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THE ANNUAL REPORT OF THE CHIEF MEDICAL OFFICER FOR NORTHERN IRELAND 2011/12

# Health Matters

## THROUGHOUT LIFE



# My report on the health of the population of Northern Ireland.

In last year's report I spoke of my concern about the gap in health status between the most and least advantaged in our society and how where you lived determined how long you lived. The health of the public in Northern Ireland has been improving over time and people are living longer but unfortunately those who are disadvantaged in our society do not have an equal chance of experiencing good health and wellbeing and too many still die prematurely or live with conditions that they should not have. It is simply unacceptable that not everyone has an equal chance of experiencing good health and wellbeing.

The new public health framework for Northern Ireland, Fit and Well – Changing Lives, recognises this and seeks to improve health and reduce these health inequalities. The framework aims to bring about more coherence across government departments, and provide renewed direction for work at both regional and local levels, with public agencies, local communities and others working in partnership. Our genetic makeup plays some part in our chances of leading long and healthy lives, but there are many more factors within and beyond individual control which interact to influence our health and wellbeing at various stages in our lives. It is these we must address.

Health inequalities do not only exist in urban areas. There are also significant health challenges for those living in rural areas. Two important initiatives aimed at farmers and their families are the Farm Families Health Checks and the Healthy Farmers Guide. Both have resulted from partnership working across government departments and other statutory and voluntary organisations.

In Northern Ireland too few people who suffer an out-of-hospital cardiac arrest survive to be discharged from hospital. We would all hope that if we, or someone we cared about, collapsed there would be someone nearby with the Emergency Life Support (ELS) skills needed to help us stay alive until we reach hospital. Early resuscitation is essential. It is vital that as many



members of the public as possible are trained in ELS. The development of a resuscitation strategy for Northern Ireland announced recently by the Department aims to do just that and is an important step in seeking to improve the outcome for people who suffer a cardiac arrest out of hospital.

In the last year newborn health assumed a particular focus. 2012 was marked by great sadness when a number of newborn babies died as a result of the Pseudomonas infection. While it was a difficult time for the Health Service, it was a personal tragedy for the parents and families of these babies. This must be at the forefront of our minds and guide determined action. We have a duty to protect all and particularly the most vulnerable in our society. The independent expert review of the Pseudomonas infection made a number of recommendations, the implementation of which have resulted in a wide range of improvements to reduce the risk to babies and other vulnerable patients.

Group B Streptococcus (GBS) infection in newborn babies has continued to be a focus this year. I am pleased that a GBS Action Plan for Northern Ireland has been developed and will be progressed in the coming year. I wish to pay tribute to affected parents for their efforts to raise awareness and contribute to this work.

The sharp increase in the number of babies under three months who developed whooping cough was a major concern which necessitated

the introduction of a temporary vaccination programme for pregnant women.

As CMO I remain concerned about many lifestyle factors and the impact on our health. Obesity is undoubtedly the most significant public health issue confronting our generation. Levels continue to increase and this in turn is contributing to the increase in the number of people with diabetes, cancer and other complications. Adoption of a physically active lifestyle and a healthy diet are essential to reverse this trend. The effective delivery of programmes to prevent obesity in children and adults, encourage good nutritional advice and education in schools and in the home, encourage the development of resources for physical activity including cycling, and the production of healthy food, requires coordinated action from several governmental departments. It is reassuring to see that it is recognised within Programme for Government and, given the scale of the problem, we need to consider all the evidence on potential options to enable people to improve their diets and be more active. It is important that we capitalise on the legacy of the Olympic Games and get many more people involved in sport and exercise.

Our drug of choice, alcohol, last year through misuse caused almost 300 deaths and 8,000 admissions to hospital. Alcohol is now over 60% more affordable than it was 30 years ago. Given the relationship between pricing and consumption I believe the evidence supports the introduction of minimum unit pricing as a desirable public health intervention.

Delivering high quality and effective health care remains a high priority. This was further enhanced in 2012 through the publication of the Learning Disability Service Framework and service developments such as the introduction of HPV testing as part of the cervical screening programme and the implementation of the Abdominal Aortic Aneurysm screening programme. Quality 2020 is a 10 year strategy to improve the quality of care. It sets out a clear vision for what a quality service should look like, the care it should provide and what it should feel like to experience. As I have mentioned in previous reports, clinical leadership is critical to meeting and delivering this challenge.



**Dr Michael McBride**  
Chief Medical Officer

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# Fit and Well – Changing Lives 2012–2022

## Why we need a new public health strategy

**Fit and Well – Changing Lives 2012 – 2022** is the new strategic framework for public health which aims to build on Investing for Health and improve health and wellbeing, and to reduce inequalities in health. It was published for public consultation in July 2012.

A strategic review of the public health strategy Investing for Health published in 2002 highlighted that much of its approach to improving health and wellbeing remains valid, including its focus on addressing the social conditions which influence health and wellbeing. The review also found that there is a need for an updated strategic direction to take account of more recent evidence and the changed socio-economic circumstances of 2012.

The health of the Northern Ireland public has been improving over time. People are living longer than before. Advances in both treatment and care have also meant that chronic conditions can be managed differently with the aim of securing better quality of life for longer.



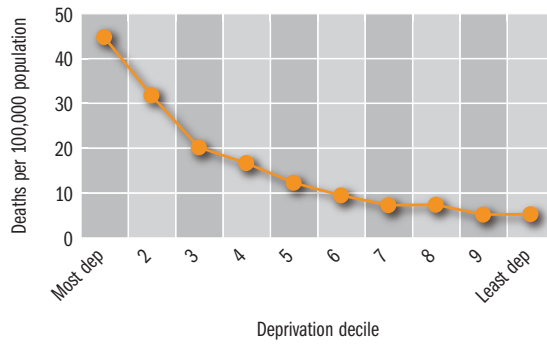
Unfortunately, not everyone has had an equal chance of experiencing good health and wellbeing. This is particularly the case for those who are disadvantaged in our society. There is a gap in health between those who live in more affluent circumstances and those whose circumstances are deprived.

Coronary heart disease, cancer and respiratory disease continue to be the main causes of death for both men and women. **Many deaths occur before 65 years of age and are potentially preventable.**

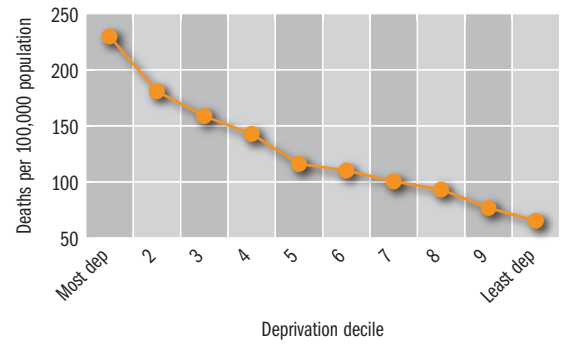
This gap in life expectancy can be explained mostly by higher death rates, in the most deprived areas, for heart disease, lung cancer, respiratory disease, chronic liver disease, suicide and other cancers. Smoking, eating an unhealthy diet, physical inactivity, and harmful drinking contribute to a large proportion of these conditions.

Our health is also shaped by social and economic factors. Poverty, housing conditions, employment and educational opportunities influence the choices people can make.

**Death Rates Due To Alcohol Related Causes By Deprivation 2006-10**



**Death Rates Due To Smoking Related Causes By Deprivation 2006-10**



Men living in the 10% least deprived areas in NI can expect on average to live almost 12 years longer than their counterparts living in the 10% most deprived areas. For women, the gap is more than eight years.



Where you live should not determine how long you live.



Quilt made by Travelling Women exploring their ideas about health and health improvement.

## LIFE COURSE APPROACH TO IMPROVING HEALTH

Pre-birth

Early  
years

Children  
and Young  
People

Early  
adulthood

Adults

Later  
Years

### Sustainable Communities

### Building Healthy Public Policy

This new framework acknowledges that our health is impacted by the cumulative effects of the conditions in which we are born, grow, live, work and age. A key feature of the new framework is that it is structured around five broad life stages.

Two themes which will underpin action across the life course are those which will promote “Sustainable Communities” and “Build Healthy Public Policy”. These acknowledge that support from families, friends and communities is associated with better health and is an important approach to tackling health inequalities. Also, that public policy on a wide range of issues – the economy, transport, housing – impacts on the health of the population.

For each lifestage and theme the framework sets out policy aims, long term outcomes to 2022 and outcomes to achieve by 2015.

Within the framework two strategic priorities are proposed: Early Years and Supporting Vulnerable People and Communities, and six cross-cutting areas for collaboration.

**Support for families and children** – enhanced support through incremental development of targeted and universal programmes, with a particular focus on children at risk of missing key development stages

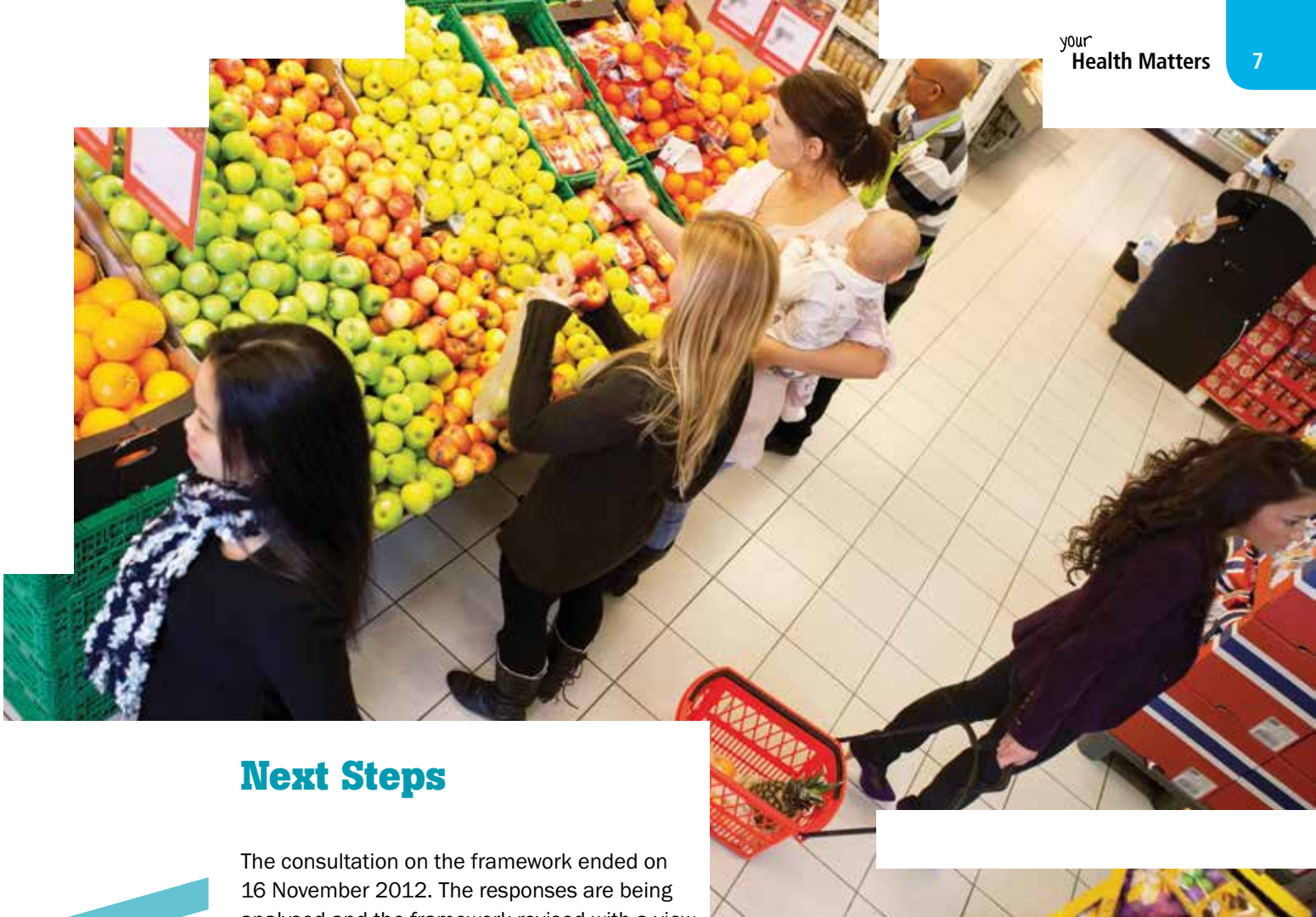
**Equipped for life** – this would aim to ensure for example that no child leaves school without achieving minimum standards and lifeskills. It should also apply to all population groups, for example including the disabled

**Employability** – providing opportunities to gain experience, targeting unemployed particularly young and long term, use of social clauses, contribution of public (eg Health and Social Care) and private sector organisations

**Volunteering /Giving back** – lifeskills structured volunteering, how to utilise resources of those with skills and expertise, build capacity, capability and self esteem in the young, promote social inclusion and intergenerational activity

**Use of space and assets** – this refers to “Place” and would bring together, for example, consideration of utilisation of space including premises, design and use of space to ensure age friendly spaces, building community capacity, maximising investment

**Using arts, sports and culture** – considering the potential impact not just on promotion of physical activity but on mental health, engagement (particularly of vulnerable, at risk or hard to reach groups,) inclusion, creativity, therapeutic and environmental benefits, also possible inter-generational benefits



## Next Steps

The consultation on the framework ended on 16 November 2012. The responses are being analysed and the framework revised with a view to finalising it by spring of 2013.

Improving health and wellbeing is a fundamental responsibility of society as a whole. The framework aims to bring about more coherence across government departments, and provide renewed direction for work at both regional and local levels, with public agencies, local communities and others working in partnership.

**We cannot change our genes but we can change the choices we make and the circumstances that effect the decisions.**

In addition to the key roles of DHSSPS, the wider Health and Social Care system, and the importance of collaboration across government departments, it is recognised that inter-agency and inter-sectoral partnership working is vital to the implementation of this framework. Addressing health inequalities in Northern Ireland is an essential cornerstone of Investing for Health, and reducing the gap in life expectancy between the most and least advantaged remains a key Government target – though one which has a number of obvious challenges in the current economic climate.

The level of deprivation within an area has an impact upon the average life expectancy of its inhabitants. People in the least deprived areas can expect to live longer on average than people in more deprived areas. The “Metro bus map” illustrates, within Belfast, how life expectancy increases from more deprived city centre areas through to more affluent suburban areas.



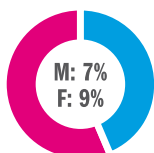
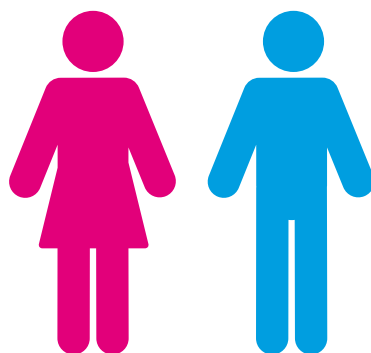
# A Fitter Future for All

Addressing overweight and obesity remains one of the most important public health challenges facing Northern Ireland. Making some small changes to your lifestyle, whether it is getting off the bus one stop sooner or eating some fruit rather than a less healthy option, can pay dividends to your future health and wellbeing and indeed for the whole population.

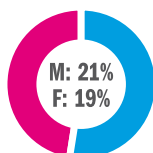


The most recent survey results from the Health Survey Northern Ireland 2011-12 reported that, of those measured, 61% of adults and 31% of children aged 2-15 were either overweight or obese.

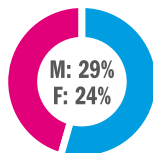
Obesity was more prominent among the older age groups, a third of those aged 55-64 were obese compared to one in four of those aged 35-44.



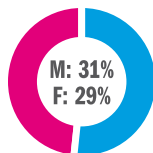
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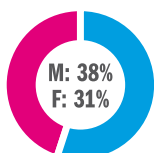
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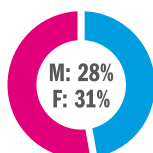
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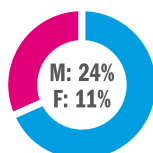
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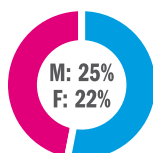
55 - 64



65 - 74



75+



ALL

In March 2012, the Health Minister launched the Framework for Preventing and Addressing Overweight and Obesity in Northern Ireland 2012-2022: A Fitter Future for All. This Framework seeks to reduce overweight and obesity by creating an environment that supports and promotes a physically active lifestyle and a healthy diet using long term preventative measures and by providing information and opportunities for individuals to improve their own health and wellbeing.



This will be challenging as there are numerous individual, environmental and societal pressures that help create the conditions that can lead to individuals gaining weight. The responsibility for addressing these issues resides not just within the DHSSPS but also with other Government Departments.

We are working with other Departments to ensure that, where possible, people are offered increased opportunities for involvement in physical activity and physical recreation. Stormont Estate, for example, provides an outdoor gym with a range of practical gym equipment and is free for the public to use.



In 2012, Belfast City Council and Lisburn City Council opened their first outdoor gyms. More of these gyms are being planned throughout Northern Ireland.

**Stay Active, Stay Alive**

Physical activity must be encouraged across the population. Last summer, the four Chief Medical Officers launched revised UK-wide Physical Activity Guidelines which included new recommendations for those under the age of 5 years and recommendations on muscle strength exercising for those over the age of 65. These Guidelines will support the implementation of A Fitter Future for All.



**Adults should take at least 150 minutes of physical activity a week and children at least an hour each day.**

Whilst regular physical activity is important it should be done in tandem with eating a sensible healthy diet. The Framework has a number of

outcomes designed to promote a nutritionally balanced diet, including ensuring that schools meet the nutritional standards for lunches, helping families in areas of deprivation increase their knowledge of good nutrition, practical cooking skills and food budgeting.

# OLYMPICS PREPARATIONS

The Olympic and Paralympic Games took place in the UK for the first time since 1948, on our doorstep. I want us to capitalise on the legacy of these Games to ensure that the Department plays its full part in this legacy.

Whilst we did not have any Games events here in Northern Ireland, we were successful in hosting a number of pre-games training camps. Nine countries held their pre-Games training camps in Northern Ireland, including:

- the Chinese Men’s and Women’s Gymnastics Team, who were based in Salto in Lisburn;
- the Australian and Cuban Boxing Teams who were based in Belfast;
- Paralympics Ireland who were based in the Antrim Forum;
- Sudan, Qatar, Egypt and Kuwait’s Athletics teams who were based at the Antrim Forum; and
- the Paralympic Council of Jordan who were based in the Antrim Forum.



Together with other HSC organisations, the Department worked with the Department of Culture, Arts and Leisure (DCAL) and Sport NI to undertake the necessary health care preparations in advance of the training camps and the Games commencing.

We hope the public’s heightened interest in sport will continue as we look forward to hosting the World Police and Fire Games in August 2013.

# Diabetes

## Meeting the

# Challenge



In Northern Ireland the number of people with diabetes is increasing year on year.

A decade ago there were around 40,000 people living with diabetes in Northern Ireland and as predicted at the time, the number has almost doubled in ten years – over 4% of the population. This is in part due to an increase in the number of older people but more significantly it is affected by the numbers of people who are obese.

### Symptoms of diabetes

Diabetes is a condition associated with too much sugar, or glucose, in the bloodstream. The symptoms of diabetes can include:

- increased thirst
- passing urine more frequently
- extreme tiredness
- slow healing infections
- blurred vision and
- significant or unexplained weight loss.

Symptoms of diabetes can develop over days or weeks. Sometimes with type 2 diabetes a person may have no symptoms. Early diagnosis is important. Without proper treatment diabetes can cause many complications.

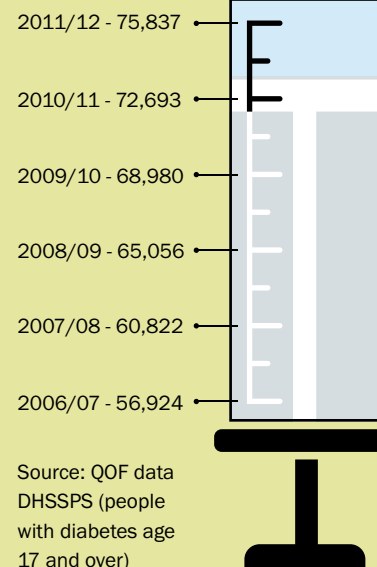
**Type 1** diabetes usually develops in young people and requires regular insulin injections as a life saving treatment. It is caused by the body's failure to produce the hormone insulin.

**Type 2** diabetes accounts for 90% of diabetes cases and is clearly linked with obesity, family history and increasing age. It is caused by the body's failure to produce enough insulin. As levels of obesity increase in the population so too does the prevalence of Type 2 diabetes.

### Complications of diabetes

Both type 1 and type 2 diabetes have the potential to damage a range of organ systems especially if not controlled effectively over the long term. A person with diabetes is five times more likely to die of a heart attack than a non-diabetic and three times more likely to die of a stroke. It is the leading cause of kidney failure, accounting for one in six people on dialysis treatment. It is also the second greatest cause of limb

### Number of people with diabetes





amputation and leading cause of blindness amongst people of working age. However, if blood sugars and in addition blood pressure are well controlled, then the onset of complications relating to diabetes can be delayed or prevented.

### **Multidisciplinary care for diabetes**

The most important aspect of managing diabetes effectively and preventing complications is for people to take control of their own condition and to eat sensibly, adhere to their medication and exercise regularly. However, it is recognised that people with

diabetes need to have access to a range of healthcare professionals. At the centre of this is the person's General Practitioner who should arrange annual reviews to ensure that their diabetes is well controlled; blood pressure is in check and that essential examinations of feet and eyes take place. Foot care is particularly important for people with diabetes as poor circulation can result in foot ulcers and in severe cases amputations.

The five health and social care trusts also provide a comprehensive range of services for people with

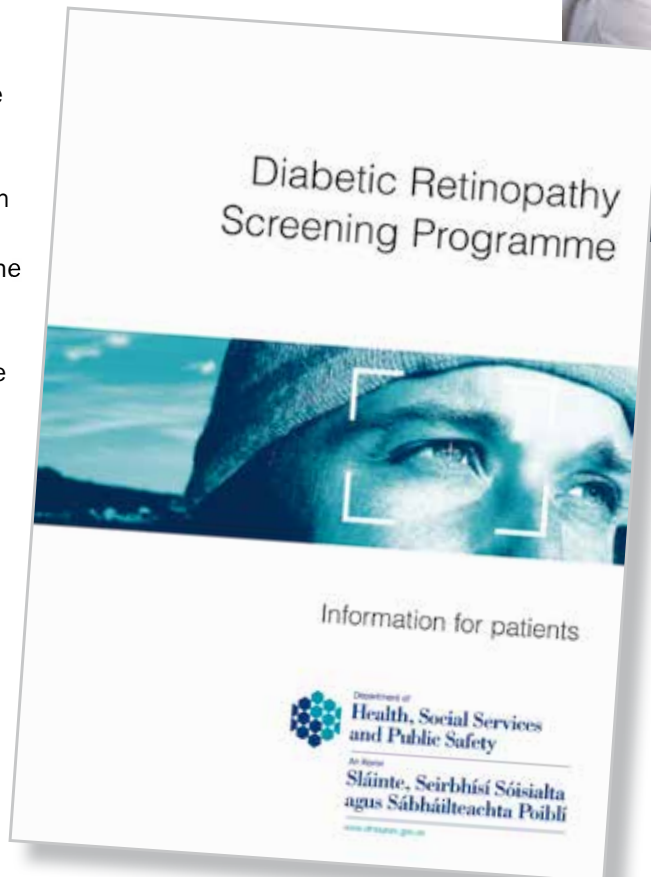
diabetes. Consultants in diabetes care, diabetes specialist nurses and dieticians work with a range of other disciplines across their trust setting to ensure that the often complex needs of people with the condition are met.

For people with diabetes, an objective of "Transforming Your Care" and the "Long Term Conditions Framework" is to ensure that they have greater control over how their condition is managed and ensure more services are delivered through a multidisciplinary approach in local settings.

## Diabetic Eye Screening

Eye disease caused by diabetes is the biggest single cause of blindness in the working age population. Northern Ireland has a screening programme for detecting eye disease in people with diabetes. Those over the age of 12 with a diagnosis of diabetes are invited through their GP for a screening appointment on an annual basis. A digital photograph is taken of the back of the eye and a referral to an eye specialist is made if further action is required. Screening can detect changes in the small blood vessels in the back of the eye (retina) at an early stage and before the person is aware of any problems. If detected in time, treatment is very effective at preventing loss of vision in the majority of people.

The Diabetic Retinopathy Screening Programme aims to screen all eligible people with diabetes every 12 months but due to staff shortages just over 50,000 people were invited in 2011 for screening of whom 37,000 attended. However all eligible people with diabetes were screened within 15 to



18 months. Arrangements have now been put in place to ensure that the screening interval will be 12 months for everyone from April 2013.

### Diabetes - the Cost

The substantial increase in the number of people with diabetes projected for the future poses a major challenge for the health and social care system in Northern Ireland. There is a significant financial cost to diabetes care as well as costs to the lives of people with diabetes. Some estimates



suggest that approximately one in every ten pounds spent on healthcare in the UK, is to treat diabetes and its complications; in Northern Ireland, this would equate to approximately £1 million per day.

We must prevent as many cases of type 2 diabetes as possible by tackling the levels of obesity. The strategies – A Fitter Future for All and Fit and Well Changing Lives (covered elsewhere in the Report) cover prevention.

### Reviewing Diabetes Care

It has been a number of years since the last strategic framework dedicated to diabetes was published in Northern Ireland. The Department has established a steering group to review diabetes care. The group will examine how services can best be delivered taking into account the increase in numbers with the condition and consider new models for the delivery of care. It is anticipated that the review will report in Spring 2013.

# Pseudomonas – infection in neonatal units

**Sadly, *Pseudomonas aeruginosa* became a familiar name in Northern Ireland in early 2012 when it contributed to the deaths of a number of newborn babies.**

*Pseudomonas aeruginosa* is a bacterium which is found in soil, water and the environment. It is difficult to eradicate completely and permanently. The pseudomonas bacteria doesn't cause a problem for otherwise healthy people, but for those who are vulnerable through prematurity, underlying illness or complex medical treatment it can pose a threat. High standards of infection prevention and control, thorough hand washing and improvements in the management of water systems can help to reduce the risk of infection.

An independent expert review of *Pseudomonas* infection in neonatal units in Northern Ireland was undertaken. An interim report, published in April 2012, set out 15 recommendations which began to be implemented immediately. The final report followed at the end of May 2012 with a further 17 recommendations, implementation of which also began immediately.

The recommendations have resulted in a wide range of improvements to reduce the risk to babies and other vulnerable patients. New surveillance arrangements are in place to allow early detection of any further cases of pseudomonas and prevent spread of infection. In addition to improved detection of

pseudomonas bacteria, there are more stringent cleaning procedures and changes in the maintenance of taps and water system. Finally some building work is underway, both renovations of existing units and new building work. This will be completed as soon as possible.

The work undertaken in Northern Ireland has contributed to the knowledge about this organism and UK action on how to reduce the risk of infection.

*Pseudomonas* is not the only organism to cause a risk to vulnerable patients. The Regulation and Quality Improvement Authority (RQIA) was therefore asked to develop specialised audit check lists to assess the standards of practice in neonatal units and other wards caring for vulnerable patients. The RQIA has now completed this work and the audit check lists have been endorsed for use in the Trusts.



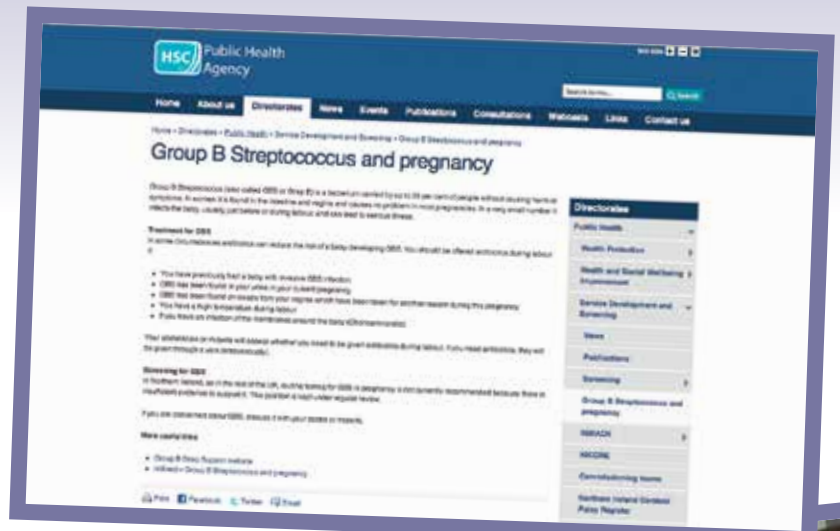
# Group B Streptococcus

**Group B Streptococcus (GBS) infection in newborn babies was highlighted in last year's report. Around the time of labour and the birth many babies come into contact with GBS - a quarter of the population carry this bacteria. Usually it causes no harm though in a small number of cases it infects the baby (known as early onset GBS) and can lead to serious illness and sadly death of the baby in some cases.**

Prevention of early onset GBS in a complex area. In July 2012 the Royal College of Obstetricians and Gynaecologists (RCOG) published revised guidance on prevention. It recommends that antibiotics are offered in labour if:

- the woman has previously had a baby with GBS infection;
- GBS has been found in the urine in the current pregnancy;
- GBS has been found on a vaginal swab taken for a clinical indication in the current pregnancy;
- the woman has a high temperature during labour;
- the woman has an infection of the membranes around the baby (chorioamnionitis).

The UK National Screening Committee undertook an update review of the evidence on antenatal screening for GBS and in December 2012 advised that a screening programme was not recommended because there was insufficient evidence to demonstrate that the benefits to be gained from screening all pregnant women and treating those carrying the organism with intravenous antibiotics would outweigh the harm. They also identified a number of areas where further research was required.



In Northern Ireland a GBS Action Plan has been developed. A number of actions relating to education and awareness, surveillance and notification and research and development have been identified and are being progressed.

An audit of GBS in Northern Ireland has just been completed. It examined aspects of the disease from both the obstetric and neonatal perspective. The audit found that in the three years between 2008 and 2010, 43 infants were diagnosed with early onset GBS three of whom died from GBS infection.

All pregnant women should be informed about GBS as part of their routine antenatal care. Any women concerned about GBS should discuss it with her doctor or midwife. Further information is available from the following websites,  
[www.publichealth.hscni.net/gbs](http://www.publichealth.hscni.net/gbs)  
[www.nidirect.gov.uk](http://www.nidirect.gov.uk)  
[www.rcog.org.uk](http://www.rcog.org.uk)  
[www.gbss.org.uk](http://www.gbss.org.uk)



# Seasonal Flu

**'Flu is more serious than you think, so get the flu vaccine now'. This was the key message in the Public Health Agency's flu awareness campaign in 2012/13. The highly successful flu vaccination programme in Northern Ireland is now in its 13th year. Last winter, (2011/12) 77% of people over the age of 65 years, and almost 82% of under 65s in 'at risk' groups protected themselves by getting the flu vaccine, along with over 58% of pregnant women.**

The flu vaccine does not give you the flu. It is offered for the sole reason to protect 'at risk' groups because if they get flu, they are more likely to have severe illness and/or develop complications such as pneumonia, which can be life-threatening.

**Talk to your GP if you think you might need the vaccine.**

Seasonal flu vaccine protects against the three most common types of flu each year. Last year's vaccine will not protect you this season, so people in 'at risk' groups should receive the latest vaccine well in advance of any flu outbreak. In particular, there is good evidence

that pregnant women are at increased risk from flu virus, so pregnant women at any stage of pregnancy should ensure they receive the seasonal flu vaccine from their GP.

All frontline health and social care workers are offered vaccination to protect themselves, their families and their patients. Staff are encouraged to be vaccinated as soon as they can, well in advance of flu starting to circulate.

For more information on flu, visit [www.fluawareni.info](http://www.fluawareni.info)



# Whooping Cough

**Northern Ireland has a very successful programme in place to vaccinate babies against whooping cough, with 98% of babies immunised in 2010. There has however been a sharp rise in the number of infections in babies under three months who are too young to have received all three primary doses given at two, three and four months of age. This increase is occurring right across the UK as well as some other countries.**

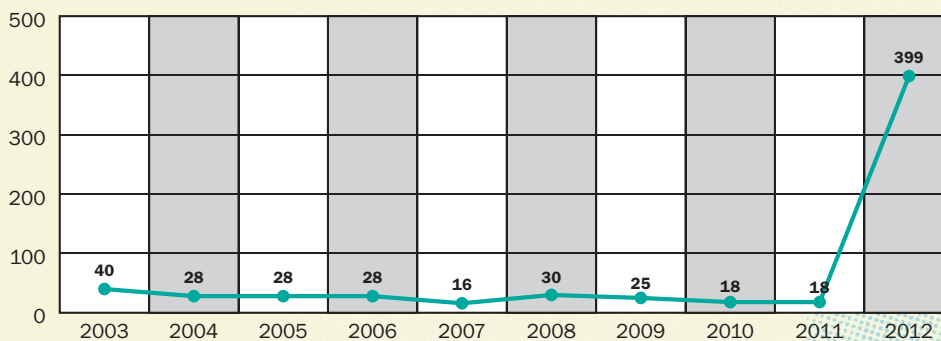
A temporary vaccination programme was introduced on 1 October 2012 to vaccinate all pregnant women who are 28 weeks and above, against whooping cough. This will help to protect children from birth until they are old enough to be immunised themselves. GPs are inviting all eligible pregnant women for vaccination. All pregnant women at this stage of pregnancy are strongly encouraged to take up the offer of the vaccine to help protect their new baby.

Whooping cough, also known as pertussis, is an unpleasant respiratory infectious disease that can cause serious illness, particularly in young children. Whooping cough usually begins with mild, cold-like symptoms which develop over one to two weeks into coughing fits which can be severe. The cough can often last for two to three months.

The only way to protect newborn babies from whooping cough is by vaccinating the mothers during the later stages of pregnancy. During the last three months of pregnancy, antibodies produced by pregnant woman are passed on to the unborn baby across the placenta. When the baby is born, these antibodies should provide some protection against disease for the first few weeks of life.



## Laboratory reports of whooping cough 2003-12

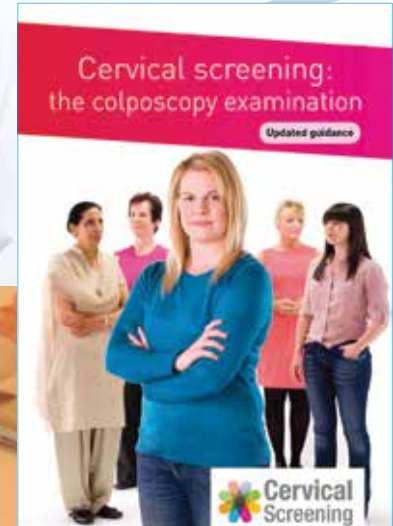


Vaccination against whooping cough was introduced in the UK in 1957. Before that, large epidemics occurred every three to five years. Vaccination has greatly reduced the number of people suffering from the disease, but it still comes in waves every three to five years. When an upsurge in the number of cases of whooping cough began in the autumn of 2011, this wasn't unexpected. The number of cases continued to increase until in 2012 they reached the highest levels for over a decade.

For more information about Whooping Cough go to:  
<http://www.publichealth.hscni.net/whooping-cough>



# HPV testing as part of Cervical Screening



HPV testing is being introduced to the Northern Ireland Cervical Screening Programme from January 2013 at two points within the screening pathway.

## HPV triage

HPV testing will be used to triage (or separate) those women with a borderline or low grade cervical abnormality following cervical screening into two groups – those that require further assessment and those that do not. Women who are HPV positive will be referred for colposcopy – a special examination of the cervix to see if any treatment is needed. Those who are HPV negative will be returned to routine call/recall as they are at negligible risk of developing cervical cancer before their next screening invitation.

Currently women who have a screening result which is borderline or low grade abnormality have a repeat smear in six months and, depending on the result, may be referred for colposcopy.

## HPV as test of cure

Women who have received treatment for cervical abnormalities at colposcopy are followed up by annual smear tests for up to ten years. However, it is now known that women with a normal or low grade smear result and who are HPV negative at six months after treatment are at very low risk of residual disease. In future these women will only be recalled for another screening appointment after three years.

HPV stands for Human Papilloma Virus. It is a very common infection and most women get it at some time in their life. In most cases it clears up by itself without the need for treatment.

There are many types of HPV. Most are harmless but some, known as 'high-risk' HPV types, can cause abnormalities in the cervix. These abnormalities often clear up without treatment when the virus clears. But in some women the virus persists, placing them at greater risk of developing cervical abnormalities which may need treatment.

## Benefits of HPV testing

- The number of repeat smear tests is reduced – reducing patient anxiety.
- Women with abnormal results have a markedly shorter patient journey time to a definitive outcome.
- Colposcopy resources are targeted at women who are most likely to have significant disease.
- Faster return to routine recall for women who have undergone treatment.

# Resuscitation Strategy for Northern Ireland

Heart disease is second only to cancer as the main cause of death in Northern Ireland. In 2011 there were 2,480 deaths due to heart disease and of these 1,285 were due to a heart attack. In Northern Ireland each year, over 3,500 people are admitted to hospital with a heart attack, and more than 1,300 cardiac arrests that happened outside a hospital environment were reported in 2010/11. UK-wide the figure is around 30,000 people each year.



We could fill our streets with life-savers if we just make sure every young person leaves school with the skills to make a difference in a medical emergency.



British Heart Foundation NI

## CHAIN OF SURVIVAL

EARLY RECOGNITION  
AND CALL FOR HELP

EARLY CPR

EARLY  
DEFIBRILLATION

POST  
RESUSCITATION CARE



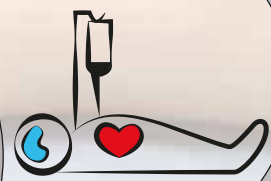
- TO PREVENT  
CARDIAC ARREST



- TO BUY TIME



- TO RESTART  
THE HEART



- TO RESTORE  
QUALITY OF LIFE

Tragically, fewer than 10% of people who suffer an out-of-hospital cardiac arrest will survive to be discharged from hospital. Whenever someone suffers a cardiac arrest, early resuscitation is essential to give that person any chance of survival. Survival is known to be higher in those incidents where a bystander has initiated Emergency Life Support (ELS) skills, including cardiopulmonary resuscitation (CPR). In the case of a shockable out-of-hospital cardiac arrest, immediate CPR can improve that person's chances of survival by up to a factor of three. Improving pre-hospital care has the greatest potential to save lives. In Seattle over half the people are trained in CPR and the survival rate for an out-of-hospital cardiac arrest in that city is 52%.

## Improving pre-hospital care has the greatest potential to save lives

Training in ELS skills in Northern Ireland is currently provided to health professionals and the public by the Health Service and a number of voluntary organisations such as the British Heart Foundation, the Red Cross, St John Ambulance and ABC for Life.

In 2011/12 the Department ran a pilot scheme to assess the feasibility of training a number of volunteers in ELS skills and the use of an Automated External Defibrillator (AED) to a level where they can cascade the training to others. The volunteers were from organisations involved in sport including the GAA and IFA as well as District Councils (Leisure Services). Evaluation of this pilot found that cascade training is feasible and is a viable way of increasing the pool of people who can provide emergency life support or use an AED in an emergency.

The Minister has recently asked for a community resuscitation strategy for Northern Ireland to be developed. The aim of such a strategy is to ensure better coordination of existing resources in order to maximise the number of individuals trained in ELS skills, thus improving the



Lynda Donaldson from Lisburn, knows only too well the importance of early CPR and early Defibrillation after she collapsed with a cardiac arrest in 2011. Speaking about her experience, Lynda said:

“

As a fit and healthy 50 year old I had a cardiac arrest in January 2011. It totally came out of the blue. Luckily for me, someone who had BHF Northern Ireland's emergency life support training was passing and stopped to help. She recognised I was not breathing and started quality CPR immediately. This has contributed enormously to the good state of health I enjoy today.

”

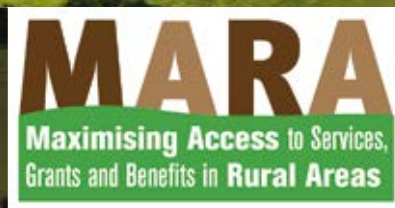
opportunity of a bystander being able to provide life saving resuscitation should someone collapse nearby. The Cardiovascular Health and Wellbeing Service Framework highlighted the importance of training people in emergency life support skills.

# Improving the health of rural people

Living in a rural area can be a very positive experience for people's health and wellbeing. At the same time some people, groups or communities can face particular issues that make achieving and maintaining good health and wellbeing more difficult.

Rural poverty manifests itself differently from poverty in urban areas; unlike urban areas, those experiencing poverty and social exclusion in the countryside tend to be dispersed, rather than concentrated together. Social isolation in rural areas, difficulty in accessing services, poor housing and low incomes can all impact on a person's mental health and wellbeing.

There is a lower than average take-up of benefits in rural areas in Northern Ireland. In 2007-08 in Northern Ireland, of those who earned 50% below the UK mean income before housing costs, almost half (46%) lived in rural areas.



## Maximising Access in Rural Areas (MARA)

**The MARA project is a collaborative effort involving DARD and the Public Health Agency working with the local community and voluntary sector to improve the health and wellbeing of rural dwellers in Northern Ireland. The aim is to support rural dwellers living in or at risk of poverty and social exclusion, by facilitating increased access to services, grants and benefits.**

**In 2010/11 a total of 4,135 household visits were completed by specially trained staff and over 10,000 onward referrals were made to various departments and agencies for home safety checks, benefit entitlement checks, energy efficiency checks, occupational therapy assessments for disabled facilities grants, community transport and public transport (smart pass).**

**Over the next three years the project is being rolled out in the remaining rurally deprived areas and will include visits to approximately 12,000 homes.**

The MARA Regional Project Manager can be contacted at

**028 8225 3950**

# Farm Families Health Checks

Farming plays a huge role in the fabric of rural Northern Ireland with agriculture making a significant contribution to the economy. There are more than 25,000 farms throughout Northern Ireland, with over 30,000 farmers registered as working on these farms, and an additional 11,000 registered agricultural workers.

Hazards associated with farm work include accidents, stress and mental health problems, musculo-skeletal disorders, and exposure to infections and allergies. Also, farmers often work long and anti-social hours and may face greater isolation, exacerbated by the rural setting. The Farm Families Health Checks Programme has been developed and funded jointly by the Public Health Agency and Department of Agriculture and Rural Development (DARD). It consists of a mobile unit which is available at local livestock markets and rural community events to offer on-the-spot health checks consisting of blood pressure monitoring, BMI assessment, cholesterol check and screening for diabetes. In addition, individual lifestyle advice will be given on a range of health issues, and onward referral completed to local support services as required.

The programme is supported by the HSC and also by the Ulster Farmers Union, the Young Farmer's Clubs of Ulster, Action Cancer, Cancer Focus and Rural Support Networks.

## Farm Accidents

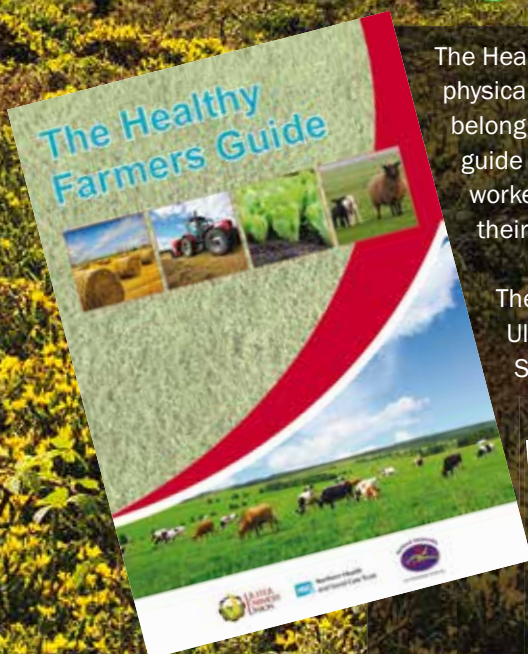
Risks to health and safety in the industry are many and sadly in 2012 twelve people died due to farm related accidents - tragically three were from the same family. Whilst farm safety has always been of great importance for the Health and Safety Executive for Northern Ireland (HSENI) these recent deaths have shown the need for still more action.

In 2012 HSENI established a Farm Safety Partnership with relevant stakeholders, to examine how risks to both health and safety on farms can be better managed. An Action Plan has been agreed. Risks from slurry gases, animal handling, working at heights, and farm equipment have been given priority.



[http://www.hseni.gov.uk/farm\\_safety\\_partnership\\_for\\_northern\\_ireland\\_november\\_2012-14.pdf](http://www.hseni.gov.uk/farm_safety_partnership_for_northern_ireland_november_2012-14.pdf)

## The Healthy Farmers Guide



The Healthy Farmers Guide has been produced as part of a successful physical activity project involving farmers from the Mid Ulster area who belong to the South Londonderry Ulster Farmers Union (UFU) group. The guide provides a great opportunity to inform and support farmers and farm workers to make healthy choices in their day-to-day lives and help improve their health and wellbeing, and that of their families and communities.

The Guide was developed in partnership with the Northern HSC Trust, Ulster Farmers Union, Northern Commissioning Group, the Food Standards Agency and the Northern Partnership for Physical Activity.

The guide is available at

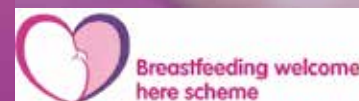
[www.northerntrust.hscni.net/pdf/The\\_Healthy\\_Farmers\\_Guide.pdf](http://www.northerntrust.hscni.net/pdf/The_Healthy_Farmers_Guide.pdf) and also on the Ulster Farmer's Union website.



The Unicef Baby Friendly Initiative has been a huge success for the Sure Start projects. It has helped mothers to come to understand the great benefits for both mother and baby in breastfeeding.



Baroness Blood



### Breastfeeding

benefits both mother and baby physically and psychologically. Breastfed infants are also less at risk of cot death or Sudden Infant Death Syndrome (SIDS). However, the benefits are not just physical, breastfeeding also enhances the attachment bond between mother and child, setting positive health and psychological foundations for years to come.

# Breastfeeding

Although breastfeeding is a natural act, it is also a learned skill taking patience and persistence. The good news is that most mothers can breastfeed, given the right information and support of their family, the health care system and society at large.

The ideal is exclusive breastfeeding up to six months of age, with continued breastfeeding along with appropriate complementary foods up to two years of age or beyond. In this time of economic recession, breastfeeding instead of formula feeding could save a family around £250 for the first six months of a baby's life.

Work on a new ten-year Breastfeeding Strategy for Northern Ireland is almost complete. The Strategy aims to protect, promote, support and normalise

breastfeeding within the population in Northern Ireland through a range of actions, including possible legislation to further support mothers' breastfeeding their children. The strategy will be published in spring 2013.

The results from the Infant Feeding Survey 2010 show that the breastfeeding initiation rate in Northern Ireland is 64%, this is similar to the rate 5 years ago. Despite it almost doubling in the last 20 years, the Northern Ireland rate has consistently remained the lowest in the UK. Breastfeeding rates are strongly associated with deprivation status, mothers living in the 20% least deprived wards in Northern Ireland are on average twice as likely to breastfeed as those mothers living in the 20% most deprived wards.

**Breastfeeding has a major impact on health outcomes for infants and children**

# Healthy Start – Support for low income families

**Healthy Start** is a UK wide government scheme which currently supports over 14,000 households in Northern Ireland to improve the health of low income pregnant women and families on benefits and tax credits by supporting good nutrition in the early years for those most in need. So how does it work?

The Healthy Start scheme provides vouchers, each worth £3.10, which can be spent on milk, fresh or frozen fruit and vegetables or infant formula milk. The vouchers can be redeemed in a wide variety of supermarkets, corner shops, greengrocers, chemists and milkmen that are signed up to the Scheme. Being on the Healthy Start Scheme from pregnancy until a child's fourth birthday can add over £700 to a family's finances.

Pregnant women, women with a baby under one year old and children from six months old to their fourth birthday



on Healthy Start also receive coupons to exchange for vitamins.

Not all families are taking full advantage of the Healthy Start scheme and the vouchers and vitamins to which they are entitled.

Application forms for Healthy Start are available online at [www.healthystart.nhs.uk](http://www.healthystart.nhs.uk) or can be requested from the Healthy Start helpline on **0845 607 6823**.



## Free Nursery Milk

Milk is an excellent source of vitamins, protein and calcium, helping growing children build strong bones and teeth. Under the Day Care Foods Scheme, all children under the age of five are entitled to receive a third of a pint of milk free each day they attend a childcare setting for more than two hours. Babies aged under one may instead receive powdered infant formula.

Day care providers, such as childminders, nurseries and playgroups, must first register and be approved, before they can receive payment for the milk they provide to children. There are around 700 day care providers registered with the Scheme in Northern Ireland.

## Do you qualify for Healthy Start?

You qualify for Healthy Start if you are at least 10 weeks pregnant or have a child under four years old and you or your family get:

- Income support, or
  - Income-based Job Seeker's Allowance, or
  - Income-related Employment and Support Allowance, or
  - Child Tax Credit **and** have an annual family income of £16,190 or less.
- You also qualify if you are under 18 and pregnant, even if you don't get any of the above benefits.

# Alcohol Misuse

## – still our drug of choice

Alcohol misuse remains a very significant issue in Northern Ireland and there is no doubt that alcohol remains our drug of choice. While we are seeing some progress in reducing binge drinking and the number of young people who get drunk, too many people here still drink more than they should.

A recent survey showed that around eight in 10 people reported having reached or exceeded the recommended daily limit for drinking (2-3 units for women and 3-4 units for men) on at least one occasion in the week prior to the survey. This is having a real impact on people's health – for example in 2010, 284 people in Northern Ireland died directly as a result of alcohol misuse and there were 7,767 admissions to acute hospitals in 2011/12 with an alcohol-related diagnosis.

Not only are these statistics tragic for the individuals and families directly involved, they also have a direct impact on our economy. Research on the social costs of alcohol misuse found that it costs Northern Ireland up to as much as £900 million every year. In January 2012 Health Minister Edwin Poots launched the New Strategic Direction for Alcohol and Drugs (NSD) Phase 2 – a cross-Departmental strategy to reduce the harm related to alcohol and drug misuse. It is available at:



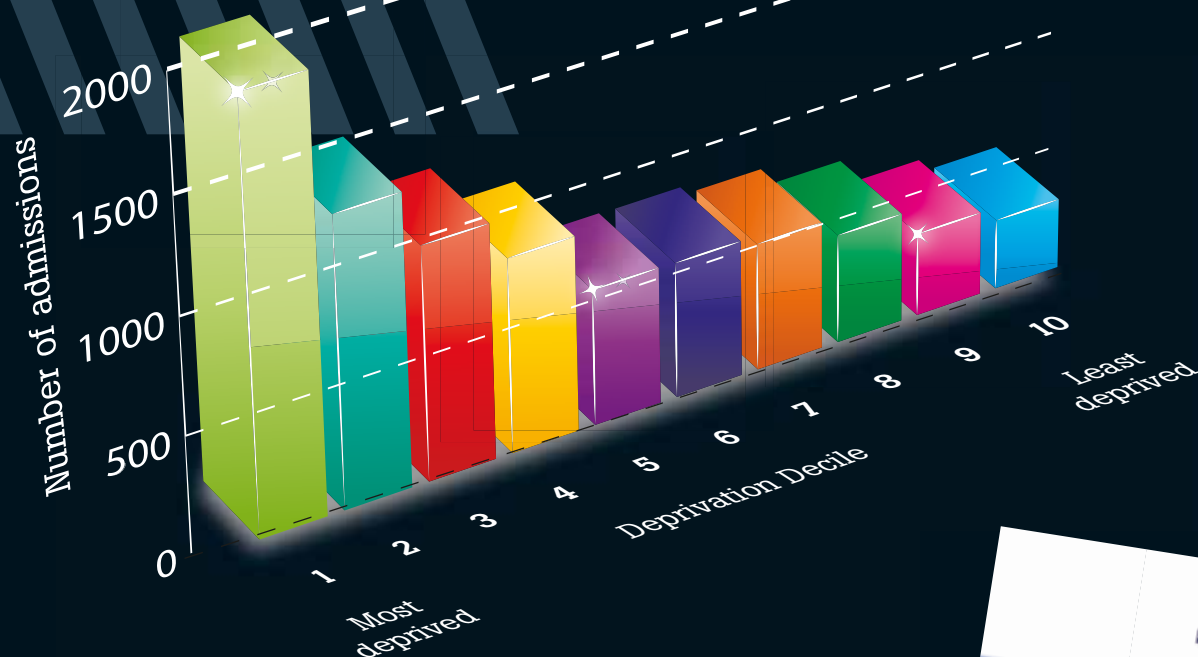
**In 2010, 284 people in Northern Ireland died directly as a result of alcohol misuse**



[www.dhsspsni.gov.uk/new\\_strategic\\_direction\\_for\\_alcohol\\_and\\_drugs\\_phase\\_2\\_2011-2016\\_](http://www.dhsspsni.gov.uk/new_strategic_direction_for_alcohol_and_drugs_phase_2_2011-2016_)



**Hospital admissions with an alcohol related diagnosis in 2011/12 by deprivation level**



Approximately £8million is allocated to its implementation each year, and additional funding of £8million is provided through the mental health budget for the provision of treatment and support services.



In particular, it focuses action on a range of priority areas including: developing a regional commissioning framework for treatment services; tackling underage drinking; targeting those at risk; addressing emerging drugs of concern and the misuse of prescription or over-the-counter drugs.

I am particularly concerned about how alcohol is priced, promoted and marketed, and these issues are highlighted in the NSD Phase 2. Research has shown that alcohol is 67% more affordable now than it was in 1980. We have been working with the Department for Social Development (DSD) on liquor licensing and related issues for a number of years. Recently DSD brought regulations through the Assembly that could be used to ban irresponsible promotions.

Given the relationship between price and consumption, I believe that the introduction of minimum unit pricing in Northern Ireland is a desirable public health intervention. Minimum unit pricing would increase the price of drinks, such as own-brand spirits, high strength beers and white cider, which have high alcohol content but are usually very cheap.





## Tobacco Control

In February 2012, a new ten-year tobacco control strategy for Northern Ireland was launched. It is available at: [www.dhsspsni.gov.uk/tobacco\\_strategy\\_-\\_final.pdf](http://www.dhsspsni.gov.uk/tobacco_strategy_-_final.pdf). The strategy is aimed at reducing the number of people starting to smoke; encouraging more smokers to quit and protecting the population from tobacco-related harm. The Public Health Agency will be leading on the delivery of the strategy.



The Department has also been engaged in a programme of legislative change with regards to tobacco control, the main aim of which is to prevent the uptake of smoking by young people. This includes banning the sale of tobacco from vending machines from 1 March 2012 and banning displays of tobacco products in large shops from 31 October 2012. The display ban legislation will be extended to include small shops from 6 April 2015.

Further prevention measures include the introduction to the Assembly of a Tobacco Retailers Bill, expected early in 2013, it will impose tougher sanctions on retailers who persistently sell tobacco to under 18s. The standardised packaging of tobacco products - removing all forms of branding and logos - is also currently under consideration following a UK-wide consultation which ended in August 2012. A decision will be made on this issue in the coming months.

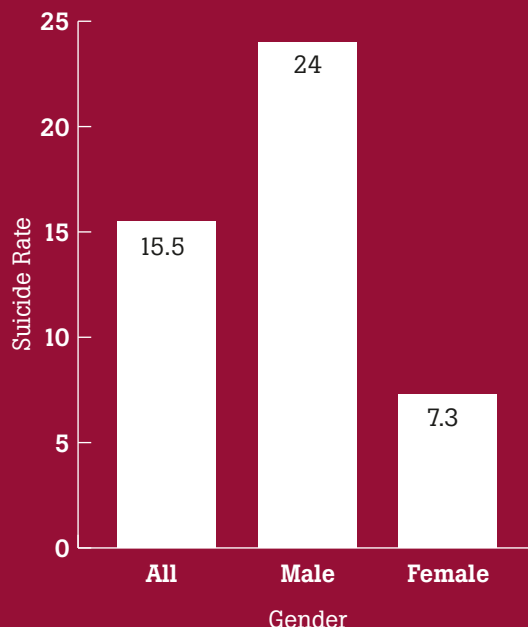
In my Annual Report of 2008, I highlighted the high number of children who are still exposed to smoke at home or in the car. In order to seek views on a number of options for restricting smoking in private vehicles, a public consultation will be launched early in 2013. The outcome of the consultation will determine whether legislation banning smoking in cars will be introduced in Northern Ireland.

# Suicide Prevention

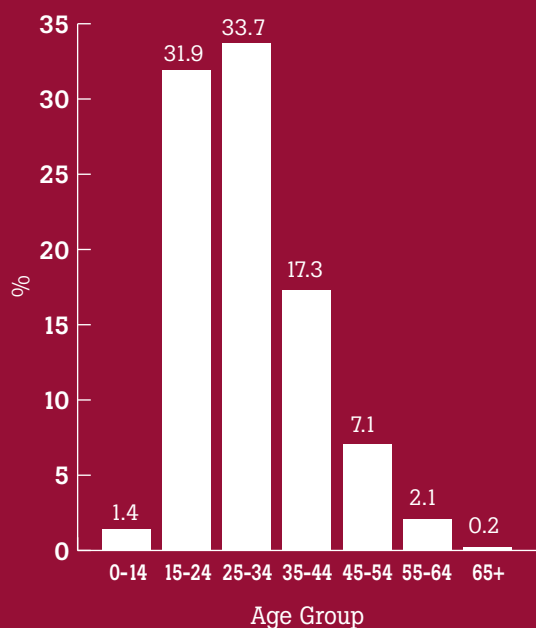
**Suicide remains one of the biggest social challenges that we face.**

Almost 300 people a year are dying by suicide, nearly six times the rate of death due to road traffic accidents. Tragically, some families have lost more than one close relative to suicide and the burden of suicide impacts more on certain areas and among certain groups. The suicide rate is twice as high in deprived areas and males are three times more likely as females to die by suicide. Men in deprived areas are particularly vulnerable, as are marginalised groups such as those who are unemployed or people with mental illness or substance misuse.

**Suicide rates per 100,000 population by gender (2007-11)**



## Suicide as a proportion of all deaths by age group (2007-11)



When discussing suicide statistics, we must never forget that every death leaves a heartbroken family and many unanswered questions. Bereaved families and local communities have played a central role in both the development and ongoing implementation of The Protect Life Suicide Prevention Strategy.

Protect Life was published in October 2006. Annual DHSSPS funding to support implementation of the Strategy now stands at almost £7million. Furthermore, this figure does not include expenditure on mental health services that also address suicidal behaviour. Nor does it include funds raised independently by the many community based suicide prevention groups. It is hugely disappointing that, despite this investment and intense prevention efforts over the past five to six years, suicide rates have not decreased. This is thought to be due to a number of factors, including the likelihood of under-recording of suicide prior to the re-organisation of the Coroner's Office in 2003/04 and the fact that there are now much more robust recording processes in place. The current figures are probably better reflection of the actual suicide rate in Northern Ireland.

The reduction in stigma attached to suicide is also likely to have made families more willing to accept the death of a family member as suicide and to be recorded as such. The ongoing high prevalence in Northern Ireland of socio-economic influences that increase the risk of suicide – such as unemployment, family breakup, substance misuse, violence and poverty – also contribute to our relatively high rate of suicide.

# Refresh of Protect Life

Earlier this year, following endorsement by the Northern Ireland Executive, the refreshed Protect Life Suicide Prevention Strategy was launched by the Health Minister.

The refresh has drawn on learning from a wide range of sources including: a review of international evidence-based best practice; local research; evaluation of component parts of the strategy and engagement with community groups. Recurring themes from these sources include the need for: training for frontline service providers; enhanced focus on addressing deliberate self harm; use of IT communications to reach younger people; a greater focus on males from deprived areas and proactive outreach in mental health services. These issues are picked up in the refreshed Strategy. The refreshed strategy requires commitment from a number of government departments and much closer working arrangements to deliver its actions.

Frontline action to de-escalate people who are suicidal and support those in emotional distress remains key. There is growing recognition that early intervention to improve the emotional resilience of high risk people/groups before they become actively suicidal and wider measures to improve the quality of life, are undoubtedly part of the long-term answer. This will be addressed by implementation of the new public health strategic framework.

Reducing the number of suicides will continue to be a major challenge, particularly against a backdrop of increasing economic hardship and high levels of deprivation. The refreshed Protect Life strategy provides the strategic direction for our combined efforts over the next two years. Beyond that, independent overall evaluation of Protect Life, which has just been completed, will help inform the development of the next phase of suicide prevention policy from 2014 onwards.



**Death by suicide is almost six times the rate of death from road traffic accidents.**

In recent years, both urban and rural parts of Northern Ireland have experienced extreme rainfall events that have resulted in flooding. Climate change predictions for Northern Ireland suggest that in the long-term we can expect more frequent and more extreme rainfall events in both summer and winter.



# Flooding

While flood defences, effective surface water management, flood warnings and other policies can reduce the risk from flooding, these risks can never be completely eliminated. This is particularly the case in those areas close to watercourses, the sea, where groundwater is a problem, or with inadequate drainage.

The effects of flooding can be devastating for people, communities, properties and businesses. Effective planning can help to reduce the risks and impacts.

## Is my property at risk from flooding?

The easiest way to check if your home is at risk from flooding is to find out if it has flooded in the past or if flooding has previously occurred in the locality. If you have not lived in the area for long, your neighbours might know if any floods have previously happened.

Another way to assess the risk of flooding is to study the surrounding land and watercourses. A Strategic Flood Map for Northern Ireland has been developed to provide an illustration of the areas that are considered to be at risk of flooding now and in future. In addition to helping the Rivers Agency and others to plan and manage work to reduce flood risk, the Strategic Flood Map is designed to encourage people living and working in areas prone to flooding to find out more and take appropriate action. The Strategic Flood Map (NI) is accessible online at:

<http://www.dardni.gov.uk/riversagency/index/strategic-flood-maps.htm>



 flooding  
incident line  
**0300 2000 100**

## In the event of a flood

You only need a single telephone number to report a flood - **0300 2000 100**. The Northern Ireland Flooding Incident Line is available 24 hours a day, seven days a week. When you ring, a member of staff will take all your details and contact the appropriate agency on your behalf. This is a non-emergency number so if you are in any danger, call the emergency services on **999**.



## Health advice following flooding

The main health risk from flooding relates to injuries caused by hidden dangers under the water, such as objects or obstructions, missing manhole covers or people falling into fast flowing waters. There is also a serious danger posed by carbon monoxide fumes from the indoor use of generators and dehumidifiers to dry out buildings, if they are not properly ventilated. The stress and strain of being flooded and cleaning up can also have a notable impact on mental health and wellbeing.

The floodwater affecting your home or other property may have been contaminated with sewage, animal waste and other contaminants and often leaves a muddy deposit. However, experience from previous flooding and sewage contamination has shown that any risk to health is small. There are however, a number of precautions you can take, and more detailed information is available from the Public Health Agency at:

<http://www.publichealth.hscni.net/publications/flood-guidance>

### Prepare and have a plan

If your home or business is in a flood risk area you should have preparations in place in case a flood should happen. Further information on actions you can take to protect your home and belongings from flood damage is available on the nidirect website at: <http://www.nidirect.gov.uk/flooding-in-your-area>

Further detailed advice on various aspects of what to do if a flood happens is available on the nidirect website at:

<http://www.nidirect.gov.uk/what-to-do-if-a-flood-happens>

# NIAS Hazardous Area Response Team (HART)

The Northern Ireland Ambulance Service (NIAS), over three years, has trained and equipped a core team of paramedics to enable them to meet the demands of the emergency response in the modern world and to be able to work safely in environments, even where there are contaminants or serious hazards present. I formally launched the Hazardous Area Response Team (HART) in October 2011.



Members of the HART team

A core team of paramedics have received extensive training that has enabled them to work alongside other emergency service colleagues in chemical suits, breathing apparatus or in Urban Search and Rescue.

These highly skilled paramedics can now operate within the inner cordon to initiate early medical intervention. This will mean that the most severely injured patients

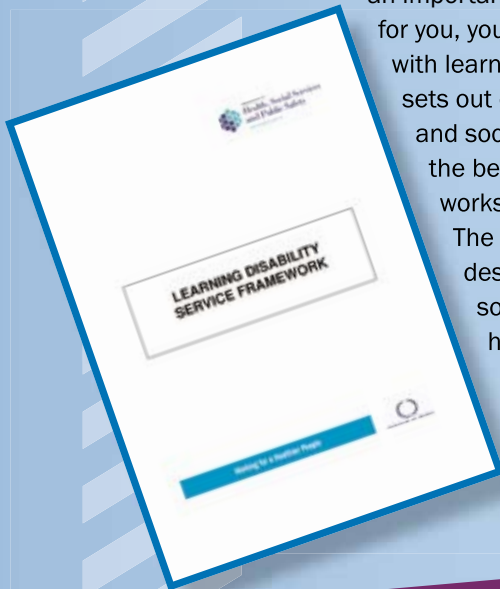
arrive earlier in Emergency Departments and in a more stable condition. This gives patients a much better chance of recovery.

The success of the NIAS HART programme could not have happened without the collaboration of the Police Service of Northern Ireland, the Northern Ireland Fire and Rescue Service, the Maritime and Coastguard Agency, the Regional Medical Physics Agency and the Mountain, Cave and Cliff Rescue Co-ordinating Committee. All these organisations have given their time, expertise and their resources to assist the HART programme in Northern Ireland.

**Launched  
October 2011**

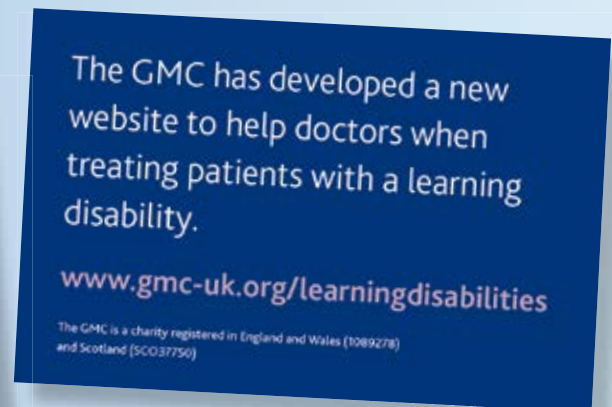
# Learning Disability Service Framework

In previous years I provided updates on developments and publications within the Service Framework Programme. The fifth framework which was for the Learning Disability Service was launched in September 2012. It is an important step in improving services for you, your family member or friend with learning disability. The Framework sets out clear standards for health and social care, which are based on the best available evidence of what works for patients and clients. The standards have also been designed to be measurable, so that we can clearly see how services are improving and identify anywhere that improvement is needed.



The aim of the Learning Disability Service Framework is to improve the health and wellbeing of people with a learning disability, their carers and their families in a number of ways. It promotes social inclusion, making sure that your family member or friend has the same opportunity to take part in activities as anyone else of their age or stage. It aims to reduce inequalities in health and social wellbeing, so that people have the same chances, regardless of where they live, their social background or education. It also aims to improve the quality of care for people with learning disability.

The Learning Disability Service Framework is available at:  
[http://www.dhsspsni.gov.uk/learning\\_disability\\_service\\_framework-2.pdf](http://www.dhsspsni.gov.uk/learning_disability_service_framework-2.pdf)



## What can you expect from the Service Frameworks?

**For people with a learning disability** - it details what they can expect in terms of standards of care and support to meet their individual needs in ways that they understand and are accessible.

**For carers and families of people with a learning disability** - it outlines what it is they can expect in terms of access to services for their family member and of their involvement as partners in the planning processes.

**For staff in frontline service delivery** - it enables them to communicate effectively in assisting people with a learning disability to access mainstream and specialist services appropriately.

**For commissioners and those with responsibility for delivering services in the statutory and independent sectors** - it assists them in achieving an integrated model of services and supports around the individual in line with the expectations of service users and their families.

# The Vitamin D Debate

**Vitamin D is necessary to build and maintain healthy bones.**

Changes in lifestyles and increased awareness around over-exposure to sunlight in recent years have led to concerns that some children and adults are not getting enough vitamin D. This particular vitamin is necessary to build and maintain healthy bone density, with insufficient levels contributing to conditions such as rickets and osteoporosis. It has also been shown to be an important vitamin for pregnant women and sufficient levels are required in order to reduce the risk of underweight babies and premature births.

Most people produce enough vitamin D in their bodies through normal daily exposure to sunlight.

Vitamin D supplements are recommended for those people at risk of deficiency, including all pregnant and breastfeeding women, children under five years, people aged over 65 and people at risk of not getting enough exposure to sunlight.

For the rest of the population, spending 10 minutes a day between 10am and 4pm without sunscreen during the summer months is recommended to allow stores of vitamin D to be accumulated. It is important that everyone finds a balance between enjoying the beneficial effects of the sun without increasing their risk of developing skin cancer.

## Skin Cancer Prevention

The number of cases of malignant melanoma, the most serious form of skin cancer, has risen by almost one third amongst those aged between 50-59 years in Northern Ireland over the past 15 years. This makes it the sixth most common form of cancer for this age group. Women are more likely to be diagnosed with malignant melanoma than men. Over-exposure to ultraviolet (UV) radiation is the principal cause.

Early detection is vital when it comes to the treatment of malignant melanoma, particularly as this type of skin cancer can spread to other organs of the

body. The Department's 10-year strategy for the prevention of skin cancer aims to improve early detection and treatment of melanomas and includes a number of actions for doing so.

It is recommended that everyone, whether they are careful to protect themselves from UV radiation or not, should adopt a routine for examining their own skin for suspicious moles at least once a month. Individuals with more than 50 moles are at greater risk, as are those with fair skin, a family history of skin cancer, or a history of sunburns.

**The key message is -  
if in doubt, get it  
checked out by a GP**





# Research and development within healthcare

**Research and development play an important part in expanding our knowledge about all aspects of healthcare. The development of a new drug treatment; the best way to support people to stop smoking; or the amount of exercise needed to improve our heart health, were all discovered through research and development. Northern Ireland has a proud history of cutting edge research in health and more new opportunities are opening up.**

Research and development is much wider than you might think! Not only does it benefit patients and clients through improving the way they are treated and managed, it also creates jobs for researchers and support staff in universities, and some of the discoveries go on to form commercial enterprises, bringing more much-needed jobs and income to Northern Ireland. Although we have known about the benefits of research and development, we didn't know exactly how big that impact was, so we needed to find out.

July 2012 saw the launch of a new report - *the Evaluation of the Impact of Health and Social Care Research and Development (HSC R&D) Funding in Northern Ireland*.

The report showed that for key areas of research, every £1 invested in research and development

has generated £4.14 income in the form of further grants or clinical trials.

So what have we done with the findings? One of the recommendations in the report was that Northern Ireland should contribute to the four country R&D fund which is managed through England's National Institute of Health Research (NIHR). Northern Ireland-based researchers will now be able to compete in selected research programmes alongside colleagues from across the UK. This is not only very good news for Northern Ireland's HSC, but it will also provide a boost for our economy as well. The HSC R&D Division of the PHA provides support to researchers to help them benefit from this new opportunity. This is exciting news and we watch with interest to see our Northern Ireland researchers becoming even more successful in the future.

The birth of a baby is a wonderful event, and most women and their families in Northern Ireland experience high-quality, safe maternity care. This new strategy sets out the direction for maternity care in Northern Ireland for the next six years (2012-2018). At the heart of the Strategy is the need to place women in control of their own pregnancy. Prospective parents will be seen as partners in care.

The Strategy highlights six outcomes in maternity care:

- **give every baby and family the best start in life;**
- **effective communication and high-quality maternity care;**
- **healthier women at the start of pregnancy (preconception care);**
- **effective, locally accessible, antenatal care and a positive experience for prospective parents;**
- **safe labour and birth (intrapartum) care with improved experiences for mothers and babies; and**
- **appropriate advice, and support for parents and baby after birth.**

Women who are planning for a pregnancy should speak to their doctor or midwife for advice on stopping smoking, reducing alcohol, reaching a healthy weight as well as starting folic acid and checking if any medication should be changed before or during pregnancy.

As soon as you think you are pregnant make contact with your midwife or GP to get all the information you need for a healthy pregnancy. The strategy promotes the option for women to make direct contact with their local midwives. High-quality care does not need to equate to hospital care for

# New Maternity Strategy for Northern Ireland

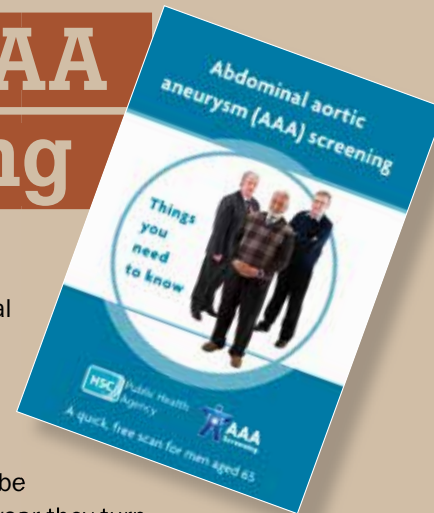
every woman. During pregnancy most women will have midwife led care provided in community settings. For those with more complex pregnancies, consultant obstetricians will be the lead maternity professionals. Antenatal care including screening and ultrasound scans will be based on best practice. The strategy recognises the importance of developing parenting skills as part of antenatal education.

The strategy will increase women's choice about where to give birth by ensuring that every Trust will have both a midwife-led unit for women with straightforward pregnancies and a consultant-led unit supervised by senior medical staff on a 24/7 basis focused on high-risk women and babies. It also promotes normalisation of birth and a reduction in variability in interventions.



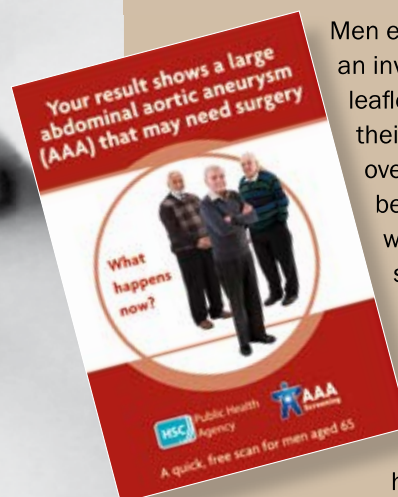
# AAA screening

“ Prospective parents will be seen as partners in care ”



A new screening programme for abdominal aortic aneurysm (AAA) was introduced in Northern Ireland in June 2012. All men registered with a GP, will be offered screening in the year they turn 65. An AAA can be detected by an ultrasound scan of the abdomen. The test is simple, quick and painless and is carried out by specially trained screeners. Screening is currently provided in 16 locations across Northern Ireland; they include health and wellbeing centres, community hospitals and larger GP practices.

The aorta is the main blood vessel that supplies blood to the body. It runs from the heart through the chest and abdomen. In some people the wall of the aorta in the abdomen can become weak as they get older. It can then expand and form what is known as an abdominal aortic aneurysm (AAA). This condition is most common in men aged 65 and over. Smoking, high blood pressure, high cholesterol and a family history of AAA are all risk factors.



Men eligible for screening are sent an invitation letter and information leaflet about three weeks before their appointment date. Men aged over 65 who have not previously been screened or diagnosed with an AAA can request a scan by contacting the central screening office directly on 028 9063 1828.

Most men (around 98% of those screened) will have a normal result. Those with a small AAA will be invited back for a monitoring scan every year. If they have a medium size AAA they will have a monitoring scan every three months. A very small number of men will have a large AAA. Those who do will be seen and assessed by a vascular surgeon within two-three weeks.

In the first six months 38 AAAs have been identified of which a small number required surgery. The others are now under surveillance.

Postnatal care will also be improved upon. It is a real opportunity to provide information, and support to parents and baby. Becoming a parent is a life-changing event and support for good parenting is important. Breastfeeding will be promoted as the best way for babies to be fed for the first six months of life.

The health service must always be reviewing, changing and improving so that patients and the public receive optimum care and advice in the most appropriate settings to ensure best possible health outcomes. There are a range of initiatives, guidance documents and strategies in place to support this including NICE guidance, Service Frameworks, Quality 2020, Fit and Well - Changing Lives and Transforming Your Care. Further information is given here on some of these initiatives and others are covered elsewhere in the report.

# Delivering effective health care



## Quality 2020

Patients, their families, frontline staff and managers are all agreed in wanting a health service of the highest possible quality. So what is 'quality' and what does it look like? Quality is about the way we do things, how we use resources and how we relate to each other, so that our services are safe, effective and focused on the patient and client. In November 2011, the Minister, launched, *Quality 2020: A 10-Year Strategy to Protect and Improve Quality in Health and Social Care in Northern Ireland*. This is another step forward in setting out what a quality service would look like.

Quality 2020 presents a clear vision for the future which aims to be recognised internationally, but especially by the people in Northern Ireland, as a leader for excellence in health and social care. It highlights five goals that will help bring this about:

- **Transforming the culture;**
- **Strengthening the workforce;**
- **Measuring the improvement;**
- **Raising the standards; and**
- **Integrating the care.**

Quality 2020 is a 10-year strategy for the simple reason that some of the biggest challenges we face – financial, technological, cultural, medical and social – will take time to address. However, as we tackle each of these issues, we move closer to delivering



**For more information about *Quality 2020: A 10-Year Strategy to Protect and Improve Quality in Health and Social Care in Northern Ireland* and the *Quality 2020 Implementation Plan*, go to: [http://www.dhsspsni.gov.uk/quality\\_strategy\\_2020](http://www.dhsspsni.gov.uk/quality_strategy_2020)**



high quality services for everyone, all the time, everywhere.

A strategy is all very well, but it is only the beginning of the hard work. Achieving Quality 2020's goals and vision means a lot of effort, strong leadership and widespread participation of patients, clients, carers, general public and staff throughout the HSC. I will lead the Quality 2020 Implementation Programme to make sure that change happens, that it happens on time, and that people are kept fully informed of progress. We are not starting with a blank sheet. There are many existing quality structures and initiatives that are already well established across the service. Quality 2020 will build on these and improve them. It will also fit in with other work that is taking place across health and social care.

In June 2011, the Minister, announced a review of the provision of health and social care services in Northern Ireland. The review was charged with bringing forward recommendations for the future shape of services. In doing so, the Review team sought the views of patients, staff, partner organisations and the wider public, and conducted a series of events to engage with key stakeholders.

# Transforming Your Care

One of the main drivers for the Review was the significant and growing pressures our Health and Social Care system faces, including a growing and ageing population - an issue covered in previous annual reports. Without addressing these challenges there is increased risk of the system failing to meet our needs in the future leading to poorer health outcomes. The Review examined best practice elsewhere in order to develop a proposed model aimed at ensuring our services are safe, sustainable and resilient into the future.

The report on the Review's findings, Transforming Your Care, was published in December 2011. As might be expected, the report reflected many of the policy aims set out in Quality 2020, notably in the guiding principles shaping the changes proposed in Transforming Your Care:

- Placing the individual at the centre of any model of care
- Using outcomes and quality evidence to shape services
- Integrated care – working together
- Promoting independence and personalisation of care
- Ensuring sustainability of service provision
- Maximising the use of technology
- Incentivising innovation at a local level
- Care organised around the individual and not an institution
- Greater involvement in decision making for the patient /client
- A new way of delivering GP, community health and social care services
- Home or close to home as the centre of health and social care provision
- Responsible access to emergency and hospital care.

Transforming Your Care also references Service Frameworks as essential tools in supporting the development of services that address the major causes of ill-health across the full spectrum of care, whether that is through prevention, early intervention or treatment. The proposed model has been designed to address the challenges and the concerns expressed by those engaged with throughout the Review, both clinicians and the public. The key differences between the current model of care and that proposed by the Review will be:

The changes proposed locally, reflect our response to issues that are facing health systems across the world, certainly the developed world; changing demand for healthcare arising from the needs of an ageing population, new technologies, and the trend towards long term and chronic conditions. This is coupled with a recognition that the rate of growth in healthcare spending cannot be sustained irrespective of the difficulties facing world economies.



# Clinical Leadership

**As I have emphasised in recent reports, critical to addressing these challenges successfully is a continued emphasis on the leadership needed from the clinical community.**

It is increasingly recognised that an understanding of the organisation in which they work – including effective teamworking, quality improvement and the ways in which their organisation interacts with others and with society at large – is essential. These are vital elements in delivering the highest possible level of care for their patients. Nor should these developments detract from the focus on clinical excellence or the development, through research, of better medicine. Rather, they are fundamental to the practice of modern medicine, particularly at a time of huge challenge that is likely for the foreseeable future.

Similarly, as I have highlighted in previous reports, the knowledge, skills and attributes of leadership can be learned and developed. Increasingly, across healthcare systems throughout the developed world, programmes are being established to address this learning need. A seminal development was

the establishment of the Faculty of Medical Leadership and Management in January 2011. Locally, 2012 has seen the development of a leadership initiative to support senior medical leaders who want to influence the future of Health and Social Care in Northern Ireland. There are three strands to this initiative:

- a programme for those in formal senior medical management roles and others in specialist management roles
- a programme for Directors with positions on their organisations' senior management teams
- a succession planning initiative aimed at those aspiring to any of the above roles

The Leadership Centre has partnered with the King's Fund for the design and delivery of the leadership programmes.

## Medical Manager Of The Year 2012

The Institute of Healthcare Management has launched a new award for doctors in management. Dr Feargal McNicholl, consultant haematologist in the Western Trust, is the first recipient of this award – Medical Manager of the Year. He was recognised for the development of a novel “virtual” GP referral system for managing GP referrals to the haematology service in the Western Trust. This has dramatically reduced waiting times for Haematology Outpatient Department appointments and reduced the need for follow up appointments. Most importantly, the experience for patients has been dramatically improved. GPs receive a quick response and report great satisfaction with this service.

# KEY STATISTICS

