

# Health and Medical Services Committee

20<sup>th</sup> March 2014 at 11 am  
Liberation Room

## **AGENDA**

### **PART 1**

#### **Presentation by Chris Cant - MTO Audit**

1. **Apologies for absence**
2. **Declarations of interest (*if required*)**
3. **Confirmation of the Minutes of the meeting held on 20<sup>th</sup> February 2014** Already issued
4. **Matters arising from the Minutes of the meeting held on 20<sup>th</sup> February 2014**
5. **Director's Report**
6. **Date of Next Meeting:** 17<sup>th</sup> April 2014
7. **Exclusion of Press and Public**  
*The Chairman to move as follows:*  
*"I move that the press and public be now excluded on the ground that the next items of business to be considered are likely to disclose exempt information under paragraph(s) 7 Information about individuals and Paragraph 9 Information about others financial and business affairs of Schedule 3 of the Committees (Public Access) Ordinance 2012."*

### **PART 2**

8. **Confirmation of the Exempt Minutes of the Meeting Held on 20<sup>th</sup> February 2014** Already issued
9. **Matters arising from the Exempt Minutes of the meeting held on 20<sup>th</sup> February 2014**

# **HEALTH AND MEDICAL SERVICES COMMITTEE**

## **Open Minutes**

Held at 11am on Thursday 20<sup>th</sup> February 2014  
at Gilbert House

**These Minutes are draft minutes until confirmed by resolution at the next meeting of this committee**

<b>Present:</b>	Honourable Michael Summers	Assembly Member	MS
	Honourable Barry Elsby	Assembly Member	BE
	Ms Hilary Rowland	Director of H & SS	HR
	Dr Angela Rowlands	Chief Medical Officer	AR
	Mrs Melanie Gilding	Lay Member	MG
	Sqn Ldr Claire Brooker	MPC	CB
<b>Apologies:</b>	Mrs Wendy Shelbourne	Lay Member	WS
	Sqn Ldr Mark Patterson	SMO MPC	MP
<b>Minutes:</b>	Mrs Julie Fisher-Smith	PA to DHSS & CMO	JFS

## **PART 1**

### **ACTION**

#### **1.0 Apologies for Absence**

- 1.1** Apologies for absence were received from Mrs Wendy Shelbourne and Sqn Ldr Mark Patterson.

#### **2.0 Declarations of interest**

- 2.1** There were no declarations of interest.

#### **3.0 Confirmation of the Minutes of the Meeting held on 5<sup>th</sup> December 2014**

- 3.1** The minutes were confirmed as a true and accurate record with no corrections.

#### **4.0 Matters Arising from the Minutes of the Meeting held on 5<sup>th</sup> December 2014**

- 4.1** 4.3 – 7.1 (3rd Para) – “it was agreed that the individual should ascertain beforehand who would be funding their treatment and that it should become the responsibility of the patient’s Government” – BE questioned if this should read that the patient and the employer are responsible. HR to check. **HR**

- 4.2 5.1 – MLA Summers stated that he had had a meeting with Tourist Board members who confirmed that the Tourist Board would pay for the Sterizar hand foamer.
- 4.3 7.2 – JFS to prepare a schedule to bring to the next meeting with dates for members to visit KEMH departments. It was agreed that members would visit the Elderly Care facility on 20<sup>th</sup> March. **JFS**
- 4.4 7.3 - BE asked if there was currently a system in place where patients are notified of their test results ie. blood tests etc. CMO reported that a new staff member has just been appointed whose job will be contact patients with their results. A new system will shortly be in place where the patient can call a dedicated phone line to receive their results. At the time of testing patients will be given information detailing the process. In urgent cases the patients will be contacted by the doctor straight away.

## **5.0 Director's Report**

- 5.1 HR presented the Director's Report giving a brief overview and update on various activities within the Department:
- 5.2 HR reported that she had received positive comments from members of the public regarding the receptionist, Anya Cofre, adding "this is a real credit to her".
- 5.3 Nurses – the ward is presently 2 nurses short until the end of March when a new nurse will arrive.
- 5.4 A local midwife has been employed, she will shortly be going overseas to refresh her skills as she has not been practicing a while.
- 5.5 Whilst there is a full complement of Drivers/Security Officers, this may have to be reviewed as it does not leave cover for holidays/sickness if the casual drivers are unavailable.
- 5.6 Doctors - The recruitment round last July only attracted applicants looking for short term contracts, not enough doctors are applying for the posts because the salaries being offered are too low and the requirements of the posts are too high. It is proving to be very difficult to appoint a doctor with obstetrics and gynecology experience who is also able to cover on-call. Human Resources have contacted a recruitment agency who will advertise these and other posts with the department. BE asked HR what her vision was for the services, she described the range of primary & secondary services, supported by the visiting specialists and referrals overseas. However, she highlighted that she had not really had sufficient time to address the matter because of undertaking multiple roles. BE suggested that a group should be formed to reassess the recruitment process and to research comparative

salaries of doctors. The CMO commented that the initial meeting should include doctors and nurses as their contributions would be useful. MS stated that there would be a need to make a supplementary submission to the Treasury to ask to reserve money in the budget. This would also need to go through Human Resources and evaluation.

- 5.7 Ninety one people attended the training on the Children's Ordinance. It is anticipated that someone will continue to deliver this training in the future.
- 5.8 Mammography screening will take place next month for women aged between 47 and 74.

## **6.0 Optical/Dental & Audiology Charges & Exemptions**

- 6.1 HR presented a paper detailing charges and exemptions for Optical, Dental and Audiology. In 2012/2013 ExCo agreed to an overhaul of those charges. Currently Audiology do not charge for hearing tests and hearing aids. It was agreed that charges in line with Dental and Optical should be introduced for audiology. HR to draft a paper of charges and exemptions. **HR**

## **7.0 MTO Policy – Minor Amendment**

- 7.1 Page 6, Paragraph 10.6, 3<sup>rd</sup> bullet point currently reads: **HR**  
“a critically ill child with an immediately life-threatening condition – in this case KEMH will potentially pay for both parents”. It was suggested to change this to read “a critically ill child or adult with severe disabilities”. BE asked for clarity of “severe disabilities”. This will be redrafted to reflect the discussion.
- 7.2 It was also asked what would happen if there were other children in the family, who would look after them if both parents had to accompany a critically ill child or a child with severe disabilities overseas. It was agreed that additional children would not be funded by the Government.

## **8.0 Hep B Vaccinations**

- 8.1 The current policy is that all new born babies are vaccinated, this policy was introduced in 2008. Any babies born before that date remain unvaccinated. The CMO reported that it would cost approx. £35,000 to vaccinate individuals up to the age 30 (of the current population). It was agreed to check the paper that went to ExCo (approx. 3 years ago) and re-submit. **JFS**
- 8.2 It was also suggested that the MMR vaccine should be updated for under 30's, most under 30's have already had 2 vaccinations so the numbers would be low. CMO to follow up as necessary.

## **9.0 Immigration Medicals**

- 9.1 The CMO stated that the current Immigration Medical Form is not fit for purpose, adding there are many important questions missing from the form. The form should include photographic evidence that the applicant is the person undertaking the medical examination and there should be space provided for the examining medical practitioners stamp. The occupation of the applicant should be taken into account by the evaluating doctor, in some cases this section has not even been completed by the applicant. The CMO suggested we should have dedicated panel doctors in different parts of the world that could conduct immigration medicals, or if we do not have panel doctors we should make sure that the doctors are bonafide.
- 9.2 When current work permits are renewed applicants would have to undertake another medical examination using the new form.
- 9.3 MLA Summers stated that the CMO would need to make these changes and submit a paper to ExCo for approval. If approved the Customs & Immigration Department would be instructed to carry forward these changes.

## **10.0 Emergency Passports for MTO Patients**

- 10.1 Since January 2012 there have been 43 emergency passports issued to individuals who were sent overseas for medical treatment and 11 emergency passports for persons accompanying medical patients. This item was brought to the Committee for information only.

## **11.0 Date of Next Meeting – Thursday 27<sup>th</sup> March, 11am in the Liberation Room of the Secretariat.**

## **12.0 Exclusion of Press and Public**

*The Chairman to move as follows:*

*“I move that the press and public be now excluded on the ground that the next items of business to be considered are likely to disclose exempt information under paragraph(s) 7 Information about individuals and Paragraph 9 Information about others financial and business affairs of Schedule 3 of the Committees (Public Access) Ordinance 2012.”*

## **PART 2**

## **13.0 Confirmation of the Exempt minutes of the Meeting held on 5<sup>th</sup> December 2013**

- 13.1 The minutes were confirmed as a true and accurate record with no corrections.

#### **14.0 Matters Arising from the Exempt Minutes of the Meeting held on 5<sup>th</sup> December 2013**

14.1 There were no matters arising.

#### **15.0 Complaints**

The Committee discussed the complaints and the CMO explained the justifications behind the system.

*(Not for publication by virtue of Paragraph 7 of Schedule 3 of the Committees (Public Assess) Ordinance 2012, relating to information about individuals.)*

#### **16.0 Patient Request**

This matter was discussed and the Committee agreed to the request. This decision will be reflected in the MTO Policy.

*(Not for publication by virtue of Paragraph 7 of Schedule 3 of the Committees (Public Assess) Ordinance 2012, relating to information about individuals.)*

**Minutes confirmed this                      day of                      2013**

**Falkland Islands Government  
Health and Medical Services Committee**

**Director's Report – March 2014**

**1. Introduction**

- 1.1 This report updates Committee Members on the work of the Health and Social Services Department and covers a range of issues including staffing, waiting times, activity and performance indicators.

**2. Staff Matters**

*Hospital and Primary Care staff*

- 2.1 Staffing is generally good. There remains one vacancy in midwifery which will be advertised shortly. The contract of the theatre sister comes to an end in August and this is also being advertised. The contracts of the two dentists finish in December 2014 and both have indicated their wish not to extend so recruitment has begun for them. The daytime driver has also resigned from his post his replacement is being sought locally.

2.2 Due to sickness a locum staff is being used in Pharmacy. Discussions are taking place to make changes to help this department particularly around ordering.

- 2.3 Medical recruitment has begun through an agency for the vacant CMO post and two Medical Officer posts. The Laboratory Manager has arrived and the Hospital manager arrives on the day of the meeting.

*Social Services Staff*

- 2.4 The Social Services team say goodbye to Kathy Fricker, locum Social Worker this month and to Jason Rice locum Probation Officer. The new Probation Officer arrives in April and the post of the Social Worker to focus on the adult caseload is currently out to advert in the UK.

**3. Appointments and Waiting Times**

*Primary Care*

- 3.1 Access for GP appointments remains excellent with routine next day appointments regularly available.

*Dentists*

- 3.2 Similarly access for dental appointments remains good. Emergency appointments are available each day and non-urgent appointments are usually available within 5 working days.

- 3.3 Appendix 1 details the activity of the various services.

**4. Social Services Activity**

- 4.1 The work of Social Services is attached at Appendix A. The team continues to be very busy.

- 4.2 The FI Safeguarding Board met on 27<sup>th</sup> February, 2014. The Board heard from Becca Roxburgh about the work on the Children's Nurseries Award Scheme and from Krysteen

Ormond on the work being done in conjunction with the Lucy Faithfull Foundation on the Public Awareness Campaign.

- 4.3 The Director and Social Services Team Leader have also been attending the Select Committee meetings on the proposed new Children's Ordinance.

## **5. Overseas Referrals**

- 5.1 Due to a very busy period for the Overseas Medical Co-ordinator, figures are not currently available. They will be available for the next meeting. There have been a number of air ambulance transfers. However, at a recent staff meeting it was suggested that an audit of all transfers overseas be undertaken for a 12 month period. This was recently completed for the period January 2013 to December 2013. Chris Cant who supported Dr Cooper in this audit will present the first cut of this work. It is very interesting and suggests that at least 83% of referrals are appropriate. However, it would also suggest that there is room for tightening the procedure for referral. This will be important to do given the high costs involved. A presentation will be given to the meeting.

## **6. Visiting Specialists**

- 6.1 One way of reducing referrals overseas is by the visiting specialist programme. The majority do tend to come during the summer months, which does put considerable pressure on support staff. The scheduling of the visits will be looked at for the coming year.
- 6.2 There have been visits from the two specialist advisors for the Templar's surgical contract: Mr Binnie (Surgeon) and Dr Donald MacLeod (anaesthetist). Mr Binnie both operates and assures the quality of the service being delivered by the surgical team. Dr MacLeod reviews the work of the anaesthetist. These are both very important visits given the single handed nature of this service.
- 6.3 Dr Tim McInerny (Forensic Psychiatrist) visited for a week and Dr Maxine Sinclair (Consultant Psychologist) visited for two weeks. Their work is crucial to the delivery of the mental health service available and in supporting the ongoing work of Karen Rimicans and Glenn Sturdee, the CPN team.
- 6.4 Dr Vestey (Dermatologist) has just left the islands after a week seeing patients. He last came about 5 years ago but supports the service here remotely.

### *Mammography*

- 6.5 The mammography screening begins (somewhat belatedly due to a slight delay in shipping) on the 25<sup>th</sup> March, 2014. All the women who want screening who fall within the age band have been offered appointments. The radiologist from Southampton will arrive toward the end of the month.
- 6.6 Forthcoming visits include Dr Janet Craze, a paediatrician from Oxford. This is a first visit of a paediatrician. The main focus will be the training of clinical staff. Priscilla Brown, the optician, will be back on 8<sup>th</sup> May for 4 ½ weeks.

## **7. Financial Position**

- 7.1 There remains considerable pressure on this budget particularly because of the high expenditure on the referrals overseas.



## **8. Complaints**

- 8.1 There have been two complaints since the last report, bringing the total for the financial year to date to 26. One verbal complaint pertained to the access to Physiotherapy which was resolved. The second complaint has also been resolved.

## **9. Summary**

- 9.1 It has been a very busy period for the hospital over the past few weeks. They have treated tourists, fishermen and dealt with a major accident as well as supporting the programme of specialist visits.

## **10. Recommendation and Conclusion**

- 10.1 Members are asked to note the contents of this report.

**Hilary Rowland**

**Director : Health and Social Services**

March 2014

**Workload Measurement for Social Services - January 2014**

New Referrals	9
Cases Closed	7
Cases Pending Allocation	4

**Open cases by type**

Children	46
Adults	35
Young Persons Unit (Out of hours cover for a period of 7 days)	0
Emergency Housing	1
Sheltered Housing/Home Help	0
Probation	24
Foster Carers	6
Duty	2
Out of hours referrals	2

**Financial by type**

Welfare Assistance	10
Welfare Assistance - Pending	1
Welfare Assistance - Unsuccessful	1
Attendance Allowance Currently open	32
Attendance Allowance Reviews	4
Attendance Allowance - Pending	2
Attendance Allowance Unsuccessful	1

Acorns Sessions (Attended by 2 staff members)	9
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**Sheltered Housing**

No of units available	27	
No of occupied units	23	(each have 1+ visit per day)
Midday Meals Supervised	243	
Hours of home help provided	170	hrs

# Visiting Specialists

2013/14

Month	Specialist	Slots	Used	DNA
Jul-13		-	-	-
Aug-13		-	-	-
Sep-13		-	-	-
Oct-13		-	-	-
Nov-13	Cardiologist	35	27	6
	Echocardiographer	40	32	6
Dec-13	Cardiologist	13	10	3
	Echocardiographer	14	9	1
	Urologist	27	14	2
Jan-14	Ophthalmic Clinic	76	45	8
	Ophthalmic Post-Op	81	20	28
	Audiologist	65	64	0
	Gynaecologist	23	23	0
Feb-14	Ophthalmic Post-Op	7	3	0
	Surgical Advisor	25	21	4
Mar-14				
Apr-14				
May-14				
Jun-14				
Year to date		374	244	54

Month	MTO			
	UK Full MTO	UK Holiday Referral	Chile Full MTO	Chile Holiday Referral
Jul-13	5	5	3	1
Aug-13	18	4	10	1
Sep-13	8	3	5	0
Oct-13	4	1	14	0
Nov-13	10	3	8	0
Dec-13	1	1	6	2
Jan-14	9	1	5	1
Feb-14				
Mar-14				
Apr-14				
May-14				
Jun-14				
Year to date	55	18	51	5

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