



SOUTHERN  
COUNCIL

# Your Voice

Within Health & Social Care



**Southern Health & Social Services Council Review 2006**

## The Patient Client Council

A Patient Client Council (PCC) will be established in April 2008 to replace the four existing Health & Social Services Councils (HSSCs). According to the Minister's statement in November 2005, the PCC will be "a powerful single health and social care user's body" that will have a "critically important role in engaging with the patient, the client and communities". Its role will be to help them get the best from the service and provide effective advocacy when the service is not doing what it should be to meet patients' just needs and demands.

The Health & Social Services Councils have been actively involved in discussion about the PCC's role and how it should be structured. We hope the final decisions will take into account the HSSCs' experience. We are particularly keen that the PCC should have a strong local presence and should be an effective voice for service users.

We carried out substantial 'stakeholder engagement' where we talked to local community



groups, public meetings, local papers, political representatives, health bodies etc, about what they would like to see as the voice of the service user within the new structure. The messages from this exercise are at the bottom of this page.

We welcome the PCC and trust that it will play a key role in ensuring that the patient and client are at the heart of service planning and delivery.

### Consulting with the community about the Patient Client Council (PCC)

Earlier this year the SHSSC held meetings with members of the public and community / voluntary groups to discuss how the PCC should operate to ensure it meets the needs of patients, communities and the public.

After much debate at the meetings the consensus was that the PCC should:

- Be open and transparent.
- Create real accountability within the system.
- Use and promote community development approaches.
- Work closely with community / voluntary groups.
- Co-ordinate work on a regional basis but maintain a strong local presence.
- Advocate for the public at local and regional levels.

Thanks to everyone who attended the meetings.

## **Message From The Chairman**

### **Lynne Cairns**

It is hard to believe that another year has gone by in the life of the Southern Health & Social Services Council. As Chairman, I would add that this has been an extremely profitable and successful year for the Council. To give you a flavour of our work, I will highlight a few of the topics that we have taken up.

It is always good to welcome new members as we did in October, including new representatives of our District Councils. With the Review of Public Administration (RPA) looming over us our HSSCs' Executive (4 Chairs and 4 Chief Officers) began meeting to foster closer 4 Council working.

In the autumn we took up the issue of ambulance cover for Banbridge/Rathfriland as well as piloting an information programme for community groups and launching our Bugwatch reports on hospital ward hygiene. December saw the publication of our 'Lets Talk' leaflet as well as the launch of our dental report at a service users' workshop.

In January we held a very successful 4 Council conference in Limavady which I think was enjoyed by all concerned. We went on to undertake Casualty Watch in February to observe what was happening to A&E Departments at their peak times.

Later in the year there was the launch of research into user participation as well as a 4 Council workshop on RPA and an up-date on the Shipman Inquiry recommendations. The

Council also responded to proposed changes in major trauma services. Finally, we facilitated a public meeting in Kilkeel regarding the provision of GP Out of Hours service which was attended by about 360 people.



The staff are constantly busy and I would like to formally thank them all for their hard work and dedication. May I also thank all our Members who tirelessly participate in so many forums and are involved in GP Lay Assessor roles, infection control, Avian Flu and too much more to mention.

One of my roles as Chairman is to sit on the Shipman Inquiry Board for NI to ensure that the recommendations of the Inquiry are to be implemented throughout the Province. I represent the HSSCs on the NI Cancer Registry, dealing with all the statistics and incidence of the various cancers in NI. I am also a member of a public sector Chairs' Forum.

A busy year indeed, but I would stress finally that my role as Chair, and the role of the whole Council, is to represent patients and carers within the Southern Board's area and to ensure that they are receiving the service that they deserve.

*This is an interesting time to be involved in the oversight of local health structures and delivery, particularly on account of the potential for positive change that is offered by the RPA - Philip Weir*

# Our Work during the Past Year

## **Engage the public in the Council's role and activities.**

- Improved links with local communities and the voluntary sector.
- Information programme for community activists delivered in five venues.
- Seven public information roadshows held in shopping centres.

## **Monitor Health & Personal Social Services.**

- Bugwatch Surveys in Craigavon and Daisy Hill Hospitals.
- Casualty Watch visits to A&E Departments at CAH and DHH.
- Evaluation of the impact of service user participation including the identification of principles for involving users.
- Member input into Environmental Cleanliness Audits at CAH and DHH.
- Reviewed the impact of the new GP contract to be published in the autumn.

*Promoting the needs of patients and their access to appropriate health services*  
- Florence McMahon

## **Advise on health and social care policies**

- Workshop on service users' experiences of General Dental Services (high street dentists) as part of our response to the new DHSSPS dental strategy.
- Promoted user involvement in the SHSSB's managed clinical networks.
- Member and staff input into a wide variety of working groups and conferences on a range of health and social care topics.



## **Complaints Assistance**

- Advice and complaints workshops delivered to service users including members of the black and minority ethnic community.
- Advice and support service offered to individual complainants.
- Advocacy support to individuals experiencing dissatisfaction with health or social care services.

## **Develop a medium/long term strategy for the Councils**

- Organised and participated in a 4 Council conference to debate possible structures for the Patient Client Council (PCC) based on the experience of the HSS Councils since 1991.
- Participated in the DHSSPS Project Team developing the PCC to share the SHSSC's expertise and experience.

## **Responding to local issues**

- Partnership with the Chinese community to form a Chinese Patients' Forum.
- Responded to consultation on possible changes to major trauma services.
- Hosted public meeting in Kilkeel on the proposed changes to the Out of Hours GP service.

# 'We Are People Too!'

We received much positive feedback about this piece of work carried out in partnership with Prospects Day Opportunities in Newry. This report tracks the 'patient journey' of adults with a learning disability using GP services and is told in the group's own words. Interestingly, what this group of patients want is similar to what most GP patients desire:

- Reasonable waiting times.
- Enough time with their GP.
- Advice and information that they can understand.
- Privacy.
- Clear information about what will happen next.

The report was distributed to all GP practices in the area and will be used by the SHSSB in training for staff in GP surgeries.

## **Assessing the Impact of Service User Involvement**

As part of our work promoting the meaningful involvement of patients and the public in the planning and delivery of services, this evaluation looked at what is happening in the Southern Area and how much has changed because of user participation.

We found that a number of good initiatives are happening on the ground but often these are not resourced. They may have an impact on the way that a service is delivered locally, but are not affecting the way that services are planned or the way that health and social care bodies make decisions. The report identifies



a number of key principles that appear to be at the heart of good service user involvement.

The report makes a number of recommendations to promote user participation in this period of changing structures. We believe that if the recommendations were acted upon, it would put the service user at the heart of the service.

## **General Medical Services (GMS)**

The new GMS Contract, which sets out GPs' working terms and conditions, was introduced in April 2004. The SHSSC wanted to explore the impact of the new contract on GPs' patients. Members of the



public were interviewed through a series of roadshows, GP Practices were asked to complete a questionnaire and people with special interests or views gave their opinions in focus groups.

The report makes a number of recommendations to improve communication between GP practices and their patients. Thanks to all who participated in the project.

### GP - Lay Assessors

I must confess that when the question of Council Members visiting GP Surgeries was first mooted, I was apprehensive about my involvement. Apprehensive as to how the GPs would react to lay people like myself getting involved in their patient surveys.

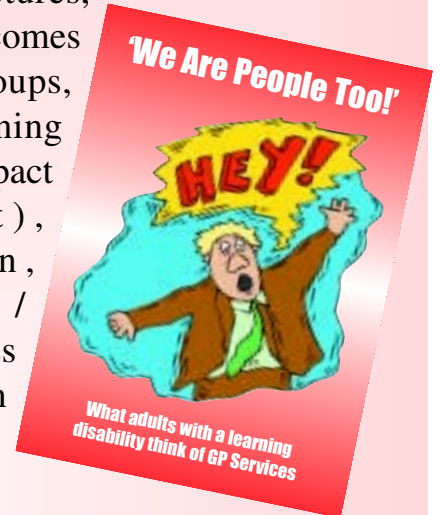
*What would I know about the management of a GP Surgery - Jim McCart*

However, it was found to be an interesting and rewarding exercise and, in my opinion, a success mainly due to three factors:

- The 'Briefing Sessions' given to all the lay participants meant that each knew exactly what the Terms of Reference were.
- The fact that we received beforehand copies of the Patient Surveys carried out by the practices helped. Some of the surveys contained information on 27 pertinent questions, and in one case 150 forms were distributed. In all of the 4 visits I made, the returns were in the high 70% or above.
- Last, but not least, the positive and constructive attitude of all of the Practice Personnel whom I met and their reaction to the points I made at the joint meetings with them.

### Equality

This year the Council was required to carry out a 5 Year Review of its Equality Scheme. It was a self evaluation exercise that looked at internal structures, expenditure, outcomes for the 9 groups, policies (screening and Equality Impact Assessment), consultation, training / awareness, access to information and complaints.



Recommendations included:

- Closer working between the 4 HSSCs.
- Enhanced internal reporting mechanisms.
- Clearer mechanisms for screening policies.
- More clearly defined role for members.

The SHSSC has sought to embed equality issues in our work this year, making new links with adults with a learning disability (PROSPECTS Newry Day Opportunities) and with Lithuanian mothers-to-be (via Sure Start in Dungannon). We have continued to work alongside a number of other groups on equality issues.

**◆ It is gratifying to monitor and have an insight to the progress and improvements in our health service.**  
- Lawrence Donaghey

### Complaints

This year the SHSSC assisted with 84 complaints. **Treatment and care** accounted for 31 complaints; 10 related to **clinical diagnosis**; and 9 were about **staff attitude and behaviour**. Treatment and care continues to be the single greatest cause of

dissatisfaction year on year, with staff attitude and behaviour appearing regularly in the top 3 categories.

Most complaints were about **medical staff** (28); **nursing, midwifery and health visiting** had 16 complaints; and **GPs and general management** accounted for 10 each.

The service areas most complained about were **primary health/ adult community** with 17, **surgery** with 12 and **medical** with 10.

### Complaints about Us

In the past year the Council received no complaints about its services.

### Complaints Update

- ❖ The 4 Health and Social Services Councils have established a Complaints Forum. The Councils' complaints officers meet on a quarterly basis to share information and discuss areas of concern.
- ❖ The Review of the Health and Personal Social Services (HPSS) Complaints Procedure is ongoing. There has been considerable delay but the Councils have been advised that a document will be issued for consultation in September 2006.

- **The Council's role is to give a voice to complaints and concerns of the people - Brendan Curran**

### Social Education Centres

*Council Member, Peter Kearns reports on the support the SHSSC has given to the upgrading of Newry SEC in recent years. I have been a member of the SHSSC for 3 years and have undertaken numerous visits to*

hospitals and dental and GP surgeries. The most memorable visit I undertook was to the Social Education Centre (SEC), Rathfriland Road, Newry. On arrival we discovered that the SEC was located on the site of the old Rathfriland Hill Hospital.

On entering the SEC we were met by Mr Hyland (Assistant Principal Social Worker) and a number of carers and began with a tour of the centre. One of the first and most important points that we noticed was that there was no lift in the building. On the ground floor there were rooms with wheelchair users in them. We continued the tour room to room and we were introduced to young children and adult clients as they went about their activities. We then proceeded upstairs to the 1st floor; there were more rooms with lots of activity going on. It was then we realized that the wheelchair users could not use the upstairs facilities, and that this building was not suitable for the purpose that it was intended for, even though the SEC has a dedicated staff.

At the next SHSSC meeting we submitted our report on our findings of the SEC. As a result, we have worked alongside the Newry & Mourne Trust and the Southern Board to lobby for a purpose built building to replace the old Rathfriland Road site. We were delighted to hear, earlier this year, that funding has been allocated to up-grade the Rathfriland Road site and provide a new centre in South Armagh, with work due to commence in the very near future.

- **The SHSSC has visited many facilities and dealt with many issues over the years on behalf of service users. I hope the public**

**will have as good a voice when the new health structures come into place in the very near future. - Peter Kearns**

**Casualty Watch** - Patricia Jordan,  
*Project Development Officer*

Casualty Watch took place in early February of this year. I started in post in December so it was with baited breath I approached my first project!

Casualty Watch 2006 examined data on numbers of patients using A&E, waiting times and trolley waits but also surveyed conditions for patients going through the system in A&E. Over a period of a week Council members alongside members of staff observed and completed questionnaires on matters such as the general environment for patients, refreshments, toilets, information etc.

Both hospitals performed well, showing major improvements on waiting times, although the Council found that there were still areas for improvement. The recommendations from the Report will be followed up by the Waiting List Sub-Group

over the coming period. Special thanks to everyone who helped.

**CASUALTY WATCH FROM A LAY PERSPECTIVE** - Florence McMahan,  
*Member*

Prior to the Casualty Watch project I had been a lay member of the SHSCC for two months and had no background in any aspect of the Health Service other than as a patient user. The Casualty Watch project gave me my first opportunity to contribute practically to the key objective of the SHSCC in promoting the interests of patients in health matters. Throughout the observation period I was supported by a permanent member of Council staff engaged in the same activity. During the evaluation exercise at a hospital Accident and Emergency (A&E) unit, I assessed the quality of the experience and the environment available to patients using the service.

It was a privilege to observe the management of the medical needs of those patients attending A&E; note the genuine efforts made to provide a comfortable and friendly environment for patients, and contribute to the subsequent, written report.



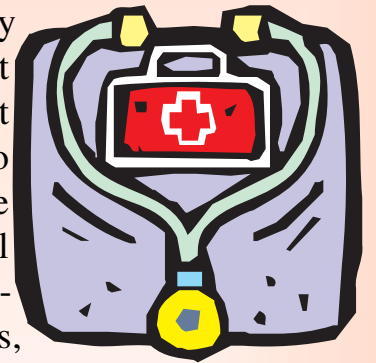
# How clean is Your Hospital?

The Environmental Cleanliness Audit was carried out with military precision in Craigavon Area Hospital and the team was comprised of all the relevant factions representing the cleaning, nursing and estates function and included a representative of the patient focus in the SHSSC. The areas to be visited were random and unannounced and as such we saw the whole picture, warts and all! Having arranged the areas the team met and spent the time most productively in the areas as agreed. The audit was in-depth, and the results distilled into a report making recommendations on the desired response ie cleaning services, nursing or estates. While some areas clearly were in need of fairly serious painting which impacted on the whole cleaning function, the overall state of cleanliness was good and those areas for improvement by which ever function, were highlighted and reported. The audit was carried out in good spirit and in a non-punitive environment so that the responsibility was accepted by each discipline and the outcomes embraced by all concerned. A very worthwhile effort that will inevitably lead to even greater attention to the cleanliness which is so vital to the health of all patients.

*Eileen Wright, Member*

*"The Council is made up of many disciplines but is an organisation dedicated to the service of others in the quest for better service and improved outcomes for all".*  
Eileen Wright

Our local Daisy Hill Hospital set up an Audit Group to examine the Female Medical Ward, Functional offices,



Occupational Therapy, Female Surgical, Audiology Department, Renal, and HDU. All were audited with satisfactory results although there were some areas where storage facilities and space left a lot to be desired.

Each Hospital Trust has responsibility for bidding for funds yearly and using them to improve the hospital environment. The nursing, domestic and ancillary staff who have the onus of providing a high standard of cleanliness in each hospital must be properly resourced as a matter of urgency with a training and career promotion structure put in place to achieve this.

The Cleanliness Strategy for the years 2005 - 2010 is ambitious and rightly so. The work of improving standards is time consuming and without additional personnel resources it will fail. However, I am convinced that the dedication and professionalism of our local hospital staff will effect a major improvement in our hospital environment.

*Peter Murray, Member*

**Waiting List Sub Group**

The SHSSC Waiting List Sub Group was formed in early 2006 to maintain a more focussed watching brief over waiting lists and to monitor the new arrangements put in place by the Health Minister. Members meet quarterly and this provides a regular mechanism by which the SHSSC engages more effectively with relevant bodies.

To date we have had an update on performance and key priorities for action, and an overview of the new screening system for referrals to hospital - Integrated Clinical Assessment Treatment Service (ICATS).

The meetings enabled members of the Council to get a more comprehensive picture of waiting list statistics and therefore lead to greater understanding and better working relationships between key players. It has also enabled the SHSSC to formalise links with the hospitals and ultimately build upon improvements for patients. It is most encouraging to see the reduction in waiting times for patients at both hospitals due to the hard work of all who work there.

**Avian Flu**

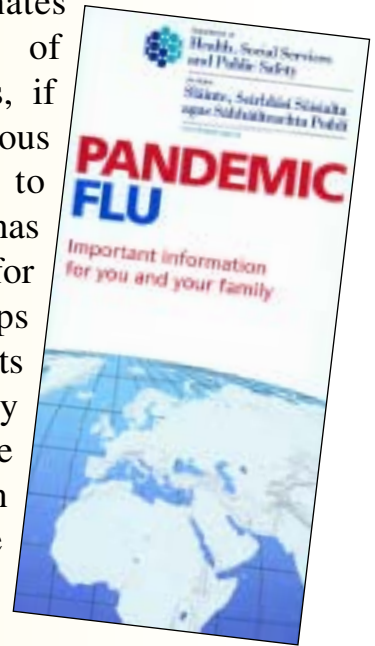
Over the past year the Council has been very concerned at the spread of Avian Flu throughout the world. Dr V K Tohani,

*My involvement with the Council over the past year has been very enjoyable and I have come to appreciate all the hard work carried out by our Chief Officer, Chairman and office staff. - Annie Burrell*

Consultant in Communicable Disease Control, SHSSB, gave a very informative talk on the subject to the SHSSC and

invited a Council member to become involved in the Pandemic Influenza Group at the Board.

The group co-ordinates effective planning of resources and services, if or when this contagious disease ever came to Northern Ireland. It has considered the need for good relationships between Boards, Trusts and voluntary organisations and the need for a co-ordination of efforts to provide the best possible services to the community.



Discussions also took place regarding training and the need for staff to be aware of their roles and responsibilities in the event of a pandemic. It was also felt that it was necessary to keep the public informed of their roles in caring for their communities during a pandemic phase and the need to check on the elderly population who would be most at risk. Leaflets are to be provided in GP surgeries and chemists for the public to get this information. - Annie Burrell, Member

**Suicide Task Force**

This is one of the most difficult areas in health matters to address, as the source of the intelligence to examine, assess and monitor is often lost with the death of the victim. However, we have in our area the Suicide Capital of the North and it is most welcome that this sensitive matter is being examined with a view to getting to the root of the causes. A strategy was launched with many of those closest to the centre being consulted for their views and experiences. It was felt however at the outset, that perhaps churches and support groups were not fully consulted. Be that as it may, there was a groundswell of support for the initiative and the then minister,

Shaun Woodward was most emphatic in his support and pledged money for the funding of organisational posts to monitor, listen to and hopefully support those within our community at risk. Families with horrific and recent experience in this field related their stories and, sadly, it appeared that even those closest to the victim of this train of thought were unaware of the negative purpose unfolding within their family. Much remains to be done in this field as it grows in volume and much in-depth study needs to be carried out to assess the root causes and engender a more caring and listening society to be ever alert to the often whispered cry for help.

- Eileen Wright, Member

## **Community Information Programme**

The SHSSC devised this programme to tackle the confusion that often surrounds health and social care services. The aim is to share information with project staff not from a health and social care background, including community activists and volunteers, so they can share the information with people they work with or adapt the information for their own area of interest.



Kathleen Murphy of Newry and Mourne Carers, who received the training in June 06, stated that the programme raised awareness of the services available to them and highlighted the positive aspects of commenting on a

service which proved a very positive step to improving the lives of carers and the people they care for.

The programme includes a quiz, information on HPSS structures and decision making, as well as discussion about key services such as GPs. This is followed by a presentation and discussion on patients' rights and how to comment on or complain about services. A comprehensive information pack is also provided.

The programme is available to community/voluntary groups on request. It can be delivered over one 4 hour session or 2 x 2 hour sessions and can be tailored to meet differing levels of knowledge and need.

## **Car Parking - Craigavon Area Hospital**

Following a review of car parking, the Craigavon Area Hospital Group Trust appointed a committee to explore options and make recommendations to address the current shortfalls. The SHSSC was invited to provide a patient and public perspective.

The committee discovered that there is a shortfall of approx. 330 spaces. Funding to provide additional car parking will not be forthcoming from the DHSSPS, and alternative sources of finance have to be considered. Each space will cost in the region of £1000/1200. The findings and proposals of the committee will go to the Trust meeting for consideration.

*It is good to be a member of the Council. Service Users - we listen and observe. Service Providers - we participate and negotiate - we reach out to help those who need assistance.*  
Nazy Harris

## **Staff at the Council**

Mrs Stella Cunningham	Chief Officer
Ms Colette Hart	Complaints Officer
Mrs Patricia Jordan	Project Development Officer
Ms Caroline McGuigan	Community Participation Officer
Mrs Nancy Downard	Office Manager
Miss Debbie Harrison	Clerical Officer

## **Members for the Year Ending 31 March 2006**

Annie Burrell, Waringstown	Sydney Anderson, Cllr CBC
Lynne Cairns, Chairman, Waringstown	Norman Badger, Cllr D&STH BC
John Coulter, Banbridge	Patrick Brannigan, Cllr AC&DC
Lawrence Donaghey, Aghalee	William Burns, Cllr N&M DC
Adrian McKinney, Tandragee	Brendan Curran, Cllr N&M DC
Mary Ferris, Newry	John Feehan, Cllr N&M DC
Nazy Harris, Vice Chairman, Tandragee	Sharon Haughey, Cllr AC&DC
Clive Henning, Portadown	Patricia Mallon, Cllr CBC
Peter Kearns, Newry	Andy Moffett, Cllr N&M DC
Brendan Montague, Dungannon	John McArdle, Cllr N&M DC
Peter Murray, Warrenpoint	Wilfred McFadden, Cllr BDC
Kieran Murphy, Dungannon	Sylvia McRoberts, Cllr AC&DC
Jim McCart, Warrenpoint	Charles Rollston, Cllr AC&DC
Florence McMahon, Newry	David Simpson, Cllr CBC
Eileen Wright, Banbridge	George Savage, Cllr CBC
	Kenneth Twyble, Cllr CBC
	Philip Weir, Cllr CBC

## **Statement of Expenditure to 31 March 2006**

	<b>2005/06</b>	<b>2004/05</b>
Salaries	£125,122	£124,819
Members Expenses	£6,892	£3,615
Premises Rent, Rates, Electricity, Ins	£27,672	£25,204
General Administration	£36,715	£38,070
Research, Education & Promotion	£6,102	£12,238
<b>OVERALL TOTAL</b>	<b>£202,503</b>	<b>£203,946</b>

## Up-Date on Work undertaken last year

Thank you to everyone who got involved in our work in 2005. Here is an up-date on how issues highlighted in our 2005 Review are progressing:

- Dental Services - since our report and workshop we continue to gather anecdotal information about difficulties experienced in registering with a dentist as an NHS patient. With the new dentists' contract about to be negotiated, the SHSSC will monitor the situation.
- Out of Hours GP Services in Kilkeel - last year's Council meeting in Kilkeel was followed by a public meeting hosted by the SHSSC, to consult on the SHSSB proposed changes. This was attended by over 300 people all wanting to express their views. We will continue to monitor what happens here and hope that the outcome will be positive, not just for Kilkeel but other rural areas also.
- Links with the community and voluntary sector - we continue to work hard at this as you will see from this report. Let us know if there are issues that you think we should be taking up.
- 'Let's Talk' guide to becoming more actively involved in your health and social care - was distributed to GPs, care homes, dentists, etc. It was very well received and the four Councils are considering production of a further guide to primary care.

## Priorities for 2007

Our Action Plan for the coming year includes the following:

- Audit of advocacy services available to elderly people living in residential and nursing homes.
- Continue with Bugwatch and Casualty Watch.
- Promote user involvement in the planning and delivery of services.
- Consult with communities on the proposed revision of the HPSS complaints process.
- Strengthen our ability to respond to local issues.
- Review our approach to equality issues.



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**The Southern Health & Social Services Council**  
**Quaker Buildings, High Street**  
**Lurgan, Co Armagh BT66 8BB**  
**Tel: 028 3834 9900**  
**Fax: 028 3834 9858**  
**Textphone: 028 3834 6488**  
**Email: [reception@shssc.n-i.nhs.uk](mailto:reception@shssc.n-i.nhs.uk)**  
**Website: [www.shsscouncil.net](http://www.shsscouncil.net)**