



(b) Review of Public Administration

There have been indications that public announcements will be made on the Northern Ireland wide Review of Public Administration on Tuesday 22 November 2005. Mr Peter Hain, Secretary of State, will give a general announcement at 11am in the Hilton Hotel. Mr Shaun Woodward, Minister for Health and Social Services will then give an announcement at 1.00pm in the Royal Victoria Hospital and it is expected this will be a more detailed summary about Health and Personal Social Services.

From recent media reports the indications are that there will be a Regional Health Authority with seven local commissioning and performance managing offices. It is also expected that there will be five Health and Social Services Trusts. There will have to be confirmation of time lines for these changes to be implemented, however, as a move to one Regional Health Authority requires primary legislation this could take approximately two years. The merging of Trusts does not require primary legislation and may happen sooner.

Dr Andrew McCormick, Permanent Secretary, has circulated a letter to staff in advance of the announcement, stating that the Department of Health, Social Services and Public Safety (DHSSPS) will work closely with staff throughout the transition period to make changes in partnership. It is expected that the greatest impact on staff will be at the highest levels of management.

It would appear that every Health and Personal Social Services member of staff will receive a letter from the Minister for Health, outlining the impact of the Review of Public Administration. Dr Kilbane plans to meet with staff at the Eastern Health and Social Services Board (EHSSB) for an internal briefing on Wednesday morning and staff from the Council and Local Health and Social Care Groups are welcome to attend.

Dr Kilbane explained that there are great hopes that the re-configuration of services will bring release of monies with the centralisation and rationalisation of a number of support services. Although the opportunity to streamline the support services infrastructure is welcomed, Dr Kilbane said that it is essential that years of experience and expertise are not lost in the transition to new systems, and that the drive committed to some current major developments is not lost.

(c) Pandemic Flu

Dr Kilbane circulated a copy of a Pandemic Flu leaflet to Members. She explained that this leaflet is going to be widely circulated to the public next week. The leaflet provides simple advice and key facts on pandemic flu which is a type of influenza that occurs every few decades and can spread rapidly with the potential to affect most countries and regions around the world.

(d) Smoking

In the New Year, the EHSSB will be developing an initiative to identify how “smoke free” HPSS premises are and to get an update on where HPSS providers are with their action plans for a smoke free environment by March 2007. Dr Kilbane invited Council to become involved in this initiative.

(e) Herceptin

This week, the Minister for Health issued a statement regarding the availability of Herceptin for the treatment of breast cancer. He has stated that if patients require Herceptin and their doctor has made a clinical decision that this would be of benefit, the drug will be made available. Additional money is to be made available and the Health Boards are waiting on details on how this will happen. The Boards await with interest the Departmental response to waiting lists for other drugs, for example drugs for multiple sclerosis and rheumatoid arthritis.

(f) Outpatient Waiting Lists

There have been discussions about new initiatives being implemented to address outpatient waiting lists. Dr Kilbane confirmed that the EHSSB would be recruiting a member of staff to manage some of the complex issues that need to be addressed in order to reduce these waiting lists. One of the initiatives will involve patients being screened prior to their first outpatient appointment which will mean that results of investigations will be available for this appointment.

Dr Kilbane suggested that Council invite Mr Peter McLoughlin, who manages the waiting lists in the Eastern Board area and is the Regional Lead on this issue, to a future Council meeting to provide a summary of plans being implemented to reduce outpatient waiting lists.

In response to a question from Mrs Muldoon about waiting list targets Dr Kilbane confirmed that these targets are very challenging and this will be one of the issues which the new Regional Health Authority will be responsible for.

**92/05 MR JOHN HAMILL, CHAIRMAN, NORTHERN IRELAND CARDIAC PATIENTS FORUM**

Miss McMillan welcomed Mr Hamill to Council. Mr Hamill thanked Council for the opportunity to provide information on the work of the Northern Ireland Cardiac Patients Forum which was set up to help cardiac patients, their carers, family and friends.

Mr Hamill explained that the Forum:-

- was formed by heart patients from the 19 Cardiac Support Groups which exist throughout Northern Ireland
- arose from the National Executive Committee which was formed by the Chest Heart and Stroke Association in 1999.
- receives no funding as it does not have charitable status.
- has members who are volunteers and receive no remuneration.
- is cross community and aims to lobby government and statutory bodies on behalf of heart patients in Northern Ireland.

Mr Hamill provided a presentation that outlined some of the work carried out by the Forum to date. The Forum are committed to ensuring the best possible care for heart patients in Northern Ireland and to help educate and improve people's lifestyles.

In response to a question from Mr Graham in relation to funding, Mr Hamill explained that the Chest Heart and Stroke Association have quite a number of worthy causes to support and explained that a donation of £100 is made by them when a Cardiac Support Group is being set up. Unfortunately, Support Groups must often rely on the generosity and good-will of companies to provide rooms and refreshments free of charge to enable meetings to proceed.

**93/05 DR JACKIE MCCALL, SPECIALIST REGISTRAR, PUBLIC HEALTH MEDICINE, EASTERN HEALTH AND SOCIAL SERVICES BOARD**

Miss McMillan welcomed Dr Jackie McCall who thanked Council for the opportunity to provide information about the EHSSB's plans to set up a Cardiology Network and about work being carried out in the Belfast City Hospital Trust on heart failure.

Dr McCall provided a detailed presentation which outlined:-

- The background to Managed Clinical Networks
- The values and structure of a Clinical Network
- The clinical and service improvements which can be achieved using Clinical Networks
- How users and the public are represented in a Clinical Network

One of the areas identified as a priority for service development is heart failure. A model of care, focusing on providing a seamless service across primary and secondary care was successfully piloted in South and East Belfast and the Belfast City Hospital Trust. This pilot focused on correct identification of heart failure patients, support, education and timely management of treatment and access to members of the multidisciplinary team.

This service model aims to create the 'expert' patient who can recognise early signs of deterioration in their condition and empowers the patient to take some responsibility and control in the management of their condition.

An audit of the heart failure model of care was carried out in 04/05. During the audit period there were 897 calls to the 24 hour advice line. Of the 198 patients subsequently seen by members of the multidisciplinary team only 10 patients required admission to hospital. There is a clear advantage of patients being able to contact and discuss their condition with a member of the multidisciplinary team who may know their individual history and who has the expertise in managing this condition. It is anticipated that if all of these patients had attended Accident and Emergency there would have been a significantly higher number of admissions.

The Chief Officer explained that the work underway on the cardiology networks links to the Council's priority of tackling trolley wait issues. This is one of the community based services that Council can review and monitor with a view to ensuring that patients are better managed in the community, which will impact on Accident and Emergency attendances.

Mrs McGrotty asked if this model of care is to be replicated province wide. Dr McCall explained that it will be replicated across the EHSSB area and although there are no immediate plans to replicate the service province wide, other Health Boards may wish to develop this service.

Mr John Hamill highlighted that although the statistics provided on outcomes of patients diagnosed with heart failure are quite alarming, it is important to emphasise that many patients have excellent outcomes when devices such as pacemakers are fitted.

In response to a question from Mr Dixon regarding user involvement in this service, Dr McCall explained that the Heart Failure Service involves patients by facilitating user groups and carrying out patient satisfaction surveys. The information obtained from patients is used to tailor the service to patient needs. There is also work going on to identify what services could be provided in the community which would be more convenient for patients and free up hospital resources to focus on emergency and complex patient needs.

Mr Hamill asked if the increased emphasis on community based services could delay patients who need urgent care from ringing an ambulance or attending Accident and Emergency. Dr McCall emphasised that the Heart Failure Service would encourage patients who are suffering from chest pain not to delay in calling an ambulance or attending Accident and Emergency but that this type of service frees up emergency care capacity to deal with real emergencies by providing an alternative to people best cared for without emergency admission.

Mr Marshall asked Dr McCall how much emphasis the Heart Failure Service puts on education for a healthy lifestyle. Dr McCall explained that education is a key factor in helping patients understand their condition. By identifying what contributed to the patient's condition and what triggers deterioration in that condition, the 'expert' patient can take more responsibility for changing their lifestyle and for self management of their condition. The Heart Failure Service will give patients all the information they need and works with patients until they understand this information. Patients are also offered access to various rehabilitation services such as cardiac support groups, smoking cessation and dietetic services.

Mr Spence asked Dr McCall if research has been carried out which supports the management of patients in the community, such as those patients in the Heart Failure Service. He was particularly interested in knowing if research had conclusively shown that patients are better managed in the community than in the hospital setting. Dr McCall confirmed that there has been a lot of work carried out throughout the UK to support this and clinically the better option is for patients to be managed in the community than going in and out of hospital. Often a slight medication adjustment is all that is needed to maintain the patient at home.

The Chair thanked Mr Hamill and Dr McCall for their presentations. Miss McMillan said that the fact that only 10 patients were admitted from the 198 patients seen during the audit period demonstrated how this type of service can impact on the number of patients having to be admitted.

## **94/05 CHAIR'S BUSINESS PAPER 19/05**

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

- (a) Video Conference 'Making Better Use of Pharmacy Workforce', 21 October 2005  
This video conference took place between Cardiff, Belfast and London. There is much work being done with a view to making the best use of the pharmacy workforce.

Miss McMillan highlighted that the EHSSB Board Minutes have recently detailed some of the ideas that Ms Andree McCollum, Director of Pharmaceutical Services, will be taking forward with a view to improving the use and organisation of the pharmacy workforce.

- (b) The Best of Health Conference, 15 November 2005  
This conference had a practical work based focus. The aim is to engage with staff and service users to develop best practice both North and South of the Border. Inez McCormack is one of the Joint Chairs' of the North/South Health Services Partnership and at the conference she had highlighted that Ireland has some of the worst health inequalities in Western Europe. She had said that unless there is a model of healthcare which puts those who need the healthcare at the centre of the debate, there will be no improvement.

Miss McMillan was particularly impressed with Ms Anna Coote, Director of Patient and Public Involvement, Healthcare Commission, who had spoken about the social, economic and environmental factors which cause ill health. She had outlined her vision of the health service in the future with every neighbourhood having a healthy living centre, everyone having a personal health plan with regular checks and a health advocate available "to help those voices that are harder to hear".

A couple of case studies had been presented and Miss McMillan said some of these had coincided with an issue raised previously by Cllr Henderson on protected mealtimes. The speaker, Rick Wilson, Kings College London had said that if patients do not eat they do not recover and that more emphasis needs to be put on the food being served and whether patients are eating sufficiently to aid their recovery.

## **95/05 MINUTES OF THE PREVIOUS MEETING**

The Minutes of the previous meeting held on Thursday 20 October 2005 were agreed by members subject to the following changes:-

Dr Kilbane had asked that the following correction be made:

79/05 (a) – 'Dr Kilbane had attended his funeral on 16 October' be changed to 'Mr Caves had passed away on 16 October.'

Mr McDowell asked that the following correction be made:

86/05 (1) – 'a ban in public places in 2007 is a good thing should the NHS' be changed to 'a ban in public places in 2007 is a good thing for the NHS.'

## 96/05 MATTERS ARISING

The Chief Officer provided an update on a number of queries raised at previous Council meetings, as follows:

- (a) Minute 83/05 (a) EHSSB Queries (Clinical Negligence)  
Information on the rates of clinical negligence in other Health Board areas is still awaited. Mr Dixon will ask the other Chief Officers to pursue this information and this will be presented at a future Council Meeting.
- (b) Minute 83/05 (c) Drugs for the Treatment of Cancer  
A response from the Director of Finance, EHSSB has now been received in relation to a query regarding resources available for cancer drugs. The EHSSB has confirmed:
- that there are currently no waiting lists for cancer drugs in the EHSSB area
  - the funding for cancer drugs for patients in the EHSSB area has increased in 2005/2006 to £5 million from £3.9 million in 2004/2005.
  - The prescription of an expensive drug therapy such as those used in the treatment of cancer, is usually taken as a result of a service development proposal developed by the Clinicians involved, the Commissioners, the Management and the wider team, based on clinical assessment on the benefit and value of the drug.

At the time of writing to the EHSSB there had been controversy about the use of Herceptin in the treatment of breast cancer. As mentioned earlier in the meeting by Dr Kilbane, the Minister for Health has recently approved the funding for Herceptin to be prescribed in the early stages of breast cancer based on a clinical decision.

Although Council welcomes the assurances for funding of cancer drugs, Council will continue to lobby government on behalf of patients waiting for other drugs such as Beta Interferon and Anti TNF drugs.

- (c) Minute 83/05 (e) Patients Waiting on Trolleys  
Council have monitored the number of patients waiting on trolleys on a monthly basis since June 2000. Mr Dixon confirmed that the figures for October 2005 have not yet been received. This data which is collected on a daily basis by the Emergency Admissions Co-ordination Centre (EACC) is provided in a monthly summary by the EHSSB Pressures Group. However, in August 2005 the Pressures Group decided they would meet bi-monthly instead of monthly and although Council had understood that the monthly data would still be provided this has not happened. Staff of the Council will meet with the EACC at the end of November to identify how this can be addressed.

Mr Graham asked that it be noted that Council are not happy that these figures are not being made available on a monthly basis.

- (d) Minute 83/05 (f) Intervals for Discharge Letters  
Council had raised concern about the varying practices throughout Trusts, and sometimes departments, for ensuring that GPs receive discharge letters within an acceptable number of days. Mr Dixon will write to the Royal Group of Hospitals to

clarify their response to a query made by Council regarding timing of discharge letters.

(e) Minute 83/05 (g) Car parking in HSS Trusts

The Chief Officer said that he is considering the recommendations to be made by Council regarding standard car parking practices in HSS Trusts. He will draft a letter to be submitted to Council for approval.

(f) Minute 86/05 (a) Ulster Community and Hospitals Trust (UCHT) Board Meeting

At the last meeting Mr Hutchinson had raised concern about difficulties envisaged by the UCHT regarding funding of the new Consultant contracts and the implications arising from Agenda for Change. The Chief Officer confirmed that he and Miss McMillan will be meeting with the Chief Executive of the UCHT in early December and will report back to Council on matters discussed.

Mr Graham highlighted that the issue of GP and consultant contracts had been discussed at the Council Meeting in August. At that time Council had agreed that the Chief Officer should write to the Minister for Health expressing Council's concerns about the funding of these initiatives and the lack of monitoring of the benefits to patients. Mr Dixon said that he had received no response on this matter and he will look into this and report back to Council.

Mr Graham stressed that with so many initiatives underway there must be value for money for patients and a seamless transition is needed when further changes are implemented, resulting from the Review of Public Administration. He stressed that Council must continue to question the relationship between input and output with all the additional resources which are being put into new staff contracts.

Mr Dixon confirmed that he had written to all the HPSS Trusts in the Eastern Board area asking them about their management of the new Consultant contract and specifically asking if Trusts felt they were going to need additional resources to manage this in 2005/2006. All of the Trusts, with the exception of Greenpark Healthcare Trust, thought that they would not have the need to buy in additional consultant time this year.

The Chief Officer will look into the matters raised and report back to Council.

(g) Minute 86/05 (h) Downe Hospital Project Team

Mr Spence had previously suggested that members of the Downe Hospital Project Team had agreed to attend a future Council meeting to update Council on the work to date. The Chief Officer explained that he has received offers from a number of people to provide Council with information and updates on a wide range of issues.

Mr Dixon will draft a schedule of speakers for Council meetings and bring this to the next meeting for confirmation.

Mr Graham asked Council to consider a change in the way business is dealt with at Council meetings. He said that whilst recognising the value of presentations provided regularly at Council meetings, he was concerned that Council business was often

rushed or not covered adequately and suggested that Council business be discussed at the beginning of the meeting.

Miss McMillan explained that various methods for meetings have been tried previously including speakers at workshops held on alternate months, leaving Council Meetings for Council business. Members recognise that it may be easier to ask speakers to come to a Council Meeting later in the afternoon meetings but that it would be unfair to ask speakers to wait to the latter part of an evening meeting. The Chair and Chief Officer will give this consideration.

## **97/05 REPORT FROM CHIEF OFFICER**

The Chief Officer had circulated a Report to members prior to the meeting. Mr Dixon highlighted the following issues:

- (a) Review of Public Administration Announcement  
This announcement next week, will impact on the work of the Council over the coming months.
- (b) Meeting of the General Medical Council (GMC)  
A meeting of the GMC is being held on Wednesday 23 November 2005 in the Waterfront Hall. This is one of four Regional consultations by the GMC on the core document 'Good Medical Practice' which aims to set standards for how doctors should behave professionally towards patients.

Mr Marshall offered his apologies for this meeting as he will be attending mandatory training organised by the Department of Health, Social Services and Public Safety.

- (c) Health Economies Advisory Group  
The Chief Officer had observer status at a meeting of the Health Economies Advisory Group. This is the planning group that met to decide on the closure of 109 beds across the EHSSB area. The Chief Officer and the Chair had raised their concerns with the EHSSB at their public meeting.

Mr Dixon confirmed that he and Ms Anne Lynch, Director of Planning, EHSSB, took part in a media interview on BBC radio regarding these bed closures. He had said that Council welcomes improvements in community services which have historically been underfunded, and that if it is genuinely the case that the community services are as good as or better than the service that would have been provided in hospital, Council are willing to accept the bed closures in order to fund these services.

## **98/05 CORRESPONDENCE PAPER EC 20/05**

Paper EC20/05 was taken as read and no additional items were highlighted.

## **99/05 INPUT FROM COUNCIL MEMBERS**

### **(a) Northern Ireland Cancer Registry Council Meeting**

Miss Patterson had attended this meeting on 15 November 2005 and reported on the following information provided:-

1. Regional Advisory Committee on Cancer (RACC) Report on key findings on the various types of cancer, for example, oesophageal, breast, prostate, colorectal, and lung cancer. The statistics provided are comparisons in survival rates and treatment between 1996 and 2001.

Prior to 1996 cancer was diagnosed and managed throughout the province and often surgeons could be managing very few cases. It has been proven that the experience of managing high numbers of cases and specialising in cancer care can impact on patients' outcomes. Best practice was felt to be the centralisation and specialising of cancer services which has now demonstrated an improvement in survival rates.

2. An electronic staging tool was demonstrated. This tool is used to grade the stage of a tumour at diagnosis. Patient data is keyed into the computer programme that will then work out the stage of the cancer and prognosis for the patient. A lot of the medical staff attending the meeting felt that when seeing patients, they would not have the time to sit and input the data which takes approximately 15 minutes. The ideal situation would be to train administrative support staff to input this data, but with no money available for this, it seems sad that a tool that could advance the maintenance of records and outcomes may not progress any further.
3. Patient Information Leaflet. This leaflet advises patients about the Cancer Registry and the importance of the Registry for comparison of statistics not only regionally but nationally and world-wide. There was discussion about the timing of presenting this leaflet to the patient and Miss Patterson and Professor R Spence, Belfast City Hospital Trust, were adamant that this leaflet should not be given to the patient at the time of diagnosis, as the patient already has too much information to take in.

### **(b) Belfast City Hospital Trust Complaints Monitoring Committee**

Mr Graham had attended a meeting of this Committee on the 19 August 2005. He said that 39 formal complaints had been reviewed with the main areas of complaint relating to the quality of treatment and care provided and communication. He said that it was commendable that 100% of complaints were acknowledged within 2 working days and 80% of responses were dispatched within 20 working days. The Committee is representative of various staff groups and Mr Graham said he has been impressed with the attention given to issues identified and with the Chair, who is a Non-Executive Board member, who has been probing and fair in the review of cases. The next quarterly meeting is on 18 November 2005.

Mr Dixon said that the complaints monitoring work is vitally important and highlighted that Council has representation on all Complaints Monitoring Groups in the EHSSB area. The key issues for Members are to ensure that there is follow up of

complaints in that the complaint led to an action which was monitored and sustained. The Complaints Process is going to come out to consultation soon and this will be a major piece of work for Council as this is an opportunity to review the existing NHS Complaints system with a view to changing it for the better.

(c) General Medical Council Workshop

Mr Graham had attended this stimulating Workshop which had focused on strategic options for Undergraduate Medical Training. The GMC Education Committee is carrying out this consultation on a UK wide basis and the focus is on three areas:

- How to show that medical students are reaching a minimum standard of knowledge and skills by graduation
- How to ensure medical graduates are fit to become doctors
- What are the underlying principles based on changing clinical positions, patient expectations and other drivers

Mr Graham said he was given a very warm welcome. Whilst there were a lot of technical issues raised Mr Graham had highlighted that from the patient's point of view, emphasis needs to be put on 'the soft side of the training' such as communication. This was particularly welcomed by the Chair of the GMC, Professor Peter Rubin. Mr Graham had also suggested that the term 'minimum standard' be changed to 'acceptable standard'. Council will be advised of the consultation outcome.

The Chief Officer confirmed that a response on this consultation has been drafted.

(d) Green Park Healthcare Trust Board Meeting

Mr Spence had attended this meeting on the 3 November 2005. The main issues discussed included:

- Agenda for Change. The Trust is being very active in the implementation of new pay structures
- The building work on the new facility is progressing well
- A recent media item regarding inefficiencies in the Trust

(e) Older Peoples Health and Wellbeing Strategy, Steering Group Meeting

Mrs McGrotty attended the last meeting of this Steering Group on 26 October 2005. The consultation period on the draft strategy ended on 30 September. The strategy was developed with a series of 7 workshops involving older people, carers and HPSS staff.

During consultation 43 proactive consultative presentations were made with key groups and 31 written responses were received. A summary of responses and the key implementation issues arising will be submitted to the EHSSB meeting in December.

Mrs McGrotty provided information on some general comments received during consultation. The NHSSB has offered to share knowledge and experience on progressing some initiatives as their strategy priorities will be similar to the EHSSB.

During the Steering Group meeting a representative from the independent sector had highlighted concerns about the lack of support provided to Nursing Homes by Trusts, for example, in training nurses in homes on the application of fluids.

Mrs McGrotty said that Council's comments on the strategy were well received by the EHSSB and assurances were given that these will be taken into account.

(f) Conference on Older Persons "Independence Choice and Empowerment"

Mrs McGrotty attended this conference on 16 November 2005. The purpose of the conference was to start new dialogue among various organisations regarding the needs of older people. There were a number of speakers who made the following points:

- The importance of engaging older people and for young and old people to mix together
- The need to listen and empower older people in order that they are given choices and independence
- The need for housing policies to be reviewed
- The importance of all systems working together and the recognition that older people want to be included in mainstream activities.

The conference involved workshops and lectures. Mrs McGrotty explained that there are many good initiatives and grants available but these are not linked and can therefore prove difficult to access. Mrs McGrotty had taken the opportunity to raise the need for central government to consider the need for a Commissioner or Champion for Older People. She said that overall this was an excellent seminar but there are still gaps to be addressed in the system.

Mr Hamill said that it is important to note that whilst consultation and conferences involve voluntary and statutory organisations that work for the elderly, much valuable input can be obtained from direct public involvement of older people, such as patient forums. Mrs McGrotty confirmed that the consultation on the Strategy for Older People had involved voluntary and statutory organisations but said that the EHSSB are working closely on other initiatives which involve Belfast Healthy Cities.

Miss McMillan thanked members for their reports and said that the feedback from meetings at which Members are representing Council is invaluable.

**100/05 DATE, TIME AND VENUE OF NEXT MEETING**

The next meeting will be held on Thursday 15 December 2005 at 1.30pm in the Harberton Room, Malone House, Belfast.

Signed

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Chair

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Date

Signed

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Chief Officer

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Date