

HONORARY SECRETARY'S REPORT 2016

Good evening invited Guests, Members of the Association, Ladies and Gentlemen — welcome to the 2017 AGM of the Robinson Memorial Hospital Trustee Board, for this, the 86th Annual Report. I particularly am pleased to welcome Mr. Owen Harkin the Finance Director of the NHSCT, Briege Donaghy, Director of Planning, Performance Management and Support Services, Pamela Craig, Assistant Director and Lead Divisional Nurse, together with Jackie Elliott, Community Locality Manager, responsible for the Robinson and Dalriada Hospitals. Also welcome to Dr. Brian Hunter and Mr. Fred Mullan. Once more we would welcome Mr Mervyn Storey MLA.

I have taken the liberty and perhaps made the mistake of “looking back” over previous reports and it is fascinating to read how things change and develop and are replaced – but it is equally fascinating how some things don't change, for instance in the 2009 Report the Honorary Secretary, Margaret Allison, commented that the Working Party of the Robinson Trustees had met the steering group of the NHSCT on several occasions that year and top of the agenda had been the provision of a new extension with 8 en-suite rooms. Now some 8 years later the same “aims” remain the top of our agenda. YES we have moved closer as we have had several “Drawings” of the proposed work produced and amended or re-drawn.

However the Robinson Working Party continues to have constructive meetings with the NHSCT and the en-suite rooms remain at the top of the agenda. Indeed, last July the Robinson Trustees had prepared an update plan of their vision of en-suite development including 13 en-suite rooms in the existing hospital with an extension of 505 sq m to include an additional 8 en-suite rooms and a 4 bedded ward, giving a total of 25 beds.

However, subsequently in October 2016 the Business Case Committee of the NHSCT, headed up by Alison Renfrew, met with the Robinson Board to outline their suggested version for an extension to the hospital to incorporate 20 en-suite rooms together with a 4 bedded unit. Unfortunately further development seems hampered since then – perhaps related to the lack of political stability at Stormont – whatever the cause, the plans remain at the top of, but not showing any advancement of, the agenda. However we, in the Robinson Board, were greatly encouraged by the visionary approach of the NHSCT Steering Group and we look forward to some developments soon. As you can see these plans from the Northern Trust bore many similarities to the vision of the Robinson Trustees and proved how closely both

groups were, in the favourite phraseology of Mr. Bill Tweed, the former Chief Executive of the Causeway Trust, singing from the same hymn sheet!

There have been many meetings of the Working Party and other sub groups of the Trustee Board with members of the NHSCT, mostly initiated and arranged by the agile, indefatigable and, some might say, tenacious, communication skills of our Board President, Mr. David Robinson.

In last year's report we referred to the legacy of £20,000 left to the Robinson Hospital Trustees for clinical use by the late Drs Margaret and Wilbur Temple. A project to extend the clinical room and facilities for use by the Hospital Diversion Team was identified. The Team consists of specialist nurses skilled in treating out-patients needing blood transfusions and a variety of intravenous therapies. Thus the “Room” developed and is situated as an integral part of the Hospital in the upper yard of the Hospital just beyond the Physiotherapy Department resulting in easy access for patients from the Causeway Coast and Glens District. The facility is open from 8.45am to 10.45pm each day. In the evening District Nurses can refer patients with problems with catheters and syringe drivers etc.

The official opening of the Diversion Room took place on 11 March 2017 and at the opening the importance of it was underlined by the presence of many members of the Temple family including Dr. Mark Temple (son), now a Renal Physician in Birmingham together with his wife Prof. Una Temple and their 2 children, Laura and Robert Temple – you will be glad to know Laura hopes to start to study medicine this coming year. Also present was Mark's sister, Dr. Celia Temple, now a GP in Edinburgh. The visitors were greeted by many members of the Robinson Trustee Board and the Executive Director of Finance in the NHSCT, Mr. Owen Harkin and Mrs Pamela Craig, Assistant Director and Divisional Lead Nurse for Community Care. The Deputy Mayor of Causeway Coast and Glens Borough Council, Mr. James McCorkell, also was present. All spoke warmly of the gratitude the Northern Trust and the Robinson Trustees felt towards the Temple Family for the benefits this would bring to the patients in our community. I am sure you who are present this evening will feel a share of the gratitude to both Drs Margaret and Wilbur Temple – both were generous in their thoughts and actions and that generosity was often reflected during their lifetime of service to the North Antrim and Causeway community

It is fitting at this time in the report to mention some of the other activities of the Robinson Hospital throughout the year. I appreciate the help in this regard given by Jackie Elliott who is the Community Locality Manager for both the Robinson and

Dalriada Hospitals in this district. Her report is comprehensive and will be published in full with the Report of the AGM in September 2017. Of particular interest from her report was the fact that the Hospital has had on average a 95% occupancy with length of stay listed as 25 days. In last year's report Jackie noted the average bed occupancy was 93% and the average length of stay was 4 days less, at 21 days. However of very worthy note is the fact that 61% of patients were discharged to their own homes with assistance or packages of care reflecting an improved figure of 7% more than last year.

Jackie comments favourably on the Meal Time Companion Volunteer Service which operates via Age Concern. Should anyone feel interested in volunteering in this regard (there were 4 volunteers this year) please feel free to contact the Hospital and they will be put in touch with Age Concern.

The Robinson Hospital had an unannounced official inspection in September 2016 and the results were excellent with praise for the excellent practice of all staff within the unit and **NO** recommendations were made for improvement. Members of the public can see that report on the Inspecting Authorities website – www.rqia.org.uk.

The new Consultant in Palliative Care is Dr. Ian Warwick who is based within the NHSCT Hospital Specialist Palliative Care Team at Antrim Area Hospital and we welcome his input with the Nursing Staff and GPs. As I write this report I am uncertain of the present input of Macmillan Nurses in Palliative Care needs and perhaps someone this evening can clarify this for me. At the last AGM this had been a concern. We are very pleased with the GP input referred to in previous reports where 5 of the local GP Practices give medical cover by day to the Robinson and then the out of hours emergency system covers successfully at night and during weekends.

The Hospital Community Hub, which was opened at our AGM 2 years ago, is working well and the core-users are NI Hospice, Alzheimers Society (Coleraine and Antrim Groups), AGE Concern NI, Cancer Focus NI, Clinical Health Psychology Service and Parkinson Nurse Specialist joined by Mindwise and there is a new Warfarin Clinic due to start later this month. There is much more information in Jackie Elliott's report and it will also be published in full in the September report. Also I have present here tonight the full and interesting reports from the Physiotherapy Department (Sandra Anderson), the Health Centre (Dr. David Johnston), The Child Development Centre (Dr. Deirdre Walsh), The Podiatry Unit (Henry McKinney) and the Mental Health Resource Centre (Rhonda Mullan) – which is soon to be renamed the Robinson Centre. I am very grateful to the leaders

in all these units for their very ready and illuminating reports. All reports will be available for your perusal in September 2017 when all Members of the Association will receive a full report.

I would, on your behalf, refer to the recent retirement in April 2017 of Dr. Rory McCartney, having worked in the Ballymoney Family Practice since 1988, starting in the days before 'Out of Hours' care and in the days when the Maternity Unit was still in action in the Robinson. We acknowledge his dedication to his patients and to the Robinson and we wish him well in his retirement. He will be sadly missed by so many of his patients. We welcome Dr. Roger Brown who has moved to a full time post in the Practice and to the addition of Therese McAleese. We also wish good health to Dr. Elaine Caldwell who moved on from General Practice, a wonderful young doctor beloved by her patients. It is good to see that the practices have had no major difficulties in recruitment as Dr. Fannin's Practice also have a new partner in Dr. Jill Overend. We wish these young doctors well in their vocation and I can truly say from experience that the presence of the Robinson Hospital and its ethos is a big attraction to the desire to work in the community.

We, as an Association, would want to acknowledge the generosity and thoughtfulness of so many people and organisations in our Community. In particular I would mention the wonderful legacy also left by the late Wallace McNaull of Union Street. Wallace was a great supporter of the Robinson Hospital and of the Health Centre. Over a 40 year period, when the Health Centre was the main Post Graduate Centre in the district, Wallace acted as the Projectionist for many lectures in this lecture theatre for films and slides so vital in those days especially the N.E. Sub-Division of the BMA and of many other post graduate events. He held an intense interest in Medical Politics and indeed was a wise head in these matters – often neatly cut out sections of many newspapers, especially the London Times, would appear silently under our consulting room doors, with some relevant health issue which was in the headlines of the moment. When Wallace died he left the contents of his Estate and his house in Union Street to the Members of the Trustee Board and they have renovated the property and it is now on a long term let. Wallace contributed so much to our community especially in his encouragement and leadership of young people in the local cycling world.

Also we must mention the Coleraine Caring Caretaker, Mr. David Boyle MBE, who is simply amazing having raised nearly £500,000 over the years for so many Charities and indeed last year contributed £4,000 to the Robinson Funds. There are so many people who continue to raise funds and we remain in grateful awe of their

motivation and enthusiasm. Our Treasurer, Mr. Connor Taggart, will shortly explain how the funds for our hoped for en-suite facility have accumulated.

During the past year we have had Alex Blair's book on the History of the Robinson, "One Man's Gift" reprinted. It was first printed in 1999 and in this new edition various changes in the Board over the last 18 years have been updated. Please remember that much information can be gleaned from the web site of the Hospital set up by member Mr. Joe Gillan at www.robinsonhospital.org.

Also during the year Members of the Trustee Board visited Somerton Road where the new NI Hospice has been renovated with 18 en-suite rooms. The Board members were able to see what the needs are in a modern Palliative Care Unit together with the costings.

So finally it is fascinating to see how the needs and the aspirations for this special and much respected Health Unit, the Robinson Hospital, have changed and developed over all those years since 1933 and how Samuel Robinson's original passion for the care and relief of suffering for all classes and creeds in the North Antrim and Causeway Coast and Glens has been fulfilled over those 84 years. How at times the Hospital seemed thwarted and even endangered and how yet the loyalty, enthusiasm and indeed sacrifice of so many people has never faltered. It is at this time of the AGM we all must remember and highlight the hard work and compassion that are epitomised by all the staff at all levels, working in and around the Robinson who are the shining lights in our community and in this wonderful place of healing and kindness and hope.

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

Health Centre

The 2 primary care practices; Ballymoney Family Practice and the Fannin, Boyd and Hutchinson Practice continue to co-exist harmoniously and thrive within the excellent facilities provided in the Health Centre building.

Over recent years the practice numbers have grown rapidly reflecting the growth of the town although there has been a slowing of this growth since the last report. That said the 2 practices now serve a total of 17,845 patients (up from 17,766 in 2016 and 17,618 in 2015). As before, turnover of patients is high as families move into and away from the town on a regular basis reflecting an increasingly mobile section of society.

Demand for GP services remains high in both practices. The numbers are very large; the Family Practice saw 32,150 patients in face to face GP appointments, 8,474 telephone consultations and carried out 2,495 home visits and in each week issued between 3,000 and 4,000 prescriptions.

The teams within the 2 Practices continue to enjoy the excellent accommodation within the Health Centre which remains fit for purpose. Maintenance is carried out by the Northern Health & Social Care Trust and the GPs are grateful for their recent investment to upgrade the electrical wiring across the building.

April 2017 saw the retirement of Dr Rory McCartney from the Family Practice. Rory had worked in the Practice since 1988 starting in the days of covering out of hours from home and maternity cases in the Robinson Hospital and working through to the days of evidence based practice, complex disease management and Dalriada Urgent Care. Throughout that time he maintained his caring and professional attitude which was loved and appreciated by his many patients. He will be very much missed by his colleagues and friends in the Practice as well as his patients. The Practice was also sad to say goodbye to the very popular Dr Elaine Caldwell who has decided to take a break from her career for a while.

Primary care in Northern Ireland is facing a crisis point with a lack of trained GPs coming through the system; barely 50% of the numbers required to replace the doctors likely to be retiring or leaving the profession in the next few years. The BMA has been warning of a recruitment crisis for years but this has fallen on departmental deaf ears and is now being manifested as a number of Practices have had to close their doors and patients merged with more distant surgeries due to an inability to replace retiring GPs. Thankfully both Practices in Ballymoney have been able to recruit to maintain their GP workforce indicating that Ballymoney remains an attractive place to work for young doctors. The Family Practice has welcomed Dr Therese McAleese to take over from Dr McCartney and Dr Fannin, Boyd and Hutchinson have added Dr Jill Overend part-time to expand their capacity.

The treatment room remains busy carrying out an array of nursing procedures and tests and the other members of the team including Practice Nurses, Counsellor, Community Dentistry, Speech Therapy, Midwifery and health visiting are all busy. The building also provides clinic space for Trust services including a Continence Clinic and Outreach Angina and Heart Failure Clinics.

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 continuing demand for the Physiotherapy Service coupled with minimal funding for new posts unfortunately is still leading to long waits for patients to access treatment.

This ever increasing demand on the Physiotherapy Service had necessitated new initiatives to manage long waiting lists. Last year saw the introduction of “Back on Track” and “Active Bodies” following Pilates based “Approach” group sessions to empower patients to manage pain. This year, two additional group sessions have been commenced to manage shoulder pain and rehabilitation of the lower limbs. These class based approaches are proving to be well endorsed by patients and when audited are producing favourable outcomes.

MSK Pain Pathway team, led by Alan Millar and Occupational Health Physiotherapy Service provided by Jane Convery and Ruth Meeghan, continue to use the Robinson Physiotherapy Department for their clinics.

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

Finally, 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.

To conclude, 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.

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, 4 Social Workers, 1 Occupational Therapist and 2 Support Workers. We also have 4 Administrative staff. There is a satellite base in Ballycastle which is manned, 9-5 only on a Thursday and a 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.

The brief intervention therapy role is now well established and, with the introduction of the wellbeing hub service in the Causeway area, there will be increased provision of service 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 implemented, 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. Every interaction by our members of staff now reflects recovery principles and values. We have two staff members that are trained in Wellness Recovery Action Plan (WRAP) and this will be facilitated in our MHRC. Alongside this we have also developed a cook it programme that is recovery focused and is aimed for our service users with a severe mental illness to help them develop healthier lifestyles.

We continue to develop good relationships with other agencies including Action Mental Health and Mindwise. In co-operation with these organisations and our Bridgebuilder 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. In addition to these groups there is a new Wellness Hub Service that has been implemented and they attend the Robinson MHRC once a week and facilitate groups to our service users.

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. In addition these services also use the Robinson facility to see service users in order to aid less travel and to also be accessible to service users who live in a rural area

We recently considered a change of name for our building and after some deliberation with staff and service users it was decided to change the name to 'The Robinson Recovery Centre'. We are grateful for the unanimous support we received from the Robinson Board. Our plan is to progress with this and organise an official renaming ceremony. This remains on our Agenda and we will up-date you with the progress.

Child Development Centre

2016/17 has once again been a busy year for the CDC.

The service is under comprehensive review at the moment and many changes are underway.

While the Multi-Disciplinary Child Development Clinic continues to be one of our core services, unfortunately due to the long-term absence of the Consultant Paediatrician and the lack of replacement provision, no MDC Clinics were held between March 2016 and February 2017. This has resulted in considerable backlog in both new and review clinics and there is now a 6 month waiting list for new patients at this clinic. We are, however, doing our best to rectify this, with increased numbers of children now being seen at the MDC meetings. Meanwhile these children with complex needs are being seen in the Consultant Clinics and appropriate provision is being accessed, although ideally this is better done in a Multi-Disciplinary setting.

The review of Community Paediatric Services in the whole of the Northern Trust has resulted in a re-arrangement of the services provided by our local Ballymoney Team. Where in the recent past we covered Ballymoney, Moyle and Coleraine, with ad-hoc provision to the Magherafelt and Cookstown clinics, the service is now split into 'Northern' and 'Southern' sectors. The Northern sector is based in Ballymoney but we now also cover Ballymena, Magherafelt and Cookstown. Because of this change the service has had to reduce the number of sessions in the Robinson with a proportionate increase in sessions in the other centres. In the past year, while the numbers were down 14%, 727 individual children attended Paediatric Medical Clinic at the Robinson. We remain committed to the children of the area and continue to keep our new patient waiting lists within the target waiting time of 9 weeks.

Dr Linda Nevin, who has worked in the Causeway Locality for over 16 years, retired at the end of last year and is very much missed. We do hope her post will be filled in the near future. We are delighted to welcome Dr Carolyn McCandless, who has been working in the Causeway Hospital for some years, and who joined our Community Team in February this year. Dr Jack and Dr Sutherland continue to provide a sterling service to the children of the community.

The decrease in the Medical Clinics has allowed some room for expansion of AHP clinics in the Robinson, in particular, SLT, OT and Physiotherapy, with room for Multi and Uni-Disciplinary Autism Diagnosis Clinics and group sessions with SLT and OT.

We continue to be very ably supported by our dedicated clerical staff who, while they may not be based at the Robinson, continue to maintain and support the Paediatric Medical Clinics from the Route site on the other side of Ballymoney.

While we continue to experience many challenges, all our staff at the Child Development Centre are fully committed to providing the best possible Community Paediatric Service to the children of the area and we very much appreciate the support given by the Robinson Trust to our efforts.

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.

We continue to 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. During the winter period we opened a further 4 beds to assist with the increased demand at that time.

The Community Care Division implemented a restructure in October 2016 and this has amalgamated our older people and physical disability services within localities. The Causeway locality continues to be managed by Pamela Craig, Assistant Director

and Lead Divisional Nurse. Our community integrated teams are now responsible for the ongoing management of patients and provide input into the weekly multi-disciplinary meeting, together with ward based staff reviewing 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 continues to be monitored through a number of key performance indicators. Two such indicators are occupancy and length of stay. Our occupancy for 2016/17 has averaged at 95% and our length of stay at 25 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 61% (an increase of 7% since last year) of our patients returning to their own home supported by a variety of services to meet their needs despite the increasing acuity of our frail elderly patients.

Our mealtime companion volunteer service partnership with Age Concern continues and this year we have had 4 volunteers. As always we remain keen to increase this service and would encourage any individuals who are interested to contact us and we will put them 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 were 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.

The Regulation and Quality Improvement Authority (RQIA) undertook an unannounced inspection of the Unit on 26 September 2016. We were delighted with their findings which praised the excellent practice of all staff within the Unit and no recommendations were made for improvement. The report is available for public viewing on their website www.rqia.org.uk.

Within the NHSCT Hospital Specialist Palliative Care Team we have welcomed some new staff. Dr. Ian Warwick is our new Consultant in Palliative Medicine, Sally Convery is our new Service Lead for Palliative Care and the Macmillan Palliative Care Service Improvement post was also permanently recruited to with Fiona Gilmour successfully obtaining this post. With regard to the demand and capacity issues we were experiencing last year we are happy to report that an additional member of the Hospital Specialist Palliative Care Team has been recruited and will

take up post in September 2017. We will continue to work closely with our Specialist Palliative Care colleagues to further improve and develop this service for patients and their families.

The Trust continues to work in partnership with the Robinson Trust Board. On 11 March 2017 the extension of the HDNT Clinic was formally opened by Drs. Mark and Cecilia Temple whose parents, Drs. Wilbur and Margaret Temple, very generous bequest funded this project. This enhanced space has enabled the team to treat even more patients in a more spacious environment allowing us to maximise our resources.

There have been a number of meetings between members of the Robinson Trust Board and NHSCT senior managers to progress the potential refurbishment of the ward area to increase the provision of en-suite facilities which will greatly improve the patient experience.

The Robinson Community Hub is now well embedded, our core existing users, NI Hospice, Alzheimers Society Antrim and Coleraine Groups, Age Concern Causeway, Cancer Focus NI (bra fitting service), Clinical Health Psychology Service and Parkinson Nurse Specialist have been joined by Mindwise and there is a new Warfarin Clinic due to commence later this month.

Staff development remains an important focus within the Robinson. The hospital was once again represented at the Community Hospital Association conference in Bristol in June 2017, enabled through the use of charitable funds. Dr. Fannin returned with more great ideas that we hope to be able to take forward to continue to improve our service to patients and their families.

The Unit, through charitable funds, plans to commence the pilot of a Dementia Companion. The Trust are now at the recruitment stage for this post holder and it is hoped to have someone in the post in the very near future.

The Unit also has a Dementia Champion who has been supporting staff to ensure we are providing quality care for those patients with dementia. Staff attended a bespoke training programme last year which we intend to roll out this year.

Staff at all levels are committed to delivering a high quality patient focussed 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 continues to operate from the bungalow situated at the entrance of the Robinson site. This bungalow was renovated a couple of years ago to bring it in line with infection control standards and also to increase the capacity of work that could be carried out on the Robinson site. 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. 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. Patients are being discharged from hospital much sooner after surgery and require intensive foot 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. There is a wound clinic operating from the bungalow twice a week and this facilitates patients with ulcers and wounds to be treated in a timely fashion. 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 referrers alike must realise that resources are limited and must be directed at those patients most at risk. If the Podiatry Service receives a referral for a patient that has previously been assessed and discharged then the referral will be returned to the referrer unless there has been a change in the medical history of the patient. Also 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.

The increase in clinical rooms at the Podiatry Bungalow has meant all patients from the surrounding area in Ballymoney can be offered a full range of services 5 days a week. These services are 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.

In conclusion I would once more sincerely thank those who have provided me with information.

It has always been my wish to end these reports with the memory of a man who was an inspiration to many of us in medicine in our locality, Dr. Joe Burns, who was the main Mover and Shaker behind the wonderful Health Centre in Ballymoney – one of the first in Northern Ireland when it opened its doors in 1970, built with the help and encouragement of the Robinson Hospital Board and providing the start of the provision of different health disciplines inside and outside of the Hospital. He often quoted John Ruskin - “When we build, let us think that we build for ever”.

Dr. John Johnston
Honorary Secretary