

**MINUTES OF THE EASTERN HEALTH AND SOCIAL SERVICES COUNCIL
MEETING HELD ON THURSDAY 16 DECEMBER 2004 AT 5.30PM IN THE
MAIN ROOM, GROSVENOR HOUSE CONFERENCE AND TRAINING CENTRE,
GLENGALL STREET, BELFAST**

PRESENT: Cllr Mrs Elizabeth Campbell Mr Brian Compston
 Cllr Dermot Curran Cllr Robert Andrew Drysdale
 Cllr Gordon Dunne Mr Cecil Graham
 Mrs Elizabeth Hamilton Mr Brendan Henry
 Cllr Joseph Lockhart Cllr Mrs Naomi Long
 Mrs Rosemary McGrotty Miss Patricia McMillan
 Mrs Mary Muldoon Miss Muriel Patterson

Miss McMillan was in the Chair

IN ATTENDANCE:

Mrs Jane Graham, Chief Officer
Mr Sean Brown, Senior Manager
Mrs Helen Mallen, Office Manager
Dr Paula Kilbane, Chief Executive,
Eastern Health and Social Services Board – For Minute 90/04
Dr Stanton Adair, Director of Primary Care,
Eastern Health and Social Services Board – For Minute 91/04
Mr Colin McMullan, Out of hours Project Manager,
Eastern Health and Social Services Board – For Minute 91/04

89/04 APOLOGIES were received from the following members:

Mrs Eileen Askham, Ald Michael Henderson, Mr James Hutchinson, Mr Brian Marshall, Mrs Sylvia McGarry, Mr Jeremy McMahan, Mr George Monds

90/04 DR PAULA KILBANE, CHIEF EXECUTIVE, EASTERN HEALTH AND SOCIAL SERVICES BOARD

Dr Kilbane reported on a number of issues raised at the Eastern Health and Social Services Board Meeting held on 9 December 2004 and updated Council on a number of issues raised at the last Council Meeting as follows:

(a) HIV Infection

A report provided at the Eastern Health and Social Services Board Meeting would raise concern about the rate at which HIV infection has increased in Northern Ireland but there was good news on the take up of ante-natal screening.

(b) Budget and Priorities Allocation

An announcement regarding next year's budget allocation and priorities for Health and Personal Social Services is expected around 20 December 2004. It is anticipated that the Department of Health, Social Services and Public Safety will have a shortfall of approximately £25-30 million this year. An announcement regarding the shortfall is expected following a meeting between the Minister for Health, Social Services and Public Safety and the Department of Finance and Personnel. It is expected that next year's financial situation will be more difficult and there are concerns about availability of resources to maintain existing services.

(c) Winter vomiting virus

Currently the incidence of winter vomiting remains a slight problem at the Ulster Community and Hospitals Trust and in the Emergency Admissions Unit at the Belfast City Hospital Trust.

Dr Kilbane had agreed to make enquiries on the information being provided by GP Surgeries if patients suffering from this virus telephone in requesting a home visit. General Practitioners were contacted regarding their procedures for dealing with patients suffering from vomiting and diarrhoea and they will receive follow-up instructions advising them that telephone advice is the preferred method of consultation with these patients, as attendance at the surgery should be avoided in order to prevent the spread of this infectious virus.

Mr Graham said that he has recently learnt that a number of Trusts are not permitting cut flowers on some hospital wards due to potential infection. He suggested that the Department of Health, Social Services and Public Safety should implement publicity campaigns on such decisions as the public should be made aware of what decisions are being taken, why these are taken and how they can contribute to reducing the spread of infection. The communication to General Practitioners on providing telephone advice to patients suffering from the winter vomiting virus is another example of information which should be widely publicised.

(d) MRSA Leaflet

Although a revised information leaflet on MRSA has been available since 2003, Council Members had highlighted that organisations are still providing the 1996 version of the leaflet. Dr Kilbane confirmed that following enquiries a large number of the MRSA leaflet produced in October 2004, have been obtained and these will be distributed to Nursing and Residential homes via the Registration and Inspection Unit, to Primary Care via the Eastern Health and Social Services Board and to Trusts via the Infection Control Nurses.

(e) Community Care Waiting Lists

Figures had just been made available on the number of patients waiting for community care packages at 30 November 2004. The overall number of delayed days had reduced by 11% in comparison with October 2004. The two priorities for action targets which are expected to be achieved for reducing delayed days are:

- 85% of patients medically fit for discharge should wait for less than 8 weeks for a care package.
- 10% reduction in the total number of delayed days

At the beginning of November 2004, 142 patients were waiting in hospital for community care packages being put in place before they could be discharged. Approximately 220 people are waiting in hospital for domiciliary care being arranged and two thirds of these patients wait for less than 2 weeks from the time they are deemed medically fit for discharge.

It is clear that the 2004/2005 Priorities for Action target to reduce the number of patients waiting on trolleys in Accident and Emergency for more than 2 hours will not be met. Currently efforts to reduce the time patients spend on trolleys are targeted at the more extreme waiting times. A number of Trusts have introduced initiatives aimed at streamlining the whole patient flow from hospital admission through to discharge.

Snapshot surveys were carried out in Trusts in the Eastern Health and Social Services Board area between February and September 2004 focusing on a snapshot of 2220 patients. The preliminary findings which have been discussed with Trusts show:

- A significant number of inpatients have no estimated date of discharge which is important in order to plan for a smooth, timely discharge
- There are a significant number of patients readmitted
- A significant number of patients are delayed on the ward after being declared medically fit because of problems with internal processes such as waiting for medication and waiting for discharge letters.
- A number of patients cannot be declared medically fit because they are awaiting specialised investigation.
- The majority of patients in a delayed discharge situation who are declared medically fit are awaiting transfer to another facility or regional specialty.

Although Dr Kilbane was unable to provide specific details at this time, she said that some of the initiatives being used involve earlier discharge in the day, discharge lounges and prioritisation of inpatient and outpatient investigations. The teams which have been set up within Trusts to work on these initiatives are working with the Emergency Pressures Steering Group and the snapshot survey will be carried out again to see if any of the measures taken have had an impact on the trolley wait situation.

Although concerned about the total number of patients waiting on trolleys, Cllr Dunne highlighted that in November 2004, 186 patients waited on trolleys for 17 hours or more. This is unacceptable and Council would want to see the initiatives being undertaken particularly impact on these extreme waiting times.

In response to a question from Mr Compston, Dr Kilbane explained that she was unable to provide great detail on the various initiatives which Trusts are adopting until the Trusts report back on the outcomes of the changes being made. In relation to an individual case which Mr Compston referred to, Dr Kilbane recommended that Council contact the particular Trust concerned. The Chief Officer agreed to do this on behalf of Council.

Mr Graham asked Dr Kilbane if she had any information on the government's recent announcement that someone had been appointed to carry out a review of the effectiveness of expenditure in the National Health Service.

Although awaiting details of this review, Dr Kilbane confirmed that the Department of Finance and Personnel had announced plans for an independent review of the effectiveness and efficiency of Health and Personal Social Services. Although an effectiveness survey has previously been carried out in Northern Ireland, another survey will be carried out for comparison with England. Health Service economists involved in the review will need to have an appreciation of:-

- The difference in the Northern Ireland set up which includes Health and Social Services
- The difficulties in Northern Ireland which will not enable comparison of like with like with parts of England
- The different diversity of the Northern Ireland population compared with England.

The review will involve engaging stakeholders including patient representative groups and agencies, users and political representatives.

91/04 DR STANTON ADAIR, DIRECTOR OF PRIMARY CARE, EASTERN HEALTH AND SOCIAL SERVICES BOARD

The Chair welcomed Dr Stanton Adair and Mr Colin McMullan who were attending to update Council on the out of hours service arrangements being implemented as part of the new General Medical Services Contract. Under the new contract General Practitioners had the choice of opting out of providing out of hours services. In the Eastern Health and Social Services Board area, as has been the case in the rest of the United Kingdom, the pattern has been that the majority of practices have chosen to opt out.

There has therefore been a lot of work on how the out of hours service will be provided and consultation has been carried out on the preferred model for services which proposed:

- A service provided by Community Trusts with primary care services best linked into other community services
- The introduction of a single telephone number for accessing out of hours services
- Patients can attend the out of hours centre which is closest to them irrespective of where their General Practitioner is located.
- Out of hours centres will be located in Downpatrick, Lisburn, Newtownards and Belfast. This will mean the relocation of the current centre in Bangor to Newtownards and the retention of the two Belfast centres on the Foster Green and Mater Hospital sites.

Dr Adair said that the response to consultation mainly demonstrated acceptance of the proposed model, with exception of the following:

- The population of Bangor understandably expressed concern about the proposed move of the out of hours centre from Bangor to Newtownards. However, mapping of distances and travel time for the population shows that a site in Newtownards would be more central.
- There were a number of suggestions that there should be additional centres provided in West Belfast and on the Ards peninsula. Work is now underway to identify locations for these two additional centres which have been agreed by the Eastern Health and Social Services Board.

The current situation is:-

- The centre in Downpatrick will be on the existing site
- The centre in Lisburn will be on the existing Lagan Valley Hospital site and work is underway to improve these premises
- The move to a site in Newtownards is underway with builders on site. There is no definite date for the move from the Bangor site as yet but it is hoped that this will be in a matter of weeks rather than months. When this move takes place further exercises will be carried out on mapping the number of patients and distances to travel with a view to identifying what other out of hours service is needed on the Ards peninsula.
- The current centres at the Foster Green and Mater Hospital sites have been extended.

- The availability of a site in West Belfast is being pursued and it is hoped this service will be provided within a few months.
- There has been some difficulty setting up the out of hours single telephone number. Although the telephone system can automatically divert landlines to the nearest out of hours centre, it cannot do this with calls from mobile phones. It would appear that all mobile phones would have to be directed to one centre but it is anticipated that this will not matter when the planned IT system is in place as the IT system will be linked and it won't matter which centre is contacted.

In the interim, the existing telephone numbers for out of hours services will be used, except the number for the contactors bureau which will cease. All patients who currently use the contactors bureau will receive a leaflet or a letter advising them of the interim arrangements and there will also be advertisements in the local press and in GP surgeries.

- All existing drivers and administration staff have transferred to the employment of the relevant Community Trust.
- The Community Trusts are carrying out extensive recruitment of doctors. Some General Practitioners will be employed by the Trust on a full time basis and some will be paid on a sessional basis only.

Cllr Campbell and Miss Patterson asked if there is any evidence that patients who normally go to their General Practitioners for treatment of minor injuries will be asked to go to Accident and Emergency, as this could potentially cause confusion for patients and make the unacceptable trolley wait situation worse. Dr Adair confirmed that some extra services which have to be commissioned by the Eastern Health and Social Services Board have still to be agreed with the British Medical Association. However, in the interim, the Eastern Health and Social Services Board would still expect that General Practitioners would continue to treat minor cuts, bruises and burns as it is essential that changes to the out of hours service do not put more pressure on the Accident and Emergency Departments.

Dr Adair explained that there is a greater use of the out of hours service in Northern Ireland compared to the rest of the United Kingdom, however, Mrs Graham highlighted that unlike the rest of the United Kingdom, there is no NHS Direct Helpline and no walk in centres in Northern Ireland. Dr Adair acknowledged that these services impact on the numbers who actually attend out of hours centres in the rest of the United Kingdom as most patients accessing out of hours services can be given advice over the telephone.

In response to a question from Mrs Muldoon, Dr Adair said that the centre planned for West Belfast should be open in a matter of months. Consideration has had to be given to identifying an accessible, secure site and it is hoped that in the medium to long term plan, the out of hours service in West Belfast would be provided in one of the new Health and Wellbeing Centres.

As a result of a recent case highlighted in the media, Cllr Curran asked Dr Adair to confirm if there is a policy that there is no call out service for children. Dr Adair confirmed that there is no such policy and said that the sophisticated technology in the out of hours service centres will enable the monitoring of calls and it will be possible to investigate the advice being given to patients if necessary.

Mr Graham pointed out that the planned publicity campaign for informing patients of the new telephone number and the location of the out of hours centres needs to be sustained. People often do not take notice of advertisements unless it is something they need at that particular moment and it is essential that the advertising is done on an ongoing basis.

Dr Adair acknowledged that although it is too early to say if there will be problems in the future with the provision of out of hours services, there are concerns about the long-term service provision in relation to the availability of doctors opting to work in this service. If new graduates going into General Practice choose not to do out of hours work then a new service model or new recruitment of full time General Practitioners into the service may be required.

Council would have concerns about the resource implications and value for money of providing the out of hours service. The new General Services Medical Contract is obviously a national initiative but if Northern Ireland experience manpower problems in the future, serious consideration will need to be given to providing alternative options such as NHS Direct.

In relation to the planned relocation of the out of hours centre from Bangor to Newtownards, Cllr Dunne said that there is obviously a great deal of objection to this from the residents of Bangor who feel that Belfast is always given priority of resources and question how Belfast needs three out of hours centres while there is one full time centre planned for Newtownards with the possibility of another part-time centre, which will serve the whole of the Ards peninsula. Dr Adair acknowledged that this decision has been challenged but that mapping exercises have identified that a centre located in Newtownards would be the recommended option based on distances and traveling times of the population. There are no plans to reconsider this decision.

As part of the new General Medical Services Contract, standards were agreed for delivery of the out of hours service. Mr Compston said that Council would like to be assured that the infrastructure for measuring compliance with the standards is in place for example, response times to answering telephone calls and response times by General Practitioners. The standards for the out of hours service in Northern Ireland were agreed in liaison with the Royal College of General Practitioners and Dr Adair confirmed that although there is currently the facility to monitor response times, some measurement tools for other standards still need to be agreed and implemented as part of the service and budget agreements with the Health and Social Services Trusts providing the out of hours service.

Mrs Graham confirmed that she has been liaising with the GP Unit in the Eastern Health and Social Services Board to ensure that the planned publicity campaign:-

- is provided in plain English with no jargon.
- not only advises patients that they can use their most convenient out of hours centre but also clearly advises them on where the centres are located and the services provided in each centre
- raises the awareness of the planned dedicated out of hours telephone number

Mr McMullan, Out of Hours Project Manager, Eastern Health and Social Services Board, confirmed that a Regional Group is currently looking at the out of hours service which will include planning the publicity campaign for the new service.

92/04 CHAIR'S BUSINESS EC 19/04

Miss McMillan highlighted the following:

- (a) Public Consultation on Minimum Care Standards
A number of members had attended this meeting on the 19 November 2004. Council had taken the opportunity to point out that a number of the criteria which are proposed as desirable should be made essential.
- (b) Panel Training
Miss McMillan underwent this training on the 26 November 2004 and it is proposed that interviews will be held in January in order to fill current vacancies in Council membership.
- (c) Interviews
Miss McMillan confirmed that although it is with regret that Council will be losing Mrs Jane Graham, Mr Richard Dixon has been appointed as the new Chief Officer. Mr Dixon is currently the Director of the voluntary organisation Reconnect.
- (d) Creating smoke free hospitals
Miss McMillan attended a conference and workshop on 3 December 2004. The Ulster Community and Hospitals Trust will be smoke-free come 1 January 2005.

Dr Fenton Howell chronicled the Republic's steps towards a smoking ban.
- (e) Ards Local Health and Social Care Group
Miss McMillan attended the launch of their Progress Report and Primary Care Investment Plan on the 6 December 2004.

93/04 MINUTES OF THE PREVIOUS COUNCIL MEETING

Council members approved the minutes of the previous meeting held on 18 November 2004.

94/04 MATTERS ARISING

- (a) Minute 80/04 (e) Outbreak of winter vomiting virus

The following update on the outbreak of the winter vomiting virus was received from the Eastern Health and Social Services Board –

| Hospitals | Lagan Valley | Downe | Belfast City | Ulster |
|------------------------------|--------------------------|--|-----------------------------|-----------------------------------|
| Length of Time or Start Time | 12 Nov closed for 1 week | 23 Nov for 9 days 27 Nov for 9 days | Start date 29 Nov – ongoing | Wards Closed from 11 Nov to 6 Dec |
| Wards Affected: | 1 | 1 & MAU | 7 | 16 |
| No.of Patients Ill: | 13 | 24 | 93 | 171 |
| No.of Staff Ill: | 9 | 14 | 77 | 106 |

Outbreaks in Nursing and Residential Homes Nov/Dec 2004

| | |
|---------------------------------|-----------|
| Total number of homes – | 13 |
| Total number of residents ill – | 251 |
| Total number of staff ill – | 106 |
| Average duration of outbreak – | 8.17 days |

- (b) Minute 80/04 (f) Surgery waiting times for patients with fractured neck of femur
Professor David Marsh, Consultant Orthopaedic Surgeon, Royal Group of Hospitals Trust, has confirmed that he will attend the Council Meeting in January 2005.
- (c) Minute 83/04 (b) Patients Waiting on Trolleys/Community Care Waiting Lists
The waiting time figures for patients waiting on trolleys in November 2004 had been circulated to members.

Community Care Waiting Lists – November 2004

| Trust | Number in Hospital | Number in Community |
|----------------------------------|------------------------------|---|
| Down Lisburn Trust | 23 (13 no funding) | 87 (28 no funding) |
| North & West Belfast Trust | 15 | 79 (no funding) |
| South & East Belfast Trust | 56 (11 choice/8 no place) | 71 (8 choice/6 no funding) |
| Ulster Community Hospitals Trust | 13 (7 no place/package) | 17 (8 choice/ 9 no place/package) |

- (d) Minute 84/04 Members travelling expenses
The Eastern Health and Social Services Board have now confirmed the new travelling expenses rates and these will be back dated to 1 April 2004.
- (e) Minute 84/04 (b) Shout Campaign
The Shout Campaign was launched by the Northern Ireland Commissioner for Children and Young People aimed at obtaining responses to consultation on 14 draft priorities. At the last meeting the majority of members said that they had not received any mail shot which was meant to go to every household. The majority of members again confirmed that they still had not received this in their mail and Mrs Graham said she will contact the Northern Ireland Commissioner for Children and Young People to advise that this has not been delivered as planned.
- (f) Minute 83/04 (f) Water Charges
In response to a question from Cllr Mrs Long, Mrs Graham confirmed that she is still awaiting a response to the letter sent to the Permanent Secretary on 23 September 2004, regarding water charges.

95/04 REPORT FROM CHIEF OFFICER

- (a) New Council Leaflet
Members received a copy of the new leaflet 'A guide to Health and Social Services Councils'. Copies of the leaflet will be distributed after Christmas.

(b) Quarterly waiting list figures to September 2004

The waiting list figures at the end of September 2004 were recently made available. Mrs Graham explained that in addition to these figures the Northern Ireland Audit Office issued a Report entitled 'Waiting for Treatment in Hospitals'. Mrs Graham had been asked to undertake a number of media interviews in relation to this Report which had stated that Northern Ireland tops the waiting list league with 6,900 people waiting at least 12 months for non-urgent operations. Of note no patients are waiting for this length of time in Scotland and 550 patients in England.

The Northern Ireland Audit Office had produced a previous report which made recommendations for improving the use of operating theatre sessions. Members agreed that the Chief Officer should add both of the Northern Ireland Audit Office Reports to the agenda of the next Senior Management Team meeting at the Eastern Health and Social Services Board with a view to identifying what action has been and will be taken as a result of the recommendations made.

(c) Public Attitude Survey

A summary of the Public Attitude Survey commissioned for the second consecutive year by the Department of Health, Social Services and Public Safety, was circulated to members. The surveys were commissioned as a result of the Regional Strategy with view to establishing the level of satisfaction with Health and Social Services in Northern Ireland and to identify areas in which the public would like to see changes and improvements.

Some questions in the study remained the same for comparison reasons, but this year, on Councils advice, the Department of Health, Social Services and Public Safety spoke to 13 targeted focus groups for people whose views may not be represented through a general public survey. In addition to the focus groups 1500 people, representative of the Northern Ireland population, were surveyed by telephone.

Overall satisfaction with Health and Social Services had improved since the 2003 survey. Some of the areas identified for improvement included:

- Staff attitudes
- Accommodation standards. This included quality of hospital food, the level of privacy and cleanliness and overall conditions of buildings
- Access and waiting times. The need for a reduction in waiting times and improvement in access to primary, community and secondary care services.

On discussion of the findings members agreed that the Northern Ireland public are less vocal at complaining about the National Health Service than in other parts of Europe. The public often accept unacceptable practices and feel grateful for whatever service they can get. However, patients are often afraid to speak out in case they are removed from lists or made to wait longer for treatment. The threats to care are unacceptable and public satisfaction cannot be measured by the lack of complaints, as often the complaints process does not make it easy for patients to go down that route.

(d) Eastern Health and Social Services Board Complaint Report

This report has recently been made available. Mrs Graham raised concern about the number of General Practitioners and Dentists who do not submit figures on complaints. The only information required for submission is numbers at the end of the year, with no detail on the reasons for complaints, action taken and outcomes. It is

alarming that some professional groups appear to have the choice of whether they submit figures or not. Mrs Graham has highlighted to the Eastern Health and Social Services Board that if organisations do not have a complaints process then they will not have any complaints. The Chief Officer will continue to pursue this with the Eastern Health and Social Services Board.

Mrs Graham explained that she had attended a General Medical Council meeting last week where the Fifth and Final Report of the Shipman Inquiry was issued. A number of recommendations for the General Medical Council have been made and one of these highlighted that patients need a central point to which they can direct a complaint or receive advice and guidance to which they are entitled to.

As a review of the Complaints Process is currently underway in Northern Ireland, Mrs Graham stressed that Northern Ireland has the opportunity to take the lead in implementing the recommendations made in the Shipman Report. The rest of the United Kingdom have already completed the Complaints Process Review and have made changes prior to this Report being published. Members agreed that the Chief Officer should write to the Permanent Secretary suggesting that the recommendation of a single point of contact for complaints be taken into consideration as part of the Complaints Review.

(e) Conference on Empowering Patients

The Chair and Chief Officer had attended this conference in London on 15 December 2004. Although some of the issues discussed do not apply in Northern Ireland, the conference was interesting and there were a number of lessons to be learnt.

- **The Patient Choice Initiative**

If the General Practitioner is referring patients to other services, patients will be provided with information enabling them to make informed choices about where, when and if they go to a recommended service. An example of this is providing understandable information about a particular doctors success rates, infection rates, waiting times when being referred for treatment. The initiative also involved liaison with representatives from disadvantaged areas and recommendations on how best to communicate information to these areas were taken on board.

- **Patient Forums**

The Commission for Patient and Public Involvement is being abolished but has established forums for all trusts. A Chairman of one of these patient forums identified major problems in recruiting members of the public onto the forums. He also highlighted some of the difficulties they have encountered in their first year of operation.

Of note an article in the Health Service Journal stated that in the final year of the Community Health Councils they spent £13.9 million and to date the government has spent £66.8 million on the other initiatives put in place to replace the Councils.

96/04 CORRESPONDENCE PAPER EC20/04

Mrs Graham reported the following additional correspondence

- (a) Strategy for Older People’s Services Consensus Conference
The Eastern Health and Social Services Board are holding an all day conference on 15 February 2005 in W5 in the Odyssey. Mrs McGrotty, Mr Graham and Miss Patterson expressed an interest in going to this conference.
- (b) Multi Faith calendar 2005
Council contributed this year to the production of the Multi Faith Calendar and copies were circulated to members.

97/04 INPUT FROM COUNCIL MEMBERS

- (a) Health and Social Services Council Working Group
Miss Patterson and Mr Monds had attended this meeting on the 19 November 2004 together with the Chair and Chief Officer.
- (b) Development of Standards for Quality in Health and Social Care Workshop
Miss Patterson and Mrs McGrotty had attended this workshop on the 29 November 2004. This is the first of four Workshops being held and the Department of Health, Social Services and Public Safety have taken away points raised that parts of the work carried out requires a re think in relation to the language used and service user friendliness of information being produced. The document will be issued for consultation in the future.

98/04 DATE OF NEXT MEETING

The next meeting will be held on Thursday 20 January 2005, at 1.30pm in the Bostock Ball Room, Royal Group Hospitals, Grosvenor Road, Belfast.

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| Signed | | |
| | Chair | Date |

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| Signed | | |
| | Chief Officer | Date |