

**MINUTES OF THE EASTERN HEALTH AND SOCIAL SERVICES
COUNCIL MEETING HELD ON THURSDAY 20 OCTOBER 2005
AT 1.30 PM IN THE BANGOR TWO ROOM, MARINE COURT HOTEL,
BANGOR**

PRESENT: Mr D Curran
Cllr R A Drysdale
Mrs M Hendron
Mr J Hutchinson
Cllr A Leslie
Mr R Marshall
Mr J McDowell

Mrs S McGarry
Mrs R McGrotty
Miss P McMillan
Mrs M Muldoon
Miss M Patterson
Mr D Spence

Miss McMillan was in the Chair

IN ATTENDANCE:

Mr Richard Dixon, Chief Officer
Mrs Angela Campbell, Office Manager
Dr Paula Kilbane, Chief Executive, Eastern Health and Social Services Board – For Minute 79/05
Dr Stanton Adair, Director of Primary Care, Eastern Health and Social Services Board and his colleagues: Dr Helen Rodgers and Mr Colin McMullan, - For Minute 80/05

78/05 APOLOGIES were received from Mrs E Askham, Cllr Mrs E Campbell, Mr B Compston, Mr C Graham, Mrs E Hamilton, Mr E O'Neill and Mrs M Rooney.

Cancellation of September meeting

The Chair informed members that the September meeting had been cancelled due to the street disturbances, but noted that an extraordinary meeting of Council had been convened to discuss Council's Review of Public Administration. This was held on 27 September 2005 in the Council offices.

79/05 DR PAULA KILBANE, CHIEF EXECUTIVE, EASTERN HEALTH AND SOCIAL SERVICES BOARD

(a) Mr Jim Caves, Chair, Lisburn Local Health and Social Care Group

Dr Kilbane informed members that Mr Caves, Chair of the Lisburn Local Health and Social Care Group had passed away on 16 October. Dr Kilbane had attended his funeral in Windsor Presbyterian Church. Dr Kilbane paid tribute to Mr Caves as a consummate public servant with wide interests reflected in those present, and contributing to, the service.

(b) Health and Well-being Investment Plan

Approval from Department of the Board's Health and Well-being Investment Plan is awaited along with information on the cash releasing schemes. Once formal approval is received, the Board will move forward with the various initiatives contained with the plan.

(c) Older People's Strategy

Consultation has now closed on the Older People's Strategy and will be considered at the December Board meeting. Feedback received has indicated very substantial support for the key changes and directions of the Older People Strategy which include a variety of services to augment community services to avoid hospital admissions. Workshops on implementation will be set up pending approval of the strategy by the December Board meeting.

(d) Review of Public Administration

Dr Kilbane expects an announcement towards the end of November 2005, possibly in the week commencing 20 November.

(e) Consultation on future of services at Forster Green Hospital

A period of public consultation will run until 31 January 2006 on future development proposals for the Forster Green Hospital in South and East Belfast HSS Trust.

Changes on the site will see the consolidation of some services notably for children and young people with mental health problems and the regional centre for adolescents. The development of the site will include a community care treatment centre will incorporate a range of community-based rehabilitation, outpatient and out-of-hours services.

The move should also see consolidation of the Musgrave Park site to offer a range of new services including developing neurology services. Headway, a voluntary organisation will also be based at Musgrave Park Hospital.

The consultation will also look at transfer of respite care for elderly patients' to the independent sector. An undertaking has been given by the Trust that families who have relatives currently receiving care on the Forster Green site will be fully consulted about the future for their family members and that the service which is currently free to them on that site will remain so for the length of time it may be required. South and East Belfast HSS Trust have assured the Chief Executive that they will manage this process sensitively and that a like-for-like service will be provided elsewhere.

(f) Finance

The draft budget will be available from 25 October 2005 for consultation until 6 December 2005. The draft Priorities for Action will then be available from early December. Initial briefings indicate that the Board's financial circumstances will be very demanding beyond the usual "belt tightening". Cash release and non cash release efficiency savings are to be made and will be delivered by, for example, better prescribing and procurement practices and standardisation of services.

(g) Cardiac Surgery Waiting List

Good progress has been made on the waiting list targets. The Board expect to see a very substantial improvement next year in relation to outpatient waiting.

Miss McMillan thanked Dr Kilbane and stated that there was some positive news in what members had heard from Dr Kilbane despite the financial situation.

**80/05 DR STANTON ADAIR, DIRECTOR OF PRIMARY CARE, EHSSB
AND COLLEAGUES DR HELEN RODGERS AND
MR COLIN MCMULLAN**

Dr Adair gave a presentation updating members on the GMS Contract. Dr Adair outlined the effect of the contract, followed by a presentation on the investment into the Quality and Outcomes Framework (QOF) by Dr Helen Rodgers and an outline of the Patient Experience in General Practice by Mr Colin McMullan.

Each speaker highlighted the following key points in their presentation and in response to questions from Council members.

Dr Stanton Adair

- Under the contract the Board took over responsibility for ensuring the provision of an out-of-hours services
- The new contract is intended to increase development opportunities for GPs.
- GPs are remunerated for the provision of enhanced services.
- Essential and Additional Services are expected of all practices but they can choose to provide additional services and with the exception of one practice all have opted to do so.
- In response to the Chair's query as to whether or not the access to General Medical Services (GMS) standard meant face-to-face or remote contact, Dr Adair clarified that access to GMS is interpreted as access to any GP within 48 hours or other appropriate primary care service, not necessarily a patient's own GP and this will be whatever is required for the patient.
- If practices opt to provide National Enhanced Services they will earn more money, for example, services for non-English speaking patients and asylum seekers.

- To date the out-of-hours service is a very responsive, successful, well functioning service where the response call time is short. However, it is becoming increasingly difficult to recruit doctors to work overnight and this may lead to a crisis in addition to the cost efficiency savings required. Primary Care Trusts in England are already facing recruitment difficulties. Links are provided with mental health service crisis teams.
There has been an increase of £10m and £7m respectively in the years 2003/2004 to 2005/06 for General Medical Services. In 2003/04 a sum of extra money was given to practices who were GP co-operatives for running costs and this £1.1m was provided within the overall General Medical Services figure of £60.9m. In addition, the £8.2m for the current 2005/06 year is the recurrent year-by-year cost for premises, receptionists, drivers, cars, GPs and possibly in the future this will include nurses. £2m of this is a contribution towards the running costs but it is an expensive service to provide.
- Information Communication and Technology (ICT) services are rapidly developing within GMS. These include lab links to electronically pass results of blood tests back to GPs within the same day. Electronic registration is more efficient and cost saving. Electronic check-in replaces the need for patients to queue to speak to a receptionist.

Dr Helen Rodgers

- The aim of the new quality initiative of QOF was to incentivise GPs to improve quality and offer services based on remuneration.
- GPs start from different baselines depending on the size of the practice, the number of GPs. The range of score attained under QOF in Year 1 reflects the diversity of practices, some of which may be single-handed.
- Patients volunteered to participate in the exercise.
- Investment takes place in premises, staff and equipment.
- Dr Rodgers outlined various examples of what was focused on in the Organisational Domain of the new contract and the benefits.

The Board visit practices annually in order to monitor the situation and test the protocols previously seen.

In reply to Mrs McGarry's question as to the consequences if a practice does not meet a standard, Dr Rodgers stated that the practice does not receive the payment allocated to the points required. In reply to Miss McMillan's query, Dr Rodgers confirmed that the standards are raised yearly to improve the service. Mrs McGrotty sought details on the communication aspects and Dr Rodgers provided her with some examples. Mrs McGrotty further asked if a GP refers a patient to hospital why the patient has to go to the GP for feedback, suggesting that it is the responsibility of the GP to monitor the outcome and relay this to the patient. Dr Rodgers stated that this was outside the control of the GPs who rely on the hospital. Dr Adair added that there is no incentive on this within the GMS contract framework, but stated that it was good practice for the GP to contact the patient when a discharge letter is received from the hospital and indeed some practices do this. It is implicit in the system that the hospital doctor should advise the patient to go to their GP on discharge. Dr Adair said that it is not

possible for the Board to change a national contract but perhaps the Board could incentivise the GPs to improve on this.

Dr Rodgers explained that from a clinical aspect, continuity of care could be enabled by patients consulting more frequently with a GP or Practice Nurse in the community rather than a different Senior House Officer every six months at the hospital.

In relation to chronic disease management there are indications for good outcomes if preventative treatment is improved. Dr Rodgers gave examples of how diabetes and asthma are managed. In response to the Chief Officer's query, Dr Rodgers explained that there is a sliding scale for achievement depending on the level of service offered. The Chief Officer suggested that this might relate more to the simple collection of information within the practice.

Dr Adair clarified that much more was required of doctors to attain the points than the simple allocation of practice information on specific diseases and conditions. Information is collected electronically from clinical records annually for the Quality Outcomes Framework calculation. The Board then look at the practices with lower achievement levels to identify and help tackle problems.

The benefits of the clinical domain of the new contract will be realised in the long term.

In reply to the Chief Officer's query as to what the patient gains from the new contract, Dr Rodgers stated that the GP proactively seeks out patients who may need treatment and care, regularly monitors their condition and sends them to an appropriate professional when needed. Their likely health outcome should improve as a result of these actions.

Mr Colin McMullan

50 patients per practice were surveyed with a standard survey.
The high level of satisfaction with GPs was consistent through the locality.
Two more practices are setting up Patient Participation Groups.
The Board offer improvement grants of two thirds of the cost to practices requiring an upgrade in telecommunications.
Grants are available to achieve requirements of Disability Discrimination Act.
Grants are available for privacy screens in waiting areas.

In reply to the Chief Officer's query Mr McMullan confirmed that there is a formal reporting mechanism where real monitoring of improvements takes place rather than just a record that a meeting took place. The agenda for the follow up meeting seeks to address the action plans and each year's survey results on an ongoing basis. The report from those meetings is also presented to the Board.

Dr Adair asked Council Members not to underestimate the new GMS contract because GPs are working under a very different set of conditions and it will be some time before the benefits are seen, for example, considerable change in life expectancy and quality of life as the quality outcomes roll out.

Dr Adair wished to stress that standards are set nationally. The National Report of the first year of Quality Outcomes Framework is awaited.

The Chair thanked Dr Adair and his team for their very informative presentations.

81/05 CHAIR'S BUSINESS

(a) Council Membership

The local councils are to finalise the position on nominations made to this Council. It was noted that Mrs Barbara Canning had resigned with effect from 8 September 2005.

(b) Sympathy to Mrs Helen Mallen, Job-share Office Manager, EHSS Council

Miss McMillan informed members of the passing of Helen's father recently and stated that she had attended the funeral with Mr Sean Brown, Senior Manager and Mrs Jane Graham (former Chief Officer). Council extended sympathy to Helen in her loss.

(c) New Appointment to Council

The Chair welcomed Mrs Maire Hendron to her first meeting of Council who stated that it was interesting to hear all the contributions and looked forward to participating in the discussions in the future.

(d) Bugwatch Survey – 19 September 2005

The Chair participated in the survey at the Royal Group of Hospitals Trust on the above date. There was media coverage despite the competing interest in Sperrin Lakeland Trust. An infection control feedback session took place in Cookstown on 10 October 2005.

(e) Review of Public Administration

Members met to finalise the Council's response to the Review of Public Administration at an extraordinary Council meeting on 27 September 2005.

(f) NI Regional Transfusion Centre (NI Blood Transfusion Centre)

The Chair, as Regional Representative, attended a meeting on Friday 30 September 2005. Plans are well ahead for standardisation of procedures for improving patient safety within the Blood Transfusion Centre.

(g) Down Lisburn Trust Charter Mark Accreditation

The Chair attended the reception on 5 October 2005 to recognise the award given to Down Lisburn Trust in recognition of its service. It is the first Trust in the United Kingdom to receive such an award. It was noted that the Trust

approached their services through the eyes of a four year-old child continually asking the question “Why?” and this led staff to think about what they were doing and why they were doing it.

(h) Aphasia Campaign Launch

The Chair attended this launch on 10 October 2005 in the Ormeau Baths with Mrs McGarry. The general public have a limited understanding of the hidden communication disability of aphasia, which is caused by stroke, head injury or disease. The local Northern Ireland charity Speech Matters stated at the launch that aphasia is more prevalent than Multiple Sclerosis. The presentation highlighted the misunderstanding with which an aphasic person can be met by people without a knowledge of the condition. The presentation included a performance that illustrated non-verbal communication.

(i) EHSSB Meeting 13 October 2005

(a) Council had concerns about plans for the restructuring of services at the Forster Green Hospital. Although the developments are welcome in principle, they may result in gaps in continuity of service for patients. Assurances have been received from the EHSSB Chief Executive Dr Kilbane that the process is being managed closely and that – in particular – those residents of Forster Green and their families were being informed personally by the Trust of the changes and given support in understanding the change and planning alternative provision. The Board and Trust would maintain this commitment and would ensure that there would be no disadvantage resulting from the change to current users.

(b) Dr Phillip Donaghy, Consultant in Communicable Disease Control, EHSSB attended the August meeting to talk about Infection Control. He reported on the salmonella outbreak in Downpatrick in July. It was noted that the speed with which this was highlighted and subsequent action taken with the food outlet concerned was due to the out-of-hours service that received the initial calls.

(j) Northern Ireland Medical Dental Training Agency (NIMDTA) General Practice Committee Meeting

Workforce issues are a problem for general practice services.

(k) Regional Multiprofessional Audit Group Annual Conference, Carrickfergus

The Chair attended this conference on 19 October 2005 where the theme was “real user involvement within health and social care”. The keynote speakers concentrated on contemporary models of user involvement in health and social care delivery. Dr Henrietta Campbell, Chief Medical Officer, Department of Health, Social Services and Public Safety (DHSS&PS) stressed that the most important part of audit is involving the patient/user/client and the current

momentum in quality of care is so that patients can benefit. Senior local healthcare professionals who had been personally affected by illness presented their views as patients, highlighting many negative aspects, in particular, attitude and communication and the lack of support for carers. Uel Gillan, Professor of International Primary Health Care Development at the University of Ulster at Jordanstown emphasised the need to take the patient into account in the process from planning through to implementation and delivery and review of any service. Margaret Grayson, Superintendent Radiographer at Belvoir Park Hospital gave the analogy that “I may be just a patient to you, but to many others I am a mother, daughter, neighbour, colleague, sister and to all those other people I am important and I deserve to be treated as a person”.

Many examples were given of the benefits in involving patients and the view was frequently expressed that a patient-centred approach needs to become the accepted cultural norm as stated by Sir Donald Irvine, past Chair of General Medical Council, currently with the Picker Institute.

Brendan Mullan quoted from George Bernard Shaw saying that the single biggest problem in communication is the “illusion that it has taken place”.

Mr Brian Coulter, ex Chair of the EHSSC spoke at the conference suggesting Northern Ireland could benefit from adopting the Scottish model for patient participation and that the future of health and social services councils be robustly reviewed immediately – without waiting for the wider implication of RPA.

82/05 MINUTES OF PREVIOUS MEETING

The minutes of the previous meeting held on Thursday 18 August 2005 were approved as an accurate record, signed by the Chief Officer and witnessed by the Chair.

83/05 MATTERS ARISING FROM MINUTES

The Chief Officer reported back to Members on matters arising:

(a) Minute 58/05 (c) – Paediatric Cardiac Surgery

Dr McCarthy is Chair of a Group at the Department of Health and Social Services and Public Safety that is reviewing the future provision of paediatric cardiac surgery in Northern Ireland anticipating the retirement of the current consultant who is the only one in Northern Ireland.

They are reviewing their relationship with other specialist centres in England, Scotland and Ireland and collating information about what those services offer and how they might best relate to a future Northern Ireland service. There is no likelihood of an outline future plan before February 2006. The Chief Officer will keep members informed of any developments. How plans are

advanced for this service has relevance for the future planning of other highly specialised regional services.

(b) Minute 62/05 (c) – EHSSB Queries (Clinical Negligence and Staff Sickness)

Members received a report on staff sickness levels in the Eastern area. Information on rates of clinical negligence in other Board areas is still awaited and will be presented at a future Council meeting.

(c) Minute 67/05 – Drugs for Treatment of Cancer

A response is awaited from the Director of Finance, EHSSB. The key question asked is “what resource is currently available for the prescription of drugs for cancer in the Eastern Area and what is the gap between that resource and what is required by the service to meet the needs of patients?” Ms Paisley is discussing this with colleagues and a response is expected for the November Council meeting. The recent decision on the Herceptin drug may add to pressure on any financial budgets available for additional prescribing in 2006-2007. Mr Curran informed the Chief Officer that there has been a similar recent decision on Beta Interferon. The budget for additional prescribing contains cancer drugs, Beta Interferon and Anti TNF rheumatology treatments.

(d) Minute 69/05 (e) – Public Appointments Unit

There is a delay in confirmation of the new Council Members from the Department for the following reasons:

- (i) Some nominees could not take up membership as their current employment was deemed to create a conflict of interest.
- (ii) Elected representatives from some local Councils have yet to be confirmed due to delays in returning forms.
- (iii) There was some confusion over the arrangements for appointment and this was raised at the last Council Meeting. The Public Appointments Unit (PAU) position is that they deem their directions to Councils and District Councillors to be entirely clear as to the point at which these appointments became valid. The Chief Officer asked if any member wishes to take the matter further he would share the full contents of the letter from the Department with them and contact the Department if they wish.

The Chief Officer asked the PAU if the Council could encourage the Belfast City Council to bring forward their nominations, but was advised by the Public Appointments Unit that this would be inappropriate.

(e) Minute 71/05 (d) – Patients Waiting on Trolleys

Members received a report on this matter. The Chief Officer drew attention to the improvement in the situation in the Mater Hospital where significant progress has been made and a major reduction in trolley waits achieved.

The Chief Officer sent a letter of congratulations to Mr Sean Donaghy and his team. Following discussion and Members' requests the Chair will invite Mr Donaghy and members of his team to the December Council meeting for a presentation to demonstrate how this progress has been achieved.

The Chief Officer suggested that the presentation remit could be broadened to include some general aspects of the approach of the Mater Hospital that are innovative and worth hearing about at Council.

Miss McMillan mentioned an initiative in the Mater Hospital that restructured procedures for day surgery on eyes to enable patient flow. Throughput had been increased significantly as a result.

Mr Ryan Simpson informed the meeting that Ms Mary Hinds had provided him with a two-page document that she had shared with other trusts for best practice. Ms Hinds had outlined in this document that the benefits now being realised were a result of a long-term initiative of 18 months of work. If any members are interested in a copy of this document they are asked to contact the office.

The Chair stated that she was pleased at the sharing of this best practice and noted that this is to be endorsed.

(f) Minute 75/05 (a) – Intervals for Discharge Letters

Members were provided with a report. In summary there is no common practice across the Trusts within the Eastern Board area although there is a standard. In some Trusts the standard is being met, whilst in other Trusts the letters are sent "promptly" Each directorate within The Royal Victoria Hospitals have their own arrangements and in some cases it can take weeks for a GP to receive a letter following discharge. Council members gave approval for the Chief Officer to pursue further with the Trust concerned.

(g) Minute 75/05 (b) – Car parking in HSS Trusts

Members were provided with a report outlining the various responses received from the Trusts. There is a varying approach from each Trust indicating that they use their own discretion to a large extent.

After some discussion among members Miss McMillan proposed that Council should send a letter to the Ulster Community and Hospitals Trust raising concern at the apparent introduction of parking charges for people with disabilities. More generally members agreed that a common standard for car

parking would be helpful to patients. A letter proposing this would be drafted and submitted to the next meeting of Council.

84/05 REPORT FROM CHIEF OFFICER

(a) 6 month report (to 15 September 2005)

It is the Chief Officer's intention to produce a report monthly informing members what he has been involved in during the previous month.

Members were provided with a summary report and further details on activity outlining consultations, meetings etc. Members' comments were invited.

(b) Council Workplan 2005/2006

Six priorities for Council have now been identified of which the management of chronic disease by primary care is one. The presentations by Dr Adair and his team was the first informative step in looking at how well primary care manages chronic disease. Over the next six months it is hoped that the workplan will be progressed and completed.

There is a need to boost the media coverage for Council and this could be enhanced by linking specific actions under the workplan with specific approaches to the media on themes and subjects. The next few months is going to be very important in developing the vision of a future Council in light of the Review of Public Administration.

The workplan is characterised by a routine element of involvement with user groups and community groups so that wherever specific actions are identified Council will consult with service users and community groups for their views, opinions, experiences and feelings about what should happen and make that part of the Council's response in those matters. Diabetes UK has been asked to facilitate meetings between the Council and user groups to talk about their experience of diabetes care in primary care.

Miss McMillan stated that Council appreciated the work Mr Dixon had carried out since joining Council and the robust workplan which is in place, especially since Council will be going through a difficult and challenging time. If the first six months were hectic the next six months would be a time for deep thinking and major decision making in uncertain times. Council will continue to be proactive in the community, giving lay membership on a very wide variety of committees and groups. Members represent Council on Boards and Trusts and various groupings. Members will continue to support the Chief Officer and staff to achieve what Council has set out in the workplan.

(c) Joint Council Conference 2005

The Chief Officer informed members of the possibility of a four Council conference in the New Year. The four Chief Officers and four Chairpersons will discuss this further in coming next few weeks and report back to Members in due course.

(d) Bugwatch

The Chief Officer thanked the participating members for their time throughout the training, preparation, visits and subsequent Council discussions. The Bugwatch report is in preparation. It broadly shows quite high compliance with standards sought, accepting that each Trust had two months' prior notice of the survey. A useful post-Bugwatch discussion took place on 10th October 2005 for further feedback, which identified key themes Council would like to see pursued:

- (i) There should be clarity about staff uniform in terms of infection control, for example, white coats, laundering procedures etc.
- (ii) Staff changing should be addressed properly by Trusts. It is recommended for new hospitals there should be adequate facilities. Council would also like to see this standard extended to existing facilities.
- (iii) There should be additional investment in Infection Control Teams.
- (iv) There should be regionally agreed clear information and guidance for patients on infection control and what they can do. Information should be uniform and standard and developed by Infection Control Professionals in partnership with patients. This should not vary between Trusts.

In conclusion, the outcomes, experience and feedback of the Bugwatch initiative is a positive exercise and the value of this will be seen in the Councils' input to the future development of infection control strategy.

85/05 CORRESPONDENCE – PAPER EC/18/05

No further items were tabled or highlighted. Copies of any the documents are available on request from the office.

86/05 INPUT FROM COUNCIL MEMBERS

(a) Ulster Community and Hospitals Trust Board Meeting 25 August 2005

Mr Hutchinson represented Council at this monthly meeting. He expressed concern to members that difficulties are envisaged within the Trust due to the new Consultant Contracts not being fully funded and the financial implications arising from the introduction of Agenda for Change (AfC).

The view was expressed that this appears common to all acute and community trusts. The government are not funding any pay increases. The Chair stated that Council had raised concerns several years ago about whether or not there was enough money to fund Consultants' Contracts and Agenda for Change. Mr Graham had raised the matter at the August meeting. The Chief Officer wrote to each Trust requesting details of their arrangements for monitoring the new Consultant Contract and attendances by Consultant Medical Staff as well as their whistle blowing policy. The Chief Officer will endeavour to meet with Mr Jim McCall, Chief Executive of the Ulster Community and Hospitals Trust in response to the report from Mr Hutchinson and highlight the concerns expressed at the Board Meeting.

The Chair reminded members that Ms A Paisley, Director of Finance had informed members at a previous meeting of a bleak financial outlook. Council have concerns for patient care and safety in the scenarios.

Mr Hutchinson expressed concern that the consultants' contracts were fully funded on the mainland, but not in Northern Ireland.

The Chief Officer informed Council that the Review of Public Administration (RPA) is supposed to start happening in the next couple of years and is aiming to save millions of pounds each year in public sector costs. He suggested that the solution to the gloomy financial forecast might well be intended to come from the RPA savings. Council will monitor this situation closely.

(b) Belfast City Hospital Trust Board Annual General Meeting 28 September 2005

Mr Marshall attended the above meeting on behalf of Members. He reported his concern that when he queried what impact the Review of Public Administration would have on public/patient care and user delivery he was informed that the meeting was an annual general meeting which reported facts and figures on the previous year's activity. Mr Marshall explained to Members that he thought it should also be an opportunity to explore the strategy currently in place for future delivery.

(c) Belfast City Hospital Trust Board Monthly Meeting 30 September 2005

Mr Marshall represents Council at this monthly meeting at which it was reported that the Trust expect to be £1m in debt this year. Mr Marshall suggested that MLAs/MPs be invited to lobby the Department for additional funding to address the shortfall in funding, but the Trust's Personnel Director responded that their action would be to pursue normal recruitment and discontinue use of agency staff which amounts to a cost of £150,000 per month.

The Chief Officer reported that the Appleby Report made critical reference to the inability of the National Health Service to plan for the future of service delivery via workforce planning. The Chief Officer is scheduled to attend a Department of Health Central Workforce Planning Group Productivity Workshop/Seminar in Stormont Estate on 30 November 2005. He asked if any members had a specific interest in workforce planning issues they should contact him.

The Chair reported that workforce planning is an issue that has been on the agenda for several years, but hopefully there will soon be progressed. She added that due to the Review of Public Administration this is a time of uncertainty for Trust Chief Executives.

Mr Spence reported that most of the nurses who are on the agency lists are full-time nurses working in their off duty hours.

Mr McDowell said that he had been studying a summary of the Appleby Report and some observations might be in order. There is a claim that Northern Ireland appears to be reasonably resourced in a UK context but with significantly higher levels of staffing, which is noted as a strength.

However, Mr McDowell added that the headline figure is that hospital activity per member of staff is 19% lower than the UK average and suggested that whatever the workplan involves, the idea of value needs to be pursued. No matter what the current stresses are on the health services staff need to be supported as much as possible and use whatever resources and funding are available as well as possible for the community.

The Chief Officer agreed that certainly the issue of value and output in the health service is an important issue and will be the underpinning principles of any action by Council, taking the view "Is the patient getting the best out of this? Is the best being done?"

(d) NI Health Economics Group Annual Conference: Health and Social Care Needs of the Elderly 14 October 2005

Mrs McGrotty attended the above conference on behalf of Members but said it raised more questions than those that it answered.

Dr Henrietta Campbell, Chief Medical Officer, DHSSPSNI was the keynote speaker. Mrs McGrotty drew attention to the following speakers:

- (i) Professor Dave Whyne, Professor of Health Economics, School of Economics, University of Nottingham who discussed the costs of cancer including pharmaceutical costs in an ageing society, life expectancy, and the demographics and decline of cancers.
- (ii) Dolores Ferran, Assistant Director Corporate Services Division, NI Housing Executive. This speaker discussed housing support for the older person outlining examples of how housing has links with health care and the pros and cons of retirement villages.
- (iii) Professor Roy McConkey, Professor of Developmental Disabilities, School of Nursing, University of Ulster who will provide a copy of the main points of his presentation at a later date.
- (iv) Professor John Appleby, Chief Economist, the Kings Fund and Visiting Professor City University, London who was co-authored by Mr Paul Montgomery, Department of Finance and Personnel in producing the Appleby Report. Professor Appleby noted there was much frustration among the GPs to whom he spoke. He discussed the Barnett Formula highlighting the high per capita health and social service care funding in Northern Ireland and that outputs do not match levels of input. He informed the conference of other reviews in Great Britain and the Treasury feeling that Northern Ireland was due a review of its position. Professor Appleby also talked about future funding, the models used in Northern Ireland, the current results, the future results and the trends until 2022-2023. He outlined a critique of models and his own recommendations.

(e) Bugwatch Survey/Infection Control

Mrs Muldoon said that she was impressed by the management of infection control at the Mater Hospital when she participated in the Bugwatch Survey on 19 September 2005. She was also present at the follow-up feedback meeting in Cookstown with the Chief Officer on 10 October 2005.

(f) Second meeting of the Steering Group for the Strategic Framework for Children, Young People and Families 23 September 2005

Mrs Muldoon attended her first meeting of the above in September.

The committee was set up in May 2005 when Andrew Hamilton, Deputy Permanent Secretary and Paul Martin, Chief Inspector, DHSS&PS last met with the group. The aim is to provide a coherent approach to services for children and young people. There are proposals to get all interested parties together in one regional forum to review children's services planning through a series of workshops.

The Chair appreciated the positive feedback that Mrs Muldoon was able to provide.

(g) Downe Hospital Midwifery Led Unit (MLU)/Community Midwifery Unit Project Team Meeting 13 October 2005

Mrs Muldoon reported that 8 objectives and 11 options were presented. Two similar options with costing implications came to the fore, which involved leasing temporary accommodation and a new build, although further investigations are required and work is ongoing.

The Chair stated that Council have been concerned about the situation and discussed this on various occasions.

(h) Downe Hospital Project Team Meeting 12 October 2005

Mr Spence reported that the Team have agreed to deliver a presentation to update Council on the work, showing a 3D model. Mr Spence has given them the contact details and dates of the next meetings. The site is now completely cleared and the Trust is now awaiting approval for the revised business case from the Business Case Unit of the Department of Finance and Personnel.

(i) Ambulance Service Trust Board Meeting

Mr Spence represented Council at this meeting on 29 September 2005. Issues of concern discussed were maintenance, replacement requirement and damage to fleet vehicles; sudden increase in fuel costs (large component of their annual expenditure); and attacks on staff. On a positive note, a television campaign on this issue is taking place with the Fire Service.

(j) Ambulance Service Trust Board Annual General Meeting (AGM)

The AGM followed the monthly Trust Board meeting. A good financial report was reported. The Trust aims to be close to their financial targets at year-end, but will face many challenges for the incoming year. Mr Spence reported that a new service is in place which enables '999' operators to give advice to callers in order to contain a situation until the ambulance crew arrive

at the scene. Examples of calls, which were recorded, were played back to the meeting and Mr Spence said this was very impressive.

The Trust was presented with an award for the Public Sector at the Business in the Community Now Awards, which was collected by the Trust's Director of Human Resources. Council Members agreed to send a letter of congratulations to the Ambulance Service.

The Chief Officer asked if Mr Spence, as regional representative, could enquire from the Ambulance Trust at a future meeting whether in the area covered by Sperrin Lakeland Trust the patient transport times are sufficient if a patient has a heart attack to be stabilised and transported to an appropriate unit. The Chief Officer would feedback the response to his colleagues at the Western Council.

(k) GP Contracts

Mr Spence suggested Council set up a forum discussion group asking each Trust to send representatives along to elicit what the problem issues are before Council's first meeting with the new Permanent Secretary for Health.

The Chief Officer stated that he was hopeful that the action on GP Primary Care Management would give Council information on specific areas of concern for the Permanent Secretary and reminded members that the action involves meeting with users and GPs for direct feedback.

(l) No smoking strategy

Mr McDowell stated that the smoking announcement about a ban in public places in 2007 is a good thing for the NHS and asked should health service staff be encouraged to feel that smoking is a pariah activity? He asked also if all GPs be encouraged to address smoking routinely in consultations with staff and patients?

The Chief Officer replied that Council has strongly supported the smoking ban and it is his understanding that the GPs are increasingly encouraged universally to address and to challenge smoking wherever it is presented to them.

Mr McDowell replied that every hospital bed filled by a patient with a smoking related disease, for example, lung cancer is using up a bed for other needy patients.

The Chair suggested that Council liaise with Dr Adair, Director of Primary Care, EHSSB to clarify the position on smoking and health promotion within the new GP Contract.

87/05 ANY OTHER BUSINESS

Mrs McGarry praised the Ulster Community and Hospitals Trust by relaying anecdotal evidence of visiting a relative recently in a surgical ward in the Ulster Community and Hospitals Trust where she observed the use of operating theatres until 11 pm to accommodate the surgical lists. She suggested that other Trusts might consider similar usage to decrease their waiting lists as this is to be commended.

88/05 DATE, TIME AND VENUE OF NEXT MEETING

The next meeting will be held on Thursday 17 November 2005 at 5.30 pm in the Main Room, Third Floor, Grosvenor House Conference and Training Centre, Glengall Street, Belfast.

It was noted that the December Council meeting would be held in Malone House.

Signed _____
Chair Date

Signed _____
Chief Officer Date