

HONORARY SECRETARY'S REPORT 2015

Good evening Members of the Association, invited guests, ladies and gentlemen — welcome to the 85th Annual Report for the AGM of the Robinson Hospital. I would especially welcome Dr Tony Stevens, Chief Executive of the Northern Trust here this evening, together with Mrs. Una Cuning (Divisional Director of Community Care) and Mrs Jackie Elliott, Head of Intermediate, Rehabilitation and Palliative Care Services and Mrs Pamela Craig (Assistant Director and Nursing Lead, Community Care Division) - and our MLA, who I thought might be in Paris tonight with the rest of us, Mr.Mervyn Storey. Also we are delighted to welcome the Mayor of Causeway Coast and Glens, Alderman Maura Hickey - we congratulate her on her recent appointment. During the past year our President, Mr. David Robinson, in his usual vigorous and, dare I say, tenacious manner has continued to regularly communicate and develop ideas for the Hospital – but more importantly to maintain contacts and links with the Northern Trust. He has developed what appears to me to be a symbiotic relationship with so many people that he leaves me way behind in his wake.

One of the ideas now almost at fruition has been the result of an unexpected legacy left to the Hospital and for clinical use, by the thoughtfulness of the late Drs Wilbur and Margaret Temple. The bequest was for the clinical use of the amount of £20,000 and has been presented to the Robinson through their two children, Dr. Mark and Dr. Cicella. The Board of Trustees has identified a project, that of extending the Clinical Room used by the Hospital Diversion Team, for treating patients as Out-Patients requiring transfusions etc. The Diversion Team are, I understand, delighted with the plan. This project is indeed a fitting reminder of a local medical family especially as Dr Wilbur Temple had been a Consultant Physician to Coleraine, Route and Robinson Hospitals from 1949 through to his retirement in 1981 - as Dr Joe Burns described him in his book “Pauper to Patient” on the history of the Route Hospital – “a kind and compassionate Physician” . His wife, Dr Margaret, worked as a Children’s Ophthalmologist in our Health Centre, closely supported by Mrs. Elizabeth Morrison of Newbridge Road - a caring, enthusiastic and much respected team – one of the many Clinical Leaders of this District.

So, at the present time, the project for this is out to tender, Building Control is being consulted and we are grateful to Mr James Archer (NHSCT Estates Department) who has taken over from Mr. Bamber McKay and has worked closely and productively with our Board member, Mr. Neil Robinson, to bring this project to fruition.

During this past year David Robinson, together with Dr. Barr and Dr Flynn and myself visited, and were hugely impressed by, the New Build on the site of the old N.I Hospice in Somerton Road, Belfast - a building full of ideas and innovation which has since fully opened its doors to the first patients. Needless to say Mr. David Robinson had to be harnessed and held in check as we returned to Ballymoney but that’s what this is all about - not just sitting back and hoping things will happen – we must go out and start the germ of ideas whilst at the same time working with the Northern Trust to develop them. We have been fortunate in the co-operation and sympathetic consideration of our hopes that the Chief Executive and his staff have given to the Trustees efforts over the years in these regards.

The Robinson Hospital is a member of the Community Hospital Association (CHA) across in England and Dr Shauna Fannin attended the Annual Conference for the last two years – the most recent was in Bristol in May past which she attended with Health Care Assistant, Jennifer Owens. Dr Fannin appreciated the great benefit from the sharing of ideas.

Dr Fannin has expressed considerable satisfaction in the Robinson in the past year with the Pharmacy support through Helen Graham who is a prescribing Pharmacist. She has carried out a Medicine Optimisation Project whereby patients on medicines that could contribute to falls have had their medication discontinued where feasible. Further pharmacy support has come from Shauna McKenna who works hard to achieve reconciliation of medicines and ultimately successfully manages the patients medicines at the time of discharge home.

The Carers Trust N.I. had a project with the Robinson over recent months led by the Carer’s Advocate, Lynsey Wallace. She identified those carers in need and not only signposted them to services in the community but continued to follow the carers for up to 6 weeks after discharge.

The 5 GP practices as described in last year’s report continue to give full medical cover for 5 week days with Dalriada Doctor on Call providing the out of hours cover. The medical staff attended the annual educational event which included talks by the Psychiatric Liaison Service, The Carer’s Trust and Dr Jayne McAuley, Consultant in Palliative Medicine. We would specially mark the retirement of Dr. Yvonne Duff, Consultant in Palliative Care, in June past and we must commend and express our gratitude to all her care for our patients and staff over the years in the Robinson. We all wish her well and good health in retirement and I believe she may still continue from time to time in a locum capacity.

The lack of Macmillan nursing support to the Robinson has become a problem. It already had been a problem last year but we did not underline it then and when they had to withdraw their services we thought it would just be temporary. Unfortunately the situation continues whereby the patients are seen in the “Acute” by the Macmillan nurses who then cannot continue to see them as in previous years, especially when they are admitted for end of life care and symptom control. They can provide telephone advice only but not “face to face”. This seems unfair as it is at a time when great emotional and psychological support is needed. It is further unfair if the patient is at his own home or in a Nursing Home he can be visited by the Community Hospice Team - yet not so in the Robinson. We really understand how much pressure the Macmillan team is under and our plea for the Robinson is for some provision of either Macmillan Nurse Care or N. I. Hospice Home Care support. These fears have been passed to me by Dr Fannin and it does seem there is a significant need here to be met. It is because we recognise the great contribution these nurses can provide that we are making a plea for their return to the Clinical Team in the Robinson.

It is now one year since Dr Stevens and Mr Mervyn Storey MLA both opened the Robinson Hub and the success of this venture is described in Jackie Elliott's report later – if I may I would just read out a brief summary of her comment about the Hub -“those currently using the Hub on a regular alternating basis include the N.I. Hospice, Alzheimers Society, Antrim and Coleraine Group, Age Concern Causeway, Cancer Focus N.I., Clinical Health Psychology Service and the Parkinson Nurse Specialist.”

There have been many donations to the Hospital from many local organisations so thoughtfully given over this past year. Groups such as Dunloy PW with £1000 last year and a further £500 this year, £450 from Bushmills and District Indoor Bowling League and £500 from Portrush Football Club. There have been many other donations of this nature, all of which are acknowledged, but I think it pertinent at this point to mention the wonderful work by Davy Boyle M.B.E. - The Caring Caretaker of Coleraine, who once again through Herculean efforts for so many charities, again raised the excellent amount of £3,000 for the Robinson Funds. He again did this partially through his “Big Breakfast” in November and the “Christmas Tree Festival” in New Row Presbyterian Church in Coleraine. To all these people and groups we remain indebted, indeed we are in awe of their relentless support for so many people who they do not know.

We remain unrelenting in our hopes for the goal of ensuite rooms. Through Pamela Macreeedy and Pamela Craig, Alison Renfrew has been asked to produce a Business

Case for the development of ensuite rooms. The Hospital has now been operating on a complement of 21 beds as opposed to the original 25 beds and we feel funds have now accumulated to justify the upgrade of the rooms throughout.

So, although we as a Board feel there has been progress in many aspects of the Hospital with developments of the ongoing benefits of the Patients, there remains much to be done especially for the ensuite rooms which remain our foremost aspiration – indeed we have done so since the year 2008 but we remain worried and concerned about other aspects – not least the replacement of the Palliative Care Consultants and the Specialised Nurses for palliative care needs.

It would be remiss of me not to mention the retirement in the past year of two long standing stalwarts whom we must recognize as having made a wonderful contribution to the patients from this community of Ballymoney and District. In August 2015 Mrs Karen McMaster retired as Physiotherapy Service Manager. She was universally acknowledged as a wonderful, compassionate and progressive Manager of the profession within the NHSCT for so many years. She was never afraid to introduce and promote new ideas and encourage the same in her staff. It would be safe to say that she “knew all that was going on“. We wish her good health and contentment in retirement and are delighted that a few years ago she accepted a position and remains on the Hospital Board of Trustees – through which she continues to sharply observe and bring her constructive thinking and experience on many situations - always accompanied we know, with her wonderful sense of humour.

The other retirement we would sincerely acknowledge was that of Dr Windsor Murdock – from the post of GP Partner in the Ballymoney Family Practice. He has been in Ballymoney for most of his medical career and started in the Health Centre as a trainee in 1988 and as well as working as a GP he had been heavily involved with medical politics with positions in the BMA, Causeway Trust, Northern Board and the Department of Health - yet never lost his love nor his commitment to the “Art” of General Practice and particularly to his patients. His sense of humour again had proved to be a dominance in his relationships with his colleagues and patients – we wish him well for the future and we wish his newly appointed successor, Dr. Roger Brown, who lives locally, success and contentment in his new role.

I apologise for many omissions, hopefully not too many inaccuracies and I trust many of the aspirations expressed this year do not remain so by June 2017 - as the late Dr. Joe Burns always expressed at the end of his revered Annual Health Centre Reports - “ Nothing was ever achieved without enthusiasm”.

Finally, on the occasion of another Annual General Meeting the Board feels it is fitting to remember our Donor, the late Mr. Samuel Robinson. But for his outstanding generosity, and love for his parents and his native town and district, we would not have had the benefit of the Hospital and Health Centre, or of the substantial Endowment Fund, the income from which enables both these buildings to be kept up-to-date and expanded when necessary to meet new needs and developments as these arise.

The following reports come from the various departments within the hospital site.

Health Centre Report

The 2 practices within the Health Centre continue to grow and thrive. Along with the town the list sizes continue to show growth.

As in recent years the population has become much more mobile with many people moving away from the town for periods of time, registering with GPs elsewhere then returning to re-register with the practice. The reasons for this are many and include students moving away to study and people moving for work however there are many other social factors at play such as short term rental accommodation where residents move in and out of communities to find cheaper deals. This leads to a less settled section of the population with less social support and subsequent impact on their health.

The overall population has only risen modestly by 148 from 17,618 to 17,766 (Family Practice = 12,419 (up 136), Fannin Boyd Hutchinson Practice = 5,347 (up 12). However it would not be unusual to see up to 25 new registrations in a week and the Family Practice alone has seen a total of 759 new patients in the past year. Managing this turnover of new patient registrations creates considerable administrative work and surveys have shown that each new patient requires 25% more appointments in their first year so there is a significant knock on in clinical demand.

The challenges of managing the aging population with the resultant illnesses and degenerative diseases remain a major challenge however the epidemic of obesity and diabetes, diseases largely related to a poor diet and lack of exercise, continues to sweep through our population leading to huge workload and financial strain on the NHS. Our GPs are appalled by the ease at which our patients can indulge in inexpensive high fat, high sugar foods in many local outlets which along with a sedentary lifestyle paves the way for these illnesses.

Demand remains high in both practices. The numbers are huge, in the Family Practice a total of 31,287 face to face GP consultations, 9,196 telephone consultations and 4,304 practice nurse consultations. In addition the Family Practice carried out 2,691 home visits. The Family Practice alone issued nearly 250,000 prescriptions.

The teams within the 2 practices continue to enjoy the excellent accommodation within the Health Centre although it is clear that parking is becoming an issue as more staff and clients are using the site.

April saw the retirement of Dr Windsor Murdock from his post as GP partner in the Family Practice. Windsor has been in Ballymoney for most of his career and started in the Health Centre as a trainee in 1988. As well as working as a GP he has been heavily involved with medico politics with positions in the BMA, Causeway Trust, Northern Board and the Department of Health yet despite being pulled in many directions he never lost his commitment to the art of general practice and particularly to his patients. He will be greatly missed by all who worked with him and his patients. Stepping into his shoes is Dr Roger Brown who lives locally and joins the team bringing many years of primary care experience initially in Scotland and recently in Belfast. The Family Practice has also said good bye to both of their Practice nurses, Elaine McConaghy and Janice Paul, both extremely skilled in managing chronic diseases. The 2 nurses have moved on to other posts leaving a gap which is not easily filled due to a lack of primary care trained nurses.

The treatment room continues to be a hive of activity with a constantly overflowing waiting room under the leadership of Sister Cochrane dealing with many routine procedures and tests as well as minor injuries and the occasional acutely ill patient.

Other departments continuing to use space in the Health Centre include health visiting, Midwives run antenatal clinics, community dentistry and speech therapy. The Trust now runs a continence clinic and we provide space for outreach clinics run by the heart failure and angina specialist cardiology nurses.

Physiotherapy Department

The Physiotherapy Department based at The Robinson Memorial Hospital continues to provide a range of physiotherapy services to the residents of Ballymoney and surrounding areas.

The ever increasing demand for the physiotherapy service coupled with minimal funding for new posts and problems with recruitment has led to a vast increase in waiting times for treatment.

However as from March 2016 we have been pleased to welcome two new Band 6 Specialist Physiotherapists, each working 0.5 WTE within the department, namely Clare Doherty and Ann Watson.

In addition, the increasing demands on the Physiotherapy Service have necessitated new initiatives to manage spinal pain particularly. On validation of all referrals, back pain presents as 40% of conditions followed closely by neck pain at 17% referred for physiotherapy. Thus “Back on Track Programme” and “Pilates based Approach” group sessions have been introduced to work with groups giving education and prescribed movement to empower patients in the management of their conditions.

This year also saw the retirement of Karen McMaster as the Physiotherapy Service Manager in August. Karen had been a very passionate and proactive manager of the profession within the NHSCT for many years. Although we were all sorry to see Karen vacate this principal post, we do wish her a long, happy and healthy retirement from the Health Service.

In January 2016 Lynn McCartney, who had previously worked within Governance, was appointed as Manager of Physiotherapy Services NHSCT. The MSK team based in the Robinson Hospital wish Lynn best wishes in this post as Service Manager.

The clerical service based at the Robinson Physiotherapy Department have further expanded from last year to now include the Moyle District in providing a central booking facility for patients within the NHSCT.

We are still providing placements for students from the University of Ulster

All staff are still participating in courses to further their experience thus enabling us to provide a continuing quality service for the residents of the Ballymoney community.

I would once again like to acknowledge and thank all the physiotherapists in the MSK and Hydrotherapy Service for their hard work and commitment over the last year.

IRST Activity Report

- IRST manage rehabilitation element of patient stay in Robinson, providing named worker, physiotherapy, occupational therapy, named worker and dietetic input.
- Multi-disciplinary/discharge planning meeting takes place on Tuesday at 1pm.
- Total number of admissions to Robinson from May 2015 - May 2016 = 289.
- Target Length of Stay in Robinson = 21 days.
- Actual Average Length of Stay (Rehab) = 25 days (April 2015 - March 2016).
- Actual Average Length of Stay (Total, including delays) = 28 days (April 2015 - March 2016).
- Bed Occupancy = 94% (April 2015 - March 2016).
- Current named worker input = 2 named workers, Claire McFeely and Anne Bradley.
- Current Physio input:
 - Band 5 working mornings only supplemented by IRST physio as required.
 - Rehab assistant working 30 hours per week shared with OT.
 - Technical Instructor working 18.5 hours.
- Current OT input:
 - Band 6 working 30 hours.
 - Agency Band 5 working 37.5 hours.
 - Rehab assistant working 30 hours per week shared with physio.
- Current Dietetic input:
 - and 6 dietician working 22.5 hours.
 - and 3 dietetic support worker working 15 hours.
 - Both respond to referrals as required.
- Current Speech and Language input:
 - Nil due to maternity leave-no cover in place.

- SLT referrals go to Fort Centre to be screened centrally

Community Mental Health Team

The Community Mental Health Team continues to be based at the Mental Health Resource Centre, 17-19 Newal Road, Ballymoney. The Ballymoney Mental Health Team provides a service to Ballymoney Health Centre, Kilrea Health Centre, Garvagh Health Centre, Rasharkin Health Centre, Cloughmills Health Centre, Ballycastle Health Centre, Ballycastle Family Practice and the Country Medical Centre.

The team consists of a Consultant Psychiatrist, Team Leader, 0.5 Associate Specialist, 5 Community Psychiatric Nurses, 2.7 Social Workers, 2 Occupational Therapists and 2 Support Workers. We also have 4 Administrative staff. There is a satellite base in Ballycastle, which is manned 9-5, Monday to Friday by a multi-disciplinary team and offers support to service users who live in that area and primarily are registered with the Ballycastle, Country Medical and Cloughmills General Practitioners.

Kieran Quinn has now moved on to a new role as emotional well-being hub co-ordinator. Rhonda Mullan is now Team Leader. Rhonda was a Senior Practitioner within the team and is enjoying her new role.

The brief intervention therapy role continues to be very effective and with the introduction of the well-being hub service in the Causeway area there is an increase in provision of services, for service users presenting with low level anxiety or depressive symptoms, utilising voluntary and community services.

The team continues to develop and with CAPA (Choice And Partnership Agreement) now well embedded service users are now more than ever involved in their treatment. The emphasis on recovery is facilitating service users to have more control of their lives. Recovery is a personal unique process that enables the service user to live a satisfying, hopeful and contributing life even with the limitations caused by illness. The staff of the Mental Health Team are frequently involved in the delivery of courses provided by the recovery college. Every interaction by our members of staff now reflects recovery principles and values. In keeping with recovery two of our professional staff are fully trained in Wellness recovery action plan (Wrap) which has improved service delivery.

We continue to develop good relationships with other agencies including Action Mental Health and Mindwise. In co-operation with these organisations and our Bridge Builder we have developed new groups to add to our Anxiety, Self-esteem

and Leisure groups that are already well established. These groups include the Young Men's Group (with NEELB), Wellness recovery action plan peer support group (now run by service users alone), the Mindfulness walking group and the Psycho Education Group. We are also currently setting up a support group for service users and their family members from ethnic minorities. In keeping with recovery two of our professional staff is fully trained in Wellness recovery action plan (Wrap) and this has improved service delivery.

There continues to be good lines of communication between the team and the Primary Care teams within our area. The team also has strong links and communications with other teams within the Northern Health and Social Care Trust. Some of these organisations use the resource centre in a bid to bring their services to the local community. These include the Citizens Advice Bureau, the Community Addictions Service, the Forensic Mental Health Service and the Mental Health and Older People Service.

Following the decision to change the name of our building, joint working group of staff and service users are designing the sign and it is hoped the re-naming ceremony will be in the near future.

Child Development Centre

2015/16 has been a busy year as usual for the Child Development Centre.

341 children were newly referred to the Medical Service and there were 727 reviews, making a total of 1,068 patient contacts.

The Multi-Disciplinary Clinic continues to be an essential part of the CDC work, ensuring that pre-school children who may have Special Educational Needs receive the best preparation possible for school life. Parents are very much involved in the team and actively participate in the decision making around their child. We very much recognise and appreciate the vital role the voluntary agencies, such as the Children's Hospice, Contact a Family, SENSE, ASBAH and other agencies play in supporting these families and they are also an integral part of the team. Seven new patients and twenty five review patients were seen within our Multi-Disciplinary Clinic.

We also work very closely with our colleagues in Education, with Educational Psychologists regularly attending meetings, thus ensuring effective communication between Health and Education Services.

Unfortunately, we continue to work on dual sites. Our clinics continue in the Robinson, but we outgrew our space a few years ago and had to move our offices to the old Route site. On the plus side, this has given our colleagues in Paediatric Physiotherapy a little extra room and they have somehow managed to fill the space available! A little juggling is required at times to fit all the clinics into the rooms available and it is no small thanks to the Clerical Staff for making this task possible.

We are now back up to our full complement of Paediatric Medical Staff and we are continuing to work to the 9 weeks waiting list target. Since January 2016 all referrals to Community Paediatric Service within the Trust have been triaged at a single point of entry. This means that we are now seeing children from all areas of the Trust at Ballymoney CDC. Autism Diagnostic Assessment Clinics are also held in the CDC and are attended by children from over the Trust area. Two full day clinics are held per week.

Clinics are held in the CDC by our Physiotherapy, OT, SLT and Dietetic colleagues. Children love coming to the Robinson, although they are sometimes disappointed to be directed into the doctor's clinic and not the physio's exciting playroom!

The review of Community Paediatric services continues and it is anticipated that there will be changes within the service, for the benefit of children and parents, in the forthcoming year.

Robinson Hospital In-Patients

The beds within the hospital continue to provide an essential element of the patient pathway for those who are ready to step down from both local and regional Acute Hospitals and also those who require to step up from the community for a period of treatment and rehabilitation thus preventing an acute admission.

Our operational model is now well embedded and the team meet quarterly with Dr Fannin, our Clinical Lead, to review our performance. The ability to provide enhanced medical care, screen referrals and provide full rehabilitative support has enabled us to fully utilise all available beds on a daily basis which has supported a more timely patient journey. Dalriada Urgent Care continue to provide an enhanced service to admit during weekends and public holidays and we have seen continued growth in admissions during these periods.

The weekly multi-disciplinary meeting reviews each patient's progress, including goals that have been set to ensure each patient reaches their optimal rehabilitative potential and put plans in place to facilitate their discharge.

The activity within the hospital is monitored through a number of key performance indicators. Two such indicators are occupancy and length of stay, our occupancy for 2015/16 has averaged at 93% and our length of stay at 21 days. One of our most important indicators relates to the discharge outcomes for patients. These continue to demonstrate the effectiveness of the rehabilitation provided with 54% of our patients returning to their own home supported by a variety of services to meet their needs. We continue to note the increased acuity of our frail elderly patients.

We have been working with Age Concern Causeway to develop our mealtime companion volunteer service, there are now 3 regular volunteers. We remain keen to increase this service and any individuals who contact us are put in touch with Age Concern Causeway.

In partnership with the Infection Prevention and Control Team, support services and the ward staff a variety of planned and unannounced audits are undertaken to monitor our performance in relation to infection prevention and control targets, hand hygiene and environmental standards. These results are posted on the white board outside the ward office so that patients and visitors are kept updated as to our performance which has remained high.

We would like to acknowledge the major contribution that Dr Yvonne Duff, Consultant in Palliative Medicine, has made within palliative care services within the NHSCT and wish her every happiness in her recent retirement. We are currently in the process of recruiting to fill Dr Duff's vacant post and also the vacant Consultant in Palliative Medicine post within Causeway Hospital. There has been a demand and capacity issue within the Hospital Specialist Palliative Care team which has meant that support to the Robinson has not been what we would wish, however we are currently working to try to address this deficit.

The Trust continues to work in partnership with the Robinson Trust Board, who have funded through generous public donations the refurbishment of an area within the Robinson Hospital for use by our Hospital Diversion Nursing Team. The staff have relocated into the first floor of the Robinson which now means the Causeway team have their clinic and office base on the one site. The HDNT clinic is also being extended due to very generous public donations which will enable the team to see more patients within a clinic setting.

There have also been meetings between members of the Robinson Trust Board and NHSCT senior executives to progress the potential refurbishment of the ward area to

increase the provision of ensuite facilities which will greatly improve the patient experience.

The Trust, as part of its reform and modernisation plan, is committed to building linkages with the community and voluntary sector as a key platform for the way forward for the delivery of support to local people. The Robinson Community Hub which was opened at last year's AGM has gone from strength to strength over the past 12 months. Those currently utilising the Hub space on a regular basis are N.I. Hospice, Alzheimers Society Antrim and Coleraine Groups, Age Concern Causeway, Cancer Focus N.I. (Bra fitting service), Clinical Health Psychology Service and Parkinson Nurse Specialist.

Staff development remains an important focus within the Robinson. The hospital was once again represented at the Community Hospital Association conference in Bristol in May 2016. The speakers and presentations were informative and inspiring and afforded delegates a valuable opportunity not only to meet and network with colleagues from England and Wales but to benchmark our services with those in other community hospitals. Everyone who attended came back enthused with great ideas to further improve the care we collectively provide to our patients.

This year as well as mandatory training, our staff have completed a variety of training courses in dementia care and we hope to take forward a Dementia Role Companion Project within the Robinson this year to enhance further our care of patients and their families.

Staff at all levels are committed to delivering a high quality patient focused service which is frequently reflected in the commendations and compliments received both at ward and corporate levels and reported in the local press.

We look forward to developing and enhancing further the service we provide to meet the ongoing needs of our local population by working in partnership and collaboration with all stakeholders to achieve this goal.

Podiatry Services

The Northern Trust Podiatry Service offers assessment and treatment for patients who have foot conditions that may affect their general health and wellbeing, or who as a result of medical conditions have feet that are at risk of developing serious complications. These may include diabetes, peripheral vascular disease or auto immune disorders to name a few.

Referrals to Podiatry Services continue to increase each year and priority has to be given to high risk patients. There is open access to Podiatry Services and all patients referred will be assessed and risk stratified. At risk patients will be retained on our caseload but all others will be offered advice on foot health care and then discharged from the service. The Podiatry Service is not a nail cutting service and patients and refers alike must realise that resources are limited and must be directed at those patients most at risk. The myth that a patient with diabetes cannot look at their own feet must also be dispelled. Patients that are capable of completing their own nail care should be doing so and will be instructed as to how to carry this out safely and carefully. An annual assessment will be carried out on patients with diabetes to ensure they are not developing any problems and of course should a patient be concerned they can contact us at anytime. Patients are being discharged from hospital post surgery much sooner and require intensive care which also places pressure on the service so it is imperative that caseloads are managed carefully and that the service is being accessed by those that really need our skills.

The bungalow situated at the entrance into the Robinson site offers a full range of services to patients from the Ballymoney and surrounding areas. This building which was refurbished a year ago meets the highest infection control standards and the waiting area is larger and brighter which improves the patient experience and the building is wheelchair friendly with automatic doors and disabled toilets.

The increase in clinical rooms has meant all patients from the surrounding area in Ballymoney can be offered a full range of services including biomechanical examinations, diabetes annual assessments, nail surgery, wound care and new patient and review assessments. There is a full skill mix of podiatrists working in 'The Bungalow' which include Band 6 High Risk Podiatrists, Band 5 Podiatrists and Podiatry Assistants.

Podiatry student placements continue throughout the academic year and the Podiatry Service work closely with the Ulster University facilitating and supervising these placements and the additional clinical space has aided in fulfilling this function

So, and in conclusion, I would once more sincerely thank those who have provided me with information.

Finally and I mean finally, as usual I like to refer to the vision and work of the late Dr. Joe Burns so fondly remembered by many of us and the author himself of so many Annual Reports of the Health Centre from it's opening in 1970 - he always

finished each of those reports with the words of Ralph Waldo Emerson - "Nothing was ever achieved without enthusiasm".

Dr. John Johnston
Honorary Secretary
22 June 2016