

## SOUTHERN HEALTH & SOCIAL SERVICES COUNCIL

### Minutes of the Ninety-fifth Meeting held in the offices of Banbridge District Council on Tuesday 16 January 2001 at 10.00 am

- 95/1 PRESENT:** Mrs Fionnuala Cook, Chairwoman  
Mrs June Allister  
Mrs Joan Baird  
Mrs Margaret Campbell  
Mr Robert Cummings  
Mrs Roisin Foster  
Mr Gordon Frazer  
Mr Samuel Gardiner  
Mrs Angela Gray  
Mr Joseph Loughran  
Mr Jim McCammick  
Mr Charles Smyth
- IN ATTENDANCE:** Mr Seamus Magee, Chief Officer  
Mrs Nancy Downard, Office Manager  
Prof David Marsh, Department of Trauma and Orthopaedic Surgery, QUB and Consultant Orthopaedic Surgeon, RGHT [for part of the meeting]  
Mr Derek Baker, Director of Primary Care and Commissioning Development [for part of the meeting]
- APOLOGIES:** Mrs Sue Cunningham  
Mr Isaac Hanna  
Mrs Mary McNally

In the absence of the Chairwoman, Mrs Roisin Foster, Vice Chairman commenced the business of the meeting. On behalf of the Council she congratulated Mrs Joan Baird on being awarded a MBE in the New Year's Honours list.

Mrs Baird thanked the Council for their good wishes.

**Mrs Cook joined the meeting at 10.45 am.**

The Chairwoman welcomed Mr Brannigan back after his recent illness.

**95/2 MINUTES OF THE PREVIOUS MEETING**

Minutes of the previous meeting which were circulated, were agreed and signed.

**95/3 MATTERS ARISING**

**94/10 Transfer of Services and Changes in Clinical Management responsibility for South Tyrone Hospital**

Mr Cummings asked if any further information had been made available in relation to the retirement of Dr Wallace at South Tyrone Hospital. The Chief Officer advised members that a letter had been sent to the Chief Executive of Craigavon Hospital and a reply would be available for the next Council meeting.

**94/4.3 Capitation Funding Formula**

Mrs Allister said she had attended a meeting, about changes to the Capitation Funding Formula, in the offices of the Eastern Health and Social Services Council. She said it was very informative and staff from the DHSSPS explained things in a clear and understandable manner.

**95/4 CHAIRMAN'S BUSINESS**

**1 SHSSB - R & I Unit Advisory Committee**

The Chairwoman advised members that Mr Cumming's term of office on the R & I Advisory Committee was due to end in March and the Unit was seeking a replacement to serve on the Committee from April 2001. Mrs Margaret Campbell was nominated as the Council's representative.

**2 Occupational Therapy**

The Chairwoman drew members attention to a paper tabled about occupational therapy assessments and staffing levels within the Trusts. The Chief Officer said it was important to know how long people were waiting in excess of 6 months. He said the Complaints Officer would liaise with the Trusts in an effort to

standardise the information. It was agreed to provide a more detailed report for the February meeting.

### **3 Trained Nurses in Post in Health and Social Services in the SHSSB area**

It was agreed to request more up to date information from Mrs McVeigh, Nurse Commissioner at the Southern Board.

### **4 Review of Cardiac Surgery**

The Chairwoman informed members that the Department of Health, Social Services and Public Safety was currently conducting a review of cardiac surgery and in order that the views of cardiac surgery patients and their relatives could be heard the Council had organised public meetings in three different venues in the Southern Board's area.

The first of the meetings was held in Ballybot House, Newry on the 9 January 2001, the second was scheduled for Craigavon Area Hospital on Wednesday 17 January at 8.00 pm and the third would be held in the Gordon Thompson Conference Centre, South Tyrone Hospital on Tuesday 30 January 2001 at 7.00 pm. Members were asked to encourage the public to attend. It was agreed to provide the DHSSPS with a report on the issues raised at the meetings.

### **95/5 FRACTURE SERVICES -(First Item of Agenda presented at 10.00 am)**

Mrs Foster, Vice Chairman welcomed Prof David Marsh to provide members with an overview of the fracture services in Northern Ireland.

Prof Marsh thanked the Council for the invitation and he provided the members with a comprehensive and detailed presentation on how the fracture service operated and how it could be improved.

He said the current service was excellent in both quality and efficiency but the waiting times for surgery were too long and the service offered was inequitable. In relation to quality of care he reported that out of 10 teaching hospitals the RVH had the lowest inpatient mortality rate for fracture neck of femur. Referring to the subspecialist expertise in the fracture service, he said surgeons,

while practising in elective and trauma surgery also had to have some specialist association.

He said the amalgamation of the fracture service at Belfast City and Royal Victoria Hospitals had been desired by fracture surgeons, that it had achieved its training needs and the aims of the Acute Hospitals Reorganisation Project but the process had not normalised fracture services. The speed and equity of the current service was appalling.

**Mr Smyth joined the meeting at 10.25am.**

In relation to the flow of fracture patients Prof Marsh said Northern Ireland was the only place where patients were admitted to general hospital beds. Patients who presented at the Royal's A & E department were admitted on the day but patients in other hospitals were kept waiting in general beds. Once patients were admitted to a fracture bed there was a possible delay in getting to the fracture theatre because of the discharge delay in getting patients to either their home or for rehabilitation. These were the factors determining the delay.

Referring to trauma lists he said these were worse after bank holidays. He advised that spinal injury, emergency decompressions, stabilisation for tumor and a few elective cases which were unsafe for Musgrave Park Hospital had to be conducted at the Royal. Since amalgamation 4 spinal cases per week were dealt with. He said more nurses, anaesthetists and surgeons were needed to deal with the problem.

Prof Marsh said possible ways forward for the fracture service would be the Bipolar model which would mean strengthening existing centres for inpatient work and strengthening outreach services in partnership with A & E. The Area Hospital model would involve building new fracture units in Antrim Area and Craigavon Area Hospitals with the possibility of including elective orthopaedics and leaving the existing resources in Belfast and Altnagelvin Hospitals as they were.

He explained that Northern Ireland had 3 fracture units and more new investment was required. There has been rapid decanting of orthopaedics and fracture work in the past 10 years as new general surgical consultants were no longer trained to carry out fracture operations. The number of surgical staff for 1.6 million

people was approximately 240 compared with 140 in England for the same number of people.

### **Mrs Cook joined the meeting at 10.45 am**

Professor Marsh said the requirements for the bipolar model to work would include the immediate transfer of all fracture inpatients to fracture units with adequate bed complement, 32 trauma lists per week in the Royal, all spinal surgery dealt with in a separate spinal unit, further development of ortho-geriatric rehabilitation, strong outreach outpatient fracture services in partnership with A & E, 2-4 new theatres in Musgrave Park Hospital short term, move inpatient orthopaedics to the Royal medium term and the implementation of the HPSS plan for orthopaedic consultant expansion and a modest expansion of Specialist Registrars and Senior House officers.

To make the Area Hospital units work well they would require at least six consultants per unit, four orthopaedic Senior House officers per unit. If elective work was to be included it must be on a main acute site with adequate trauma and orthopaedic beds, new theatres with laminar flow, recruitment of trained ward and theatre nurses and physiotherapists to cope with specialist inpatient work.

In summary he said the Northern Ireland fracture service was permanently overloaded because of inadequacy in resources, under resourcing was the consequence of the retention of too many acute units, speed and equity were both appalling, overall surgical resource could not be expected to increase and squandering meagre new resources on inadequately staffed new units would destroy quality for everyone.

Members raised a number of issues with Prof Marsh including availability of orthopaedic surgeons, resourcing, quality outcomes, numbers of anaesthetists, availability of specialist nurses and delays in accessing the Royal's fracture service.

The Chairwoman thanked Prof Marsh for his presentation.

Mrs Baird made reference to the Council's visit to the Royal Victoria Hospital on 27 November 2000 and how she was satisfied with the explanations given on the day. However, she said that Prof Marsh painted a much clearer picture of the situation in his

presentation. She asked that a letter be forwarded to him thanking him for his excellent presentation and pointing out to him that more information must be made available to the public, patients and relatives about the problems in fracture services.

Mr McCammick asked to receive a copy of the presentation as the statistics required closer analysis. The Chief Officer said the Council received daily information on the numbers of patients waiting for transfer to the Royal. It was agreed to provide information to Mr McCammick and Mrs Baird.

**95/6 HEALTH AND PERSONAL SOCIAL SERVICES -  
PERFORMANCE TABLES FOR 1999 - 2000 SHSSC 2001/1**

The Chairwoman invited the Chief Officer to present paper SHSSC 2001/1.

The Chief Officer referred members to the Northern Ireland HPSS Performance Tables for 1999/2000. Referring to outpatient appointments he said the charter for patients and clients stated that a person should not have to wait more than 3 months for a first appointment. Although 77% of patients across Northern Ireland were seen within this time there were some specialities where variations occurred. For example, only 16% of urology patients in Craigavon Area Hospital were seen within 3 months compared with the Northern Ireland average of 67%. He said no figures for neurology patients were included in the tables and a letter had been sent to the DHSSPS seeking clarification on this point.

In respect of inpatient admissions the charter standard stated that a person should not have to wait more than 18 months for surgery or 12 months for cardiac surgery. During the year 1999/00 88% of the Royal Hospital's cardiac patients were admitted within 12 months. For most other specialities 90% of patients in the Southern Board's area were admitted within 12 months.

Complaints received in the Southern Board's area varied from 84 in Craigavon and Banbridge HSS Trust to 105 in Armagh and Dungannon Trust. It was noted that Newry and Mourne Trust was the least likely to respond to complaints within 20 days.

Commenting on elderly emergency admissions, he said the Southern Board had the highest rate of hospital admissions for patients aged 75 years and over. The figure for the Southern

Board's area was 9.5% compared to the Northern Ireland average of 8.6%.

Mrs Baird said she found the performance tables informative. She said her concern was non-attendance at clinics and this was an issue which had to be addressed. Mr Smyth said he believed the appointments system was unsatisfactory as patients were given notice too long in advance. It was agreed to include this as a potential issue for inclusion in next year's work programme.

**95/7 DHSSPS - BUILDING THE WAY FORWARD IN PRIMARY CARE  
SHSSC 2001/2**

The Chairwoman welcomed Mr Derek Baker, Director of Primary Care and Commissioning Development, DHSSPS to brief members on the way forward in primary care.

Mr Baker, in his reference to the consultation paper, 'Building the Way Forward in Primary Care' issued on 11 December 2000, said there was considerable uncertainty in primary care following the publication of a number of proposals for new arrangements, for example, 'Fit for the Future' A New Approach. During the June/July period last year the Northern Ireland Executive decided it was time to develop a clear agenda for primary care. A Listening exercise was conducted with many of the people working in primary care.

He said the consultation document set out proposals for new arrangements in primary care to be put in place after the GP Fundholding Scheme ended. In considering changes it was important not to suggest anything which would prejudice the outcome of a wider review of public administration to which the Executive was committed. None of the proposals in the document required new statutory bodies. Resources currently used to administer GP fundholding and the Commissioning Pilots would be used to support the proposed health and social care groups.

Mr Baker said the paper suggested a number of fundamental arrangements and the Minister for Health was intent on seeing multiprofessional working between GPs, pharmacists, dentists, optometrists and the range of staff employed in the Health and Social Services. The Minister was also keen to see real input from users of the services.

The proposed approach was based on lessons learned from the Commissioning Pilots. The Local Health and Social Care groups would exist as sub-committees of the Health and Social Services Boards with some resources for administrative support. He said the proposed priority areas for development in primary care included investment in infrastructure, promoting service development, promoting quality and promoting value for money.

In response to a question on the future of the Commissioning Pilots, Mr Baker said the Minister had visited the Armagh Commissioning Pilot and was very impressed with the good work that was being done and this was reflected in the document. He said it was important to ensure that the work of the pilots was sustained during the transition period to new primary care arrangements. Discussions in respect of this matter were ongoing.

Mr McCammick asked if £3 per head of the population was sufficient to meet overheads. In reply, Mr Baker said 3 of the total Purchasing Pilots and 5 Commissioning Pilots had been allowed £3 per head for their respective populations to cover management costs. He said if this was the final figure it could potentially release a further £2.5m to spend on frontline primary care services.

Mr Baker responded to a number of questions in relation to evaluation, lay representation, the devolution of budgets, public consultation and relevant population sizes.

The Chairwoman said she hoped arrangements would be made for public consultation to ensure the views of the general public could be heard. She thanked Mr Baker and said she looked forward to a successful implementation of the plan. Mr Baker left the meeting.

**95/8 DHSSPS - INVESTING FOR HEALTH**

**SHSSC 2001/3**

The Chairwoman invited the Chief Officer to present paper SHSSC 2001/3.

The Chief Officer referred members to the consultation document 'Investing for Health' which aimed to address health and wellbeing in its widest sense, to reduce inequalities in living and working conditions and to bring health standards up to those of the best regions in Europe. He said the Northern Ireland Executive was committed to developing the initiative through full public consultation. Community Development and Health Network

(CDHN) had been invited to manage the community consultation process on behalf of the Ministerial Group on Public Health. The Council's Chief Officer has been invited to be part of an Expert Advisory Group to oversee the consultation process.

He said this was a key consultative document which had the potential to bring about real improvements in health and social care for future generations. He advised members that a number of events would be taking place over the next few months and encouraged all members to attend.

It was agreed that the Chief Officer would draft a response for approval by members.

**95/9 TRUSTS' BUSINESS**

**SHSSC 2001/4**

**1 Craigavon Area Hospital Group Trust**

Minutes of Trust Board meeting held on 21 November and agenda for meeting on 19 December 2000

Mrs Baird expressed concerns about the shortage of beds in Craigavon Area Hospital. Recently 14 patients were kept overnight on trolleys and this, she understood, was a regular occurrence. She said that patients in this situation were very vulnerable. She recalled that Dr Telford, the Board's Director of Public Health had given an assurance at a previous meeting that the situation which developed last year would not be repeated. It was agreed to raise this matter with the Board and highlight the further difficulties being experienced by patients.

**2 Newry and Mourne HSS Trust**

Minutes of meeting held on 17 October and agenda for meeting on 12 December 2000.

**95/10 FOR INFORMATION**

- 1 SHSSC - Response to Draft Service and Financial Framework Document 2001/02 - 2003/04
- 2 SHSSC - Response to 'Confidence in the Future - for patients and for doctors
- 3 NHSSC - Minutes of meetings held on 1 November and 6 December 2000

- 4 WHSSC- Minutes of meeting held on 2 November 2000
- 5 EHSSC - Minutes of meeting held on 29 November 2000
- 6 South Tyrone Hospital community forum - Minutes of meeting held on 7 December 2000 and agenda for meeting on 11 January 2001
- 7 SHSSB - Minutes of meeting held on 12 December 2000
- 8 Department of Health leaflets - Mobile phone Base Stations and Mobile phones and health
- 9 DHSSPS - Cash Grant Scheme 99/00
- 10 Cancer Update - November 2000
- 11 Armagh and Dungannon HSS Trust - 'All Told' Newsletter - December 2000
- 12 Review of Cardiac Surgery - Meeting in the South Tyrone Area

## **95/11 ANY OTHER BUSINESS**

### **1 Ambulance Services**

Mr Cummings enquired if there had been any increase in ambulance cover since the transfer of services from South Tyrone Hospital. The Chief Officer informed him that there had been some investment but the Ambulance Service was having difficulty in recruiting staff and the service was increasingly having to operate on an overtime basis. He suggested inviting the Chief Executive and / or the Chairman, Mr Doug Smyth to a future meeting of the Council.

### **2 Department of Health - Mobile Phone leaflets**

Mrs Baird thanked the Council for circulating the leaflets on mobile phones and phone masts. Mr Smyth suggested that the Council write to the appropriate Minister requesting a moratorium on phone masts until further research was conducted.

### **3 South Tyrone Hospital Community Forum**

Mr Cummings asked if the South Tyrone Hospital Community Forum was serving a useful purpose. The Chief Officer informed him that there was a commitment from the Board, the Trusts and all those taking part to ensure its success. However, there was a need to clarify the remit of the Forum in order that the expectations of all the participants were not unduly raised.

**4      Banbridge District Council**

The Chairwoman thanked Banbridge District Council for the invitation to meet in its Council Chamber and for the excellent hospitality provided. She asked Mrs Baird to convey the Council's thanks to Mr Ingram, Chairman and Mr Gilmore, Chief Executive.

**5      Confidence in the Future**

Mr Cummings congratulated the Chief Officer on the response to 'Confidence in the Future'. He said it was a very good document.

**95/12    DATE OF NEXT MEETING**

Tuesday 20 February at 10.00 am. Venue to be arranged.

Signed: .....

Date: .....