

**MINUTES OF THE EASTERN HEALTH AND SOCIAL SERVICES COUNCIL
MEETING HELD ON 18 SEPTEMBER 2003 AT 1.30PM IN FARSET
INTERNATIONAL, SPRINGFIELD ROAD, BELFAST**

PRESENT: Mrs Eileen Askham Cllr Mrs Elizabeth Campbell
 Cllr Alan Crowe Cllr Dermot Curran
 Mrs Elizabeth Hamilton Dr Michael Harriott
 Mr James Hutchinson Mrs Sylvia McGarry
 Mr George Monds Cllr Ms Marie Moore
 Mrs Mary Muldoon Miss Muriel Patterson

Mr Coulter was in the Chair

IN ATTENDANCE:

Mrs Jane Graham, Chief Officer
Mrs Brenda Devine, Senior Manager
Mrs Helen Mallen, Office Manager
Dr Paula Kilbane, Chief Executive,
Eastern Health and Social Services Board – For Minute 76/03
Dr Stanton Adair, Director of Primary Care,
Eastern Health and Social Services Board – For Minute 77/03

75/03 APOLOGIES were received from the following members:

Cllr Dermot Curran, Mr Cecil Graham, Ald Michael Henderson, Mr Brian Henning,
Cllr Joseph Lockhart, Mr Brian Marshall, Miss Patricia McMillan, Mrs Myrtle Neill.

76/03 DR PAULA KILBANE, EASTERN HEALTH AND SOCIAL SERVICES BOARD

Dr Kilbane provided an update on the following matters:

(a) Annual Report

Dr Kilbane thanked Mrs Jane Graham for her contribution to the content of the Eastern Health and Social Services Board Annual Report. The report has now been approved and sent to print and the Eastern Health and Social Services Board will welcome Council's comments.

(b) Draft Mental Health Strategy

The draft Mental Health Strategy has now been approved for a three month consultation period and the Eastern Health and Social Services Board will welcome user and Council involvement in developing this strategy. It will be essential that the views of people with mental illness and the people caring for them are obtained to ensure services provided are what is needed.

(c) Improving Flow of Emergency Admissions Project, Ulster Community and Hospitals Trust

Dr Kilbane explained that Dr Anne Wilson, Eastern Health and Social Services Board had provided information on the 9am trolley wait situation up until the end of last week. This information shows a gradual decrease in the number of patients waiting on trolleys since the introduction of phase 2 of the recommendations made from the Improving Flow of Emergency Admissions Project carried out at the Ulster Community and Hospitals Trust.

There has been a decrease in figures from approximately 100 patients waiting on trolleys at 9am in March to under 40 patients waiting on trolleys at the 4 September 2003.

As yet a tool to measure the outcome of a patient flow system has not been developed, so it is difficult to know if the improvement in waiting times is significant and can be maintained.

Dr Kilbane has discussed the lessons learnt from the project with other Chief Executives of Acute Trusts. The Department of Health, Social Services and Public Safety are keen for the project to be replicated on a regional basis.

(d) Department of Health, Social Services and Public Safety funding

The Department of Health, Social Services and Public Safety had asked the Eastern Health and Social Services Board to submit applications for funding of a number of initiatives. Dr Kilbane confirmed that the following initiatives have now been funded.

- Improving waiting times for Childrens' Mental Health Services
The Child and Adolescent Mental Health Strategy will be used to develop this project within the Royal Group of Hospitals and Down Lisburn Trust.
- Improving waiting times for Adult Mental Health Services
This project will involve working with the North and West Belfast Trust, Mater Hospital Trust and the Ulster Community and Hospitals Trust.

The Department of Health, Social Services and Public Safety have to make a decision on funding the Eastern Health and Social Services Boards proposal to extend the Improving Flow of Emergency Admissions Project, as there have been a number of funding applications for emergency admission projects.

(e) Delayed discharge and community care waiting lists

Dr Kilbane was happy to report a downward trend in delayed discharge and community care waiting lists. However, there are concerns that the industrial action announced by NIPSA in the social work dispute, could impact on patients community care arrangements when waiting for discharge. Some Trusts have put contingency plans in place to reduce the risk of this.

Waiting lists for community care packages have also been caused by the lack of nursing home beds in certain parts of the Eastern Health and Social Services Board area. Dr Kilbane informed Council that Our Lady's Nursing Home in West Belfast are opening new beds in the spring.

Dr Kilbane said Mr Colm McConville, Head of Contracts, Eastern Health and Social Services Board is examining how best to review the trolley wait figures. He thinks it may be of benefit to review the regional figures on a quarterly basis compared to the daily trolley wait figures produced by the Emergency Admissions Co-ordination Centre.

Dr Kilbane referred to the trolley wait figures for August. There was an improvement in the number of patients waiting on trolleys for more than 2 hours in Accident and Emergency in the Belfast City Hospital, Down Lisburn and Royal Group of Hospitals Trusts. There continues to be problems in the Mater Hospital and Ulster Community and Hospitals Trusts.

It is hoped that the change to a continuous take-in system in the Royal Group of Hospitals and Belfast City Hospital Trusts from the 6 October 2003, will aid the management of trolley waits and have an indirect impact on the numbers of patients waiting in the Mater Hospital Trust. This should be improved further when an additional 22 medical beds are opened as planned in the Mater Hospital Trust.

Dr Harriott emphasised that problems with the quality of care provided in the community has a knock-on effect on the demand for hospital services. Dr Kilbane said that the Eastern Health and Social Services Board are aware of the problems with community care and recognise that patient flow needs effective processes throughout the patient's inpatient stay and continued into the community. The projects being carried out at present focus on improving the patient journey through hospital. Currently there is no capacity to measure and inspect community care although the Registration and Inspection Unit did offer an insight into the standard in the community. The Eastern Health and Social Services Board foresee an increase in the power to set standards and inspect as a result of additional resources being made available for domiciliary care, for example Tissue Viability and Control of Infection.

Mr Coulter raised concerns about the substantial increase in charges for nursing home care which are being made by some organisations, as this could totally wipe out the benefits of free nursing care. Dr Kilbane confirmed that the Eastern Health and Social Services Board are going to hold a conference looking at the care options available. Mr Coulter said that the Council would be keen to have representation at this conference which he hoped would refresh the debate on domiciliary care as an option as this has not been fully investigated.

(f) Waiting Lists

The figures for the quarter ending 30 June 2003 were compared with the figures for the end of June 2002 and showed the following:

- A 7.6% decrease in the number of patients awaiting admission to hospital
- A 25.1% decrease in the number of patients waiting 12 months or more for cardiac surgery and those waiting 18 months or more for other specialties
- A 5.6% increase in the number of patients waiting for an outpatient appointment.

Dr Harriott explained that as Council representative at the Belfast City Hospital Trust Board meetings, he was greatly impressed with the improvements being made within the Trust to reduce the number of patients waiting on trolleys in Accident and Emergency. He explained that the Trust are focusing on the quality of management and a working group has been set up to look at the issue of trolley waits. He said that it is important that good practice is shared and other Trusts benefit from the lessons learnt. Dr Kilbane agreed that good practice must be shared and that Trusts must not be afraid to embrace lessons learnt elsewhere. It is anticipated that the Improved Flow of Emergency Admissions project carried out at the Ulster Community and Hospitals Trust will encourage other Trusts to discuss how lessons learnt can help them.

Dr Kilbane said that an example of this is the Belfast City Hospital's effort to improve their waiting lists for inpatient surgery. In applying the theory of constraints they have managed to improve waiting times by 40% within the existing resources available.

(g) Muckamore Abbey Hospital

The Eastern Health and Social Services Board and North and West Belfast Trust are reviewing the current 'boarding out' situation, which has meant inpatients' that do not

have a bed sleeping out in other facilities. There is a decrease in the number of patients having to sleep out and it is hoped that this will be eradicated with improved utilisation of ward occupancy and improved care in the community, which will impact on the admission and discharge processes.

77/03 DR STANTON ADAIR, DIRECTOR OF PRIMARY CARE, EASTERN HEALTH AND SOCIAL SERVICES BOARD

Mr Coulter welcomed Dr Stanton Adair who was attending to provide Council with information about the new contracts which have recently been agreed for General Practitioners.

Dr Adair explained that the old GP contract had not been reviewed since the health service started in 1948. GPs' are therefore welcoming the new contract which will provide them with better working conditions and greater control in running their GP practice. The new GP contract, which is a national contract, will be in force from April 2004 and will cover all general medical services provided by a GP or other healthcare professional in a GP practice. Dr Adair explained some of the main differences between the old and new contracts as follows:

- currently a GP practice is responsible for providing care to patients on a 24 hour basis. GPs' have increasingly become frustrated with the amount of work that has been added to their workload because of a contract which is ill defined. This has led to recruitment problems in England.

The new contract will make the four Health and Social Services Boards responsible for out-of-hours care for patients in their area. A GP practice will be able to opt out of providing out-of-hours care and where this happens the Health Board will have to provide alternative out-of-hours arrangements for the patients in this practice. This becomes the responsibility of the Health Boards from April 2004 and the deadline for alternatives to be in place is December 2004.

- GPs' currently have individual contracts. However, the new contract will not be for individual GPs' but for a GP practice. This will cover all the staff in the practice, for example, GPs', nurses, occupational therapists, physiotherapists and reception staff.
- Individual practices will determine their own workload and agree which services they will provide. The practice will provide the agreed statutory basic level services but can opt in and out of providing additional services, for example, cervical screening, contraceptive services, vaccination and immunisation and maternity services.
- Practices will be able to obtain additional funding under the new contract by providing evidence to their relevant Health Board that they have achieved standards of care which will be set to place a greater emphasis on quality of care. As much as a third of the GP practice earnings could be standard driven.
- The introduction of the new contract will require a major investment in information technology to enable the delivery of a quality service, for example, links to systems in Trusts to enable GPs' to see results of tests carried out.

- Under the old contract individual GPs' are funded for each patient they have registered and the services they provide. The new contract will see the practice funded for each patient registered and funding will be based on the individual patient's healthcare needs. The practice will be able to make the decisions on how best to spend the money to provide services for their patients, for example, deciding on how many and what type of staff the practice needs.
- Under the new contract GPs' may be able to say that their practice does not provide services for violent patients. A 'violent' patient is defined as someone who is reported to the police. This still has to be clarified.

Mr Coulter asked Dr Adair how the rate paid per patient to GPs will be worked out, as patients living in areas of social deprivation often have more complex healthcare needs. Dr Adair explained that a national formula is used to calculate the rate per patient but the formula can be weighted to allow for social needs and particular characteristics in Northern Ireland, such as Section 75 of the Northern Ireland Act.

Mr Coulter said that if GP practices can opt out of providing some additional services it may be confusing for patients. He asked Dr Adair how patients will know which services are being provided by their practice and where to go for other services. Dr Adair confirmed that no firm decisions have been made on how this information will be provided to the patient. Information leaflets will probably be one form of communication used.

Cllr Campbell raised concerns about the importance of adequate communication to patients about what the new GP contract will mean to them. Leaflets alone will not provide adequate information and she asked if there will be a mechanism in place for patients to speak to a GP in a practice about the services they provide before the patient makes a decision to register.

Dr Adair said that decisions on communication with the public have still to be made. A number of regional groups have been set up to assist with the introduction of the new contract and one of the groups will look at communication with the public. Although it is not compulsory for practices to publicise their services, helpful and meaningful information for patients will be an issue for practices, Boards and Councils in the future.

Dr Adair explained that decisions have still to be made about how essential and enhanced services will be provided. The Health Boards will commission enhanced services from practices, similar to the way they commission services from Trusts. In England, GP contracts are held by Primary Care Trusts and if a practice cannot provide a particular service this can often be provided directly by the Primary Care Trust. The Health Boards in Northern Ireland will not be able to do this and will have to commission these services. The services are as follows:

- Essential Services provided by all GPs'
 - management of patients who are ill or believe themselves to be ill, with conditions from which recovery is generally expected, for the duration of that condition, including relevant health promotion advice and referral as appropriate, reflecting patient choice where practicable.
 - general management of patients who are terminally ill
 - management of chronic disease in the manner determined by the practice, in discussion with the patient.

- Additional services
These will include cervical screening, contraceptive services, vaccinations and immunisations, child health surveillance, maternity services, minor surgery procedures
- Enhanced services
These might include more specialised services undertaken by GPs or nurses with special interests and allied health professionals and other services at the primary/secondary care interface. They may also include services addressing specific local health needs and innovative services that are being piloted and evaluated.

Standards will be agreed in Northern Ireland for access to general medical services. These will probably be based on national standards, for example, patients must see a healthcare professional within 24 hours of a request and a GP within 48 hours of a request.

A quality and outcomes framework will be set up as part of the new GP contract. This will enable monitoring of:-

- the standard of clinical care
- the standard of record keeping about care provided
- the standard of communication with patients
- patients expectations on the length and quality of consultations

Dr Adair emphasised that there is a lot of work to be done before the new contracts come into place in April 2004. The Department of Health, Social Services and Public Safety have set up a regional group with sub-groups looking at various service issues. These sub-groups will need input from the Council and the public to ensure the successful implementation of the new contract. Major work will be required on:

- providing alternatives to patients for out-of-hours care
- ensuring effective and timely communication with patients on how the changes will effect them
- ensuring adequate information technology is in place to improve access to timely information
- training for staff in the GP practices and Health Boards about the new GP contract
- ensuring effective monitoring is in place to review the quality of services provided

As there is a lot of work to be done, Mr Coulter asked Dr Adair about the timescale for implementation of the new contract. Dr Adair said that the Eastern Health and Social Services Board are reviewing the current out-of-hours service provided in order to make a decision on what is an acceptable out-of-hours service for them to commission. It is planned that an alternative out-of-hours service will be introduced by June 2004.

Dr Adair said that there are approximately 150 practices in the Eastern Health and Social Services Board area, which must be signed up to the new contract by April 2004. As the Department of Health, Social Services and Public Safety must have legislation in place, the current uncertainty of the Northern Ireland Assembly has implications for the timing of this.

Mr Coulter said that the Council will be very interested in the Health Boards plans for monitoring GP services as Council will rely on feedback from the Health Boards. Dr Adair said that practices will have to provide monthly feedback on how they are meeting standards. He agreed that results of monitoring should be in the public domain but said that it may take some time for this to be agreed.

Mrs Graham asked Dr Adair if under the new contract, Central Services Agency will still be responsible for assigning a GP to a patient that has been struck off. Dr Adair said that GP practices will either have to 'open' or 'close' their patient register. If a list is closed the practice will be unable to register any new patients, except in some circumstances, for example, adding a child of an existing patient to the list. It will be the Health Board's responsibility to get a GP for a patient. If a particular area is having problems with a number of patients unable to register with a GP the Health Board would have to consider whether a new practice must be opened in the area.

On behalf of Council, Mr Coulter thanked Dr Adair for his informative presentation and said that Council will welcome involvement in the introduction of the new GP contract.

78/03 QUORUM FOR MEETING

As some members had to leave the meeting the Chairman sought approval to continue with the meeting if it became inquorate. Members agreed.

79/03 CHAIRMANS BUSINESS

Mr Coulter reported on the following:

Recruitment and Selection Training

Mr Coulter had attended mandatory recruitment and selection training.

Appointment of Council Members

Interviews for new Council Members had been held in August and Mr Coulter reported that he has been informed that the Minister has appointed 3 new Council Members, 2 from the Belfast area and 1 from the Down and Lisburn area. The names of the new members will be confirmed.

80/03 MINUTES OF THE PREVIOUS COUNCIL MEETING

The following changes were agreed to the minutes:

- Miss Muriel Patterson highlighted that her name needs to be added to the list of attendances
- Dr Kilbane had asked for an amendment on Page 8 (b) regarding smoking rooms, which should read 'The Eastern Health and Social Services Board also confirmed that they are actively considering whether it would be possible to fund nicotine replacement therapy for inpatients in the acute sector'

Members agreed the minutes subject to the above changes.

81/03 MATTERS ARISING FROM MINUTES

(a) Minute 69/03 (a) Trust Annual General Meeting 2003

Mrs Sylvia McGarry asked for it to be noted that she would be attending the Green Park Healthcare Trust Annual General Meeting on the 29 September 2003.

(b) Minute 68/03 (c) Muckamore Abbey Hospital

Dr Kilbane had reported that the Eastern Health and Social Services Board are working with North and West Belfast Trust to eradicate the practice of patients' sleeping out when inpatient beds are not available. As requested at the last meeting, the Chief Officer had contacted North and West Belfast Trust to enquire how patients are assessed to be suitable for sleeping out arrangements.

The Trust had explained that a clinical assessment is carried out on patients on a daily basis and the decision on suitability is a clinical decision taken by a clinical team.

(c) Minute 68/03 (d) Patients waiting on trolleys

The figures for patients waiting on trolleys in August 2003 had been circulated to members, and these showed a welcomed decrease in the number of patients waiting for more than 2 hours on trolleys in Accident and Emergency.

Mrs Graham reported the figures for community care waiting lists as follows:

Trust	Number of people in hospital	Number of people in the community
Down Lisburn Trust	22	22
North & West Belfast Trust	39	85
South & East Belfast Trust	41	51
Ulster North Down & Ards Trust	9	12

Mrs Graham said that lack of funding for community care in Down Lisburn Trust and North and West Belfast Trust is impacting on the number of patients waiting on services being put in place for discharge and in the community. Significantly of the 85 patients awaiting services in the community in the North and West Belfast Trust area 77 of these are due to lack of funding.

(d) Minute 73/03 (a) Balanced Scorecard for Residential, Nursing Home and Domiciliary Services Project

At the last meeting Dr Harriott had informed Council that the Multi-Agency Steering Group carrying out the Balanced Scorecard for Residential, Nursing Home and Domiciliary Services project had published a report on their findings. The Chief Officer reported that at a recent meeting with Mr Hugh Connor, Director of Social Services at the Eastern Health and Social Services Board, she had asked what action was being taken as a result of this piece of work. He had said that the Eastern Health and Social Services Board will be actioning the Report and Mrs Graham had highlighted that the values indicated by older people involved in the project should be used to influence future commissioning of services.

(e) Minute 72/03 Council representation on SARS Planning Group

At the last meeting Dr Harriott had agreed to represent Council on this Group and he confirmed that he had attended a meeting on the 10 September 2003. Dr Harriott explained that the Group was set up as a result of a circular from the Chief Medical Officer, which asks Health Boards and Trust to implement contingency plans in case of a future outbreak of SARS. The remit of the Group is to ensure that contingency plans are in place and it is expected that it will meet 3-4 times per year.

(f) Minute 72/03 Human Organ Enquiry Line

Dr Harriott asked if the Human Organ Enquiry Line would be examining the procedures for post mortems carried out on the continent. The different procedures had been highlighted as a result of a case recently reviewed by the media. As the Chief Officer is a representative on the Human Organ Enquiry steering group, she confirmed that this case had been discussed at a steering group meeting, and it was agreed that a European Directive for this is required.

82/03 REPORT FROM CHIEF OFFICER

(a) Quarterly Waiting Lists, June 2003

The quarterly waiting received in September 2003 had shown a downward trend up to the end of June 2003. All Trusts must have waiting list initiatives and it is encouraging to see a fall in the number of patients waiting.

Mrs Graham had met with the Director of Planning at the Eastern Health and Social Services Board who had confirmed that all patients waiting more than 12 months for cardiac surgery are offered an alternative and all patients waiting more than 18 months for other surgery are offered an alternative.

(b) Down Lisburn Trust representation

Down Lisburn Trust have requested Council representation on a Project Board which has been set up to develop the plans for the new hospital. The target date for the new hospital is Autumn 2007. The Chief Officer asked any member interested on representing Council on this group to contact her.

(c) General Medical Council

The General Medical Council was reformed in July 2003. They are currently recruiting visitors to inspect three universities in Aberdeen, Liverpool and Birmingham. The inspections will focus on the quality of basic medical training. It is anticipated that the visitors recruited to carry out the inspections will require approximately 6-8 days per year and training is due to start in January 2004. The Chief Officer asked any member interested in this to contact her.

(d) Council Members Report form

Mrs Graham circulated a draft form which she proposed should be used by Council members to provide feedback on meetings attended on behalf of Council. At present feedback is done on a random basis and Mrs Graham asked for members approval to introduce the form for circulation with members papers on a monthly basis. The form is divided into three sections:

- details of main issues discussed at the meeting
- details of matters raised by the Council member on behalf of Council
- details on any follow up/action required by Council.

The form will contribute to a record of Council's activities under its Standing Orders requirements. Members approved the form and agreed that it should be circulated with monthly Council papers.

(e) Community Midwifery Units

The Department of Health, Social Services and Public Safety issued a consultation document in June 2003 on a proposal to open community midwifery units on a trial basis. Mrs Graham circulated a leaflet which has been drawn up by Council to provide understandable information on what choices mothers will have or not have in a community midwifery unit. The leaflet also asks mothers to provide feedback to Council on whether they think mothers should be given the option of having their care provided in a community midwifery unit.

Evidence has shown care in a community midwifery unit as a safe option. This requires adequate training of staff and appropriate transfer procedures in place in case a mother needs to be transferred to consultant care.

Mrs Graham explained that although no particular interest had been shown when community midwifery units were first discussed in the Developing Better Services document, the proposal offers low-risk mothers another choice for their childbirth experience. The choice will be of particular interest to mothers in Downpatrick who have lost their first choice of inpatient care.

The consultation period finishes at the end of October. Mrs Graham and Mrs Devine are actively engaged in consultation with various groups. Women have welcomed the opportunity for group meetings and said that they feel public meetings would not be as beneficial.

Cllr Curran said he had attended a recent Down District Council Health Committee meeting at which Mrs Graham and a midwife had attended to provide information on the community midwifery unit proposals. On behalf of the Council he thanked Mrs Graham and her staff for the effort that is being given to ensuring that the public are informed of the proposed options and how it could effect them.

A feedback on the responses of the questionnaire and group meetings will be provided at the next Council meeting.

(f) Eastern Health and Social Services Board Pressures Group Meeting

The Chief Officer attends Pressure Group meetings on a monthly basis with representatives of the Eastern and Northern Health and Social Services Boards, Trusts and the Ambulance Service. Mrs Graham had attended a workshop on the 17 September which had been held to examine the steps taken to reduce pressures on inpatient beds. The focus was on agreeing what interventions have worked and what hasn't worked in order to draw up a 'winter plan' which must be submitted to the Department of Health, Social Services and Public Safety by the end of September.

An announcement about additional funding for winter pressures is expected in September but most Trusts have reported that they are having extreme difficulty in recruiting staff at short notice for short periods as the money is non-recurrent.

(g) Eastern Health and Social Services Board meeting on 11 September 2003

- Draft Mental Health Strategy
The Council is being consulted formally on this strategy.
- Quarterly contract monitoring
A number of issues were discussed and the Chief Officer had raised the lack of funding for community care packages in Down Lisburn Trust and North and West Belfast Trust. The Eastern Health and Social Services Board acknowledged that funding is inadequate to meet the needs assessed in these areas.
- Ambulance Service
At a previous meeting Cllr Lockhart had raised an issue about ambulance cover in the Lisburn area. A new Medical Priority Dispatch system has been introduced. Patients' are categorised into urgency of response with Category A defined as life threatening including chest pain and collapse. It has been confirmed that the Lisburn service is just meeting the current response target but areas in the Ards Peninsula, Downpatrick and Newcastle are not. Council are concerned that although the Eastern Health and Social Services Board report 95% compliance with

the response target, this masks the response problems experienced in some areas. It was agreed that this issue will have to be discussed further with the Ambulance Service.

Mr Coulter agreed that the aggregation of figures can mask problems elsewhere and the Council must continue to raise concerns about some areas being unable to meet the targets for 'category A' patients who have a life threatening condition.

- **Child and Adolescent Mental Health Services**

The quarterly waiting time figures had shown a 1.4% decrease in the number of children waiting on mental health services, however, Mrs Graham did raise concerns that the quarterly figures also show a 3% increase in the number of adolescents waiting >12 weeks for mental health services.

- **Waiting times for access to Allied Health Professions**

Down Lisburn Trust and South and East Belfast Trust had been unable to report their waiting time figures due to problems with their computer systems. North and West Belfast Trust reported a 46% increase in the number of patients awaiting podiatry services and the number of people waiting for physiotherapy services has trebled. Access to occupational therapy services is also a problem. Mrs Graham had expressed Council's concerns about waiting times, which are outside the agreed standards.

(h) Strategy for Pharmacy in the Community

A copy of this strategy document had been forwarded to members. The document has 48 action points. The document must be welcomed but concerns about inequity of services being provided by pharmacists, especially in rural areas, should be highlighted. If pharmacists are to take on additional roles there needs to be adequate communication with the public on what services are available in their area. There are a number of issues to be discussed before final decisions are made, which include the costing and timescales for proposed changes and the implications for dignity and privacy for patients.

It was agreed that these points should be included in the Council's response to the strategy document. It was also agreed that the Chief Officer should invite the Director of Pharmacy to attend a future Council Meeting to discuss this further.

83/03 CORRESPONDENCE PAPER EC 17/03

The following additional correspondence has been received:-

- The Department of Health, Social Services and Public Safety
 - have announced financial assistance for patients who contracted Hepatitis C as a result of being given blood products in the Health and Personal Social Services. A decision has still be made on how this service will be provided.
- Publication of the Lewis Report on the Review of Health and Social Services in the case of David and Samuel Briggs. This Report has implications for the Health Boards and Trusts.
- Notification of a Regional Conference on Cystic Fibrosis to be held at the Beechlawns Hotel on 11 October 2003
- Consultation document from South and East Trust on the proposed closure of Minnowburn House. Responses to this document have to be made by 30 November 2003. As Council would normally visit any facility where closure is

proposed Mrs Graham asked members to contact her if they are interested in accompanying her on the Minnowburn House visit.

84/03 ANY OTHER BUSINESS

(a) Royal College of Practitioners

Mr Coulter said that he has received notification from the Royal College of Practitioners that they are looking for Quality Initiative Assessors to assess candidates written work and interviews as part of a multiprofessional team. Mrs Hamilton said that she had previously enquired about this and had heard nothing but said that she would contact the College again about this.

85/03 DATE, TIME AND VENUE OF NEXT MEETING

The next Council meeting will be held on Thursday 16 October 2003 at 5.30pm in the Balmoral Conference Centre, Kings Hall, Belfast.

Signed: _____
Chairman

Date: _____

Witnessed: _____
Chief Officer

Date: _____