

**MINUTES OF THE EASTERN HEALTH AND SOCIAL SERVICES COUNCIL
MEETING HELD ON THURSDAY 17 FEBRUARY 2005 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 Gordon Dunne Mr Cecil Graham
 Mrs Elizabeth Hamilton Mr James Hutchinson
 Cllr Joseph Lockhart Mrs Sylvia McGarry
 Mrs Rosemary McGrotty Miss Patricia McMillan
 Mr George Monds Miss Muriel Patterson
 Mr David Spence

Miss McMillan was in the Chair

IN ATTENDANCE:

Mrs Jane Graham, Chief Officer
Mr Sean Brown, Senior Manager
Mrs Helen Mallen, Office Manager

12/05 APOLOGIES were received from the following members:

Mrs Eileen Askham, Ald Michael Henderson, Cllr Mrs Naomi Long, Mr Brian Marshall, Mr Jeremy McMahon, Cllr Ms Marie Moore, Mrs Mary Muldoon

Apologies were also received from Dr Paula Kilbane, Chief Executive, Eastern Health and Social Services Board.

13/05 CHAIR'S BUSINESS EC 03/05

Miss McMillan highlighted the following from her list of Chair's business:-

(a) EHSSC interviews for New Members

Miss McMillan was involved in interviews for new Council members and she has now received confirmation that the letters of appointment have been prepared and Council are now awaiting confirmation of the new appointments. It is anticipated that Council will have three new members in March and two new members will be appointed in June to replace Mr Monds and Mr Marshall who are leaving at the end of May.

(b) The introduction of New Drugs in Northern Ireland

Miss McMillan attended this conference on 28 January 2005. Mrs Angela Timoney, Vice Chair of the Scottish Medicines Consortium gave an overview of the organisation and the new Drugs Committee. The remit is similar to the role of the National Institute of Clinical Excellence in England with the Scottish Medicines Consortium providing advice to Health Boards and Area Drugs and Therapeutic Committees in Scotland on new medicines, new formulations and major new indications for medicines.

The membership of the Scottish Medicines Consortium includes lay and patient representation. There are 3 working groups which include a patient and public involvement group, a user group forum and the new Drugs Committee. The functions of these groups are to:

- review license indications for drugs
- review clinical effectiveness of new drugs
- advise on the use of new products in the NHS in Scotland.

The Scottish Medicines Consortium review approximately 80 new products per year deciding whether to:

- accept a product for use
- accept a product with restricted use
- not accept a product for use

There were a number of other speakers at this conference, including one of the lay representatives who talked about the patient and public involvement of the Scottish Medicines Consortium.

14/05 MINUTES OF THE PREVIOUS MEETING

Council members approved the minutes of the previous meeting held on 20 January 2005.

15/05 MATTERS ARISING

(a) Minute 02/05 (c) Budget and Priorities Allocation – Negligence Figures

A summary of Outstanding Medical Negligence Claims against Eastern Health and Social Services Board at 31 January 2005 had been circulated to members. A copy of a response to a question from Mrs Iris Robinson was also circulated and this detailed the numbers of clinical negligence cases pending in each Trust at 30 November 2004. These figures showed a total of 2473 clinical negligence cases outstanding in the Trusts. Of these cases 1449 (58%) are in Trusts within the Eastern Health and Social Services Board area.

There is currently no central analysis or focus on claims and litigation in Northern Ireland, unlike England where there is a National NHS Litigation Authority. A consultation document is being produced for Northern Ireland looking at a revision of claims management. When Trusts were established in 1993 the responsibility for claims passed from the Health and Social Services Boards to the individual Trusts. A suggestion has gone to the Departmental Board that some of the management of clinical negligence claims should be centralised.

In response to a question from Mr Graham, Mrs Graham confirmed that although individual Trusts are responsible for clinical negligence claims the central funds for settlement is administered by the Central Services Agency.

Mrs Graham explained that the NHS Litigation Authority which has existed in England since 1995, have an active risk management programme aimed at improving the standards of care and reducing the number of incidents leading to claims.

Cllr Dunne highlighted that at the end of December 2004 £18,582, 000. was set in reserve by the Eastern Health & Social Services Board for estimated damages and legal costs of outstanding cases. It is regrettable that this much needed money could be removed from direct patient care and shows the need for appropriate and effective risk assessment and management.

Mrs Graham explained that settlement of cases in England as detailed by the NHS Litigation Authority show that:-

- 35% of cases were abandoned

- 43% of cases were settled out of court
- 1.5% of cases were settled in court in favour of the patient
- 0.5% of cases were settled in court in favour of the NHS
- 20% of cases remain outstanding

On discussion members agreed that in striving for the best quality of care for patients, it is unfortunate that the increasing claim culture means more administrative management measures are needed, resulting in front line staff doing more paperwork which takes away from the clinical care of patients.

Mr Spence highlighted that although there is a central fund for clinical negligence cases, individual Trusts must pay cases arising from employer and public liability from their own budget. He said that education for the public and support of risk management initiatives is needed to overcome the increasing claim culture.

Mrs Graham said that she would make enquiries about cases of employer and public liability cases in individual Trusts.

The Chief Officer proposed that she write to the Permanent Secretary suggesting that there needs to be a central analysis and focus of clinical negligence claims. This was agreed.

(b) Minute 06/05 (b) Patients waiting on trolleys

The waiting time figures for patients waiting on trolleys in January 2005 had been circulated to members. An amendment to the figures was noted as follows:

- UCHT total 441 not 439
- Total number in January 1506 not 1504

Mrs Graham confirmed that as yet, there is no identifiable reason as to why there was such a significant increase in the number of patients waiting on trolleys in January. There has been no flu epidemic and no significant increase in the number of surgical and medical emergency admissions.

The Chair and Chief Officer had met with the Chair and Chief Executive of the Mater Hospital Trust on the 8 February 2005. Mrs Graham had raised the increase in the number of patients waiting on trolleys at this visit but again there was no identifiable reason for the increase. The Mater Hospital Trust now have 31 beds more than they had 2 years ago and this figure will rise to 40 beds when they are able to recruit more nursing staff to open the remaining additional bed capacity.

The Department of Health, Social Services and Public Safety are holding a workshop on 22 February 2005 where all the Health and Social Services Trusts will report the findings of a recent snap shot survey.

Dr Anne Wilson, Department of Public Health Medicine, Eastern Health and Social Services Board has agreed to attend a Council meeting following the workshop in February to discuss a number of issues including patients waiting on trolleys and delayed discharges.

Cllr Dunne stressed that Council has heard a lot about initiatives and the resources put into these initiatives without seeing any impact on this unacceptable practice. Alarming in January 2005, 419 patients waited on trolleys for more than 17 hours.

Mr Graham proposed that rather than sending another letter to the Minister for Health, Social Services and Public Safety, to again express Council's concerns about the continuing problems caused by trolley waits, the Minister should be asked to either attend a Council Meeting or meet a deputation so that concerns about this and other related matters might be directly presented to her. This was agreed.

Community Care Waiting Lists - January 2005

Trust	Number in Hospital	Number in Community
Down Lisburn Trust	20 (16 no funding)	118 (42 no funding)
North & West Belfast Trust	41 (15 choice)	115 (100 no funding)
South & East Belfast Trust	53 (14 choice)	69 (4 no funding)
Ulster Community Hospitals Trust	21 (15 no place)	28 (12 no place)

In addition to the Community Care Waiting List figures for January 2005, Mrs Graham circulated a paper which showed the comparative figures and trend for January 2004 to January 2005.

Of note, North and West Belfast Trust continue to commit any additional funding to getting patients out of hospital which means that waiting lists for additional or new services in the community continue to rise.

As the consumer body for health and personal social services members felt strongly that a meeting with the Minister for Health, Social Services and Public Safety is needed to get direct answers on how these practices will be sorted out once and for all. Members are concerned about the management of additional resources which have been made available to increase bed capacity and to fund initiatives which are having no impact on the problem. A meeting will be requested to discuss a number of issues including:

- Patients waiting on trolleys
- Use of non-designate beds
- Community care waiting lists

(c) Minute 07/05 (a) Independent Health Review

At the last meeting Mrs Graham had informed Council that the four Chief Officers had met with Professor John Appleby who is carrying out this review. As agreed, the Chief Officers prepared a summary of Councils' concerns which has been forwarded to Professor Appleby. Mrs Graham circulated the summary and asked members to contact her if there are any other issues they wish to raise with the Review Group.

(d) Minute 08/05 (b) Appointment of Board Members to the Health and Personal Social Services Regulation and Improvement Authority

Mrs Graham confirmed that she had written to the Department of Health, Social Services and Public Safety expressing Councils' concerns about the gender and locality imbalance of the six people appointed to the Health and Personal Social

Services Regulation and Improvement Authority. A response was received from the Minister for Health, Social Services and Public Safety indicating that it is important that the membership of this Authority reflects as far as possible, all elements of the community and it is hoped that a better balance will be achieved as additional appointments are made later this year.

(e) Minute 10/05 (b) Smoking in Public Places

Mrs Graham confirmed that a letter has been sent to the Ulster Community and Hospitals Trust congratulating and supporting them in taking the lead on implementing a total ban on smoking. A letter was also sent to the Belfast Telegraph indicating Council's support for a total ban on smoking in public places.

Mrs Graham reported that she had been contacted by the Health Promotion Agency who are bringing together organisations who support the campaign for a smoke free workplace. There are currently 23 organisations offering their support to this campaign. Due to the deadline, the Chief Officer had obtained the Chair's approval to register Council as part of the partnership supporting this campaign. The Health Promotion Agency is co-ordinating a website which will be launched on Monday 21 February 2005 and the Council's logo will appear on this website.

As part of the Regional Strategy 'A Healthier Future: A Twenty Year Vision for Health and Wellbeing in Northern Ireland', the Department of Health, Social Services and Public Safety are consulting on strengthening existing controls on smoking in Northern Ireland. In addition to the formal response to the Strategy, members agreed that the Chief Officer should write to the Department of Health, Social Services and Public Safety advising them that Council supports option 5c which would introduce legislation to ban smoking in all enclosed public places and work places.

(f) Minute 10/05 (c) Advertisement of out-of-hours telephone number

Mrs Graham had contacted Dr Stanton Adair, Director of Primary Care, Eastern Health and Social Services Board, to enquire if there are any plans to re-advertise the new out-of-hours telephone numbers which have been introduced as part of the General Medical Services Contract. Concerns had been raised at the last meeting that the advertising campaign on the run up to Christmas had not been sufficient to highlight this important change to the public. Dr Adair said that although there are no plans to re-advertise consideration will be given to this.

(g) Minute 03/05 Fracture services in Northern Ireland

As agreed at the last meeting the Chair had written to the Minister for Health, Social Services and Public Safety advising her of Council's concerns about existing services and plans for future fracture services in Northern Ireland.

The Minister responded to the letter indicating that she is aware of the pressures and stating that officials are working with the Health and Social Services Boards and Trusts to address these issues. The Minister also gave assurances that as work is designed to meet the increasing need of fracture services in Northern Ireland in the future, it will not detract from the existing service.

Mrs Graham had written to Professor David Marsh, Consultant Orthopaedic Surgeon, Royal Group of Hospital Trust, thanking him for his excellent presentation and members agreed that he should be sent a copy of the Minister's response.

(h) Minute 10/05 (d) Direct Payment

At a seminar on the Older Peoples Health and Wellbeing Strategy held on 15 February 2005, Mr Graham said he was surprised to learn that there has been a poor uptake on direct payments and enquired how Council could help make more people aware of the opportunity of these payments. Applying for direct payment can be seen as a daunting process with the individual or their representative, becoming an employer. Some people can be put off applying for this money because they would have to deal with the Inland Revenue or their existing benefits could be affected. It is important to note that there may be individuals who are not capable of applying for or managing direct payments due to the nature of their condition and possibly have no friends or relatives who could manage this for them.

Mrs Graham explained that when direct payments were introduced the Eastern Health and Social Services Board established a Centre for Independent Living to facilitate the use of direct payments by offering advice to the public. Although this was initially aimed at people who had a physical disability, this was later expanded to people over the age of 65.

Mrs Graham will contact the Centre for Independent Living to see what advertising they do and how they encourage the uptake of direct payments to those who are entitled to it.

(i) Minute 02/05 (d) Waiting list targets

At the last meeting Cllr Dunne had raised concern about children's heart surgery, with only one children's heart surgeon in Northern Ireland and no provision for children's heart surgery outside Northern Ireland. Dr Kilbane, Chief Executive, Eastern Health and Social Services Board, had agreed to check with the Department of Health, Social Services and Public Safety and report back on the current situation. Mrs Graham will contact Dr Kilbane for an update on this.

16/05 REPORT FROM CHIEF OFFICER

(a) Payment of travel claims

Mrs Graham confirmed that the revised traveling allowances have been applied and are being processed with effect from April 2004.

(b) Ulster Community and Hospitals Trust visit

A visit to the Ulster Community and Hospitals Trust has been arranged for 4 March 2005 and further information will be circulated to members who confirm their attendance. The Chief Executive, Medical Director, Director of Nursing and Director of Acute Services will meet Council members to provide some information on recent initiatives. Members will have the opportunity to raise issues with them and visit the Accident and Emergency Department and the Clinical Decisions Unit.

(c) Advertising

Mrs Graham asked members to confirm whether Council should advertise in the following publications:

- Northern Ireland Interfaith Forum 'Check Up' booklet

This is a guide to the special healthcare needs of ethnic religious minority communities and provides guidance for professionals on handling sensitive issues such as bereavement and burial beliefs. Members agreed that Council should support any initiative aimed at helping ethnic minority groups through difficult situations and agreed that Council should proceed with supporting this booklet.

- **District Council Booklets**

Council has previously advertised in a number of booklets produced by all the District Councils in the Eastern Health and Social Services Board area. These booklets which include Guides to Councillors and Guides to Leisure and Environmental Services give an opportunity for wide circulation of information to all households. On discussion members agreed that Council should enquire about advertising in these guides and proceed if a reasonable rate can be negotiated.

(d) Chinese Health and Social Services Advocacy Project

The Chief Officer had a meeting with a representative of the Chinese Welfare Association who have submitted a proposal to the Eastern Health and Social Services Board for a Chinese Health and Social Services Advocacy Project worker. For some years the Eastern Health and Social Services Board have provided an interpreting service through the Chinese Welfare Association. The Department of Health, Social Services and Public Safety now provide a regional interpreting service across Northern Ireland.

The Chinese Welfare Association has proposed that the local interpreting service now be changed to an advocacy service which would offer help and advice about health and social services issues. If approved, the project would run for 3 years starting in April 2005 with the appointment of a full time bi-lingual advocate. The Eastern Health and Social Services Board have been asked to provide funding to the project and the Chinese Welfare Association have asked Council to give their support to this project and to contribute to the cost of the project.

Although Council would not usually have the resources to offer funding to individual projects, Mrs Graham explained that Council has £6,000 allocated for requirements under the Equality Scheme, and asked members if they would be in agreement that this money be used to support this project which would assist Council in its advocacy role. The Chinese Welfare Association is part of the Community and Voluntary Group which Councils are working with across Northern Ireland and the Group is keen to establish a Chinese Patients' Forum on a Northern Ireland wide basis. It is anticipated that the advocate project worker would help facilitate this Patients' Forum by translating and taking issues forward.

Mrs Graham stressed that Council will only be able to contribute to the cost of the advocacy worker if the Eastern Health and Social Services Board approve their funding. Although the advocacy worker will be employed by the Chinese Welfare Association there would be links with Council to help train and support the advocacy worker and there would be strict criteria regarding how this pilot service would be run and evaluated.

On discussion members agreed that this pilot project should be supported but stressed that it will not always be possible to financially support pilot projects under the Equality Scheme, as this would depend on funding available and the support from

other organisations. It is recognised that there are no models or protocols to follow regarding supporting such initiatives and this pilot project may offer guidance for how future funding will be spent.

(e) Pre-consultation workshop on proposed Infection Control Strategy

This joint Council workshop will be held on 3 March 2005 in Cookstown. Representatives from the Department of Health, Social Services and Public Safety will provide information about the proposed Infection Control Strategy. Further information will be circulated at a later date.

(f) Eastern Health and Social Services Board Meeting

Mrs Graham reported on some of the issues discussed at the Eastern Health and Social Services Board meeting held on 10 February 2005.

- **Independent Inquiry**

An independent inquiry has been set up into a homicide case in Lisburn. The Chief Officer has been in discussion with the Eastern Health and Social Services Board regarding membership of the inquiry group and confirmation has been received that the Chair and the Medical and Nursing representatives will be from outside Northern Ireland in order to provide maximum assurance of total independence. Other members of the group, who will be selected from outside the Eastern Health and Social Services Board area, will include a service user/advocate, social services, legal and health and social services council representation. The Eastern Health and Social Services Board will write to both families involved indicating that the inquiry will take place and it is hoped that once the group is established it will report within 3 months.

- **Corporate Parenting Report**

The Eastern Health and Social Services Board are required to produce this report on an annual basis and Mrs Graham had raised a number of issues.

In the previous report in 2003, the Director of Social Services, felt there was some uncertainty about figures reported for 'children in need' and thought that there was under-reporting of figures, particularly from North and West Belfast Trust. The figures reported for 'children in need' in September 2003 were 6,499 and in September 2004 6,359. Mrs Graham had asked the Director of Social Services if he had any confidence in the figures reported this year but he couldn't be assured that these were accurate.

Mrs Graham had also raised concerns about services for children with disability. Within the Corporate Parenting Report, there seems to be more emphasis on the social services aspect of children with disability and Council feel that there is no recognition of children with disabilities who are denied, or who are not getting adequate access to allied health professionals such as speech and language therapy, occupational therapy and physiotherapy.

The other areas highlighted by Mrs Graham were child and adolescent psychiatry services which are still inadequate for the needs of children in this area and the management of children in Muckamore Abbey hospital.

- **Update of General Medical Service Contract**

Mrs Graham had asked Dr Stanton Adair, Director of Primary Care, Eastern Health and Social Services Board, what difference the new General Medical Services Contract had made to patients after 1 year. She had also raised concerns about patient surveys which are being carried out and about measuring of access targets to healthcare professionals.

- **Service Agreement Monitoring Report**

This document was circulated to members and Mrs Graham had raised a number of issues as follows:

1. Under the Charter compliance and waiting times in Accident and Emergency for patients waiting more than 2 hours the Report indicated that there was an increase in the number of trolley waits in all Trusts with the exception of the Ulster Community and Hospitals Trust. Although the figures were up until December 2004, Mrs Graham had pointed out that the figures for January 2005 are the second highest since June 2000.
2. Mrs Graham had also enquired about patients waiting on trolleys in the Downe Hospital as the Accident and Emergency Department is very small and it would be interesting to know where patients on trolleys were actually waiting.
3. Aggregate figures are provided for the number of outpatients waiting more than 12 weeks for their first outpatient appointment. However, this does not identify the actual total waiting time and the figures are misleading, when we know that patients are waiting, in some cases, for years.
4. In 2003 there were 1024 patients waiting for an oral surgery outpatient appointment and at that time Council had been informed that a post had been offered to a candidate. However figures reported in 2004 show 1197 patients waiting and the Eastern Health and Social Services Board will look into this and advise Council if an Oral Surgeon was actually appointed.
5. There are approximately 1700 patients waiting for an MRI scan, of which 197 are waiting more than 18 months and 49 are waiting more than 2 years. The main problem is in the Royal Group of Hospitals Trust. The Eastern Health and Social Services Board have agreed that there is no acceptable waiting time for this diagnostic test.
6. There has been some improvement in the waiting list figures for child and adolescent psychiatry in some places. However, Down and Lisburn Trust have an ongoing problem and their numbers continue to rise.
7. Mrs Graham had welcomed the fact that the sleeping out practice in Muckamore Abbey Hospital has been eradicated. However, she had raised the issue of children still being treated in Muckamore Abbey Hospital as the policy is that children should no longer be treated there. There are currently 14 children and young people in Muckamore Abbey Hospital, 7 being treated in children's wards and 7 in adult wards which is unacceptable.

8. Figures for Allied Health Professions waiting lists had not been received but Mrs Graham circulated these figures to members at the Council meeting showing patients waiting in excess of 12 weeks at 31 December 2004. Of note from the figures:

- 1042 people have been waiting more than 12 weeks for an occupational therapy appointment in North and West Belfast Trust. This is a 117% increase since the last quarter and Mrs Graham will make enquiries to see if there is a reason for this dramatic increase.
- 808 people have been waiting more than 12 weeks for an occupational therapy appointment in Down Lisburn Trust
- 932 people have been waiting more than 12 weeks for a physiotherapy appointment in South and East Belfast Trust
- 1528 people have been waiting more than 12 weeks for a podiatry appointment in South and East Belfast Trust

There have been ongoing recruitment problems for many years for some allied health professionals.

Mrs Graham confirmed that she has requested a breakdown of figures between adults and children as Council are aware that there are significant problems in certain areas for children. The Eastern Health and Social Services Board currently seem unable to do this but Council will continue to pursue this.

(g) Council representation on committees

A paper was circulated showing current Council representation on Health and Social Services Board, Trusts and Agency committees within the Eastern Health and Social Services Board area. A number of vacancies were highlighted and members were asked to contact the Chief Officer if they are interested in representing Council on any of the vacant positions.

Mrs Graham confirmed that members representing Council at Trust Board meetings cannot participate in decisions, but have speaking rights at them all with the exception of those at the Royal Group of Hospitals Trust.

Mrs Graham agreed to provide details of vacancies on Regional committees at the next Council meeting.

17/05 CORRESPONDENCE PAPER EC04/05

Mrs Graham advised members on additional correspondence and asked any member interested in attending any of the following to contact her:

(a) Acute Services Planning Day

Down Lisburn Trust are hosting an Acute Services planning day on the 8 April 2005, looking at the implementation of Developing Better Services.

(b) SIGN Language Recognition Conference

The SIGN Community are hosting a SIGN Language Recognition Conference on the 11 March 2005.

- (c) Estates Department, Department of Health, Social Services and Public Safety
The Health Estates Department have been asked to take forward the development of a Regional Strategy to improve environmental cleanliness in the Health and Personal Social Services. To help with the initiative they propose to form a Cleanliness Reference Group as a consultative body for the development of this strategy and they are looking for a representative to represent the four Councils.

18/05 INPUT FROM COUNCIL MEMBERS

- (a) Eastern Health and Social Services Board Strategy for Older People
Mrs Rosemary McGrotty, Miss Muriel Patterson and Mr Cecil Graham had attended a Consensus Conference on the Older People, Health and Wellbeing Strategy on 15 February 2005.

Mrs McGrotty reported that the purpose of the conference was to quality assure the draft commissioning document which sets out the strategic direction. The conference delegates were broken down into different groups and comments were sought from the groups on the commissioning document. These comments, where possible, will be taken into consideration and incorporated into the commissioning document and a further meeting of the Steering Group will be held in March. After this meeting the document will be issued for consultation with further consultation planned with key stakeholders.

Miss Patterson explained that some of the concerns raised in her working group were whether there would be the resources to implement this Strategy and that 'end of life' issues appeared to have been left out. Another important issue raised at the conference was patients' multidisciplinary assessment in hospital which is not acceptable for patients who are having to make life changing decisions, often at the same time as coming to terms with a long-term illness.

Mr Graham said that one of the concerns raised within his working group is that the Eastern Health and Social Services Board could be a loser in the reconfiguration of services in particular in terms of capitation redistribution.

19/05 ANY OTHER BUSINESS

- (a) Reduction of cleaning staff in Health and Social Services Trusts
Cllr Lockhart said that he had noted a newspaper article stating that there has been a drastic reduction of cleaning staff in the hospitals in the Eastern Health and Social Services Board area. With the incidence of MRSA increasing by 41% this information would suggest that Health and Social Services Trusts are having their budgets for cleaning reduced which is contributing to poor cleanliness.

Cllr Lockhart proposed that this issue be raised with the Minister for Health, Social Services and Public Safety.

The four Councils have agreed to look at MRSA and have been delaying this until the Infection Control Strategy has been discussed at the pre-consultation workshop on 3 March 2005. Mrs Graham said that there will be an opportunity to raise hospital cleanliness with the Department of Health, Social Services and Public Safety at this workshop.

(b) Alcohol related hospital admissions

Mr Compston highlighted a recent article about the increasing incidence of alcohol related hospital admissions and asked if Council would be taking any action on this increasing problem.

The difficulties staff have to work under when treating patients who are under the influence of alcohol and drugs are well documented, but there are wider implications for the number of patients being treated with alcohol related diseases and the effect this has on the health service. Mrs Graham agreed to get information from the Eastern Health and Social Services Board on the scale of alcohol and drug related diseases and what action is being taken.

(c) Shortage of consultants in Northern Ireland

Cllr Dunne referred to a recent article which highlighted the serious shortage of consultants in Northern Ireland. The British Medical Association has reported that the shortages have doubled in the last 2 years with some consultant posts not being filled for many years.

Mrs Graham explained that there is a group at the Department of Health, Social Services and Public Safety looking at workforce planning issues and problems with consultant appointments is part of this. The uncertainty for some Health and Social Services Trusts has not helped serious recruitment problems in some parts of Northern Ireland.

20/05 DATE OF NEXT MEETING

The next meeting will be held on Thursday 24 March 2005 at 1.30pm in the Great Hall, Downshire Hospital, Ardglass Road, Downpatrick.

Signed

Chair

Date

Signed

Chief Officer

Date