

**MINUTES OF THE EASTERN HEALTH AND SOCIAL SERVICES COUNCIL
MEETING HELD ON 22 JANUARY 2004 AT 5.30PM IN THE
GROSVENOR HOUSE TRAINING & CONFERENCE CENTRE,
GLENGALL STREET, BELFAST**

PRESENT: Mrs Eileen Askham
Mr Brian Coulter
Mr Cecil Graham
Dr Michael Harriott
Mrs Sylvia McGarry
Miss Patricia McMillan
Mrs Myrtle Neill
Cllr Robert Andrew Drysdale
Cllr Mrs Elizabeth Campbell
Cllr Gordon Dunne
Mrs Elizabeth Hamilton
Cllr Mrs Naomi Long
Mrs Rosemary McGrotty
Mr George Monds
Miss Muriel Patterson

Mr Coulter was in the Chair

IN ATTENDANCE:

Mrs Jane Graham, Chief Officer
Mrs Brenda Devine, Senior Manager
Mrs Helen Mallen, Office Manager
Miss Leanne Simpson, UUI Student Placement
Dr Janet Little, Consultant in Public Health Medicine and Nursing, Eastern Health and Social Services Board - For Minute 118/03

Mr Coulter extended a warm welcome to Miss Leanne Simpson who is on a one year placement at the Council from the Ulster University at Jordanstown.

01/04 APOLOGIES were received from the following members:

Mr Brian Compston, Cllr Dermot Curran, Mr Brendan Henry, Mr James Hutchinson, Cllr Joseph Lockhart, Mr Brian Marshall, Mr Jeremy McMahan, Mrs Mary Muldoon
Apologies were also received from Dr Ann Wilson, Public Health Medicine and Nursing, Eastern Health and Social Services Board.

02/04 DR JANET LITTLE, CONSULTANT IN PUBLIC HEALTH MEDICINE AND NURSING, EASTERN HEALTH AND SOCIAL SERVICES BOARD

Dr Little presented a review of the 2003/2004 Winter Plan. This plan is part of the Department of Health, Social Services and Public Safety, Priorities for Action process and each year the four Boards must submit a Winter Plan for consideration. The concept of the winter pressures plan has been around since 1997. Over the last five years the Eastern Health and Social Services Board has provided significant investment of non-recurrent money of approximately £10 million to both the community and hospital sectors. This money is allocated to ease pressures over the winter months as there is usually a greater demand placed on services between December and March. As this money is usually non-recurrent, Dr Little explained that problems can arise for organisations in the short-term planning and organisation of extra services and the recruitment of staff. Organisations must ensure that the services they put in place can be run down once the winter period is over.

The Eastern Health and Social Services Board received a 2003/2004 winter pressures allocation of £5,693 million. Of this money, the hospital sector received £2.001 million, the community sector £1.951 million and the primary care sector £1.741 million.

The Eastern Health and Social Services Board holds a workshop in September to discuss bids from organisations whilst considering the amount of money available. The Winter Plan allocation to the Trusts in the Hospital Sector for 2003/2004 was:

TRUST	ALLOCATION
Belfast City Hospital Trust	£0.502m
Down Lisburn Trust (Acute)	£0.326m
Green Park Trust	£0.025m
Northern Ireland Ambulance Service	£0.079m
Mater Hospital Trust	£0.326m
Royal Hospitals Trust	£0.432m
Ulster Community and Hospitals Trust (Acute)	£0.312m
	TOTAL £2.001m

Dr Little provided details on the additional services each Trust put in place over the winter period using their allocation. The main focus had not been on bed capacity but on the infrastructure within Trusts, with a view to improving the patient journey throughout their hospital stay, a more efficient use of resources and improved discharge co-ordination. Some of the extra services were specific to individual Trusts but there were common areas which included:

- Additional staffing and observation beds in Accident and Emergency
- Additional support for fracture review clinics
- Resources for Deep Venous Thrombosis (DVT) clinics to improve investigation of thrombosis in Accident and Emergency
- Additional staffing in all areas for example, medical, agency nursing, social work, allied health professions, portering, domestic and clerical
- Additional ambulance resources
- Flu vaccination programme for staff

Some of the initiatives introduced by the Northern Ireland Ambulance Service included:

- Introducing extra vehicles for Intermediate Care and Paediatric Services
- Employing a Patient Care Service Co-ordinator in the Planning Department
- Employing extra Control Room Assistants

The Winter Plan allocation to the Trusts in the Community Sector for 2003/2004 was:

COMMUNITY TRUST	ALLOCATION
Down Lisburn Trust (Community)	£0.274m
North and West Belfast Trust	£0.268m
South and East Belfast Trust	£0.777m
Ulster Community and Hospitals Trust (Community)	£0.632m
	TOTAL £1.951m

Although the Community Trusts identified some specific initiatives within their own organisations, there were again some similar schemes implemented as follows:

- Expansion of Home from Hospital services
- Early/Integrated discharge schemes
- Purchase of additional aids and equipment
- Enhanced care packages
- Additional staffing - nursing and allied health professions
- Flu vaccination programme for staff

The Primary Care Sector used their allocation to introduce a range of schemes to improve access to primary care services over the winter period which include:

ENHANCED SERVICE	ALLOCATION
Better access to GP Surgeries	£0.600m
Influenza and Pneumococcal Vaccination	£0.727m
Further investment in Local Development Scheme for Chronic Obstructive Pulmonary Disease	£0.389m
Additional General Practice out-of-hours cover	£0.025m
	TOTAL £1.741m

Although the Winter Plan money is non-recurrent, the Department of Health, Social Services and Public Safety confirmed that as part of the May monitoring process, they could give the Eastern Health and Social Services Board an additional recurrent funding of £820,000. This money will be used for long term investment in:

- thrombosis services in Accident and Emergency at the Belfast City Hospital
- Staff Grade positions in Accident and Emergency in both the Mater Hospital Trust and Lagan Valley Hospital
- non-invasive ventilation beds at the Royal Hospitals Trust
- Fracture Services in the Green Park Trust and Ulster Community and Hospitals Trust

A similar amount of recurrent money has been made available to the Community Sector and this will be used in developing step-down beds and additional domiciliary and nursing home provision.

As the Winter Plan has been in operation for several years, Mr Coulter asked if any lessons in outcomes have been learnt from putting these various measures in place during the winter period. Dr Little explained that non-recurrent money does not deal with the long-term need of increased bed capacity. The focus of the winter pressures funding is to provide resources for timely diagnostic support and quicker access to Allied Professions to Health. These short-term schemes have a role to play but often they raise expectations that the level of service introduced will be able to continue. As these schemes are only for the duration of the winter months they can be difficult to put in place due to short-term staffing requirements. Unfortunately the pressures which were originally identified as ‘winter pressures’ are not now unique to the winter period and it is difficult to predict when problems will hit hardest. The predictable pre-Christmas peak has gone and there are now pressures on the system all year round.

Council has been concerned about the degree of surprise expressed at the sudden increase in demand on Accident and Emergency services resulting in medical admissions. This first became apparent in the Ulster Community and Hospitals Trust but unfortunately this has spread across quite a number of Trusts resulting in unacceptable numbers of patients waiting on trolleys. Mr Coulter highlighted that in recent discussions with the Ulster Community and Hospitals Trust it had been suggested that one of the contributing factors to this problem was the recent changes in junior doctors working hours. This obviously cannot be addressed with non-recurrent funding but Mr Coulter stressed that as this was a national issue, proper planning should have been able to predict the impact this change would have and the resources required to minimise disruption to patient care.

As the Winter Plan has been in operation for several years Mr Graham asked Dr Little if lessons learnt each year are used to prioritise services for the next year so that the same issues are not reoccurring. Dr Little explained that the amount of non-recurrent money for the Winter Plan changes each year and cannot be predicted. The Health Boards receive notification of their allocation in October, which leaves a short space of time to put the proposed schemes in place. This means that by the time the money is available to recruit short-term domiciliary staff for the winter period, there is also short-term recruitment by retailers for the Christmas period. In relation to dropping some services to allow for pressures there has often been the suspension of routine elective surgery during the winter months. However, consideration must be given to the impact this has on the length of time patients are waiting on elective procedures, and the fact that there are surgical teams available that are not being utilised for the whole twelve months of the year.

Mr Graham pointed out that money had been allocated for management of a flu epidemic which had been predicted this winter. He asked if management can divert this money to other problem areas if it remains unused. Dr Little said that the money must be accounted for and returned to the Department of Health, Social Services and Public Safety if unused. As service providers the Eastern Health and Social Services Board learn from the impact of non-recurrent money and would often use this to make a case for recurrent money to be made available to maintain a service.

Dr Harriott asked for more detail on the flu vaccination programme and Dr Little explained that General Practitioners' target people over 65 and people with certain medical conditions who are considered to be of higher risk. The public uptake for influenza and pneumococcal vaccination in the Eastern Health and Social Services Board area at the end of November 2003 was 69%. Trusts offer staff the flu vaccination but there is a low uptake by staff of approximately 10-15%.

Cllr Dunne asked Dr Little what difference Winter Plans are having when you consider the year on year increase in the number of patients waiting on trolleys. He referred to the figures in December 2002 when there were 233 patients waiting for more than 2 hours on trolleys at the Ulster Community and Hospital Trust. In December 2003 this had risen to 345 patients.

Dr Little said that Winter Plans' focus on winter months and unfortunately there are now problems all year round. The non-recurrent money helps get patients through the system and it is expected that the situation would be worse if these winter schemes were not in place. However, Dr Little accepted that with no data available to quantify the impact of this additional funding questions will be raised about the effectiveness of the initiatives. Mr Coulter said that the winter pressure non-recurrent money has now become institutionalised and whilst the money is welcomed, there should not be reliance upon this unpredictable allocation each year to aid the health service to struggle through a difficult period. The diversity of initiatives introduced each year makes it impossible to measure value for money. This is reflected in the trolley wait situation as there appears to be no measurable improvement given the resources that have been committed to this problem. Mr Coulter thanked Dr Little for presenting the information on the 2003/2004 Winter Plan.

03/04 MINUTES OF THE PREVIOUS COUNCIL MEETING

As Mr Compston was unable to attend the meeting Mr Coulter explained that he had requested a change to the previous minutes. Mr Compston felt that the minute of his input on the issue of patients waiting on trolleys had not reflected the strength of his concerns raised on this matter. Mr Coulter asked members approval on the following amendment.

Minute 108/03 (c) Patients waiting on trolleys

The following paragraph to be added after paragraph eight on page four:-

'Mr Compston sought assurances of the full commitment and best efforts of Managers to resolve the problems, given that we are now facing a trolley wait crisis of alarming proportions'

Minute 108/03 (c) Patients waiting on trolleys

Cllr Drysdale asked for an amendment to the third paragraph on page four to read 'Cllr Drysdale praised the work of staff at both the Ulster Community and Hospitals Trust and Ards Hospital. He asked if pressure could be put on government.....'

Members agreed the minutes of the Council Meeting held on 11 December 2003 subject to the above changes. It was also agreed that a note should be made on the Minutes that Dr Harriott had been on Council business elsewhere at the time of the Council meeting.

04/04 MATTERS ARISING FROM MINUTES

(a) Minute 95/03 (c) Contagious Diseases

At a previous meeting Dr Harriott had asked for information on whether the number of contagious disease was rising with the increased number of asylum seekers entering Northern Ireland. Mrs Graham had contacted the Department of Public Health Medicine who had reported that although the system may not be full proof, there has not been an increase in the incidence of contagious diseases over the last year. The Port Authorities screen everyone for tuberculosis on entering the country and this is followed up by Health Visitors. Screening for other blood born diseases is only carried out by Occupational Health on those people coming into the country to take up employment in what is classed as a 'high risk' area such as the health service.

(b) Minute 113/03 (a) Patients waiting on trolleys

The Chief Officer confirmed that the action agreed by members at the last Council meeting has been carried out as follows:

- a letter was forwarded to Angela Smith, Minister for Health, Social Services and Public Safety expressing Council's concerns on the increasing number of patients waiting on trolleys. A copy of the waiting time figures from June 2000 to December 2003 was included
- a letter was circulated to MLAs' to highlight this issue once again and to advise them that a letter has been sent to the Minister asking for her intervention to provide a high level strategy to rectify this unacceptable practice which is now institutionalised.

In December 2003 the Chief Officer and the Chairman met with the Chief Executives' of the Ulster Community and Hospitals Trust, the Mater Hospital Trust and Lagan Valley Hospital to discuss what action is being implemented to eradicate the trolley wait situation. At these meetings the Chief Executives' had indicated some similar problems which included demographic issues with people living longer who have more complex medical needs. Some of the initiatives implemented are as follows.

Mater Hospital Trust

- Initiatives in Accident and Emergency to improve the quality of care for patients who are having to wait on trolleys. These include addressing issues on privacy, meals and additional multidisciplinary staffing
- The Trust has a £3.2 million capital scheme which enabled the opening of 20 beds in April 2003 with 22 more beds opening in the summer of 2004
- A patient flow project commenced in January 2004 with expected completion in the summer of 2004.

Down Lisburn Trust

- A Medical Assessment Unit was opened in April 2001 and 12 step-down beds introduced in April 2002.
- Additional multidisciplinary staffing with plans for further recruitment
- Improved working with the Community and between the departments in the Trust

Ulster Community and Hospitals Trust

The Ulster Community and Hospitals Trust had previously presented details to Council on the Emergency Admissions Project which they had undertaken. The Trust reports that:

- they are above all of the Northern Ireland averages in relation to the elderly population which they serve and the number of medical admissions to the Hospital.
- there are major problems with delayed discharge and although there has been an increase in community care packages and home help services, they have had quite a number of closures in residential care beds.
- it is underfunded by £4.3 million in acute services and by £1.5 million in elderly care and is under capacity in beds and theatre spaces.
- changes to the junior doctors hours has had an impact on the patient length of stay and it is expected that proposed changes to the consultant contract will also have an impact on patient throughput.

Some improvements which have been made include:

- Good use of the Minor Injuries Unit at Bangor Hospital. The Trust is also looking to improve the use of the Minor Injuries Unit at Ards Hospital.
- A proposal for a Minor Injuries Unit at the Ulster Communities and Hospitals Trust
- Improved multidisciplinary discharge processes

The Trusts are all keen to assure the public that although patients are waiting in Accident and Emergency there is no compromise to the clinical care that is being given.

The figures for patients waiting on trolleys for more than 2 hours in Accident and Emergency in December 2003 had been circulated to members. In week commencing 5 January 2004 a record number of patients had been waiting on trolleys in Accident and Emergency. In light of this, Mrs Graham reported on the January figures up until 22 January 2004, which so far show that there have been:-

- 1050 patients waiting on trolleys for a hospital bed for more than 2 hours.
- 1783 medical admissions
- 112 non-designated beds used in the Belfast City Hospital Trust
- 98 non-designated beds used in the Ulster Community and Hospitals Trust

Mr Graham said that he must echo the frustrations on this issue which have been expressed on numerous occasions at previous Council meetings, and said that the Council have done everything within it's power to keep the attention on this matter but with no effect. He queried the reliability of the available statistics which demonstrated some extreme variances from month to month. The figure for December 2003 has doubled since December 2002 and the available figures for January 2004 are showing a continued deteriorating situation. Mr Graham said that it would also be interesting to know how long patients wait from arrival in Accident and Emergency to medical assessment as this could add considerably to the total length of time patients spend in Accident and Emergency.

Mr Coulter explained that the letter which was sent to the Minister for Health, Social Services and Public Safety asked for a high level strategy to deal with this situation. He said that at the various meetings he and the Chief Officer had attended recently, the Trusts are increasingly feeling under siege on this matter and a worrying consequence of this could be problems with the future recruitment and retention of staff.

On further discussion, Mr Coulter acknowledged Council's frustration on this matter and said that there is increased disillusion about the management of the situation when it has become a permanent fixture of the service and is getting worse.

Mrs Askham said she knows of a number of nursing staff who are equally frustrated with this whole situation and the effect it is having on staff moral and physical health. Some staff had expressed frustration about arranged hospital visits for example, by the Minister for Health, Social Services and Public Safety, where attempts are made to portray the best picture instead of showing the situation as it really is.

Cllr Dunne endorsed members comments and said that these frustrations arise from seeing no evidence of improvement from the various measures which have been implemented and the progression of this practice to a crisis situation. He said that Eastern Health and

Social Services Board Officers had been present at a recent North Down Borough Council meeting and they are fully aware that something needs to be done urgently.

Mr Coulter said that the trolley wait situation is a symptom of a much bigger issue resulting from a major lack of medical bed capacity and staffing. It is clear that no individual Trust can resolve this situation. Only high level intervention and major urgent investment will have an effect on this situation. However, in the last round of budget allocations health did not fair proportionately as well as other departments and this raises issues about the overall service priorities for Northern Ireland. There needs to be better planning at a national level for the cost implications and workforce planning of national issues such as changes to junior doctors hours and consultant hours. The Council do not wish to place more pressure on those people trying to manage the situation at local level and some of the frustration must be directed at the lack of accountability which is not helped by the lack of a local assembly.

Mrs Graham reported on the community care waiting list figures each month and explained that North and West Belfast Trust had contacted her to say that the figures which were circulated in October had indicated that there was a problem with community care funding in their area for those patients waiting in hospital. However, North and West Belfast Trust differentially apply their funding to moving people out of hospital and consequently their community care waiting lists continue to rise. It must therefore be noted that none of their delayed discharges from hospital is due to funding.

The current figures for community care waiting lists are as follows:

Trust	Number of people in hospital	Number of people in the community
North and West Belfast Trust	58	84 (75 due to no funding)
South and East Belfast Trust	45 (8 due to no funding)	58 (4 due to no funding)
Ulster North Down and Ards Trusts	30	19 (5 due to no funding)
Down Lisburn Trust	23 (17 due to no funding)	30 (26 due to no funding)

In response to a question from Mr Graham the Chief Officer confirmed that the Council rarely get contacted with complaints about the waiting times on trolleys in Accident and Emergency as the public seem to tolerate this. There are sometimes calls from individuals in the community whose needs are not being met but Council would have concerns about the level of unmet need that isn't recorded.

- (c) Minute 114/03 (d) Regional Review of Mental Health and Learning Disability Services
 A meeting has been arranged on Friday 19 March 2004, for representatives of the four Councils' to meet with the Regional Group who are looking at mental health and learning disability services. Representatives from South and East Belfast Trust have been invited to meet with the Council representatives on the same day as the Trust are building a regional secure unit on the Knockbracken site and this will link into plans for these future services.

- (d) Minute 114/03 (e) Strategy for Older People
Three Council members have expressed an interest in representing Council on a Steering Group which is being set up to develop a Strategy for Older People. As two members have indicated their continued interest in this initiative, members agreed that Dr Harriott and Mrs McGrotty should both be nominated to represent Council on this Group.
- (e) Minute 114/03 (f) Northern Ireland Cancer Registry
Miss Muriel Patterson has expressed an interest in representing Council as a consumer representative on the Northern Ireland Cancer Registry. Members agreed.
- (f) Minute 114/03 (i) Vice Chairman Election
Mrs Graham had previously asked members to give consideration to the election of a Vice-Chairman. The election papers were distributed to members and Mrs Graham explained that if a member wishes to nominate someone they should seek the persons approval to go forward for nomination and then get another member to second this nomination. It was agreed that an updated list of members contact details should be circulated to members in order that they can speak to each other regarding this process.
- Mr Coulter explained that his second term of office as Chairman expires around June 2004. He announced that it would not be his intention to run again for the position of Chairman and asked members to give the election of a Vice-Chairman their urgent attention.
- (g) Minute 115/03 (c) Investing for Health Strategy
Mrs Graham confirmed that she has met with the Co-ordinator of the Investing for Health Strategy Group from the Eastern Health and Social Services Board. She will be meeting the rest of the group shortly and this will be presented to Council at a future meeting.

05/04 THE FUTURE OF FERTILITY SERVICES IN NORTHERN IRELAND

The Chief Officer explained the background to the current interim subfertility service and the consultation document which has been issued by the Department of Health, Social Services and Public Safety. The consultation document poses 30 questions on clinical and sometimes sensitive issues. Mrs Graham explained that the National Institute for Clinical Excellence have gone through various consultation exercises on fertility services over a 2 year period. They have carried out extensive review of the clinical issues and will be producing definitive guidance in February 2004, which will provide recommendations for managing subfertility treatment in England and Wales. Currently the guidelines are not compulsory to Northern Ireland but the Department of Health, Social Services and Public Safety are negotiating with the National Institute for Clinical Excellence to identify if links could be set up in Northern Ireland under the Best Practice, Best Care agenda.

Mrs Graham outlined the questions which she needed members to consider in order to respond to the consultation document. Members discussed the questions and felt that the National Institute for Clinical Excellence guidance on the clinical issues should be followed considering the consultation and research which have been carried out, particularly in relation to the age factor and the number of treatments. In considering the

limited resources available for fertility services members discussed and agreed the following:

- Fertility services should be publicly funded and given a high priority for funding
- Prioritisation should be given to those couples where neither partner has a biological child.
- A person who has been voluntarily sterilised should not be given access to publicly funded treatments.
- Treatment should be restricted to people in stable relationships and some serious attempt should be made to define 'stable'
- Treatment should not be offered to same sex couples or to single people
- There was mixed opinion on the use of vetting procedures. It was agreed that the child's interest is paramount and there should be some form of assessment which is consistent and transparent but not to the level of vetting procedures for adoption.

It was accepted that a lot of the questions posed may be influenced and challenged by equality legislation which will have to be considered by the Department of Health, Social Services and Public Safety. It was also recognised that although guidance will be published individual circumstances must be considered and this will sometimes result in exceptions to the rules. Although it is difficult to give a definitive answer to a lot of the questions raised, members agreed that the welfare of a child must be paramount.

06/04 REPORT FROM CHIEF OFFICER

(a) Eastern Health and Social Services Board Meeting of 15 January 2004

The following items were discussed:-

- The new GP contract which comes into effect in April 2004
- The Minister for Health, Social Services and Public Safety circulated a Press Release indicating the Budget Priority for Health and Social Services for 2004/2005. This was slightly better than anticipated but the Eastern Health and Social Services Board still have some concerns. There has been a baseline increase of 7.2% which equates to £220million and some of the initiatives which will be covered by this money are:
 - ⇒ implementation of the new GP contract
 - ⇒ improving intermediate care with extra money allocated to the Local Health and Social Care Groups
 - ⇒ Extra money for waiting lists and for purchasing operations outside the NHS
 - ⇒ Extra money for renal, cancer and critical care
 - ⇒ Extra money for anti TNF drugs for arthritis sufferers
 - ⇒ Improvements to a number of Community Services such as earlier diagnosis and treatment of autism; enhanced services for eating disorders, mental health and learning disabilities; 'flex feet' technology for children; more elderly care packages; development of adoption services

Detailed discussions will take place with the Health Boards and Trusts as there are concerns about the capacity for service development and maintaining existing services.

(b) Workshop on out-of-hours services, Ramada Hotel

Mrs Graham apologised for the short notice, but informed members that a one day workshop on out-of-hours GP services was being held on Friday 23 January 2004 at the Ramada Hotel. This initial workshop will bring together the key people who are involved in planning the alternatives for out-of-hours services under the new GP contract.

(c) Commission for Health Improvement Demonstration Review

The Ulster Community and Hospitals Trust are participating in a demonstration review of clinical and social care governance which is being carried out by the Commission for

Health Improvement. Mrs Graham had met with the representatives from the Commission for Health Improvement when they were holding public meetings from 5 January to 8 January 2004. The review will be completed by March and a report will be given to the Ulster Community and Hospitals Trust. As this is a demonstration review the findings will not be made public but a report will be made to the Department of Health, Social Services and Public Safety and lessons to be learnt from this sort of review will be communicated throughout the Health and Personal Social Services.

(d) Post-Mortem consent forms and Guidance

Meetings are being held on the 26 and 27 January 2004 regarding the launch of new post-mortem consent forms and a Good Practice Guide on the Care of the Bereaved. These documents are out for consultation for a 3 month period. The documents were developed as a result of the organ retention enquiry and the meetings next week are targeted at the public and Health and Personal Social Services staff.

(e) New GP Contract

Sub-groups have been set up to plan the implementation of the new GP contract. Mrs Graham represents the four Councils' on the group looking at services. The sub-group is examining some of the enhanced services with the focus currently on access to primary care for routine appointments. GP practices would be paid extra money to provide an enhanced access service. The group had agreed that Northern Ireland should follow the standard set in England which states that 'By 2004 all patients would be able to see a Primary Care Professional within 24 hours and a General Practitioner within 48 hours.'

This proposal was forwarded to the Regional Working Group for consideration, who then changed this to 'By 2004 patient's who so request, would be able to see a General Practitioner or an appropriate Primary Care Professional within 2 working days.' This proposal is similar to the standard being set in Scotland.

Mrs Graham explained that she was providing this information to Council because of concerns that the standard agreed by the sub-group has now been changed. On discussion members agreed that the Chief Officer should communicate the Council's concerns to this change to the access standard being used in England and to seek clarity on the definition of 'see a healthcare professional' as there can be no comparison between a telephone call and a one-to-one appointment.

- (f) Annual Work Programme
Mrs Graham circulated the Annual Work Programme update for April 2003 to December 2003 and told members to contact her if they had any queries.
- (g) Development of Regional Strategy
Five themes have emerged in the development of the Regional Strategy. These are Investing for Health, Developing the Workforce, Public Engagement, Quality and Governance and Responsive and Integrated Services. There will be a chapter in the Regional Strategy on Public Engagement and it is anticipated that it will be issued towards the end of March for public consultation. Council has already raised concerns that this chapter does not adequately cover the debate on public engagement and will therefore seek to ensure that the public are actively involved in the consultation about this Regional Strategy.
- (h) Workshop on Adult Emergency Surgery
In October 2003 the Royal Hospitals Trust and the Belfast City Hospitals Trust moved to continuous take-in for medical patients, however the take-in for surgical patients is still on alternate days. The Eastern Health and Social Services Board held a workshop to discuss future services for adult emergency surgery. Some Trusts expressed concerns about the delivery of this service particularly around junior doctors and the recruitment of surgeons. The Eastern Health and Social Services Board will review suggestions made and plan how this service could be developed to eradicate the problems some of the Trusts are having.

07/04 CORRESPONDENCE PAPER EC02/04

- In addition to paper EC02/04 the following additional items were received:
- (a) Notification has been received that Jim Stewart has been appointed Chairman of the Greenpark Trust from 1 January 2004.
- (b) The Minister for Health and Personal Social Services has announced £41million for a new hospital in Downpatrick.
- (c) A letter has been received from Castlereagh Borough Council regarding an organisation called Reconnect, which were formerly known as Garden Reach. This organisation is aimed at people with brain injury to realise their maximum potential for social and vocational reintegration. Castlereagh Borough Council have asked the Council to consider giving support to the proposal that this organisation be brought into the mainstream services provided by the Department of Health, Social Services and Public Safety. Members agreed that Mrs Graham should contact the Eastern Health and Social Services Board to identify what funding and services are currently available for patients with brain injury before approaching the Department of Health, Social Services and Public Safety.

08/04 MEMBERS INPUT

- (a) Dr Harriott reported the following business on behalf of Council:
- The SARS Co-ordination Group have now produced the SARS Northern Ireland Contingency Plan.
 - The main focus of the meeting of the General Dental Council held in December was to advise dentists on how to register. Dr Harriott had been disappointed to be unable to adequately debate the privatisation of dentistry services. Dr Harriott said that it was

useful to meet with representatives from the other Councils and suggested that it may be worth having representatives from all Councils meet annually to review common issues.

- (b) Mrs Campbell attended the Down Lisburn Trust Board Meeting and reported that the issue of recruitment of medical staff was discussed.

09/04 DATE AND TIME OF NEXT MEETING

The next meeting will be held on Thursday 19 February 2004 at 1.30pm in the Oxford Suite of the Park Avenue Hotel, Belfast.

Signed: _____ Date: _____
Chairman

Signed: _____ Date: _____
Chief Officer