual referrals through the system and of ensuring that patients are seen within agreed timescales. It also helps GPs to establish where a referral is within the system at any point in time and provides direct telephone support to patients to supply referral information and the booking of the next step.

ERMS went live on 16 July 2007 with the registration and scanning of all orthopaedic referrals.

### ***ICATS Implementation Development:***

The implementation of ICATS covers a broad range of specialities. Orthopaedics was the first specialty to benefit from this change in service, with clinical service commencing in November 2006. It is anticipated that this change in service will also be introduced for Urology, Ophthalmology, ENT and Cardiology. A recruitment process has been put in place for these specialties.

### ***ICATS Implementation Update at 30 October 2007:***

#### **1. Orthopaedics**

Clinical services began in November 2006. Approximately

4,500 patients have been seen from November 2006 - September 2007.

The following practitioners are in post:

- 1wte Physiotherapy Consultant
- 4.5wte Extended Scope Physiotherapists
- 0.5wte Senior 1 Physiotherapist
- 1wte Podiatrist
- 3 General Practitioners with a Special Interest (sessional)

## **2. Urology**

Offers of appointment have been made for the following posts with the expectation that the successful candidates will commence training in December 2007:

- 1wte Hospital Nurse Specialist
- 1.5wte Community Nurse Specialists

## **3. Ophthalmology**

The following staff has been appointed and is currently being trained:

- 1wte Optometrist

Offer of appointment has been made for the following post with the expectation that the successful candidates will commence training in December 2007:

- 1wte Technician

The following posts are being recruited:

- 2wte Nurse Specialists
- 1wte Staff Grade
- General Practitioners with a Special Interest (sessional)

## **4. ENT**

Offers of appointment have been made for the following posts with the expectation that the successful candidates will

commence training in December 2007:

- 2 General Practitioners with a Special Interest (sessional)
- 1wte Nurse Specialist

The following posts are being recruited:

- 2wte Nurse Specialists
- 2wte Audiologists
- 0.5wte Speech & Language Therapist

## **5. Cardiology**

The following staff are appointed:

- 2 part-time Cardiac Rehab/Secondary Prevention Nurse Specialists

Offers of appointment have been made for the following posts with the expectation that the successful candidates will commence training in December 2007:

- 2 General Practitioners with a Special Interest (sessional)
- 1wte Cardiac Rehab/Secondary Prevention Nurse Specialist

The following posts are being recruited:

- 1wte Heart Failure Nurse Specialist
- 1wte Health Care Assistant

### ***ICATS Design Developments:***

Design Groups have been initiated for Dermatology, Rheumatology, Pain Management and General Surgery. Work is ongoing within the Trust in analysing referral review exercises with progression towards drawing up appropriate models”.

### **(xiii) Medicine Prescribing:**

#### **Prescribing Incentive Scheme:**

**~ How many practices have met their targets and how**

**much money has been reinvested back into practices?**

- ~ **What work has been done on prescribing within the secondary sector and have any targets been set for this?**

**Generic Substitution:**

- ~ **Has the pilot scheme been evaluated?**
- ~ **How well has it worked and are there any plans to roll this out?**

***Prescribing Incentive Scheme***

“For 2006/07 all Practices in the Western area achieved savings under the new prescribing incentive scheme.

The Prescribing Incentive Scheme is now based on fourteen targets:

1. % generic items of total prescribing;
2. % PPI prescription items prescribed as generic omeprazole or lansoprazole;
3. % ACE inhibitor prescription items prescribed as generic ramapril, lisinopril or enalapril;
4. % statin prescription items prescribed as generic simvastatin;
5. % SSRI and related prescription items prescribed as generic fluoxetine or citalopram;
6. % PPI prescription items prescribed as maintenance dose;
7. ACE inhibitor prescription items as a % of total (ACE + ATII) items;
8. Penicillin V, flucloxacillin, amoxicillin, erythromycin, doxycycline, trimethoprim, oxytetracycline and nitrofurantoin items as a % of total antibiotic items;
9. Items/1000 NIPUs for antibacterials;
10. Clopidogrel DDDs as a % of total (aspirin + clopidogrel) DDDs;
11. DDDs/1000 NIPUs for benzodiazepines & ‘Z’ drugs;
12. % Hypnotic DDDs prescribed as ‘Z’ drugs;
13. 70% uptake of Regional Product Standardisation choices within individual therapeutic areas (1 point for each area where 70% uptake achieved);
14. 2 points for every 1% reduction in overspend or moving

to/remaining in an underspend position (based on position at March 2007).

Points are allocated for performance against these targets and savings can be achieved based on points accumulated. The maximum number of points achievable is 68 with the value of each point calculated at £122 per average Practice. The level of savings achieved by our Practices during 2006/07 ranges from £481 to £12,184.

The Board considers requests from Practices in relation to the use of prescribed savings. To date, the sort of initiatives for which the Practices have used their savings include:

- Locum and staff costs for specific health related initiatives
- Furniture and equipment for patient benefit
- Medical equipment
- Course fees and training

### Secondary Sector

In terms of secondary care, the approach has been to set targets in the following areas:

#### *Generic Prescribing*

Each Trust must have a policy on generic prescribing against which performance will be measured. The policy will be audited by the end of the year.

#### *Integrated Medicines Management*

Each Trust is required to put in place an integrated medicines management scheme, the aim of which is to fully utilise the pharmaceutical skills at all parts of the patient journey, from admission through to discharge and, in so doing, optimise medicines use, improve safety and improve quality of prescribing. The service has bedded in well. No specific audit has yet been reported in the Western area, but evidence from elsewhere shows a reduction in bed days, reduction in re-admission rates and improved prescribing of medicines.

Queen's University is involved in the evaluation of the initiative across Northern Ireland.

### *Therapeutic Tendering and Product Standardisation*

Each Trust is to develop a policy and provide assurance on the policy by the end of the year.

#### **Generic Substitution**

The DHSSPS is leading on the evaluation and all Boards are working on it. Interim findings are positive but the Board are awaiting the full evaluation.

#### **Medicines Governance**

Studies from America show that there can be deaths and morbidity from adverse drug events. There is no reason to believe that similar occurrences don't occur here. Currently, all serious adverse incidents relating to medication in secondary care have to be reported. Prescribers in primary care should also report serious adverse incidents. Currently there are no regional statistics compiled similar to the American studies.

Funds will be made available to develop and report arrangements in primary care to understand the full complexity of these issues”.

#### **(xiv) Update on Access to Dental Services within Board Area:**

“The Minister has recently announced a package of support for dental services amounting to £4.2 million. This money has been earmarked for the following:

- Practice allowances (£2 million) to help Practices meet increasing overhead costs;
- Cross infection control standards (£1.5 million) to help Dentists with the cost of necessary equipment and procedures for sterilisation and disinfection;
- Vocational training allowances (£500,000) for trainers willing to take on new graduates;
- Salaried dental sector (£400,000 in 2007/08 financial year) to help plug gaps in health service provision. Full year recurring costs will be provided.

The Board's Business Case for 6 Salaried Dentists has been

approved, and the Board working through the Western Health and Social Care Trust will be recruiting those Dentists. The cost of this in-year (2007/08 will be £200,000), and the full year costs (including Receptionist, Hygienist and Dentist is £838,000).

Subject to the level of applications and the success in recruiting Dentists (either full time or sessional), the Board will deploy the successful applicants in areas of greatest need.

The long-term solution is to get more people vocationally trained. Where people train they tend to stay. It will also be important to get the structure of the new dental contract for Northern Ireland right in order to attract and retain Dentists in the NHS”.

Mr Hussey said it could take a long time to recruit these dentists and meanwhile people who need a dental service are not getting it. He said he is aware of a patient who was receiving a course of treatment which was stopped halfway through the course. He said as far as he is aware it is not permissible to have treatment stopped in the middle of a course and dentists should not be allowed to do this. He said he has been unable to get a response from the Complaints Officer at the Board and it is a ridiculous situation whilst people are suffering. He said if the Board are not prepared to take action against dentists what is the point in having them there?

Ms Reilly said the Board has very limited influence as dentists are regarded as individual contractors and business people. She said the Board has some responsibility for the NHS piece of the work. She said she is not aware of patients’ rights as to whether treatment can be stopped in the middle of a course.

Mr McColgan said he is aware that some dentists are now writing to all their patients asking them to sign up to a dental plan and if they do not do so they will not be retained on the dentist’s list.

Ms Reilly said she understands that the Board has no control over this as the dentists are business people and effectively can do as they wish. She said the Chairs and Chief Officers of the four Councils were due to meet the Minister on 19 December 2007 to discuss NHS Dentistry but that meeting has now been postponed.

**Action Point: AP f/11/07 - Ambulance Services in Omagh and the West - Chief Officer to report to Council following meeting**

## **with Linus McLaughlin**

Ms Reilly said she will be meeting with Linus McLaughlin. At this stage the Board have a draft report ready to go to the Minister. After it has been approved by the Department they will share it with the Council.

Mr Hussey said he wished to raise an issue which he had previously raised with the Board some time ago. He said in the Omagh area the ambulance service is still 5 Paramedics under strength. He said there were 8 under strength some time ago and whilst they say they are 5 under strength currently he said he is aware that the 3 new paramedics are still undergoing training. He said the problem is not just in the West because when the paramedics are trained they all want to go back to work in their own area. He said in the future the ambulance service needs to be specifically recruiting staff to train and work in particular areas as there might be a better chance of retaining them.

### **Action Point: AP i/12/07**

Chief Officer to get report on emergency services from the Board.
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**Action Point: AP g/11/07 – Ambulance Services in Omagh and the West - Board to provide Council with copy of review of first responders.**

When Dr Kee has completed his report on the review of first responders arrangements will be made to share this with the Council.

**Action Point: AP h/11/07 - Western Suicide Strategy Implementation Group (WSSIG) - Chief Officer to follow up with Dorothy Hutchinson after the next meeting of WSSIG on 16 November 2007.**

No response received.

Mr Hussey referred to the recent suicide in Gortin. He said it was yet another tragedy. He acknowledged that the Council had a major discussion in relation to suicide but said it was an issue they need to keep talking about because there are people out there who need help and support. He said for someone to take as tragic a step as this recent suicide was dreadful.

Mr McGowan said he agreed with Mr Hussey's remarks and said the Council will continue to raise the issue of suicide.

Ms Robson asked if there was any point of access for young people who need help?

Ms Reilly said normally the first port of call is to the GP who can refer on to the Mental Health team. She said one of the big issues is that people are not referring themselves to GPs; therefore efforts are being made to try to involve peers, youth clubs, parents and schools in picking up the signs and symptoms of this type of distress. She said the next problem then is that there are insufficient services for young people.

Mr Maguire said he had recently attended a meeting in Strabane following a number of suicides in the area. He said the meeting was addressed by Mr Barry McGale from Omagh who has worked with the WHSS Board, Trust and voluntary organisations. Mr Maguire said he found the meeting very worthwhile and proposed that Mr McGale should be asked to make a presentation to the Council.

Mr McGowan agreed that it would be useful to ask Mr McGale to make a presentation to the Council. He said what Mr Maguire was describing was a programme called ASSIST.

Mr McColgan said he had completed an ASSIST training programme in Omagh recently. He said the aim of the programme is to train people to be a suicide 'first aider'; to be able to pick up the signs and to signpost those at risk on to appropriate services.

Mr Hussey proposed that the Council invite Mr McGale to hold a half day workshop for members.

**Action Point: AP j/12/07**

Invite Mr Barry McGale to hold a half day workshop for Council members.
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Mr McKelvey asked if there was any progress on the WHSS Board's plans to issue a leaflet 'Concerned about Suicide' that was discussed at the September Council meeting at which Mrs Dorothy Hutchinson made a presentation on suicide awareness.

Ms Reilly said she would get an update from Mrs Hutchinson on that and a number of other issues.

**Action Point: AP k/12/07**

Chief Officer to get an update from Mrs Hutchinson on the 'Concerned about Suicide' leaflet.
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**Action Point AP: i/11/07 - arrangements for Fermanagh patients who previously were seen by the Musgrave team and how they now access Orthotics – WHSSC to follow up.**

Ms Reilly said her understanding was that this issue has since been resolved. However she said Mrs Gormley asked the question if there were other patients in this situation? The appliance officer's response was that he was aware of 6 patients they are currently seeing from Enniskillen and he did not believe there were any outstanding issues regarding them.

**Action Point AP: j/11/07 – WHSSC to monitor re-opening of Ballykelly Branch Surgery.**

Agenda item.

**Action Point AP: k/11/07 - Contact all members to check if they are willing to remain on the Council until 2009.**

Ms Reilly thanked all the members for accepting an extension of their term of appointment until March 2009. This information has been sent to the Public Appointments Unit.

***Ambulance Service:***

Ms Reilly updated members on the issue of an incident in Derry when it was reported that the wheels had come off an ambulance. She said she had checked to see if the ambulance concerned was one which was out of time in terms of age or miles. She was told in fact the ambulance involved was one of the newer ambulances. The ambulance had just left the base responding to a 999 call when the driver noticed there was a 'rattle' at the back. The driver was not happy to proceed so he phoned back to ambulance control and they dispatched a second ambulance out to the 999 call and a mechanic was sent to the broken down ambulance. It was only when the mechanic went to move the ambulance that the wheel

had come loose. It was then dealt with and no patient or ambulance personnel were put at any risk. This is now the subject of an ongoing investigation and officers are looking at all the contributing factors. When the investigation is completed WHSS Council will be informed of the outcome.

Mr Hussey said if the driver had not stopped when he did it could have been a serious risk.

C073/07 **Bugwatch Survey:**

Ms Reilly said she had given members a verbal report on the October Bugwatch Survey carried out in Erne and Tyrone County Hospitals at the Council meeting on 2 November 2007. She said there were a small number of changes and the amended report has now been formally sent to the WHSC Trust.

Ms Reilly said because she had been concerned about a number of issues she had arranged an urgent meeting with Mrs Elaine Way, Chief Executive WHSCT.

Mrs Way said she would deal with the issues immediately and Mr Alan Corry Finn, Director Primary Care and Older People's Service was designated to deal with it. Mr Corry Finn directed Mr Vincent Ryan, Assistant Director of Secondary Care, to set up a group immediately involving estates, cleaners, managers and infection control officers. The Trust has reported that the estate issues e.g. the blocked sinks etc have all now been resolved. Hand pumps have been ordered for each bed and there will be a check system carried out by the night shift to make sure each of the hand pumps are full. A person has been nominated to check each of the environmental control assurances. Mr Ryan has now repeated the Council's exercise to his satisfaction in terms of the measures he had asked to be implemented and these have been done. The implementation plan has now been sent to Mrs Way. The Council will get sight of the plan and Mrs Way has agreed to allow the Council to repeat the exercise unannounced in the New Year. Ms Reilly said she was pleased with the immediate response from the Trust to the issues the Council raised.

Mr Campbell queried what the situation was regarding the suspected MRSA patient?

Ms Reilly said the Trust has raised the issue with the nursing staff and she was awaiting a response.

Mr Hussey said in relation to the issue of ground-in dirt he had raised this some years ago before he was a member of the WHSS Council. He said the Trust seemed to be very lax about cleanliness in general and he was very concerned that shower rooms, toilets etc would be allowed to get into that state in the first place. Mr Hussey said it indicated a lack of supervision and management in some respects. He said he was very concerned when he read the report and felt that there was a responsibility on the Directorate somewhere in the Board and Trust to make sure this sort of thing doesn't happen. He asked if the Trust carried out audits?

Ms Reilly said when the Council receives a copy of the implementation plan she said they will be able to look across all of those areas.

Ms Reilly said she had reason to be in the hospital three days after the survey took place and she observed that the carpeted area that had been mentioned in the report had been closed off. The next morning the carpet had been removed and replaced with rubber flooring.

Ms Reilly said the WHSS Council will repeat the exercise within a reasonable time to allow the Trust to implement the plan and see if it has made a difference. She said in comparison to the last Bugwatch surveys, this has been a much more meaningful exercise for the Council. However she said the Council must give credit where it is due and the Trust has reacted swiftly to resolve the issues.

Mr McColgan said he was pleased that the Trust had responded so quickly but he said he had been in a ward which was absolutely filthy and this must have accumulated over a period of time. He said an inspection by anyone would have seen that.

Mr McIvor suggested that this survey seems to have had some impact and he proposed that a similar exercise should be carried out in Altnagelvin. Members agreed with this proposal.

Mr Maguire said that the Council needs to be selective about the wards they survey. He said himself and Mrs Brown had visited the ENT wards in Tyrone County Hospital and they identified no problems. However he said the ward was particularly quiet with very few patients; the findings may have been different in a busy ward.

Mr McGowan proposed that the surveys be carried out on a three

monthly basis in all of the acute hospitals in the Western Board area.

Mr Maguire said he would have a concern about the Council doing three monthly surveys. He said this should not be necessary if the inspection regime in the hospital is working properly. The Trust should be keeping records of inspections and should be able to show evidence of this.

Ms Reilly said the hospitals do have audits and the Council will look at these.

Ms Reilly said there was a limited resource of people to carry out the survey and one of the reasons the ENT ward in Tyrone County Hospital was picked was because this was the last remaining surgical unit at TCH and therefore there was a vulnerability to MRSA. However she said following the survey in the Erne Hospital, older people's wards would definitely be a target for surveying in both the Tyrone County and Altnagelvin.

Mr Hussey referred to the Stephen Nolan show on Radio Ulster when this topic was discussed. He said the question was asked whether anyone carries out inspections in hospitals? He said he understood it happens in England and Wales but not necessarily in Northern Ireland?

Ms Reilly said that the Regulation, Quality and Improvement Authority (RQIA) has a role to play in assuring quality standards in hospitals and she had sent them a copy of the Council's report.

Mr McColgan asked if the Trust had taken into consideration the issue of the Infection Control nurses being based in Omagh rather than Enniskillen?

Ms Reilly said Mrs Way had informed her that the Trust are appointing a Head of Infection Control and that this person will be based in the Erne Hospital.

**Action Point: AP I/12/07**

Arrange dates for repeat Bugwatch survey TCH & Erne. Arrange dates for Bugwatch survey in Altnagelvin.
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**C074/07 Update on Ballykelly Branch Surgery:**

Ms Reilly advised members of the contents of a letter she had sent to Mr Eugene Gallagher, Head of Primary Care and Family Practitioner Services, WHSSB in relation to the closure of the Ballykelly Branch Surgery.

Ms Reilly reported that Mr Gallagher had responded and said that no decision has yet been taken by the WHSS Board regarding the future of Ballykelly Branch Surgery. The aim he said would be to bring the matter to the Board meeting at the end of January 2008. Mr Gallagher also confirmed that he had written to the GPs who currently operate the Branch Surgery, stating that until a formal decision has been made regarding the future of the Branch Surgery, the branch is to remain open. Mr Gallagher shared a copy of the letter he had sent to the GPs with Ms Reilly on a confidential basis.

Mr Gallagher said in his letter that the GPs had confirmed with him that they have ongoing logistical problems in covering the Branch Surgery because of staff being on holidays, sickness and training commitments. Mr Gallagher reported that the GPs had assured him that the Branch Surgery will operate until a formal decision has been made regarding its future.

Mr Gallagher said if the Board decides against the closure of the Branch Surgery, then the Practices will be required to continue operating their surgeries in Ballykelly.

Mr Gallagher referred to the points Ms Reilly had made regarding the inability of the Practices to provide the names of the people who regularly attend the Branch Surgery. He said he can confirm the Practice does record the patients' treatments etc on their records held in Limavady, but the nature of the Branch Surgery is such that there is no formal appointment system at the Surgery.

With reference to the survey that had been carried out Mr Gallagher said he would update the report (Options paper) he had shared with the Chief Officer to include statements relating to the 'imperfections' of the survey because of the inability to extract the names of the people who normally attend the Branch Surgery from the general list of patients from the Ballykelly area registered with the Practice.

Mr Gallagher reported that 40% of the patients who reside in the Ballykelly area are registered with the two Practices who operate the Branch Surgeries in Ballykelly. 30% of the remaining patients residing in the Ballykelly area are registered with the other two

Practices in Limavady. 14% are registered with the Eglinton Medical Practice and 6% are registered with other Practices. Mr Gallagher said he would share the updated report (Options paper) with the Council after discussion with the Board's Senior Management Team and subject to their agreement.

Mr Gallagher stated that the Board will make the decision on the future of Ballykelly Branch Surgery.

Mr Gallagher said if the Council wished to raise formally the question of whether there is a case for a main practice in Ballykelly village Board officers would be happy to meet with a sub group of the Council to discuss this issue.

He pointed out that Board officers would, in considering this matter, have to take into account factors such as whether there would be sufficient patients to sustain such a practice, whether a GP or GPs could be attracted to it, current pattern of access to general medical services in the greater area surrounding Ballykelly, and financial issues. Consideration would be given to preparing a business case to look at the sorts of issues mentioned.

Mr McIvor said he had called personally today at the branch Surgery and spoke to a local Pharmacist who said he had neither seen nor heard of a doctor at the Surgery in approx 2½ years. Mr McIvor said he was shown into the two surgeries and they appear to have been unused for some time.

Mr McIvor said the survey came about 9 months after the Branch Surgery closed. He said people in the village did not respond to the survey because they felt the decision was a fait accompli.

Ms Reilly said the Board are accepting the Branch surgery is now closed and was closed against the express wishes and the decision making process of the Board.

She said the Practices are saying they could not maintain it. She said it continues to be closed even though the Board sent a letter to the contrary.

Ms Reilly said the issue may be about access to GP services in general for the Ballykelly community as opposed to having occasional non urgent type of appointments with their GP locally.

Ms Reilly said in principle Branch Surgeries are not good; they are a second class service for patients and they are not safe. She said there are governance issues surrounding them and the Council

should not be encouraging them. She said if the issue is about access to GP services then that is a different issue. If the only reason a Branch surgery stays open is to give patients access to a GP then there may be an argument for having a permanent GP service in that area.

Mr Mclvor said he was aware of a patient who rang Dr McKenny's Practice earlier today and the earliest appointment they could get was two weeks from today with any doctor in the Practice.

He said he had phoned Dr McCleary's Practice and could get an appointment with Dr Pratt next Friday.

Mr Mclvor said the real reason why the two surgeries were closed was because significantly around the same time as they were closed the army withdrew their personnel from Ballykelly.

He said the branch surgeries were in a refurbished new building and were well attended because he personally had used them. He said they operated on a Monday and Wednesday and were extremely busy.

Mr Mclvor said he would still argue that the GPs had no right to close the branch surgery and he had no confidence in the WHSS Board doing anything more about it.

He said in reality all the army houses have been sold off to a developer who is now developing them for sale. He said he understands that the rest of the houses which are still in MOD control are going on the market shortly for sale to first time buyers. He said therefore approximately 1200–1400 houses are going to be occupied again.

Ms Reilly said she made these points to Mr Gallagher and the issue is that perhaps the Board needs to consider whether or not there ought to be a GP Practice there.

Mr Mclvor pointed out that they have neither added nor taken away doctors from either Practice in the last 10 years. He asked how they could have someone going out to the Branch Surgeries every Monday and Thursday for a number of years and cannot do it now?

Mr McGowan asked if the Board are continuing to make payments to the doctors in these surgeries to provide a service in that area and have the Board been paying for premises that are lying empty?

Ms Reilly said these questions will be put to the Board immediately.

Ms Reilly said when the Board shares the updated report (Options paper) with the Council a sub group involving members with local knowledge will be set up to examine the information.

Mr McIvor said the people of the village would very much like to have their surgery back again. He repeated that whenever the questionnaire came out the surgery had been closed for so long that people did not complete it.

**Action Point: AP m/12/07**

Chief Officer to contact WHSSB regarding payment to provide a service in the Ballykelly area and payment for premises.

**Action Point: AP n/12/07**

Set up a sub group to examine Options paper when received from the WHSSB.

**C075/07 AHP Services - Report of meeting with WHSCT:**

Mrs Gormley reported that she and the Chief Officer had met with Mrs Margaret Kelly, Director of Acute Services with the WHSCT, Mrs Sue Prenter and Ms Cathy Jackson (representing Ms Kate McDaid). The meeting was about AHP Services and the re-establishing of the Council's Waiting List Monitoring Group. It was agreed in principle to re-establish the Waiting List Monitoring Group and Trust officers will meet with the Group when appropriate. Mrs Kelly is to get approval from the Trust's Senior Management Team and following that will contact the Council and agree terms of reference for the Group.

The Waiting List Monitoring Group will meet quarterly on a regular basis and more often if necessary on an ad hoc basis if there are particular issues arising.

**Action Point: AP o/12/07**

Mrs Kelly to contact WHSS Council to agree terms of reference for the Waiting List Monitoring Group.

**The following issues were discussed at the meeting:**

***Information systems across the 3 legacy Trusts:***

The Council raised the issue of Information systems due to a concern that information is not consistent across the 3 legacy Trusts due to different systems for collecting data.

Mrs Kelly said the Service Delivery Unit are monitoring, against the targets the Minister has set, on a weekly basis. Every access target has regionally agreed definitions. She said on the acute side there is not a major problem because they have the Patient Administration System (PAS) which is consistent across the 3 legacy Trusts. She agreed there is a problem in relation to the community information systems e.g. the Council was receiving inconsistent information across the 3 legacy Trusts for Occupational Therapy (OT). Mrs Kelly said the information collection is improving even though they are using manual systems and a combination of different computer systems. The Service Delivery Unit are closely monitoring the Trust against all targets.

Partial booking was introduced to improve choice for patients; a letter is sent out to the patient asking them to phone in and book their appointment and has been operating for quite some time. Mrs Kelly said that Consultants were concerned about clinical issues around this in that patients may be choosing a date which suits them but this may in fact leave them waiting too long for an appointment. Partial booking is found to work well for appointments for patients with long term conditions.

***Paediatric Occupational Therapy (OT):***

The Council raised their concerns on anomalies between the 3 legacy Trusts regarding figures for paediatric OT. The Council had believed that the data received included children in all 3 Trusts but the figures for paediatric OT were not included in the Foyle Trust data.

Ms Prenter has agreed to provide the Council with information on a regular basis including the longest waiters. The length of the waiting list is given in a 24+ month category which could mean anything from 25 months to 10 years. The Council has therefore asked for specific information about the longest waiters so that

they know the actual length of time patients are waiting. The Trust has agreed to provide this information. They have also agreed to provide the Council with an exception report that will show when patients are waiting beyond the targets.

**Action Point: AP p/12/07**

Trust to provide WHSS Council with information on a regular basis including the longest waiters.
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***Occupational Therapy (OT) Review:***

The OT Review was discussed and the Council's concerns about recommendations that had come out of the Zak Arif Review (in the former Sperrin Lakeland Trust area) and whether these had led to improvements within the OT Service.

Mrs Gormley said the Council had noted from the OT figures received that the waiting lists had been reduced significantly. She said the Council need to make sure that this is sustained and that the learning from the Zak Arif Review is being implemented and that the new Trust is now benefiting from that.

Mrs Kelly asked Ms Prenter to provide her with a brief summary of the key recommendations that came out of the Zak Arif Report and the Action Plan so it can be shared across the Trust.

The Council has asked Ms Prenter to provide them with a copy of the Children's Patient Pathway so that they can see what the patient journey through the paediatric OT service looks like.

**Action Point: AP q/12/07**

Ms Prenter to provide a copy of the Children's Patient Pathway to WHSS Council.
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Mrs Brown said she wished to praise the Trust for the improvements made in the OT service as she was aware of a patient who was referred and was seen within 10 days.

***Strabane Health and Care Centre:***

Mrs Kelly said that access to diagnostics for Strabane GPs has improved. She said Dr Conneally has been appointed as Lead

Clinician for Radiology across the Trust. GPs in Strabane and Castlederg have been asked to direct patients to Omagh or Enniskillen for radiology diagnostics and she reported that it has made a significant difference.

Ms Reilly was invited to seek a view from Dr Rawdon, a GP in Strabane about improved access to diagnostics.

**Action Point: AP r/12/07**

Chief Officer to contact Dr Rawdon about access to diagnostics.
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***Review of Medical Services at Tyrone County Hospital:***

Mrs Kelly will provide feedback on the Review of Medical Services at Tyrone County Hospital to WHSSC in the New Year.

**Action Point: AP s/12/07**

Mrs Kelly to provide feedback on the Review of Medical Services at Tyrone County Hospital to WHSS Council.
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***Children's hospice – respite for children with complex needs:***

Ms Jackson said that there is work ongoing in the Department led by Professor Roy McConkey to look at respite services for children in Northern Ireland. It is expected when structures are finalised that there will be one person within the Trust who will manage the service for children with complex needs.

**C076/07 PCC – Letter from Minister (6/11/07):**

Ms Reilly referred to the Minister's letter of 6 November 2007 which stated that he was aware of the important role that Health and Social Services Councils play in representing the voice of the public and service users. The Minister said he had decided to look at the future role of the Councils independently of other elements of Health and Social Care reform. He wants to ensure that the structure put in place will deliver efficient and effective patient and client involvement in the planning and delivery of health and social care services. The Minister expects the Councils to continue to operate as they currently do and has asked that they take the necessary practical steps to ensure that this happens. His officials are currently looking at the continuance of the arrangements for

funding Councils after April 2008. He said he would like the Councils to continue to build upon the very good work that has been carried out over the years and he would expect both Boards and Trusts to continue to work closely with the Councils. The Minister's letter has been followed up by a letter from Ms Linda Devlin, Director of Modernisation, DHSSPS advising that she will be in touch again in the near future to discuss the options which may be available to the Department in this regard and other matters which may need to be considered.

C077/07 **Chief Officer's Report:**

Ms Reilly referred to the recent Insight programme on UTV, in which she had participated, which covered the case of a local child with epilepsy and the fact that he had to go to Chicago for diagnostics and treatment.

Ms Reilly said the programme raised a number of interesting questions. The Council should consider if there are other children, with very severe and complex forms of epilepsy, not getting access to what is regarded as the tertiary services. The Royal Belfast Hospital for Sick Children (RBHSC) has a number of specialists who deal with epilepsy however there is no specialist unit in Northern Ireland. The specialist service is in Great Ormond Street Hospital and children have a right to expect to be referred on to it if it is medically appropriate. She said the Council wanted to know how many children in Northern Ireland and in the Western area are actually being referred on?

Ms Reilly said she had posed a number of questions to the Royal Belfast Hospital for Sick Children (RBHSC):

**Q1. How many child patients with epilepsy does the RBHSC have referred to it each year? (this is consultant referrals to the regional speciality).**

“unfortunately we cannot provide an answer to this question as there is currently no outpatient coding in place and the department does not have a database. In addition to this a few patients are seen in outreach clinics, two per month in the Northern Board and one per month in the Western and Southern Boards”.

**Q2. How many children are diagnosed each year with intractable epilepsy?**

“unfortunately we cannot provide an answer to this question as intractable epilepsy is not a diagnosis in its own right but rather a subset of the overall population with epilepsy. Children with this would represent the more severe end of the epileptic spectrum”.

**Q3. How many children are referred each year to a tertiary service e.g. Great Ormond Street?**

“unfortunately we cannot provide this information, however the usual reason for referral is assessment concerning feasibility of epilepsy surgery. Other reasons for referral are other diagnostic investigations such as EEG telemetry and for further opinions in the case of diagnostic uncertainty”.

**Q4. What are the range of diagnostics currently used by the Royal for children with suspected epilepsy? Is genetic testing used?**

“the usual recognised diagnostics are EEG, MRI, Biochemical and genetic tests”.

Ms Reilly said this was an appalling set of answers. She said she would be voicing her concerns about the issues raised in the Insight programme, with the Minister and providing him with a copy of these answers. She said she will be pointing out that the RBHSC and the Department, do not seem to know how widespread this problem is or how many children there are with this problem and what services are being provided.

Mr Campbell said there was a report in the local papers saying that this mother was claiming she was told lies by the paediatrician in Belfast. He asked that this particular news item be sent to the Minister also. He said it was a very serious issue if an actual lie was told in relation to a child.

Ms Reilly said this issue was raised in the Insight programme. The mother claims that when her child was in the hospital in the first four months of its diagnosis under the care of the consultant he was discharged with the message that he was not expected to survive. The mother claims that the consultant told her that he had spoken to a colleague in Great Ormond Street, Professor Helen Cross, who is a leading expert in this condition and she agreed with the prognosis and treatment plan. The child’s mother went home thinking that the specialists said there was no hope for her child. After six months she then decided to do her own research

and discovered the centre in Chicago where she subsequently took her child.

Ms Reilly said her understanding is that there is no record of discussions with Professor Cross having taken place in the child's notes.

Ms Reilly said when she writes to the Minister she will be asking him to answer the questions that were raised in the programme including the allegations made by the mother.

Mr Sutherland proposed that the Council write to Great Ormond Street and ask how many children are referred to them?

**Action Point: AP t/12/07**

Chief Officer to write to the Minister in relation to questions raised in the Insight Programme.
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**Action Point: AP u/12/07**

Chief Officer to contact Great Ormond Street to request figures for number of children referred to them.
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Mr McGowan on behalf of the Council thanked Ms Reilly for her continuing role in supporting the family of the child with epilepsy.

Mr Maguire asked what the position was on the issue in general of referral to other countries for specialist treatment?

Ms Reilly said in the course of supporting this family she had been exploring these questions with the Board. She said there are some conditions that have a recognised patient pathway through to a tertiary service, which is within the NHS. However referral to a service outside the UK and whether treatment will be funded is in the hands of the Commissioner. It was explained to her that their whole budget might be spent sending one patient off to America for treatment versus being able to treat up to 20 other patients for some other condition. There is never going to be enough money to refer patients anywhere in the world. Therefore patients end up in the situation where local communities carry out fundraising to pay for treatment.

Mr Sutherland said he thought patients could be referred anywhere within the EEC?

Ms Reilly said she understood that they could be referred but treatment will only be paid for if the Board as the Commissioner can afford it.

C078/07 **Members' Issues:**

Mr Campbell asked if the PIP adult group and the Dental Steering Group were still operating?

Ms Reilly said the Council will check with the relevant Board and Trust officers.

**Action Point: AP v/12/07**

WHSSC to contact relevant officers re PIP adult group and the Dental Steering Group
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Mrs Robson said she has become aware of elderly patients in Altnagelvin having their operations cancelled so that younger people can be operated on.

Ms Reilly said this was a very serious allegation and asked Mrs Robson to contact her with further details in order for her to raise this with the Trust.

**Action Point: AP w/12/07**

Mrs Robson to provide Chief Officer with further details.
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C079/07 **Any Other Business:**

***Declaration of Interests:***

Ms Reilly asked any member who has not returned their Declaration of Interests form to do so.

***Board for Mental Health and Learning Disability:***

Ms Reilly reported that the Council had received a letter from Professor Roy McClelland announcing the establishment of the Board for Mental Health and Learning Disability.

Professor McClelland is the Chair of the Board and he is deeply

concerned that they will not be able to implement the Bamford Review in any meaningful way due to efficiency savings in the next three years.

Ms Reilly said the Council will in their response to the draft Programme for Government support his concern.

Mr McGowan said he had a concern around the make up of the Board. He said they had one member from Learning Disability but no one from a mental health background. He asked that a letter is sent to Professor McClelland to make him aware of the Council's disappointment in the make up of the Board.

Ms Reilly said she would write to Professor McClelland regarding these issues.

**Action Point: AP x/12/07**

WHSSC to write to Professor McClelland re WHSSC support and also WHSSC disappointment at make up of Board.
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***In Case of an Emergency (ICE):***

Mr Maguire drew members' attention to a campaign called ICE which stands for 'In Case of an Emergency'. It is a campaign to encourage people to store in their mobile phone address book, under ICE, the number they would want contacted if they were in an emergency situation.

***Concern re use of mobile phones:***

Mr Maguire asked if the Council could check if an e-mail he had received was genuine whereby two mobile phones were switched on and strapped either side of an egg; after 65 minutes the egg was cooked through.

He wondered if there was any connection in relation to brain tumours?

Ms Reilly said the government's position is that they recommend that young children do not use mobile phones excessively.

Ms Reilly said she was happy to send the information to the Chief Medical Officer asking for his comments on it.

## **Action Point: AP y/12/07**

Chief Officer to ask Chief Medical Officer for his comments on this report.
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### ***Minister's Press Release:***

Ms Reilly drew members' attention to a Press Release from the Minister 'Time to work together to develop hospital services in the South West'.

She said the Minister was reaffirming his three pledges for a 24/7 doctor-led Urgent Care and Treatment Centre, the feasibility of developing a midwifery-led unit in Omagh and the development of proposals to improve the emergency response times in Fermanagh and West Tyrone. He repeats that he understands the long held concerns in the Omagh area and the disappointment that still remains about where the hospital will be sited. He recognises that in rural areas accessibility can be challenging.

Mr McGimpsey said he believes that the negative remarks that are constantly made about hospital services in Omagh are not helpful and are in fact painting a false picture of what is actually a very positive development for people in the area. He said he is looking to local representatives to provide leadership and to engage in constructive dialogue with commissioners and providers of health services to help shape the future of care for their constituents.

### ***Autistic Spectrum Disorder (ASD):***

Ms Reilly said she had received figures for children waiting both for assessment and treatment.

She said Mrs Gormley had been dealing with a parent who was concerned about the length of time her child has been waiting for assessment. The child has been waiting for 4 years and the Council requested figures from the Trust to check on waiting times for other children.

In the Northern Sector (Foyle area) as at 27 November 2007 the total waiting for assessment was 124. The longest waiter is 33 months.

In the Southern Sector (formerly Sperrin Lakeland area) as at 31 October 2007 the total waiting for assessment was 73. The longest

waiter for assessment is 57 months.

Mr Sutherland asked if the child waiting for 57 months was an isolated case?

Ms Reilly said that the information the Council had was that 27 children were waiting 24+ months with the longest waiter 57 months. She said she did not know what the figures were in between these times. She had requested that the Council get a full breakdown of waiting times.

Ms Reilly said she had arranged an urgent meeting with Mr Kieran Downey, Assistant Director of Children's Mental Health & Disability WHSC Trust, who is dealing specifically with Autism Services and will ask for a clear picture on the numbers waiting and length of time waiting and what the Trust are doing about it.

***Programme for Government:***

Ms Reilly said she was meeting with the other Chief Officers on 14 December 2007 and they will decide whether to do a joint response or an individual Council response.

**C080/07 Date, time and venue of next Council Meeting:**

There will be no Council meeting in January 2008.

The next meeting will be held on 1 February 2008. Ms Reilly said she would try and organise a liaison meeting involving the WHSS Board and the WHSC Trust. Members agreed that another date in February could be arranged if 1 February does not suit the Board or Trust.

Date: 1 February 2008

Time: 10.00am

Venue: St Columb's Park House  
4 Limavady Road  
L'Derry BT47 6JY

**The meeting ended at 5.25pm**