
**THESE MINUTES ARE EMBARGOED UNTIL
FRIDAY 3 OCTOBER 2008 AT 1.00PM**

WESTERN HEALTH AND SOCIAL SERVICES COUNCIL

**Minutes of One Hundred and Sixty-third meeting of the
Western Health and Social Services Council
held on Friday 5 September 2008
in the Main Hall, St Columb's Park House,
4 Limavady Road, L'Derry
at 10.00am**

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

Mrs Robson welcomed everyone to the 163rd meeting of the Western Health and Social Services Council. She said following the resignation of Mr Paddy McGowan as Chair the election for a new Chair would take place at today's meeting. At this point Mrs Robson vacated the Chair and invited Mr Michael Gormley, Head of Consumers Services, WHSS Board to preside over the election.

Election of Chair:

Mr Gormley thanked the WHSS Council for inviting him to preside over the election. He confirmed there had been no late receipt of ballot papers to his office. The 22 sealed envelopes were opened and in accordance with the agreed election procedures the votes counted for each candidate.

The following number of votes had been received for:

Mrs Frances Robson - 7
Mr Ignatius Maguire - 6
Mr Michael McIvor - 5
Mr Victor McKelvey - 4

Mr Gormley declared Mrs Frances Robson elected to serve as Chair of the WHSS Council.

New Chair's Opening Remarks and welcome to speaker:

Mrs Robson on behalf of the WHSS Council thanked Mr Gormley for presiding over the election of Chair. She thanked the members who had voted for her and also the three other candidates who had allowed their name to go forward for the election. She acknowledged they did so because they cared very deeply about the work of the Council and trusted they would support her, the Chief Officer and staff of the Council.

Mrs Robson said the Health Councils were preparing for dissolution and there was a lot of hard work still to be done in preparing for the new Patient Client Council (PCC). She said the Chief Officer would provide members with an update later in the meeting.

Before leaving the meeting Mr Gormley congratulated Mrs Robson on her election as Chair.

Mrs Robson pointed out that the position of Vice-chair was now vacant. She said despite the fact that the Council had only 6 months left she would still like to have a Vice-chair. She said if there were important events she was unable to attend she would like them to be covered. She asked members for a show of hands to indicate if they wished to elect a Vice-chair. It was unanimously agreed to appoint a Vice-chair.

Mrs Brown proposed that the runner-up in the election for Chair be appointed as Vice-chair so as not to waste time.

Mrs Robson agreed with Mrs Brown's proposal.

Ms Reilly reminded everyone that the election procedures had been the subject of a recent review by members and that these now stated that the same procedures should be used for the Vice-chair election.

It was agreed to begin the election process to appoint a new Vice-chair.

Action Point: AP a/09/08

Chief Officer to begin election process for election of Vice-Chair.

Mrs Rodson welcomed Mr Barry McGonigle a Dental Practitioner from Omagh to the WHSS Council meeting to give his perspective on dentistry services.

Presentation by Mr McGonigle:

Mr McGonigle thanked the WHSS Council for providing him the opportunity to make a presentation.

He said he was a Dental Practitioner from Omagh and that the Practice had been set up by his father at the birth of the NHS in 1949. He said he was a representative with the British Dental Association, but that he was speaking as a Practitioner with his views informed by his colleagues. However he said did not have a mandate to speak on anyone else's behalf. He said he was present to inform and raise issues and answer questions.

Mr McGonigle said by way of background that he trained in Manchester which gave him a slightly different perspective; because most Northern Ireland dentists have trained certainly in Ireland, with probably the vast majority of them having trained at Queens.

Mr McGonigle said his Practice is a mixed NHS and Private Practice and they have been developing the private side of the Practice for about 15 years. He said it was helpful for everyone to know where he was coming from.

Mr McGonigle said he would talk about general issues. He said there was no point in finessing the issue of access to NHS dental care as it was a major issue for the Council as indeed is access to health care generally.

He said from a patient's perspective the level of the problem is not, 'do you do NHS treatment?', it is, 'can you take me on at all'?

Mr McGonigle said he was approaching this subject not just from a dentist's perspective but also as someone who is a member of the local community. He said his Practice has been a long time in Omagh and they are connected to the people they treat.

He said many of the people working in services such as for example physiotherapy or podiatry would act as advocates for the service. He said if they agitate to the Board or Trust they are likely to get increased resources. There is not a similar mechanism in dentistry for getting additional resource. Mr McGonigle said he felt the situation is such that dentists now need to develop the skills to act as service advocates on behalf of the public.

Mr McGonigle said it was important to recognise that all over Northern Ireland there are a lot of good, committed individuals, working long term for their communities, providing a very high standard of dental services. We are lucky he said to have the quality of dental care that is provided here and said it is based on the fact that dentists are mostly locally trained. He said dentists on the whole do not move around and remain stable in the one locality. He said one thing you learn very quickly is that your mistakes come back to you and that is a great self discipline. He said they provide training in his Practice for young vocational trainees and he tells them anyone can make something that will do for 6 months but it's after about 2 years that you find out whether your dentistry is working.

Mr McGonigle said Northern Ireland has poor oral health; the poorest in the UK. It is worse probably within 5 miles of Derry and is not great in the rural areas of Tyrone and Fermanagh. Rurality is an important issue in the delivery of all healthcare services. He said he has always had the greatest respect for any parent who brought their children into his Practice from e.g. Gortin, Plumbridge, Drumquin or Castlederg. It's not that easy to gather together everyone and take a half hour car journey to the dentist and then back home again.

Mr McGonigle said patients who are currently excluded from dental care for whatever reason have high needs in general. It is very seldom he said that someone would arrive in Omagh with a perfectly tended mouth and no problems and just want to sign on in the Practice. He said he might get one or two but the majority of them are either in bother or they are expecting to have bother. What they tend to present with is only the tip of the iceberg; because there are usually multiple treatments needed. Mr McGonigle said dentistry is physically demanding work. He said if you get the chance to tend the middle class mouths of parents and their children you will actually be doing smaller less expensive treatments. In other words smaller numbers of fillings and less extractions. It is unlikely that there will be a need for huge courses of treatments involving dentures and bridges so whatever you are earning you won't have to work as hard for.

Mr McGonigle noted the world was ill divided with basically 80% of children having no problems and 20% having all the problems. It is a generalisation he said but it is actually true. He said he would see this in Omagh which is not a highly affluent catchment area and has a high number of rural patients. He said a good 50% of his patients as children would have no intervention or minimal intervention. Yet alongside that he sees people with 8 and 10 fillings and children still being having to be sent for general anaesthetics.

Mr McGonigle provided members with a potted history of dentistry in the 1940s, describing how as the Health Service kicked in everybody came to

get their teeth out and dentures in because they could not believe it was free. It was not free for long and patient charges were put in not just to raise revenue but as a deterrent to demand and those charges have been with us ever since then. They have caused a problem since then and in one particular way which perhaps members need to bear in mind, he said. Mr McGonigle said, like a prescription charge which is a fixed amount, when he started in dentistry a patient could have a mouthful of routine dentistry as long as they didn't need dentures, braces or crowns. Routine dentistry; fillings, extractions, root fillings, cleaning, polishing cost £8.50. However in the 1980s percentage charges were introduced for NHS dental care and this has now risen to charging 80% of the cost. Some of the excluded groups we are talking about, might if they were accepted into NHS care and were paying, be expected to pay the maximum charge which is approximately £280. NHS patient charges have risen by far more than any private dentist charges have risen since the 1980s. He said it is not just private dental care which is costly, but it is costly if you have to pay at all; it is no longer a cheap or free service. He pointed out that this policy also had an effect on patient choice. Mr McGonigle said his father was part of the wave of dentists who employed a technician because so many dentures were needed; teeth were taken out and plastic put in. Dentists moved on in the 1960s to keeping teeth and putting in metal amalgam fillings. Dentists are now moving to metal free dentistry and tooth coloured dentistry. He said it would be fair to say that not everything your dentist can do now is health care anymore and that is an issue which is trying to be addressed in the new contract with the Department of Health.

Mr McGonigle said the population can be grouped into 3 roughly equal groups i.e. 'regular attenders' – more frequently than once a year, 'irregular but regular' – they come along when something happens and get a course of treatment, they go away for a couple of years, something else happens and they return and get another course of treatment. The third group are people who choose not to attend and consequently neglect their dental health, Mr McGonigle said there is unmet need in all of these groups of people. He said dental decay and periodontal disease is a disease of poverty, deprivation and of poor education. He said if the Board had to target resources they would just use the deprivation index to put resources in and whilst he understands where they are coming from he felt a more scientific approach should be used.

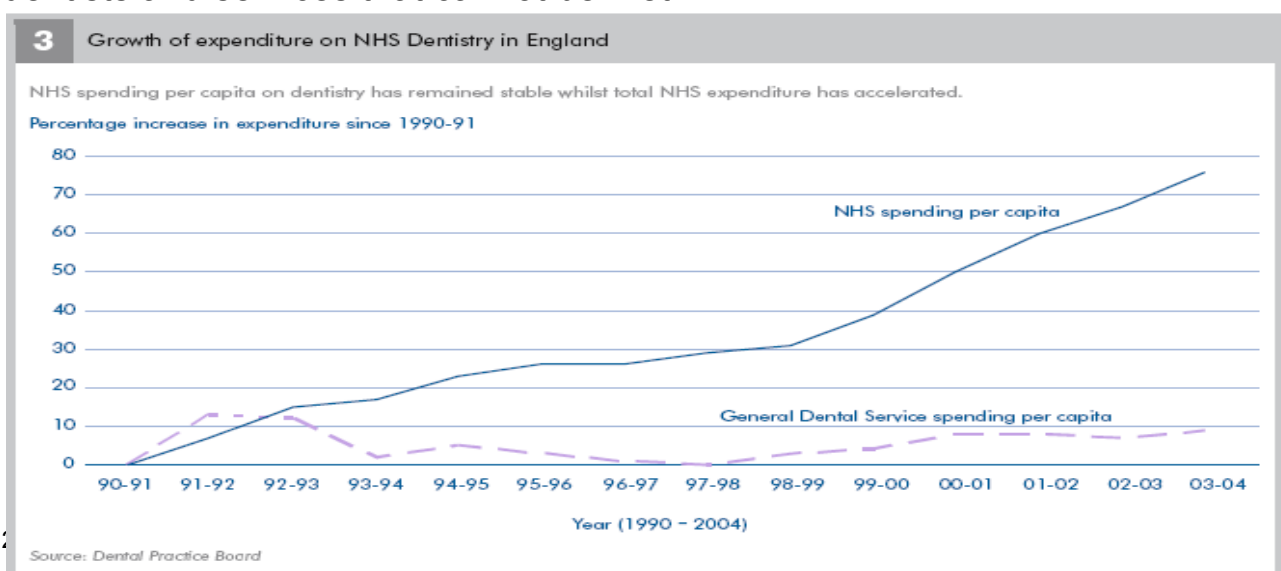
Mr McGonigle said having acknowledged that there is an issue about getting access to dentists he would like to point out that it is a symptom of something else. He said it is not as if there are dentists sitting with empty chairs, it is a symptom of the fact that there is not the manpower to deal with the needs of the population.

He said we should not be looking for fault but looking for people who can take responsibility and people who can help.

Mr McGonigle said the Western Board has a statutory duty to provide health services to its resident population and it is not doing so and has not been doing so for some time. He said the Board would say they have done some things such as trying to recruit salaried dentists but there is a concern among dental practitioners as to the effectiveness of the efforts to implement this. The six salaried posts did not get filled. Mr McGonigle provided an example of what the Board could do. He said in four weeks from now the biggest dental trade exhibition in the UK is being held in London which will have a massive attendance. He said it would not cost that much to have a booth at it and have it manned by three or four managers from across the 4 Boards who could take with them a list of willing Practices that have spare rooms or chairs within their surgeries and try to attract dentists to come to Northern Ireland, this, he said, is the type of innovative thing they should be doing.

The Board and two ninths of people involved in dentistry like the CSA are focussed on administration and monitoring of budgets. Mr McGonigle said he appreciated that budgets are difficult to pin down because dentistry is a demand led service and is open ended. He said there is an allocation to dentistry but it needs to have 'head room' built into to take account of patient variation in attendance from month to month and bank holidays. He went on to say that the dentistry budget allocation has not been spent or nearly spent at any time in the 15 years he has been involved with British Dental Association politics in Northern Ireland. So there is a situation where they are failing to deliver enough money to the dentists. He said he did not expect anyone in the Department or members to think that dentists should have more pay but what he was saying was that the Department has to get the money into the Practices somehow. He said he had to acknowledge that the Department of Health had made some progress by now using grants and allowances.

Mr McGonigle pointed out that he did not know what the policy and strategy for dentistry is but he knew what the actions have been and feels they have been somewhat misguided. At some level, though he was unsure where, a decision had emerged to 'soft pedal' and manage the problem of demand for dentists and services that cannot be met.



Mr McGonigle shared the above graph on NHS spending and general dental services.

with members and pointed out it was a National Audit Office graph not a British Dental Association graph. Its in England and is since 1991 when the.

Mr McGonigle referred members to the huge disparity in growth of spend between dentistry and general health care after the initial growth following the introduction of the new dental contract in 1991.

Mr McGonigle described some of the effects that lack of investment had on him as a dentist providing NHS services. He said he does not have access to Occupational health and as a Western Board dentist whilst he is part of the Superannuation scheme he is not entitled to sick pay. He said he does not have management time nor even time to interact with the Board; and for example he was at today's Council meeting in his own time. This is similar for other dentists who run Practices and this issue is the same when trying to get the time to recruit and train staff. Dentists he felt are neither valued nor appreciated.

Mr McGonigle said delivering dentistry requires time as well as manpower. It requires investment and facilities. There are regulations from the General Dental Council and from Health Estates that have to be adhered to when for example complying with sterilisation regulations. There is a new document that demands all power sterilisation has to be carried out in a separate room outside of the surgery. He agreed that it is much better to have a separate room but that requires investment in the room and enough kit that you can keep working in the surgeries whilst the rest is being processed. Processing he said is now more complicated so it takes more time and someone to do the work; so there is more workforce required. He explained that an extra 2 minutes between patients to clear up for the next patient results in a 17% loss of productivity over the week. This is the effect of the regulation. He said he did not disagree with the regulation it was just important to point out the effect it had on the number of people he could see in a day.

Mr McGonigle referred to the Community Dental Service (CDS) which he said was a good dental service provided by a salaried Trust employee group, whose priority is special needs patients. But, he said, some patients cannot get an appointment there either. Mr McGonigle said his colleagues in the CDS provide dentistry for groups of people he is unable to reach. They provide the service to patients whose conditions are of the type that he was not trained to provide for and because of their condition they are often more

difficult to work with. Mr McGonigle showed members the Community Dental Service's Statement of Purpose expressing the view that the Statement seemed to have been written by the service from the service's perspective. His Practice he said has 3 dentists all with different skills and of different age groups and they believe they do not have the facilities to appropriately treat some of their patients who have high dental needs or dental phobias etc. He said he was not knocking the CDS, but his practice was having difficulty in getting some of these patients seen in the CDS. Again this is because there is a capacity issue. He said he did not know who is advocating for these patients as they are unable to get up in front of people at a meeting and make a fuss. He said he was not sure what the CDS does on this issue.

Another point he wished to make was that the CDS costs a great deal more per clinic or per dentist. He agreed they should cost different as they provide a different type of dental service. However, he said, he felt the difference was disproportionate in that they are costing 3 or 4 times more than the cost per surgery, per chair or per individual treated by practices like his on the high street. He said either they are hugely over costed or the basic general service is not being properly funded. He said there should be something to bring the funding of running dental practices into some sort of alignment.

Mr McGonigle identified other trends which he said are almost all working against increased service provision.

Mr McGonigle referred to a picture in the Irish Dental magazine of a class of trainee dentists in Trinity which he had shared earlier with members. He pointed out there were 36 individuals in the picture 12 of whom were male. Belfast he said would have a similar output.

Asked by Mrs Robson what was wrong with that he said the Department of Health had published a manpower study and most Dental Schools are 60-70% female. He said if he had a photograph from an English Dental School it would look exactly the same except the intake would be 3 or 4 times as big and there would be a huge number of Asian lady dentists. The reason for pointing out the number of Asian dental students he said is that they are from tight knit communities and after qualifying they tend to live and work in their home communities and they will not be coming here to Northern Ireland. If they live in places such as Manchester or Birmingham they will train and work there. This will result in an over supply of dentists in England in the near future. The government had decided he said to over supply the market and that is their policy. They have opened two new dental schools and from 2010 there will be 20% more dentists.

He said his point was that the Department here had a workforce analysis done which shows the younger dentists here are the more likely to be women. In the Western Board at the moment there are more lady dentists

than men. After the age of 55 they become unmeasurable apparently because after that age they either do not work in the General Dental Service or some may have gone into Community dental surgeries. There is a problem now where the average practice owner/principal and supplier of capital and management to the service is around 40-55 years old. Women dentists tend not to buy or own practices. He said he had no particular view why this was the case but as they also tended to stop working at 55 these two things are going to make it very difficult to sustain practices in the future.

Mr McGonigle said the prevalence of dental disease is improving but demand for cosmetics is taking up more of dentist's time. At one level dentistry as a business is terribly simple, he said, it's about the number of people and the number of teeth. He said the population is going up and there are new migrants coming into the country but the number of teeth in people's heads are also going up; because the cohort that his father would have made dentures for are being replaced by people who require treatment. The cohort who had a handful of teeth out are being lost and the people who had the fillings that he would have carried out in the 1980s are now needing crowns. Mr McGonigle gave an example regarding a lady who happened to come into his practice in the past week. The lady he said was the same age as his father and still had her own teeth. He said if she had been a typical person of her age she would have had her teeth out when she was maybe between 50 or 60. She would then have needed a dental appointment, one set of dentures, 5 visits and the process would be repeated every ten years or so. He said he looked at the chart of the lady going back ten years, she had 23 natural teeth, had routine dentistry and there was nothing complicated about this woman's dental needs. She still has 23 teeth but she has 11 pages of a chart and has had 52 visits. Mr McGonigle said what he was trying to illustrate was that more people having teeth for much longer is continuing to grow and that this will impact on the service provision.

On current and future issues Mr McGonigle referred to the Access Pilot document which is currently out for consultation with both the Local Dental Committee and the WHSS Council being consulted on this matter.

He said the consultation document had two fatuous questions, (1) is there a problem? and (2) do you support something to be done about it? If the answers are ticked as yes the consultation is over. However he added there is space for text and he suggested the Council might want to add their views and concerns to their response. Mr McGonigle said he had asked for the document to be sent to dentists but instead they had to send it out themselves to dentist colleagues.

Mr McGonigle explained that the new dental contract will have a different impact in the Western area because of the border. Mr McGonigle said having the border area so close to every dentist here enlarges their

catchment so that they are providing care beyond the resident population of the WHSSB area. The new dental contract is being driven he said by Civil servants who are based in Stormont, and a Minister who is basically in North Down and South Belfast. One of the things that he found interesting in the answers to the Minister's Parliamentary Questions are the words he uses when asked why he cannot get dentists. The Minister, he said, will say he can not compel dentists to work for the NHS. Mr McGonigle said he had a feeling that what he was really saying was we would like to compel dentists to work for the NHS. In places like Antrim, North Down and North Armagh there would be very little dentistry from the other side of the border, perhaps he said, those guys would have little choice. There is however choice in the Western Board area for dentists because if they were given a contract that they really did not like they have the option of advertising e.g. in the Donegal Democrat. They also have the option of actually physically re-locating their practice and it would not be hard to do as the dentists could commute.

Referring to the dentist skill mix Mr McGonigle said nurses are now registered, dental therapists and dental hygienists can now work directly with patients and there are not enough of them. He said they are all trained in Belfast, but it should not be hard to work out a model of outreach teaching; after all the first hygienist teaching was carried out by the RAF. A University is required to validate the course but it does not need to be delivered on a University campus. He said if staff are trained here there is a chance they will stay here.

Mr McGonigle drew members' attention to an excerpt from the January 2007 British Dental Journal, the scientific journal of the Dental Association. He used a quotation from a dentist that was in the Journal. It read 'the long relationship of dependency on the NHS is officially over. Dentists must now take control of their businesses in a business-like way. By taking some time out to make their practices viable and sustainable, they will then be able to get back to doing what they do best – caring for patients'.

Mr McGonigle said dentists do not have a view on whether patients should be cared for on the Health Service or not. They are not anti Health Service and in the main are not greedy. He said most people find that what they do in private practice is to see fewer patients and give them more time so dentists end up providing a higher standard of care and having a better quality of life.

Mrs Robson thanked Mr McGonigle for his very comprehensive presentation. She said the WHSS Council has, on behalf of the public, a lot of concerns and a very strong interest in the provision of dental care.

Members' Questions

Mrs Robson

Mrs Robson queried why it is that such a high percentage of women are getting into courses in Belfast. She asked, is it because 2 As and a B are needed, or that men are saying to themselves we can get into medicine for these marks?

Mr McGonigle said it is gender specific with females receiving higher academic marks. He said it is also very much seen as a job which a woman can do as opposed for example to veterinary. It is seen as a job that has circumscribed responsibility. Mr McGonigle said that the Universities have looked at discriminating the other way round. It is not only a Northern Ireland issue but a UK issue as well. There is a possibility that modular training will be developed which will allow someone to work their way up through the system and might allow people without brilliant but reasonable academics to get in. He said this would be a ten year programme and it is not going to happen in his practicing lifetime.

In answer to a further question from Mrs Robson Mr McGonigle said someone could start working as a dental therapist or hygienist and enter the modular training programme through this route. He said bursaries would be required for that training.

Mrs Brown

Mrs Brown said she had an objection to Dental Hygienists because of being advised to go nearly every month at a cost of £35 per session which would be very expensive. Instead she preferred to visit her dentist regularly and have her treatments there.

Mr McGonigle said that is the reality. He said that dental practices that have gone private see the hygienist who is a "less" qualified person, as a premium service. He said he has been unable to recruit a hygienist in his practice and instead they do variable recalls for periodontal disease.

Mr Page

Mr Page thanked Mr McGonigle and said as a member of Derry City Council he had received the consultation document yesterday. He said he agreed with Mr McGonigle about the consultation and the 'yes' or 'no' tick boxes. He said they were talking about 36 new dentists coming into the service and here they are looking at Enniskillen, Omagh, Strabane and Derry. Mr Page said at the moment people from Derry are being sent to Enniskillen. He said a man from his area near the border had to go to Enniskillen last week because he could not and will not get on a list in Derry. He said some NHS dentists in the City are frightened because they think this new pilot scheme

might take people away from their surgeries. He said it probably will because they are talking about each dentist having a 200 caseload. Mr Page said they are talking about it being funded by the Board. He asked if that money is coming from the people who are pulling out of the NHS and it is money left over by the Board. He said he was amazed that they are talking about it supposedly going to cater for 54,000 new patients and the money is going to come from the Board.

Mr McGonigle said he has been involved in talks at Stormont with the Department of Health regarding both the new contract and the pilot scheme. He said he had asked how the pilot was to be evaluated and he said he remained confused and did not understand their response. He said the answer he got, roughly para-phrased, was if we get the dentists and we get the patients treated the pilot is a success. Mr McGonigle said the consultation will give us all a chance to influence this and to raise the Council's agenda.

Mr McGonigle said the money was coming from the unused money in the allocation that he had mentioned earlier. He said at least it is being spent on dentistry. Dentists feel there should be more salaried opportunities as there are people who do not want to be self-employed. 36 more salaried jobs is good from the dentist's perspective for giving variation and career prospects.

Mr McGowan

Mr McGowan thanked Mr McGonigle for his very informative presentation. He said he did not agree with Mr McGonigle that it was not a blame game. As far as he is concerned the blame he said has to be placed somewhere. People's needs are not being met. Mr McGowan said he would like to know of the 120 dentists in 60 practices in the Western Board area how much of their work is private and how much is NHS work. He said perhaps not in the Omagh area, but there are some dental practices that have become very lucrative, they have devoted their time to doing cosmetic work because it is probably easier done and better paid. He said it is going to a target group that can afford to have that sort of a service so there is a blame game right within Dentistry, within the Department of Health and within the Health Boards. It just cannot be singled down to one thing; there are a combination of problems.

Mr McGonigle said that in a sense those who have can get and those who haven't do without; and those who do without have to endure the pain. He said it is about time that there was a combined focus from everyone to try and re-address this because basic dentistry should be a right enjoyed by all citizens.

Mr McGowan said he was not singling out dentists but he was getting annoyed about everyone blaming the other group, it has become a blame

game he said and nobody is taking responsibility.

Mr McGonigle said he respected Mr McGowan's view as representing the public and he felt that's what members of the public would say to him also. He said Mr McGowan was absolutely right and the unfairness of it all was part of the reason why he was at today's meeting in his own time. Mr McGonigle said the people who need it most can least afford it. They are often the least attractive as customers to him but, he said, he had chosen dentistry because it is about health and about providing care to people.

Mr McGonigle suggested when the Board were recruiting six dentists that they might have asked the local dentists if they would like to take on the six salaried dentists with the Board paying the salaries and giving dentists the NHS fees and dentists could have managed the new provision in the same way that they manage the trainee programme. He said such a deal with a bit of working and a little bit of extra funding put into it he felt would have flown and he would have been perfectly happy to allocate a full time surgery placement for an individual in his practice. He said he was aware of other dentists similarly interested. Mr McGonigle said at the moment the 120 dentists in the Western Board are stopping the problem from becoming a crisis. He said dentists might still have to make decisions that are more financially driven than health care driven and that is unfortunate. He said there should be a balance, but they are not walking away from the community they are just walking away from losing money.

Mr Carten

Mr Carten thanked Mr McGonigle for his presentation. He said he felt dentists should get the same salaries as doctors as they are highly qualified and go through the same education as doctors go through. He felt they are not treated the way they should be and that they are a great benefit to the whole community but are not getting fair play.

Mr McGonigle said he wished to pick up on the comment about doctors. He said doctors' facilities are in a large measure directly paid for by the NHS and employment costs etc were also covered. Dentists have to invest in their own facilities and no matter how good they are the NHS fees remain the same. Therefore if you invest in your practice it is difficult to get a return on that. Direct assistance with fees and contracting might be a good way forward he said.

Ms Reilly asked Mr McGonigle for an update on the contract negotiations.

Mrs Robson

Mrs Robson asked if there had been any response from the Department to

the proposed contract?

Mr McGonigle clarified by saying that the current consultation is about an access initiative. There is also a pilot of a new long term system that will happen next year. It will involve a pilot of 10 or 12 practices. He said he was concerned that the Department of Health's idea of a pilot is running the system paying people on time, paying the right money and then going forward. There is progress he said but he really did not know if they are both addressing the same issues.

Before taking his leave Mr McGonigle shared a copy of a letter with the person's details removed which he had received. The person said that she knew he was not taking NHS patients on at the moment but asked that he keep her details on his records in case the situation changed. She said she was pregnant and had an exemption certificate but could not find a dentist to treat her. She added that she had been having problems with bleeding and sensitive gums but was quoted £55 for a check up which she simply could not afford. Mr McGonigle said he could not help the lady concerned as he does not have the capacity to do it. But he said, to him, the letter encapsulates and makes personal the issue of poor access to dental care.

Mrs Robson on behalf of the Council thanked Mr McGonigle for a very interesting and enjoyable session, and for coming in his own time.

WHSSC Business continued:

Minutes of Previous WHSS Council Meeting:

The Minutes of the previous WHSS Council meeting held on 6 June 2008 were adopted on the proposal of Mrs Hogg and seconded by Mr McKelvey.

Matters Arising from Previous Meetings:

Members were provided with a written update on Action Points carried forward from previous Council meetings.

Action Point AP: a/05/08 - WHSCT to provide WHSSC with copy of Trust's Prevention and Infection Control Committee's Annual Report and 3 year Action Plan

Information has been received from the Trust and copies are available from the Office on request.

Action Point AP: c/05/08 - WHSCT to provide WHSSC with a copy of a description role for a Link nurse and job description for Infection

Control Nurse

Information has been received from the Trust and copies are available from the Office on request.

Action Point AP: f/05/08 – Ms R Harkin to report back to WHSS Council on the hydrotherapy pool issue

A response was received on 24/7/08 and copied to Mr B Page, who had raised the issue.

Action Point AP: a/06/08 - Chief Officer to keep members informed when a response is received from the Board re Dentist charging a £100 registration fee.

Ms Judi McGaffin, Director of Dental Health, WHSSB responded on 23 June 2008 to the issue of a dentist charging a £100 registration fee which had been raised by WHSS Council. She had written to the dentist concerned and it had been clarified that the £100 relates to private emergency appointments. Members received a copy of the response for information.

Ms Reilly said the WHSS Council will be carrying out a repeat of the Dental survey in the near future.

Action Point AP: b/06/08 - WHSS Council to continue to monitor waiting times for ASD.

Mrs Maureen Gormley, Business Support Manager provided an update from a follow-up meeting with Mr K Downey on 29/7/08. She reminded members that there had been six children who had been sitting on the waiting list for 49+ months. She said the WHSS Council had been very concerned about these children because it had been discovered that some of them had actually been waiting up to 5 years. WHSSC monitored this to make sure that these children were seen. Mr Downey reported on 29/7/08 that they had all been seen and the longest waiter is now 3 years. Mrs Gormley reported Mr Downey as saying that the whole ASD team is not yet in place. In Omagh there are difficulties in getting AHPs for the team but the Trust is using slippage money to target the backlog on the waiting list. WHSS Council will continue to closely monitor the ASD service.

Action Point AP: c/06/08 - Chief Officer to report back to members on the issue of care for the elderly following meeting with Mr Corry Finn.

The Chief Officer and Business Support Manager met with Mr Corry Finn on 13/6/08. Mr Corry Finn confirmed that a copy of the care plan is not issued routinely to all clients/carers. Clients who have complex care needs are offered a copy of the care plan.

Ms Reilly said the Council will revisit this issue because it is her understanding that every patient should be offered a care plan and not just those with complex needs.

Mr McGowan said his understanding was that they were also entitled to be part of the design of their care plan. Therefore he said if they are part of it they should have access to it by retaining a copy. Otherwise he said a care plan could sit in a nursing file for anything up to 3 or 4 months without ever being reviewed.

Ms Reilly said she was more concerned where nothing is written up so cannot even be sitting in the patient notes.

Ms Reilly said the Council will go back again to this issue and link it into the quality standards.

Action Point: AP b/09/08

Chief Officer to link into the standards on the issue of care plans for the elderly.
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Mrs Robson asked if families of the elderly are allowed access to the care plan?

Ms Reilly said this was not an automatic right because the care plan belongs to the individual patient who is entitled to confidentiality.

Mrs Robson asked would it not be the case if there was dementia or that type of thing?

Ms Reilly said her understanding was only if it were legally recognised that a person was not able to make decisions of their own and there was a nominated person in which case they would have access and that this may not necessarily always be the next of kin.

Action Point AP: d/06/08 - Chief Officer to update Members when further information on the appointments of Consultants at Altnagelvin has been received from the Trust.

Ms Reilly said Members had received an update in July 2008 and there had been no further information received.

Action Point AP: e/06/08 - Chief Officer to contact members re meeting of sub-group to receive briefing from Mr Joe Brogan.

Mr Joe Brogan Director of Pharmacy, WHSSB provided a briefing to a sub-

group of members on 20/6/08. All Members received a copy of handouts following the meeting.

Action Point AP: f/06/08 - Chief Officer to contact the WHSS Board and WHSC Trust to get information on funding to community groups in the last 3 years.

Work in progress.

WHSSC Objectives 08/09:

Ms Reilly said members had a copy of the WHSSC Objectives 08/09 in their pack. She reminded members that these plans contained all the issues and areas of work which were discussed during the year.

Ms Reilly gave members an update on the work the 4 Chief Officers are doing regarding the new Patient Client Council (PCC). She said it is very clear and very evident from the Department that their expectation is that the work of the Council will reduce in favour of escalating the work required towards setting up the new PCC. Ms Reilly said this means that the Western Council might not have the time to pursue all the local issues coming in from members. However she said Mrs Gormley and she had reviewed progress to date on the objectives and she was fairly confident that the work can be managed in such a way as to be completed by the 31 December 2008. She said it would leave the last 3 months to focus on any new work plan to bring the new PCC into being. She said she and her colleagues in the other 3 Councils have contacted the Department to signal that some of their local work may not be able to be completed because of the changing priorities.

Joint Council Objectives 08/09:

Ms Reilly said the 4 Chief Officers identified the priority issues that they could concentrate on and are fairly confident they will meet those targets.

Mr McGowan said it was going to be a hard time over the next couple of months to keep the position going. He said he assumed the complaints caseload will be carried forward into the new PCC.

Ms Reilly said that she and her staff would endeavour to continue providing complaints and advocacy support to members of the public who contacted the Council after which all outstanding complaints will transfer to the new PCC. She said there would be an attempt to have a seamless handover.

Ms Reilly reminded members that the changes brought about by the Review of Public Administration (RPA) had been designed to try to avoid forced

redundancies. So in whatever form come the 1 April 2009 it is expected that staff will transfer to the new PCC and will remain there until all of the decisions on location and functions are sorted out. Therefore working directly with patients and clients in particular for complaints and advocacy support will continue at a local level.

Mrs Hogg asked if any staff had been lost? She also asked if there was a mechanism for the issues that may not be able to be dealt with to be translated to the new PCC so that they are still a priority? She said when issues are brought up they are a priority and we would not want to lose them.

Ms Reilly said fortunately the WHSSC had not lost any staff so far and that the Grade 4 post was being filled temporarily. She went on to say that any urgent issues which may arise will be dealt with because the Council will still legally exist until the 31 March 2009 assuming the RPA decisions receive their final reading and Royal assent. More routine issues will be recorded for next year's workplan and handed over to the new body to take forward. Ms Reilly said the reason she had raised the issue was to try to manage everyone's expectations during this transition phase.

Mr McKelvey said Ms Reilly had already adequately documented the risks associated with the change and said obviously members will support her in any way to try and make sure that there is a seamless transition.

Ms Reilly thanked Mr McKelvey and the members for their continued support.

Joint Council Event:

Ms Reilly said 11 members had signed up to go on the visit to Stormont on 22 October 2008.

Travel arrangements:

8 members indicated they would be willing to travel on the bus.

Discussion took place on arrangements for pick up points.

Members agreed that there would be two pick up points i.e. Omagh and the Ballygawley roundabout.

Details of arrangements will be sent to members who will indicate which pick up point they will use.

Action Point: AP c/09/08

Arrangements for travelling to Joint Council event to be sent to members.

Programme:

Ms Reilly said there would be approximately 80 participants attending.

She briefed members on a draft programme for the day:

- 9.30am Arrival & Welcome
- 10.00am Presentation
- 10.45am Health Committee Clerk – Mr Hugh Farren
- 11.15am Health Committee MLAs Q & A (15 mins with each representative)
- 12.45pm Lunch
- 1.30pm Tour
- 2.00pm Depart

Questions for MLAs:

Ms Reilly said the HSSCs Executive had agreed that they would have 2 questions from each Council on the day. She asked members for proposed questions.

Mr Page proposed that questions should be asked on the issues the Council has been dealing with over the years such as ambulance provision, dental health provision, speech and language and allied health provision particularly the issues dealt with on a regular basis.

Mr McKelvey said one of the recurring themes in all the problems experienced here is the fact we are out in the West. There are problems in recruiting consultants. There is this constant problem about rurality, the border and lack of provision. He said MLAs need to be paying due regard to the fact that we live in this country no matter whether we are east or west of the Province. No matter what our problem is there seems to be a lack of contact here. Something has got to be done to make sure there are proper resources and equality for everyone.

Mr McGowan suggested that it would be more appropriate to have some sort of protest as opposed to being there just for the sake of seeing what it is they do there. He said he was not really concerned what they do but the fact is the highlighted issues in this area have not been addressed over a number of years. He said he would be quite concerned about doing a token visit as he was more worried about the core issues of health care provision in this area.

Mrs Robson said that's what the questioning is about. There will be 8

questions in total from the four Councils which the MLAs will respond to.

Mr McGowan queried what sort of response they will give. He said it will be the same standard of response we always get.

Ms Reilly said in response to Mr McGowan's point about the purpose of the visit to the Assembly it was worth reminding members that the visit was first mooted as an opportunity for members to get a feel for what Stormont looked like and to see at first hand how the Assembly and Health Committee operates and how decisions are made.

Mr Page said a Health Committee is needed that will stand up and confront the Minister. He said they need to be accountable and to hold the Minister to account and make sure what he's intending to do here in the North west is done. He said he had met 30 old age pensioners yesterday and they are worried about the loss of the out of hours service. He said there is a lack of consultation with families on the review on residential homes. There is possibly 3 homes going to be knocked down in the North west and some residents have been in these homes for 20 years. He said it may be a residential home but it's their home. They are going to close it because of a lack of disability access and its just outgrown its time.

Mrs Robson asked if those clients were not going to be catered for somewhere else?

Mr Page said they were but there is a lack of consultation.

Ms Reilly reflected that there were 2 issues coming through; one about the accountability of the Health Committee and the second about the neglect of the West. People in the West feel very strongly that they are increasingly more marginalised i.e. the lack of services, access to doctors, dentists etc. She suggested that the Health Committee MLAs might be asked how they are going to make themselves accountable to the Western area and in particular the more marginalised areas within it.

Mr McGowan agreed with the Chief Officer and said that for everyone's sake he felt the Council should take one issue such as services being removed from Omagh. He said after all the promises that were given about maintaining services and trying to increase them another crisis is looming i.e. ambulance service provision within the area. He said it was the same in Enniskillen, parts of Derry and Strabane. He said he felt very strongly that as a Council coming towards the end of its time that we should deal with these issues. This is a calamity looming on a scale that probably doesn't exist anywhere else within Northern Ireland. It is about equitable services for people that haven't got them.

Mr McGowan said there was not one service in the Western Board area that we could say is the same as anywhere else in the North. He said we are probably at the bottom of the list right across the whole of the UK. Mr McGowan referred to one issue in particular which when he first attended this Council was about psychology provision in the Western Board area. He said six or seven years later we are no further on and we are probably worse. These he said are the real issues.

Mr Page said the whole thing about the Assembly is accountability. We sat here and pointed the finger at Ministers flying in and out of here. For the first time we are going to be pointing the finger at people who live within our own communities. It is the first time local politicians are working for local people.

Mr Page said they say there is no difference here in the North West but wondered why then the Board who advertised twice over the last year for paid salaried dentists could not even get one. As far as he was aware they got one for interview but it turned out the person did not meet the criteria.

Ms Reilly said there is evidence to show there are differences between the West and the other Board areas especially in response times to emergency ambulance services and access to dental care which for children is practically non-existent.

Mrs Robson raised the issue of Mental Health provision.

Mrs Brown said the Bamford Review is out at the minute.

Mr Page said we have been challenging the Board and everyone else and we have been campaigning about mental health over the past number of years. We have been campaigning on suicide awareness, prevention within the north west and especially the numbers who are taking their own lives. He said there is a massive conference being held next month here in Derry about a strategy around suicide awareness. Once again he said it's always after the fact. He said it is just one strategy after another.

Mrs Robson said it is an ongoing problem.

Mr Page said nowadays people in their forties and fifties are committing suicide and it is being kept quiet. He said seven men and women in their fifties have committed suicide in recent times and it has all been kept quiet.

Mrs Robson said Mr McGowan came up with that statistic two years ago about women in their mid fifties.

Mr McGowan said the fact of the matter is that the suicide figures in Ireland North and South are near enough what they have always been. The media

highlighting the issues is now the main factor. The reality is that for the last 30 years we have been studying suicide in this country and there has probably been more money spent here than anywhere else in the Western world on the issue of suicide. We still have not come up with one complete strategy. The reason is that you cannot come up with one. You cannot predict these things. He said it has become an industry and it is a 'fire brigade industry'; as soon as a tragedy happens everybody chases after it. He said the core things that need to be done on the ground have never been addressed. One of the things he brought up at a meeting in Limavady when the suicide coordinating committee was present was how many members of that committee were people who had attempted and lived through suicide and the answer was none. He said there is a tendency always to be afraid to talk to the people who have been there.

Ms Reilly said she was at a conference in Cork several years ago that was led by people who have attempted suicide and family members who were affected by suicide.

Mr McGowan said in his present post part of his teaching strategy in every module he teaches has a para suicide survivor leading on part of the course delivery.

Mr Page said 4 or 5 years ago the members sat at the Board launching the Moving Forward document. He said he had asked a question recently about the document and was told it was at an advanced level right across the Board and that it has made a massive difference in the area. Mr Page said he was not aware of any difference or of it having been moved on.

Mr McKelvey said he felt the first issue is about equality. He said there is an issue around nothing being done and that we could all list the sorts of thing Mr Page had just mentioned. He said the public seemed to get fobbed off or we get a report and 5 years later there is still nothing done. It's like the ambulance service, he said, if there are recommendations then like any business then they have got to be picked up and moved along and the money provided. He recalled an ambulance report which said there were to be 2 new ambulances but there was no money provided.

Mr McGowan said that leads us back to the point that members were making at the start of the discussion and the thing that becomes probably more painful to bear is the very fact that we had this idea that we were going to have local accountability for the first time. We were going to have locally accountable members in Stormont that were going to lift things and run with them and attempt to make things better for the general public. The reality is he said that they are not representing the people of the western area with regards to health.

Mr Carten said they are not representing anybody.

Mr Sutherland said at the meeting with the MLAs the Council should keep its claim very basic because the more questions you ask the more chance you have of being fobbed off. He said if we are going to try and improve the general Health Service in Northern Ireland the first step in his opinion is equality for all in Northern Ireland. That is the one thing we should be flogging at the moment. He said it also has a lot of potential press coverage if we can put forward instances where we can show we are definitely suffering in the Western Board area. If we can get that into the local press and they run with it then it is something which the general populace will support.

Mr Sutherland said we could go even further and say what we need is a 'remoteness grant'. If you can get special rates for teaching in London then why is there not a remoteness grant in the Western Board area?

It was agreed that the Chief officer would formulate the Council's 2 questions to the MLAs based on the previous discussion.

Action Point: AP d/09/08

Chief Officer to formulate 2 questions for MLA's
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Update re PCC Project Board:

Ms Reilly said that Councils are now formally working towards the setting up of the new Patient Client Council; notwithstanding the fact that the legislation has still to go through its final reading in the Assembly. The general consensus is that barring any delays it should go through the Assembly and the PCC will be in place for 1st April 2009. With that in mind she said the Department has set up a Project Board for the PCC and the 3 other proposed new HSC bodies. Mr Bernard Mitchell, for the Department is leading on the PCC and chairs the Project Board. The four Chief Officers will sit on the Board and a Chair to represent the four Councils. The Executive of the 4 Councils met and nominated Mrs Eileen Wright, the recently appointed Chair for the Southern Health and Social Services Council, to represent the member view. The remaining members of the project Board are made up of a representative of the HSS Boards as Commissioners, a Trust as providers, four civil servants from the Department, two people from a Community perspective, one from NICVA representing the Voluntary sector and one from NILGA representing local government. The Project Board has a very tight timetable to produce a Business Case for the PCC which will map out what the PCC will do, what it will look like, the structures for membership, staffing levels, accountability arrangements and its first year work plan. Following approval by the PCC Project Board the proposals go to the Department's Modernisation and Improvement Project Board (MIPB) for final approval to go

to the Minister for agreement. Ms Reilly said they have had their second meeting three days ago and out of that the work has been divided up into three work streams, one is about membership, staffing and location. Another one is about the governance arrangements, systems and procedures for the new organisation and the third one is about the priority plans and business plan for the PCC's first year. Mrs Eileen Wright representing the four Councils' members will chair the first work stream and is supported by Mrs Stella Cunningham. Ms Reilly said she is chairing the governance work stream with Mr Noel Graham as a member of her group and Mr Richard Dixon is chairing the third group.

Ms Reilly said as a result of this work she expected Chief Officers to be involved in upwards of 30 to 40 additional meetings between now and the end of March 2009 on top of the normal business.

Ms Reilly said Mr Bernard Mitchell had made it clear that this work was now a priority.

Mr McGowan asked who sits on the MIPB, where is it constituted from and whether the Councils have any representation on it?

Ms Reilly said Mr Tom Creighton Chair of the Northern Council was nominated by the Executive to represent the 4 Councils on this Project Board. It is made up of representatives from across the Health and Social Services and the Department. Dr Andrew McCormick who reports directly to the Minister chairs it. It provides oversight of all the work and gives approval on all work-streams which have been set up to implement the RPA in Health and Social care.

Response from WHSSB re Primary and Community Care Infrastructure (PCCI):

Ms Reilly said the Council had written to Mr Eugene Gallagher, WHSS Board for an update on the PCCI Programme. The PCCI Programme relates to the major infrastructure and capital development programme on for example the proposed new Health and Care Centres. She said the Council had a concern that it was a 10 year capital investment programme but that it appeared to have stalled. Mr Gallagher responded to the Council and advised that the Western Health and Social Services Board and the Trust have been asked to submit proposals in respect of capital priorities for the next 10 years to Mr John Cole (Health Estates) who has been asked by the Minister to lead on developing an integrated capital development plan for health and social care for Northern Ireland over the next 10 years.

Mr John Cole will submit a paper to the Minister in September. It is expected that the Minister will then issue a document for comment/consultation.

Ms Reilly said this could mean there might be a new set of priorities for the Capital Programme and perhaps less investment for some of the things members were expecting to see. She said members will be kept posted on any developments given its strategic importance to the West.

Members' Issues:

Ms Robson

Mrs Robson said she had intended to talk about the NI Cancer Network (NICAN) information booklet which members had previously been issued with. She said she believed the Network to be important to the community. However due to an oversight on her part she would have to do this at a later date.

Mrs Brown said the booklet is very good but had very few contact addresses in the Enniskillen area; they are nearly all in Belfast and Londonderry she said. There was very little about the South west of the Province.

Mrs Robson asked Mrs Brown if there was more cancer support in Enniskillen than is actually detailed in the booklet?

Mrs Brown said she wasn't sure as she didn't know really what is in her area but that she expected there would be something.

Mrs Robson said she would raise this with Ms Janis McCulla from NICAN.

Mr Sutherland

Mr Sutherland said that at a previous meeting of the Council the issue of ambulances in Fermanagh using analogue radios and losing contact had been raised. He asked if this was still the situation or had it improved?

Ms Reilly said there had previously been an issue about the fact that crews were having to rely on mobile phones which could go out of range on occasions.

Mr Sutherland asked if that had been rectified?

Ms Reilly said she had not heard of any recent difficulties and as far as she was aware NIAS had not yet completed their digital programme. She said she would check on this further.

Mr McGowan

Mr McGowan said he had a concern around the downgrading of the Tyrone County Hospital and ambulance provision within the area as well.

Mrs Robson asked Mr McGowan if he had any evidence of that?

Mr McGowan said it had been in the local papers. He said he had a conversation with a member of the ambulance service working in the area and there seems to be a concern that there is a move towards ambulance service provision cuts within the Board area and particularly within the Omagh area.

Ms Reilly said when the Council asks questions about the Tyrone County Hospital in Omagh the answer is that any of the changes are in line with the Developing Better Services (DBS) plan. The Trust has also said that they are trying to create other new services for the Tyrone County such as the recently announced Anaesthetist led pain clinic in Omagh.

Mr McGowan said he still finds it very hard to follow because a number of years ago questions were asked by members about what services were in Tyrone County and what was going to change. He said he was still not aware of the full answer to this. He said he was still very concerned that the people of the South west which includes the people from Fermanagh were being deceived and a lot was going on behind closed doors.

Mrs Brown drew members' attention to a document that had been shared with the Council telling them what current and future services would be.

Mr McGowan said they still have to tell us what we had to start with.

Mr Campbell said a Trust director was asked that question the last time she attended a meeting and she had said she would get back to us. He said he could relate to Mr McGowan's concerns, because he was looking at a letter from the WHSC Trust in response to Ms Anne Palmer from the Newsletter about whether the cardiac services presently available at Tyrone County Hospital would remain for the foreseeable future? That seems to be a fairly straightforward question, he said, and yet this is the answer they gave her, 'Currently there are cardiac services provided at Tyrone County Hospital, however given some pending changes in personnel the Western Trust is exploring how services can best be provided for the population of Omagh'. He asked if anyone could explain to him what that means?

Mr Maguire said it means the service is leaving Omagh. Mr McGowan agreed with this interpretation.

Mr Campbell asked why they can't be honest and straight about the whole thing. That was, he said, a ridiculous answer to give anyone and they are getting away with it. Trust and Board staff he said have attended many of the Council's meetings and he said he has yet to get a truthful answer in relation to the Tyrone County Hospital.

Mr Maguire said technically the answer was right. He said somebody at that point and time said it was being considered. Maybe in a week's time the decision will have been made and you would have gotten a different answer but technically it was right at the time and that is what we are up against.

Mr Campbell said they haven't even answered Mr Ross Hussey's questions and as a local Councillor he has asked a variety of questions. He said he does not know what they are hiding behind or why they are hiding behind it.

Ms Reilly said the Trust is pushing through a programme of change that is not in sync with what the people in the locality want or understand in terms of their needs. The Trust will argue that they are obliged to do this and that it is out of their hands as this is a Ministerial decision and their job is to implement those decisions. The Council and its members would argue that they need to talk to and listen to the local community. There is something inherently wrong she said, in managing the business of health care based on the availability of one professional. The area has cardiac services because it happens Dr Varma is here and he chose to make that his speciality but when he retires and can't be replaced then the service goes with him.

Mr McGowan said this is the core of the problem and members have argued this at Trust and Board liaison meetings. The reality is there was almost a guarantee given whenever DBS started that they would maintain as many of the services as possible right through to the transition and until we knew where everything was on both sites. They have not done that. He said they have deployed the plan and by stealth they have taken the services away from people and more will go.

Ms Reilly said she does not know how the Council can make it any more explicit than it has already to the Trust about these concerns.

Mr McGowan said he felt it had got to the stage that the Council should try to explore using the media more.

Mr Sutherland said he agreed with Mr McGowan and said there are local politicians around the table and asked if there was no way the Council could get Omagh and Fermanagh District Councils to bury the hatchet and come together and try and politically exert pressure for the benefit of both? At the moment he said there is just no talking whatsoever between them that he was aware of.

Ms Reilly said it was possible for the WHSS Council to invite representatives from both District Councils including their officers to come to meet with the WHSS Council to discuss common health service concerns for the South west geography.

Mr McGowan said, referring to the earlier discussion on the Council's workload that there are issues that are of key importance. He said this is the number one issue regardless of all the other things which the Councils might be forced into doing. He said when the new PCC comes into being this work is going to carry on straight through, this is something that has to be carried on because if it is not there will be no services left.

Ms Reilly said District Councillors who sit on the WHSS Councils could help to facilitate their respective Councils to come together to discuss the common issues.

Ms Trimble reminded members of the recent announcement on Maternity services at the Erne, she said, they are cutting this service in the Erne which provides services to the women of Tyrone and Fermanagh.

Ms Reilly suggested that the Trust will say they are bound to try to find these 3% efficiency savings. They are looking at every service including maternity and have calculated that they can make a saving with a 3 bed reduction. She said the birth rate in the South west had been static but with the influx of Eastern Europeans and a predicted increase in the local birth rate then it might be reasonable to assume that maternity service needs will increase not lessen. She also reminded members that the Royal College of Obstetrics had previously warned that the number of children born at the Erne was at the lower end of the scale for safe and sustainable maternity services.

Members recalled the arguments made by the previous Trust and the WHSS Board to site the maternity Unit at the Erne and how the Omagh population had finally conceded to this on the grounds of maintaining a maternity service within the former Sperrin Lakeland area.

Mr McGowan said the 3% argument has been used before but the reality is that they will always find a reason to take the service away. He said he would urge the Council to get the minutes from this meeting published in the press.

Ms Reilly said the WHSS Council minutes are widely distributed to all the local and regional media. Mr McGowan suggested working with local communities such as the South West College where if they have a media class they might do a media watch of the health issues that are arising within this area. Then it could be seen that it is not the Council hyping this up and shouting about something for the sake of shouting.

Mr McKelvey said there was a great hullabaloo in a press statement

yesterday from the Minister that there was a new 300 bed facility at Craigavon to take account of the extra births in that area. Again, he asked, if this was not another case of the West being disregarded? He said its back to the issue of equality.

Mr McGowan said he was loathe to say it but that this is simply a very sneaky way of implementing the 'Golden Six' Hospitals. He said he realised the workload of the Council is increasing but he felt the issues to be of such importance that it be pushed to the fore.

Mr Maguire said there is another issue here. He said we don't have a group of women who are currently expecting babies kicking up an outrageous fuss because the services might go out of Enniskillen or prior to that when they were going out of Omagh because they have immediate healthcare needs. Naturally they are thinking about their babies. He described how women are hearing that there is a cracking facility in Craigavon or Derry or wherever and that they might be better going there. They will be told not to worry about this lobbying group in the Western Health Council. It's the same with everything else to do with services, no matter what you think. Unless the pressure is coming from the people in the eye of the storm there is not going to be anything done about it quite frankly. The Trust will quite happily fire back a response to us until we go away but unless people who are directly involved put the pressure on to change things there is very little chance of change happening. It is going to have to be something massive to wake people up to get them excited about what is going on in their communities and realise that they are losing things that will affect everybody in future generations. The problem is we have never had teeth and we are not able to apply pressure.

Mr McGowan said he always believed that but the people of Omagh pushed and who listened to them, the changes still happened. So even people power on the ground did nothing to stop it.

Mr Maguire said because these are matters to do with people's health, you can't say to them, 'listen don't go to Craigavon or don't go to Derry'. People can't be forced to receive their care in Omagh or Enniskillen just to prove a point. However people caught up in this are being forced to go to wherever the service is located. That's the problem, he said, if it wasn't a health issue the powers that be would not get away with this.

Mr McGowan said because it is a health issue all he was saying is that on our watch in our last half year it should be of prime importance that we at least make that noise.

Mr McKelvey said our concerns should be recorded in the minute of the meeting and that's as far as we can take it and between now and the next meeting decide what strategy to use in order to be really positive about this.

Ms Reilly asked members if they wanted her to contact the WHSS Council members who are elected representatives and apprise them of the discussion and enquire if they will assist in bringing together or facilitating a meeting between the District Councils and the WHSSC? She suggested members who had an interest in this matter would attend as a sub-group of the Council and that Strabane District Council should also be included.

Mr McGowan proposed that the Chief Officer make contact as she described and apologised once again for the additional work that this would mean. He said he honestly felt a bit guilty about all of this and that he wanted to feel the Council had done everything it could on this matter.

Mrs Robson said she would second that proposal.

Action Point: AP e/09/08

Chief Officer to contact WHSSC Councillor representatives from Omagh, Fermanagh and Strabane District Councils to consider arranging a joint meeting of the District Councils to discuss issues of common concern in the Southern Sector of the Western Trust.

Any Other Business:

Review of Autism services:

Mr Campbell said he had recently represented the Health Councils at a Consultation event and was concerned that there were no parents of children with autism or groups who advocate for parents, at the event.

He said the Department has produced a draft action plan for Autism which is going out for consultation; the analysis will be done by December and the plan will be finalised in March 2009. He said this is a whole plan for Autism services from the cradle to the grave. Mr Campbell asked that the Chief Officer write to the Department to find out why there were no representatives of parents with children with autism or autistic groups at the consultation event.

Action Point: AP f/09/08

Chief Officer to write to Department for update on the consultation on the Review of Autism Services.

Healthcare Associated Infections in Hospitals:

Mr McKelvey referred to the Trust press release of the 26th August and said he welcomes the introduction of new visiting arrangements. He said it is action that has been taken on a really big issue at the moment.

Ms Reilly said the Chair had welcomed the new visiting policy during a radio interview.

Dentistry:

Mr McKelvey asked if the Council could do anything in relation to issues raised by Mr McGonigle in his earlier presentation?

Ms Reilly referred to the document on Dentistry that is currently out for consultation and said she would discuss this further with Mr McGonigle before formulating the Council's response.

Application for a pharmacy in Lisbellaw:

Mrs Brown queried whether the Council had any information with regard to when any further meetings are planned regarding an application for a pharmacy in Lisbellaw?

Ms Reilly agreed to contact Mr Joe Brogan WHSSB to get an update.

Action Point: AP g/09/08

Chief Officer to contact Mr Joe Brogan at WHSSB for an update on the application for a pharmacy in Lisbellaw..
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Bugwatch Survey:

Ms Reilly said she wished to remind members that the Council will shortly be carrying out a repeat Bugwatch Survey in Altnagelvin and details will be forwarded to those taking part in the survey.

Toner Report:

Mr John Doherty, Director of Women's and Children's services, WHSC Trust will give a briefing to members on the Toner Report on Friday 26th September 2008.

Co-location of Out of Hours at Altnagelvin Hospital Site:

A meeting with Mr Eugene Gallagher WHSS Board will be held on Friday 19th September 2008 at 10.00am in the Boardroom WHSS Board HQ.

Date of Next meeting:

The next meeting will be on Friday 3rd October 2008 at the Share Centre, Lisnaskea, Co Fermanagh.

The meeting ended at 1.30pm