

**Meeting  
of the Southern Local Commissioning Group  
Thursday 16<sup>th</sup> March 2023 at 2 pm via zoom**

**Present**

Miss Sophie Lusby, Assistant Director Commissioning, SPPG (Interim Chair)  
Dr Ian Campbell, General Medical Practitioner  
Cllr Sharon McAleer, Local Government Representative  
Dr Brian Cupples, General Medical Practitioner  
Dr Leonard Maguire, Medical Dental Representative  
Cllr Declan McAteer, Local Government Representative  
Ms Deirdre Cunningham, Nurse Consultant, PHA

**In Attendance**

Mrs Colette Rogers, Head of Health/Social Wellbeing Improvement (Southern area), PHA  
Mrs Hazel Gillis, Corporate Business Manager, SPPG  
Ms Sarah McClatchey, Commissioning Assistant, SPPG  
Mrs Patricia McVeigh, Senior Communications Officer, SPPG  
Dr Maria O’Kane, Chief Executive, SHSCT (item 7)  
Mr Barry Conway, Assistant Director, Cancer and Clinical Services, SHSCT (item 6)  
Dr Imran Yousuf, Clinical Director for Radiology/Consultant Radiologist, SHSCT (item 6)  
Dr Laurence Dorman, GP (item 6)  
Ms Heather Monteverde, Programme Director, DoH (item 6)

**Apologies**

Cllr Robert Colvin, Local Government Representative  
Ms Lorraine Ringland, Allied Health Professional, PHA  
Cllr Kyle Savage, Local Government Representative  
Dr Gerry Millar, (Chair) General Medical Practitioner  
Dr Raymond McVerry, General Medical Practitioner  
Mr Liam Devine, Community/Voluntary Representative

**10/23 Welcome and Opening Remarks – Chair**

Miss Lusby welcomed members and guests to the Southern Local Commissioning Group (LCG) in March and acknowledged apologies for the meeting today.

## **11/23 Minutes of the Meeting held on 19<sup>th</sup> January 2023**

The minutes of the meeting held on 19<sup>th</sup> January 2023 were approved by all present and signed by the Assistant Director of Commissioning on behalf of the Chair.

## **12/23 Matters Arising**

Miss Lusby confirmed there were no outstanding matters from the previous meeting.

## **13/23 Chairs Business**

There was no business from the Chair.

## **14/23 South Tyrone Hospital Early Diagnostic Project**

Miss Lusby welcomed Mr Barry Conway, Ms Heather Monteverde, Dr Yousuf and Dr Dorman to present on the Northern Ireland Rapid Diagnosis Centres.

Ms Monteverde provided members with an overview of the Project Background and referred to the unacceptable waiting times for diagnosis and particular challenges for people specifically with vague but worrying symptoms.

Rapid Diagnostic Centres featured in the Elective Care Framework which was published in June 2021 and in the Cancer Strategy which was published in 2022. Ms Monteverde stated that Northern Ireland (NI) was behind the rest of the UK, the first models were developed in England in 2014. Wales was developed 6 years ago and have been helpful in supporting the development in NI, with Scotland developed 18 months ago. Ms Monteverde explained that the Models were based on Denmark's 'Three-Legged Strategy' for tackling poor cancer outcomes.

Ms Monteverde informed members that a rapid Diagnosis Centre was a centre that received referrals for patients with non-specific but concerning symptoms which may lead to a cancer diagnosis. Wales data had shown that Rapid Diagnostic Centres had cut an 84 day wait to 6 days. The centre would be same day face to face clinical assessment with diagnostic testing. Multiple tests were carried out in one visit coordinated by a key worker. The patient would then be referred to the appropriate area in Secondary Care.

Ms Monteverde highlighted Rapid Diagnosis Centre Key Principles;

- Patient coordination and support with an assigned navigator.
- Early identification with timely referral.
- Prompt Active Clinical Referral Triage undertaken.
- Protected access to CT scanning.

- Coordinated testing (one stop environment).
- Multi-disciplinary team meeting takes place at the end of the clinic (input from the nurse, doctor and radiologist) where diagnosis will be reached.
- Earlier diagnosis of cancer or other conditions.
- Appropriate onward referral.

Ms Monteverde stated that a Project Board and team were established in the Department of Health in June 2022 with two Rapid Diagnosis Centre pilots, South Tyrone Hospital and Whiteabbey Hospital. The ambition would be by the end of 2023 to have two regional services for the whole of Northern Ireland. Ms Monteverde explained that there was one clinic on each site per week, moving to two clinics, this would be expanded and reviewed.

Mr Conway highlighted the progress to date, with a weekly clinic established in South Tyrone Hospital seeing up to 6 patients per week and referrals accepted from Armagh and Dungannon, now expanding from Craigavon and Banbridge. This was a multi-disciplinary approach to the clinic and the objective was to provide patients with either assurance or a plan on the day.

Mr Conway provided data on Clinic Activity;

- First patient attended the clinic in South Tyrone Hospital late December 2022.
- 10 clinics held to date.
- 31 patients had gone through the pathway.
- 2 cancer cases picked up.
- 4 cases referred onto red flag pathways.
- 1 case of pulmonary fibrosis picked up.
- Remaining patients discharged with assurance.

Mr Conway concluded with a summary of next steps, this included extending referral catchment to Craigavon and Banbridge area, and plan to work with colleagues in Northern Trust to recruit Doctors to deliver service (can be doctors who work in Primary Care or Hospital). When a pool of doctors was in place, plan to establish a second clinic per week and expand into Newry and Mourne Federation. It was expected that the Southern and Northern Trust would take referrals from across Northern Ireland.

Following questions from members, Ms Monteverde explained that full time, permanent doctors would not be required, this will be a bank of doctors who could commit to one clinic per month.

Dr Dorman highlighted examples of patients seeing haematologists within one week, meaning the process had been speeded up considerably. It was also stated that there was a strict criterion to fit beforehand, the clinic was set up for patients who had been seen multiple times with no clear pathway or for patients who did not meet an existing pathway.

Ms Monteverde explained that communications directed to the public were being developed, however referral was only through Primary Care and people who meet strict criteria. This would be monitored

and communications tailored appropriately.

Dr Yousuf provided an update on the Trust Radiology Service. There had been a multi-million-pound investment at Craigavon Area Hospital on the CT suite and had improved diagnostics in the Southern Trust area. There was a number of ambulatory pathways (to provide same day or within 24hr diagnostics to patients without the need for admission to hospital).

Dr Yousuf highlighted the introduction of Stroke Perfusion technology, particularly useful for patients where the timing of the stroke was unknown.

In conclusion, Dr Yousuf stated that the Rapid Diagnosis Centre prioritised safety nets to ensure follow ups were actioned irrespective of changing staff. Artificial Intelligence software was available to ensure radiology reporting to be completed throughout the Southern Trust and beyond.

Following the presentation members asked if there was scope for appointments to be automatically requested as there is no mechanism in Primary Care for recall, it was reliant on the patient getting in touch.

Dr Yousuf detailed new software systems which were capable of reporting and automatically generating the next requests, this was implemented in America. Gall bladder polyps as an example can be easily automated, however, further investment was required. It was approximately 3 years away, at the moment staff would be carrying this out in the meantime and the referrer was required to take responsibility to ensure safety nets were in place.

Miss Lusby thanked the presenters for the informative presentation.

## **15/23 Vision for the Future – Southern HSC Trust**

Miss Lusby introduced Dr Marie O’Kane, Chief Executive from the Southern Health and Social Care Trust.

Dr O’Kane highlighted the financial challenges in the next year and there were a number of changes the Southern HSC Trust wish to make, adding value to the system and increasing productivity (see more patients and cut waiting lists at the same time).

There was a number of challenges outlined, workforce shortages, external environments such as political uncertainty, access to services, funding and organisational challenges.

Dr O’Kane stated the Southern HSC Trust have a population of approx. 400,000. Life expectancy had slowed down over the last period of time. There were ongoing difficulties relating to diet, dental care and mental health. Pregnancy and early years were key in terms of personal development and overall health of the country.

Dr O’Kane shared the corporate priorities, how to stabilise, rebuild and grow and to improve access to planned services for patients within outpatients. Also, priorities were highlighted on how to support unplanned, urgent and emergency services.

In the coming year there was a need to; drive up patient safety, drive up patient and staff experience of the NHS, reduce waste and get value for money. The integrated quality management systems would help manage how quality and development cultures were implemented across the system.

Dr O’Kane outlined a number of needs going forward such as a strong sense of identity, what can and cannot be provided with given financial situation. Collective and empowered leaders at all levels so people can speak up when things go wrong and offer innovative ideas providing high quality services. Sustainable funding - working to improve psychological safety and improve skill mix and workforce. Involvement in the Recovery College (mental health initiative) to empower service users to be experts in their own care. Harness technology to cut back on waiting lists e.g. Project with the East London Mental Health Foundation to provide online therapy with feedback from patients had been positive.

Dr O’Kane provided an overview of opportunities;

- Integrated Care System Model – Southern Trust has been the area test site. The task will be before September to test the model with engagement. Legislation will be required from the Executive.
- Better Value Agenda - Met with DoH on 15 March 2023 to discuss how it would be taken forward and focused on value for money and quality of care.
- Learning from the Urology Inquiry – focused on communication across the system and how quality and safety was managed. Encourages patients, service users and GPs to give feedback.
- Hospital Reconfiguration – because of staff shortages and concerns regarding patient safety Gillis Unit was moved to Blue Stone site.
- Emergency General Surgery Consultation is ongoing.
- Single Mental Health Service – exciting prospect to bring all mental health services together. Cultures and priorities may differ so this would be an opportunity to merge together. Governance and finance would remain within local Trusts.
- Social Care Reform – 6,800 unserviced domiciliary care packages. Currently over providing by a significant amount that are commissioned. This service was not sustainable due to demand.
- Review of Children’s Services – Professor Ray Jones (Children’s Social Work) had been brought into review the system for Northern Ireland. Priority placed on vulnerable

cases however the system was very slow due to demand.

Miss Lusby thanked Dr O’Kane for the informative presentation.

Following an answer and question session with members, it was noted the financial strain on hospital services. It was also highlighted that the waiting lists make a massive impact on primary care, the need for funding and resources to manage patients better in the community. There was no waiting list in District Nursing but had workforce pressures with challenges such as complex illnesses.

**Action:** Miss Lusby suggested a workshop to discuss LCG priorities.

### **16/23 Any Other Business**

Miss Lusby reminded members of the public consultation on reconfiguration of Emergency Surgery to Craigavon Area Hospital from Daisy Hill Hospital event on 22 March 2023 held in Canal Court Hotel, Newry.

Councillor McAleer advised members that the Dentist in Aughnacloy Dental Practice sadly passed away. The practise was solely owned and was now closed, this would affect a number of patients in the area.

**Action:** Miss Lusby to raise concerns with Mr Michael Donaldson, Head of Dental Services.

### **17/23 Date of Next meeting**

Miss Lusby confirmed date of next meeting 19<sup>th</sup> May 2023 at 2.00pm held in the Boardroom, Tower Hill, Armagh.

Signed by: \_\_\_\_\_

Dated: \_\_\_\_\_