

(d) Shadow Central Board of Management Meeting, NI Medical and Dental Training Agency (NIMDTA), 1 June 2006

Miss McMillan had reported at the last meeting that she, Mrs McGrotty and Mrs McGrogan had participated in GP appraiser and lead appraiser interviews in May 2006. As this had involved recruitment and selection training, shortlisting and interviews the three Council members had contributed approximately 100 hours to this process.

NIMDTA took over responsibility for this recruitment process on 1 April 2006 and the meeting in June was held to review this process and to discuss future GP training.

The significant time commitment was discussed by Council. It was agreed that the Chief Officer would review, with the Chair, future arrangements where a substantial voluntary commitment by Council members was sought by another agency.

(e) Institute of Healthcare Management Breakfast Seminar, 14 June 2006

Miss McMillan attended this breakfast seminar which was held to report on the current situation with the restructuring of the HPSS. The speaker was Dr Andrew McCormick, Permanent Secretary, DHSSPS, who explained that currently there are a lot of rumours circulating about the Review of Public Administration (RPA) process. It is hoped that by Monday at the latest, decisions should have been made as to who will lead some of the new organisations. More interviews are scheduled for the middle of July.

There is still no information on when the Chair and Chief Executive designates for the Patient Client Council will be in place.

29/06 MR DAMIAN MCALLISTER, DEPUTY DIRECTOR OF HUMAN RESOURCES, ROYAL GROUP OF HOSPITALS TRUST

Mr McAllister explained that he had been Deputy Director of Human Resources at the DHSSPS until March 2006 and the information he was presenting on the consultant contract was from his time there in his remit of Government Policy Adviser. He had been responsible for the pay modernisation programme, which covered initiatives such as agenda for change, consultant contracts and junior doctors new deal. The General Medical Services Contract was not part of this remit. Although Mr McAllister is no longer with the DHSSPS he said that he would direct any questions he could not answer to Mr David Bingham, Director of Human Resources, DHSSPS.

The information presented by Mr McAllister included:

- How the new consultant contract came about
 - Part of NHS modernisation plans by Labour when they came to power in 1997
 - Prior to the new contract in 2003 the existing contract had been in place since 1948 and was no longer relevant to a modern NHS service
 - Previous contract paid consultants for 37 hours per week but on average consultants were working between 48-50 hours per week
 - Consultants on call were paid an intensity supplement but were not paid for any subsequent work arising out of their on-call commitments.
 - There is increased public expectation and greater demands on the consultant workforce
 - Better control required over the private practice
 - The new contract was approached on a national basis led by England

- The benefits of the new contract which included:
 - Improved links between Department of Health objectives and individual consultant objectives. For example, with the introduction of annual job plan reviews for consultants, the Minister's Priorities for Action targets become part of the individual working practices of consultants
 - Out-of hours working recognised with consultants at the forefront of the service
 - Recognition for consultants involved in teaching and professional development, which although not front-line care, is an essential role.
 - Medical workforce planning – allowing review of working patterns in keeping with European Working Directive and planning for future requirements
 - Ability for managers to plan routine services for evening and weekends as the service required is no longer a 9am-5pm service. With the new contract there is the flexibility to have consultants work to meet service demands at contract rate. Although consultants are contracted for 10 programme activities per week the flexibility will allow managers to negotiate with consultants to work more activities during 'pressure' periods and fewer programmes in 'down-times.'
 - The infrastructure to support this flexible working, needs to be in place and Agenda for Change should enable this.
 - The contract includes a code of conduct for consultants that NHS working comes first before private practice and any spare capacity the consultant has must be offered to NHS working before private practice.

- Details of impact on pay and service under new contract
 - Higher level of pay was needed to ensure retention initiative. Previously there was a 5-point increment totalling £14,000, ranging from £54,000 to £68,000 that took 4 years to reach the maximum. There is now an 8-point increment of £22,000., ranging from £68,000 to £90,000. that takes 20 years to reach the maximum. This now encourages long-term retention and goals
 - Part of the contract is providing cover for absent colleagues on a short-term basis, which has reduced the level of locum staff used
 - Annual individual and team job planning for consultants
 - A definitive work commitment with a specific schedule for each consultant showing their programme activities and where they are for each session.

- Details of the safety net for the service
 - Progression on pay scale not automatic. Consultants must demonstrate how they are meeting the code of practice and work objectives. Where they fail to do so, they can only progress if the failure is due to factors they cannot control, for example, if their target is to do a certain number of operations but the demand has not been there.
 - Changes in disciplinary procedures – it could previously have taken up to 3 years to have a consultant removed but Trusts now have a 4 week review period to decide whether cases will be taken forward to the General Medical Council.

In relation to specific schedules Miss McMillan asked how this works, if a consultant doing a theatre session runs over the allocated time. Mr McAllister explained that the schedules have an element of flexibility as complex cases cannot be planned for. He said that there is benchmarking data to determine average periods for sessions such as

how long people should be in theatre. However, if data collected showed that sessions were constantly over-running then the situation would have to be reviewed to see if the allocated time on a schedule needs to be adjusted.

In response to a question from Cllr Mullaghan, Mr McAllister confirmed that no new level of management has been brought in to oversee the working of the new consultant contract. It has required improved management by Managers and a change to the role of Clinical Director, who now has a more active role in the management of the medical team.

Mr Compston asked Mr McAllister if he would be surprised to hear that the number of clinic sessions had been reduced in some areas. Mr Graham elaborated on this explaining that Cllr M Henderson had previously raised concern about the reduction of cardiology clinics at the Ulster Community and Hospitals Trust.

Mr McAllister said that he would be surprised with this situation as the old contract was for 37 hours per week in 3.5 hour sessions, where the new contract was for 40 hours per week in 4 hour sessions. He said that the contract should not result in a downturn in services, but that in the situation highlighted, there may have been a new prioritisation of activity.

Mr Graham explained that Council has raised concerns in the past about input versus output. There has been a 9% increase in the budget since 2004 but the benefits in improved services does not appear to be demonstrated, with increasing problems with waiting lists and trolley waits etc. A lot of the problems arise from the inconsistency in practices across Trusts. Mr Graham said he fully recognises that people are worthy of the right pay for the job they do, but an increase in resources must show an increase in productivity.

Mr McAllister said that the old consultant contract was based on maximum trust with minimal monitoring. The new contract introduces increased monitoring mechanisms. He said that there have been problems with the 18 Trusts as they can all be managed totally differently. The Labour government wanted to put the money for these initiatives into the Health Service in a lump sum. This is a long term programme and although the rate of pay increase will remain the same, the expectation would be that the benefits will come through the system over a number of years.

Mr McAllister emphasised that the new contract will result in better planning and a better service in future if managed correctly. The Department of Health must provide guidance and leadership to Trusts to ensure a better service is delivered.

Cllr Curran, Cllr Leslie and Mr Marshall left at this stage of the meeting.

Mr McAllister explained about the change in working hours under the new consultant contract, with weekend and evening working expected if the service demands it. Cllr Mullaghan asked if nursing practices would change in keeping with this. Mr McAllister clarified that standard working hours are classed as 7am to 7pm Monday to Friday and any work outside these hours would be premium rate. However, the cost can be kept down by planning services to meet the demand and building flexible working into all staff contracts. He said this is nothing new for nursing staff and Agenda for Change will cover working practices for a number of staff groups.

In response to a question from Mr Compston regarding how standards and targets will be monitored under the new consultant contract, Mr McAllister explained that, although not specifically linked to the consultant contract, the Secondary Care Directorate are developing access targets for waiting times and it is likely that targets listed under priorities for action, will be used for benchmarking individuals and teams across Northern Ireland. He said that the Royal Group of Hospitals Trust is including access targets in the yearly consultant job plans as a performance incentive, but it is crucial that quality of care is not jeopardised by throughput targets.

Mrs McGrotty asked Mr McAllister if there are any plans to combat the waste of resources when patients do not turn up for appointments. Although this is not Mr McAllister's remit he said that this continues to be a problem and suggested that perhaps an advertising campaign is needed to advise the public of the resources being wasted by 'Did not Attend' appointments, similar to the pharmacy campaign used to highlight the waste of resources in unnecessary prescription requests.

In response to a question from Mrs Hamilton in relation to on-call practices Mr McAllister explained that consultants are paid to be on call with different rates depending on the level of on-call required. For example one level of on-call would be for telephone advice only, with another level of on-call being for possible return to site. There are tracking systems in place to see how often consultants have been called for advice only or having had to return to the hospital. When the annual job review is due this tracking information can be used to identify what level of on-call an individual consultant needs to be on.

Mr McAllister explained that work is being carried out with other hospitals to review staff requirements in hospitals from 10pm to 7am, with view to having the relevant grade of staff on site when needed and having alternative professional groups providing care at other times, for example, nurse practitioners.

Mr Compston left at this stage of the meeting.

In response to a comment from Mrs Muldoon regarding outpatient appointments, Mr McAllister explained that he understands a new outpatient appointment system is being introduced with view to giving people earlier appointments instead of appointments up to one year ahead, however, there are a few problems with existing appointments having to be cancelled before replacement appointments can be made.

Miss McMillan thanked Mr McAllister for his clear and informative presentation. She said that there are obviously a number of other changes being made throughout the health service under the review of public administration and it is hoped that this change to the medical profession's working practices will be of benefit to patient care.

30/06 WELCOME TO COUNCIL STAFF MEMBER

Miss McMillan introduced and welcomed Miss Lynne Martin, Clerical Officer, EHSSC, who was attending her first Council Meeting.

31/06 MINUTES OF PREVIOUS MEETING

The minutes of the previous meeting held on Thursday 18 May 2006 were agreed by members subject to the following change:

24/06 (b) The paragraph which reads
'Cllr Mrs Campbell expressed concern that more emphasis was not placed on the view of patients in the outcome of the 8 projects.

Cllr Mrs Campbell said that as this relates to 24/06 (a) Redesign of Community Nursing Project Board, this paragraph is to be moved to this section.

32/06 MATTERS ARISING FROM MINUTES

(a) Minute 15/06 (b) – Finance

At the last meeting it had been agreed that a letter should be sent to Dr Andrew McCormick, Permanent Secretary, DHSSPS, expressing Council's concerns about the impact of the capitation formula on the EHSSB area. A draft letter was circulated to members for approval. The letter states Council's concern that under current funding arrangements, funding is skewed resulting in the communities of Belfast losing out due to the presence of the major hospitals within Belfast. Council seeks assurances that this situation will not be allowed to deteriorate with the creation of the Greater Belfast Trust under the Review of Public Administration. Members agreed the contents of the letter.

(b) Minute 15/06 (c) – Accident and Emergency (A&E) Waiting times

The EHSSB were to provide an update on forthcoming waiting time initiatives in the Ulster Community and Hospitals Trust. This had been in response to a point raised by Cllr Leslie who had asked how the Ulster Community and Hospitals Trust, who have the worst waiting time performance figures, hopes to achieve the new 4 hour A&E waiting time target.

Mr Dixon said that while there may be further information from the EHSSB, he has had a meeting with Dr Janet Little and Dr Anne Wilson, Consultants in Public Health Medicine and Nursing, EHSSB. They explained that the DHSSPS have established within its Service Delivery Unit, a team who will drive forward the agenda to deliver a 4-hour waiting time as a universal experience for patients attending A&E.

The Chief Officer suggested that he write to Mr Dean Sullivan, DHSSPS, who is in charge of this Unit, to arrange for a presentation to Council to outline the initiatives being taken to tackle waiting times in A&E and to deliver on this target. Members agreed that Mr Dixon should request a presentation on this issue.

(c) Minute 15/06 (d) Integrated Clinical Assessments and Treatment Services (ICATS)

Mr Dixon had been asked to arrange for a presentation on the new ICATS Service which will manage patient appointments. Mr Dixon confirmed that Mr Peter McLaughlin, EHSSB, has been asked to attend a future Council Meeting and he is awaiting confirmation of the date.

Mr Dixon said that the future ICATS presentation, the proposed presentation from Mr Dean Sullivan and the presentation today, will provide Council with clear information on these key target areas, what we should expect of the service and how these will be delivered.

Mr Graham suggested that Council write to the Minister for Health, Social Services and Public Safety, saying that Council is delighted to note the increased and improved

monitoring of outcomes which is now happening across a range of services and asking that Council be kept informed of developments.

(d) Minute 15/06 (f) Consultation Paper on Single Health Research Fund

A copy of this consultation document was sent to Council members. Mr Dixon said that there is confusion over the deadline for consultation responses. He said that the office is seeking to clarify the closing date with the Research and Development Advisory Group and he said that if the date is 29 July 2006, as stated by Dr Kilbane last month, members will be asked to submit comments to the office prior to this. The Chief Officer will clarify this matter and advise members.

(e) Minute 19/06 – Reports on Council visit to Mater and Belfast City Hospitals

The Chief Officer confirmed that the Reports are in final draft but he is summarising comments from those members who participated in the visits. It is important that these comments are incorporated in order that the Report accurately reflects the views of those who attended. The Report will be circulated for the Council Meeting in August.

(f) Minute 25/06 Closure of Nursing Homes in Down Lisburn Trust area

Mr Dixon had contacted Down Lisburn Trust who had advised him that there is a Review of Older People Services across the Trust which is likely to include the closure of 2 of the 8 elderly resource centres currently available in this area. This will effectively result in the loss of 70 beds for older people. The consultation on this review goes on until the end of July and Mr Dixon is not aware of this consultation being sent to the EHSSC. Mr Dixon will therefore request the full consultation and draft a response on behalf of Council on these measures.

Down Lisburn Trust assured Council that:-

- they are going through a robust consultation process with those affected through public meetings and letters to elected representatives with managers making themselves available to meet with anyone who has concerns.
- beds for people with dementia and other particularly vulnerable people cared for at these centres, will not be part of this closure. The Chief Officer was assured that the number of beds within the Trust for people with dementia will remain the same.
- The decision as to what will replace these services has not yet been made. The purpose of closing the beds is part of the modernisation reforms to invest the resources in community services and support. This could include community stroke rehabilitation teams and other services designed to enable older people to get the services they need closer to home.

Mr Dixon proposed that Council should:-

- obtain and respond to the consultation document
- seek a meeting for members to meet with Mr John Compton, Chief Executive, Down Lisburn Trust, to discuss these proposals.
- seek to make contact with some of the community groups who have objections to these proposals in order to obtain their views.

As Cllr Curran had left the meeting he had asked Mr O'Neill to raise his concerns about this issue. He said that both he and Cllr Curran would be concerned that the proposed closures are both in the Down area. He particularly welcomed assurances that dementia services would not be affected. As there are indications that the incidence of dementia is increasing, he wondered if reducing the number of beds for

older people is wise. He said that he would support the Chief Officer's proposals on how to proceed with this matter.

In response to a question from Mr Graham the Chief Officer confirmed that it was possible that the proposed closures could be in the same area. Any such decision might be seen to impact unfairly on one community and an equality impact assessment will be an element which will have to be considered.

33/06 REPORT FROM CHIEF OFFICER

The Chief Officer tabled his report to Members and highlighted the following in the report:

(a) Meeting with EH&SSB to discuss trolley waits

Mr Dixon had met with Dr Janet Little and Dr Anne Wilson, Consultants in Public Health Medicine and Nursing, EHSSB to discuss trolley wait initiatives. As previously reported Mr Dixon will ask Mr Dean Sullivan to provide a presentation on the initiatives being taken to tackle waiting times in A&E.

There had been particular concern about a significant increase in the number of patients waiting for admission on trolleys after Christmas. Dr Anne Wilson had provided Council with a graph of 9am trolley waits for emergency medical admissions from January 2004 to May 2006. She had stressed that these figures are based on those reported to the Emergency Admissions Co-ordination Centre (EACC) on a daily basis, which may vary slightly from formal retrospective hospital review.

The figures provided demonstrate that there is generally a 26% reduction in the number of patients waiting on trolleys over the last 9 months. They assured Council that the trend in trolley waits has decreased and they would ascribe this to a number of multi-factorial issues which have all taken effect, such as the 'Optimising Patient Flow' initiative in the Mater Hospital Trust and the 'One-Stop Assessment Clinic' in the Ulster Community and Hospitals Trust. The EH&SSB would confidently predict a further reduction in the number of trolley waits in the future.

(b) Patient Client Council (PCC)

Mr Dixon reported that considerable work has been put into moving towards the Patient Client Council. The recommendations made by the PCC Working Group will be going to the Reconfiguration Programme Board at the end of June 2006 to review and approve the way forward for the PCC.

It is expected that this review will result in the commencement of a 'two track management system for implementation' which will oversee the:

- creation of the new PCC
- dissolution of the Councils

The establishment of the PCC will be managed by the DHSSPS and although timescales will be open for discussion decisions will be taken by the DHSSPS.

There will be a plan made within Council as to the dissolution of Council and there will be discussions of what issues will be addressed on a four Council basis. Mr Dixon said he hoped to provide further information on this in August.

34/06 WORKPLAN 06/07

At the last Council Meeting the Chief Officer had provided a detailed presentation on the work completed by Council in 2005/2006 and proposals for the 2006/2007 Workplan. Mr Dixon said that he had taken on board members comments that Council:-

- should clearly indicate when pieces of work have been completed by providing clear results/outcomes
- should not be too ambitious in the next 18 months, on what Council undertakes in their Workplan, as there will be a lot of work in moving towards the commencement of the PCC and dissolution of Council

The Chief Officer circulated a sheet of key themes which he suggested Council focus on over the next 18 month period, from September 2006 to March 2008. This included:

- Advocacy for People in Residential, Care and Nursing Homes
- Principles of Palliative Care
- Doctors' Registration and Revalidation – possibly involving the General Medical Council
- Change/Transition of HSSCs to PCC
- Cardiology Network – Patient Public Involvement

Mr Dixon confirmed the actions to be completed from the 2005/2006 Workplan:

- Mental Health – to include lobbying to Minister for Health regarding the underfunding of mental health services
- Chronic Disease Management in Primary Care – Diabetes. This requires a report from Council to the EHSSB on what Council found user experience to be. Council will be meeting with Diabetic patient groups in liaison with Diabetes UK in September.
- Complaints – Response to consultation on the complaints service provision. This has been delayed because the consultation document has not yet been circulated

Mr Dixon said that if members were in agreement of these themes, Mr Sean Brown, Senior Manager, would develop these into a detailed Workplan for the next 18 months.

Based on the presentation at the last meeting and the information provided today, Miss McMillan asked members if they wished to approve these themes to go forward to a detailed Workplan for 2006/2008. Members agreed.

35/06 CORRESPONDENCE

Members were reminded to contact the office if they wished to obtain copies of any of the correspondence listed on Paper EC 06/06.

36/06 INPUT FROM COUNCIL MEMBERS

- (a) Launch of the Older Peoples Health and Well-being Strategy 2005-2015
Mrs McGrotty confirmed that the EHSSB Older Peoples Health and Well-being Strategy was launched on the 25th May 2006. Mrs McGrotty will forward the Executive Summary to the office for reference.

(b) R&D Strategic Advisory Group

As Mr Marshall had left the meeting, Mrs Mallen informed Council that he had left a report on his attendance at this meeting on the 18 May 2006. The main issues discussed were:

- Single Health Research Budget – consultation on the proposed ring-fenced budget to support the health research, funded by the Medical Research Council and the NHS Research and Development Programme.
- Review of Public Administration – with specific reference to the Secretary of State’s announcement on the review of ‘Quangos’

(c) Belfast City Hospital Trust Board Meeting

Mr Marshall had left a report on his attendance at this meeting on the 26 May 2006. The main issues discussed were:

- Responses to complaints in March/April 2006
- Discussion on performance and quality management targets
- Plans to upgrade the main entrance to the Tower Block

(d) Down Midwifery Unit Meeting

Mr O’Neill had attended this meeting that had coincided with the last Council meeting on the 18 May 2006. He said there are concerns about the delay in the Unit being put in place.

(e) Arthritis Care NI

Mrs McGrotty had attended the Arthritis Care NI Annual Conference on the 19 May 2006. Arthritis Care NI have launched a new website which provides information on medication for arthritis and the effects of these drugs.

37/06 ANY OTHER BUSINESS

(a) Additional funding for Anti-TNF Drugs

Mrs McGarry said that she was delighted to hear that an extra £6 million has been allocated to Anti-TNF Drugs. She asked if Council knows if this money has been allocated solely for drugs or whether costs for staff and accommodation for patients will be included in this money. The Chief Officer said he will make enquiries about this and report back to Council.

38/06 DATE, TIME AND VENUE OF NEXT MEETING

The next meeting will be held on Thursday 17 August 2006 at 5.30pm in the Main Room, 3rd Floor, Grosvenor House Training and Conference Centre, Glengall Street, Belfast.

The meeting closed at 3.50pm.

Signed: _____ Date _____
Chair

Signed: _____ Date: _____
Chief Officer