Northern Ireland
Assembly

COMMITTEE FOR
HEALTH, SOCIAL SERVICES AND
PUBLIC SAFETY

OFFICIAL REPORT
(Hansard)

October Monitoring Round

26 October 2011

NORTHERN IRELAND ASSEMBLY

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Members present for all or part of the proceedings:
Ms Michelle Gildernew (Chairperson)
Mr Jim Wells (Deputy Chairperson)
Ms Paula Bradley
Mr Mickey Brady
Mr Gordon Dunne
Mr Mark H Durkan
Mr Sam Gardiner
Ms Pam Lewis
Mr John McCallister
Mr Kieran McCarthy

Witnesses:
Mr Edwin Poots) The Minister of Health, Social Services and Public Safety

Dr Andrew McCormick)
Ms Julie Thompson) Department of Health, Social Services and Public Safety

The Chairperson:

Minister, Ms Julie Thompson and Dr Andrew McCormick, you are all very welcome. I understand, Minister, that you will begin by giving a short presentation?

Mr Edwin Poots (The Minister of Health, Social Services and Public Safety):

Thank you very much, Madam Chairman. The presentation is brief — in my terms anyway.

Thank you for giving me the opportunity to provide evidence on the Department's participation in the October monitoring round.

Our focus will be on the bids that were submitted to the Minister of Finance and Personnel. Overall, those bids amounted to £47 million. They were made for specialist drugs, unmet residual demand, and invest-to-save and capital projects. As announced by the Finance Minister on Monday, £25 million of those bids were approved, and I will provide some further detail on them now.

The Department of Health, Social Services and Public Safety (DHSSPS) entered 2011-12 facing an unprecedented level of financial challenge and significant service pressures. However, we have been making good progress in resolving financial difficulties in 2011-12, and my expectation is, therefore, that a balanced financial position can be achieved for 2011-12. However, there is still an unresolved gap to be managed.

This has not been easy, and it has required a wide-ranging re-working of plans and savings proposals across all elements of my Department. However, although cash balance in 2011-12 has substantially been achieved, I am now increasingly concerned that that has been at the expense of standards and quality of care in some instances.

In effect, budgetary constraint has meant reductions in the scope of what health and social care (HSC) offers. That is hard to defend, and it also means that there has been an increasingly noticeable divergence from the quality of service that is provided elsewhere in the United Kingdom. I outlined my concerns to the Assembly and the public, particularly those about access to specialist drugs and other National Institute for Health and Clinical Excellence (NICE) recommended treatments. In my opinion, the shortfall in that access is unacceptable.

To address that problem, I have asked the Finance Minister to provide £5 million worth of specialist drugs. Those include anti-TNFs, biological treatment for rheumatoid arthritis and cirrhosis, and cochlear implants. That sum will also address the backlog in NICE technology appraisals, including treatment for cancer, hepatitis C, growth failure in children, rheumatoid arthritis and eye disease.

I am pleased to report that the Executive approved that bid. This allocation is of real

importance in making it possible to correct a serious gap in the access to cost-effective, evidence-based therapies in Northern Ireland. It means that we will no longer have to defend unacceptable delays or gaps in the provision of drugs that make a real difference by at least relieving symptoms, and, in some cases, by extending life. That allocation will resolve the matter now and with immediate effect. However, beyond April 2012, I will have to either reduce another service or introduce new finance to maintain supply of these vitally important drugs.

The second bid related to unfunded residual demand. The delivery of healthcare is fundamentally different from the delivery of many other public services. The rate and pace of medical advances, changes in clinical practice, and the development of new technologies and medicines contribute significantly to the cost that is associated with providing modern health and social care services. That is known as residual demand. I recognise that residual demand cannot be separated fully from the options for service configuration. In short, Northern Ireland cannot reasonably expect to be able to provide services at the UK standard without there being significant changes in both hospital and primary care.

I said that I will make the necessary hard decisions, but there is simply too little time available in 2011-12 to deal with the increasing service pressures. In those circumstances, I asked the Finance Minister for additional funding of £15 million to assist in meeting unfunded residual demand pressures in 2011-12. That sum would have been used to address a range of issues, including improving elective care access to help reduce waiting times, which are currently slipping. The bid would also have been used to purchase essential hospital and community equipment, such as syringe drivers, pressure-relieving mattresses and nebulisers, as well as to provide additional respite care packages.

Unfortunately, that bid was not accepted for approval by the Finance Minister. Although that is a disappointment, I do, of course, recognise the importance of the allocations made to other Departments. I also recognise that my Department has received some £25 million of additional resources.

The cost pressures in 2012-13 and beyond are expected to increase to help manage the significant organisational changes that are necessary. To make savings from 2012-13, my final bid was for £15 million to establish an invest-to-save fund in 2011-12. Reducing the cost base inevitably means reducing the pay bill, and that will mean doing more to reduce the number of

staff in non-essential posts. An invest-to-save fund would allow my Department to release a limited number of staff through a targeted voluntary redundancy and voluntary early retirement exercise while protecting front line services. I am pleased to report that the Executive also accepted that bid, and my Department will now make provision for those voluntary redundancy and early retirement schemes that aim to produce savings of some £9 million per annum thereafter.

I also submitted a capital bid for £12 million to maintain existing services. That would address a range of ICT and equipment pressures, thereby making significant improvements to service delivery in the trusts. I am grateful that £5 million of that bid was approved.

Looking forward, I reaffirm my commitment to ensure that my Department and HSC do all that is possible to maximise the quality and standard of services by working with the performance and efficiency delivery unit (PEDU) to complete the preparation of a radical savings plan, robust performance management, and an HSC review of services, which will be led by John Compton.

In summary, that means that I will focus my determination on securing quality, cost-effectiveness and efficiency in the delivery of health and social care in the budgetary context set by the Budget 2010 settlement.

Thank you for bearing with me, and I am happy to take questions.

The Chairperson:

OK, thank you, Minister. You started by saying what your focus was going to be. Unfortunately, our focus has to be on the procedure and process that brought us to this point. That is because we have had sight of the letter that you sent to the Finance Minister on 6 October outlining the October monitoring pressures. One reason that we were given for not having had sight of that letter previously was because it was not a formal October monitoring submission. However, it was a letter to the Finance Minister, and, as far as I am concerned, that is as formal as you would want it to be. That is certainly not a good enough reason to not share it with the Committee.

The fact is that we cannot fulfil our statutory duty if we do not have sight of the monitoring bids. That letter to Sammy Wilson was dated 6 October. You sent us the information that we asked for, but we did not receive it when we first asked. We asked for it again at the end of last

week. We got it after the Minister made his statement to the Assembly, so, effectively, we were the last to know what was in that October monitoring round bid.

I am very unhappy about the way that the Committee has been treated. I do not feel that it is fair, and it is not good enough. This Committee has a job to do, and it cannot do that job if it does not have access to the information. Your summary was succinct. You mentioned PEDU, but if voluntary redundancies is one of the issues that is bothering you in the October monitoring round, I would have expected to hear about your discussions on that with the trade unions. I imagine that, after the Committee, those are the people who you would want to talk to about potential redundancies.

So, I am disappointed. Maybe you have discussed the issue with the trade unions, or maybe you are planning to. I certainly hope so. However, if the Committee is to advise on the priorities going forward, it should have had sight of the monitoring bid in its entirety, not just the outcome of the October monitoring session.

Mr Poots:

OK. I will hold my hands up on this one because, ultimately, I am the Minister, so I am responsible. I understand that such engagement did not happen under the previous Administration. The Department of Health does not normally surrender money in a monitoring round. Therefore, that makes the matter somewhat different. Nonetheless, we went after £47 million and we got £25 million. I am sure that the Committee is happy that we got that, but you may have wanted us to go after something different. There may be something higher on your list of priorities than was on ours. Therefore, I accept that, prior to future monitoring rounds, there needs to be an engagement between the Committee and ourselves.

I accept that the situation is not satisfactory. I was not keeping an eye on it personally. It has now been drawn to my attention, and I will give the Committee the assurance that it will be consulted in future monitoring rounds about what it would wish to see in a bid.

The letters, or bids, to Sammy Wilson will give some consideration to how we handle that, because we perhaps do not want information that could in any way prejudice things to be in the public domain prior to the Finance Minister's making up his mind about what he is doing. Nonetheless, I am very keen for a better form of engagement, and we will try to work that out

before the next monitoring round.

The Chairperson:

Not being included in the discussion on this shows a lack of trust in the Committee. You said that there were issues that you wanted to keep confidential. That we could not be trusted with that information does not say much about how well you trust the members of the Committee, four of whom are from your own party.

Mr Poots:

I am accepting that I am not satisfied with the process either, so we are happy to change it so that this does not happen in the future. I am not in disagreement with you on this, and we will find a better way.

The Chairperson:

I am not hearing an apology either, Minister.

Mr Poots:

I said at the start that I held my hands up.

The Chairperson:

That is not quite the same thing. That does not work in our house.

Mr Poots:

The buck stops with me.

Mr Gardiner:

I think the Minister is trying to protect his staff, being the gentleman that he is. However, you have some people to sort out. We are not getting the information, you are not getting it, and it is falling somewhere in your own Department. No doubt you will sort that out in the very near future.

Mr Poots:

If the same situation arises in the January monitoring round, you will be able to give me a real brutalising but, at this point, I am accepting the blame for it and saying that I want to change it.

The Chairperson:

What about engagement with the trade unions?

Mr Poots:

Andrew, what is the proposal for that?

Dr Andrew McCormick (Department of Health, Social Services and Public Safety):

That will happen now. It is important to have the point of principle established. It would have been unfortunate to have initiated a process and then to have found that DFP was not providing any resources for it. That would have been marching people up to the top of the hill and then down again, and that was definitely not desirable. It was better and clearer to have established the point of principle that there is money available.

In every process, there are very clear obligations on us as employers to engage in a proper HR process. That will happen, and I give full assurance that there will be fulfilment of all of our responsibilities and obligations, and, indeed, good practice in personnel management. There is no reason for this to cause great alarm and despondency. It is a carefully limited and targeted programme that will be organised and managed by each of the trusts, as the main employers. They will look at where there is a need and an opportunity to address the issue with a view to reducing the cost base next year. We have a very significant financial challenge next year.

Julie and I had lengthy discussions with the Health and Social Care Board yesterday. There is still a very big set of issues to solve. There will be full engagement with trade unions to make sure that having a limited resource and taking some non-essential posts out of the system is done in the best possible way, with all due consideration for the concerns of staff.

The Chairperson:

The Minister made his statement on Monday. Presumably, by now, what you were trying to avoid has had 48 hours to fester. If the trade unions have not been scheduled to come in and speak to senior officials or you, Minister, that needs to be addressed. I do not know whether you plan to meet them next week, but it would certainly be advisable. Who decides what the non-essential posts are, or where redundancies will be made?

Dr McCormick:

The detail of that is for the employers to look at. We are not going to manage each and every post from the regional departmental level, but we have clear principles and the Minister is setting clear parameters on all the employers, stipulating that it has to be focused on support services to the maximum possible extent, rather than front line services.

We need to be careful and look at what is necessary and appropriate, case by case and location by location. Quite often, there is a location issue. We obviously have staff in many locations across Northern Ireland and there are service changes happening for good reasons, both in support services and front line services. That can lead to a situation where there is no longer a function being carried out at a certain location, and that may require some discussion with individuals as to the scope for a change of job. Some people are simply not in a position to travel, so that can give rise to some practical issues. Those are issues that each employer will look at sensitively. They will look at every realistic option in order to find a way forward.

The Chairperson:

I am a bit concerned about what I am hearing, because it sounds like the decision has been made that these will be non-staff grades: porters, cleaners and people who are at the lower echelons of the health service staff. For example, if they are not able to travel — that was one of the examples that you gave — that would suggest that they are not, for example, in middle management. It sounds like the decision has been made that the redundancies will be made at the lower end.

There is a strong desire to ensure that we are not always cutting those small jobs at the bottom of the pile. There are people at middle management who can be expended, or at senior management; I do not mind. Those are the jobs that really need to be looked at seriously, and I hope that PEDU is doing some of that work. I am concerned that it is those who are most vulnerable and earn the lowest wages who are likely to be expendable as a result of the invest to save bid. Andrew, you also spoke about the serious financial issues next year. You or the Minister may wish to answer this question. What is the outstanding funding gap for 2011-12?

Mr Poots:

I think that it is £250 million or thereabouts. We can probably deal with the first £100 million of that without inflicting a huge amount of pain. However, that leaves us with £150 million that will

be extremely difficult to deal with. The proposal will save us £9 million a year, and it is based on staff who are in the £37,000 to £43,000 wage bracket. There may be the odd individual who is not an administration worker, as Andrew pointed out, but the measure is aimed at administration and that type of service. It is aimed at a reasonable level; it is not lower-paid workers. Next year will be very challenging. We are working on it now so that we do not start that financial year as we did this one, without work having been done.

Mr Wells:

Obviously, Minister, it is good news that it looks like we are going to balance the books this year. The previous Health Committee was told that there was about £15 million to find, so it looks like that issue has been resolved.

You said that you have received extra allocation for anti-TNFs. I think that the entire Committee welcomes that because we all, as constituency representatives, have been lobbied by those with acute rheumatoid arthritis who are desperately in need of those drugs. Will we be able to meet our targets — I understand that it is nine months for the first round of treatment — as a result of the extra money, or will it simply reduce the waiting list?

Mr Poots:

I hope that that target will be able to be reduced. There is a desire from the rheumatologists to get that down to three months. That is the aim of introducing the funding. It will dramatically change the lives of people who have rheumatoid arthritis and those who have a number of other illnesses. The consultant rheumatologists said that that nine-month period caused huge damage to individuals because they were getting a lot of steroids and more damage was being done to their bones as a result. The steroids were necessary to get people over the pain barrier, but they were causing even more damage. The consultants were strongly of the opinion that we needed to get a much quicker turnaround time, so that will greatly assist.

Mr Wells:

If we could start hitting the three-month target, that will be welcomed by hundreds if not thousands of people in Northern Ireland who have that condition.

You said that you were not successful in all of your bids. I suppose that that is to be expected. Are you minded to submit the same bid in the January monitoring round? If you did and you

were successful, will you have sufficient time to roll out the extra services that you intended to provide if you had been successful in September?

Mr Poots:

I do not think that we would, but, at this point, we, with the Department of Finance and Personnel, can seek to get some feedback as to what might happen in January, and head up the possibility to perhaps buy in some surgery. I may get criticised for sending people off in March to get surgery in other parts of the UK or in Ireland, but if it reduces our waiting lists rather than the money being sent back to Westminster, I will take that criticism. The people who benefit from that will be assisted greatly.

Mr Wells:

On a technical issue, my understanding was that the Department still retains complete flexibility to move money among budgets, but you lost the automatic £20 million first crack at the monitoring round money. In this case, you have £25 million. Under the old system, would you have received the £20 million and another £25 million, or would that have been your lot?

Mr Poots:

We would have received the £20 million; we were guaranteed it. However, what more we would have received —

Dr McCormick:

It is entirely dependent on the context.

Mr Wells:

No money was given up by any part of the Department?

Mr Poots:

No.

Dr McCormick:

I would like to add that we have not quite closed the gap. The £15 million that was talked about the last time around remains to be resolved. That will be helpful later in the year, when it will be difficult to initiate anything. If we find ourselves with some flexibility, that will not minimise the

risk of underspending. The worst thing that we could settle for in the present context would be a large underspend. We continue to work on that very hard to make sure that every penny available is used as effectively as it possibly can be.

The Chairperson:

Minister, funding for the Music Therapy Trust was one of the things that we would like to have seen you bid for in the previous monitoring round. You have since written to us to suggest that there may be some way of tapping into OFMDFM funding. However, OFMDFM has sent correspondence stating that the Department of Health still needs to bid for that money. Will you do that? That is something that the Committee has discussed in the past and is anxious to see reinstated.

Mr Poots:

There is no doubt that that fund was beneficial to the children involved. Funds such as Home-Start were also beneficial. Those all came from the children's fund in the first instance; they did not belong to core funding in the Health Department; it was additionality. That money was taken away. Therefore, if we were to distribute it, we would have to reduce something in our core funding. Would I be prepared to look at it for the January monitoring round? Yes, I certainly would.

The Chairperson:

We would support you in a bid for both of those.

Mr McCarthy:

My question was to be about Home-Start. I have spoken to you about Home-Start at previous Committee meetings.

Mr Poots:

It is struggling on, despite the fact that we have not funded it.

Mr McCarthy:

Some of them are, others are on the brink, and we know that they provide a good service. You may know this, but I draw your attention to the fact that, on Monday, when Mr Wilson made his statement about public expenditure, my colleague Judith Cochrane asked whether childcare

strategy allocations would include Home-Start, which is crying out for funding to make its services secure. Mr Wilson responded:

"Home-Start does not come under OFMDFM. If I am correct, it comes under the Department of Health. It would be relevant to ask the Minister in charge for the figures and details of where and how that money will be spent."

That is why I am asking you. You know what I am saying about the passing of the buck from one Department to another. I remember that the last time you were here you mentioned the Department of Education in the equation.

Mr Poots:

We distributed the funding to Home-Start, but the original source was the children's fund, which was under OFMDFM. It was not part of our core funding, and that money was then withdrawn. I think that we co-funded it for a number of years thereafter.

Dr McCormick:

In the current year, there is £50,000 recurrently as core funding for the Home-Start regional office.

Mr Poots:

It goes against my ethos not to fund it. However, there is a struggle to do that, because, if we go down the prevention side of things — and it is important that we do — the services provided by Home-Start, in conjunction with the Family Nurse Partnership and Sure Start, are very helpful. All of those are about providing support for families to change what may otherwise be poor outcomes for youngsters in such families.

Mr McCarthy:

Absolutely. We agree on that. Can the Committee take it that, given what your colleague the Minister of Finance and Personnel said, you and he will come up with something between you — even if it is what the Chair suggested: bid for the next monitoring round and keep these people doing what the Minister said was a good job?

Dr McCormick:

We are having very good and constructive dialogue with OFMDFM on those issues. They have several small funding sources. We need to watch out for some on which decisions are taken only about the current year. That limits what we can do in committing to something that is, by its

nature, recurrent. Their children's strategy is multi-year, and we are constructively engaged with officials and advisers in OFMDFM. I want to acknowledge that we have had a very constructive dialogue. I am not sure that that has yet reached final conclusions, but we need to continue to make the case for aspects that are in our territory or on which we work with other Departments. The opportunity is there for us to work alongside the Department of Education, the Department for Social Development, and the Department of Justice. It is very important that that is done, and I again acknowledge that OFMDFM has played a constructive role in taking those aspects forward.

The Chairperson:

Let me be clear: you pointed to the social protection fund as the one from which we may get money for the Music Therapy Trust —

Mr Durkan:

The social investment fund.

The Chairperson:

The social investment fund — thank you, Mark.

The Committee Clerk:

The social protection fund.

The Chairperson:

Thank you, Kathryn: it is one or the other. The point is that OFMDFM wrote back to us and stated that the Health Department had to bid to that fund for music therapy. That does not take any funding away from core services that you provide. On the other hand, on the back of a letter that we received from Newtownabbey Borough Council, we wrote to the Department a number of weeks ago to state that we are very keen for the Department to continue to fund Home-Start. We believe in the savings and value-for-money element of funding Home-Start adequately. We hope to meet representatives of Home-Start soon.

The value-for-money element means that you will need less money to deal with issues that have become extremely serious, such as when children have been taken away from their parents and families have been split up. Early intervention could keep those families together, protect

vulnerable children and help families who are struggling to get through every day. We are very concerned about that.

If ever a project was designed for invest to save, it is Home-Start. If you invest in Home-Start, you will not need the more expensive interventions later on, and people will avoid that heartache. We are very keen that money is found and made available for Home-Start so that we can ensure that early intervention and prevention as quickly and in as timely a way as possible.

Mr Poots:

We bid for funding from OFMDFM in September, and it was refused. We will continue to engage over the next number of weeks and seek to identify a way forward.

The Chairperson:

We will be a thorn in the side if it helps to get that bid through. We will keep reminding you that the Committee is very anxious about that.

Mr Poots:

I appreciate that.

Mr McCallister:

It almost makes a compelling case for bringing back something like the children's fund. You are doing a lot of cross-cutting work. Is there a problem with Sure Start being funded by the Education Department and Home-Start being funded by another Department? I accept the Minister's argument that it is not funded entirely by his Department and that it was funded for a number of years even when budgets were struggling, and he has been left with that situation. I am encouraged to hear Andrew saying that good work is being done on a model for cross-cutting work. If you still have a £15 million shortfall, can you use monitoring round money to close that gap in the next monitoring round, for example, or does it have to be much more specific?

Dr McCormick:

The Department of Finance and Personnel is understandably reluctant to give us money from the monitoring round. DFP takes a fair bit of persuasion, which is only fair because it has many competing pressures and other Departments face demands as well.

We are confident that we can manage until the end of the financial year on the basis of being £15 million adrift at this point. Numbers change as the year goes on, and it is better to be a little bit on the tight side at this stage. As we know, the behaviour of every public sector manager has to be a little bit cautious to avoid overspending. The pattern is that some money tumbles out towards the end of the year. It is better to be marginally overly committed at this stage of the year; that is the best position to be in.

If it is proving more difficult later in the year, we will undoubtedly tell DFP that at that point. DFP keeps an eye on things on an almost weekly basis towards the year end, because we are always trying to land on the head of a pin.

Mr McCallister:

Andrew, you would have had no issue under the previous system, when you were guaranteed money.

Dr McCormick:

The circumstances this year are unique in that we went into the year with a very serious unresolved issue. We have made good progress, and I must acknowledge that DFP has engaged constructively, and good work has been done across the system to deal with that issue. As the Minister said, there are significant service consequences, which is probably our biggest concern. We cannot really project from past patterns. April 2011 onwards is a whole new financial world for the public service. We need to adapt, apply very strict prioritisation and take a very creative approach to the management of finance. Precedent is not that helpful. We are into a new way of working, which requires that extra level of co-operation.

The Chairperson:

Is it not going back to the old way of working? The £20 million first call was only in the last mandate, so you are now in the same position as the rest of the Departments with regard to managing your budget and ensuring that there is not underspend. Technically, can you bid for a £15 million shortfall?

Dr McCormick:

We are not allowed to. The Minister's letter was an extraordinary circumstance. There is no invitation to us to lodge any bids. We discussed the position with DFP, and the advice was for

the Minister to say, "I know that I cannot bid, but here are some opportunities where, if there is money available, we could certainly make proper and effective use of it." That is the nature of the engagement that we had in this monitoring round. It was outside normal practice. As Jim said earlier, we still retain full flexibility. That continues from the previous mandate. It is vital to how the health and social care system works that we are able to move money around, because we are trying to strategically move resources from the acute sector to primary care. That is the long-term strategic direction. Without the flexibility that DFP has granted, it is helpful and important for us that that stands and that we make the most of it.

Mr McCallister:

You have to surrender and rebid?

Dr McCormick:

Yes. Other Departments have to surrender and rebid. We are still very grateful for that.

Mr McCallister:

The news is very encouraging for arthritis sufferers. How confident are you that, if you are successful in reducing the waiting time to three months, we will be able to sustain that going into the following year?

Mr Poots:

That would happen only if we do what I indicated in my statement and take a hit somewhere else or introduce fresh funding. We talked before about imposing a modest charge for prescriptions to enable us to buy the drugs. I have a view that it is morally incumbent on all of us to ensure that people who have cancer get the best opportunities. Therefore if NICE has identified that those drugs should be made available, I feel duty bound to ensure that they are made available. That is a priority for me. If there are drugs to treat people who are suffering from incredible pain caused by rheumatoid arthritis, and so forth, and they are NICE approved, we should be providing them.

We are also proposing to buy around 800 insulin pumps for children and adults with type 1 diabetes. We are also looking at spending £1 million on cochlear implants for children, and indeed adults, who are profoundly deaf. That element is a very good news story, and I am delighted to be able to move that forward. Other elements of the bid, such as the voluntary redundancy and so forth, are necessary to assist us in future rounds, but there is not a terrific

benefit from that publicly, other than that we are living within our means.

We also bid for deep cleansing for hospitals, for example. That could probably be sustained in another monitoring round, if there were more money available to refresh that bid. That would help us in the battle against infections that are obtained in hospitals. As things stand, that is a good news story as well, because incidence of MRSA and clostridium difficile are down by well over 50% in the first instance and, I think, by over 60% in the other. Recently, we heard a lecture from one of the professors who deals with those infections. A Birmingham children's hospital, for example, has gone for 800 days without an infection, I believe. That is the sort of standard that we should be aspiring to; not the position that we are in now. Our current position is considerably better than where we were, but we could go further. That bid would have helped us in doing that.

Mr Brady:

The social protection fund is obviously outside your normal budget. You said that cancer patients were a priority. I contacted you in relation to extra heat requirements and winter fuel payments for cancer patients. That was prompted by talking to an adviser at the Macmillan centre at the City Hospital advice centre. That adviser had visited a cancer patient in east Belfast who was undergoing chemotherapy. The patient was actually burning shoes and clothes for heat. That is appalling in this day and age, but it is a fact. Has any progress been made? As you said, cancer patients are a priority. The latest figures show that there are between 600 and 900 terminally ill cancer patients in the North. It would cost a relatively small amount to provide for extra fuel. Having a good heating system is irrelevant if you cannot afford to put fuel in it.

Mr Poots:

That is an important issue, and we have been having discussions about it. OFMDFM would like to do something on that front. It is difficult for me to address alone, because it is cross-departmental, and DSD clearly has a very important role.

Mr Brady:

I was going to make that point. I accept that it is cross-departmental, but some groups may say that if cancer patients are made a priority, they would object. There is a way around that in conjunction with DSD; people who qualify for DLA and who are terminally ill are required to get their doctor or oncologist to complete a DS1500 form, which clearly states their condition. The

majority of patients are probably aware of their conditions. That would encapsulate the needs all those people who are terminally ill, whether with motor neurone disease or MS. That may be a way of getting around that problem. In conjunction with DSD, it may be worth considering.

Mr Poots:

It may be possible to do something with some of the charitable groups such as Macmillan Cancer Support. We can use groups such as those to distribute funding up to a maximum and carry out investigations of need. If we simply write out a cheque for £500 to every person who is suffering from cancer —

Mr Brady:

Macmillan Cancer Support would be best placed to deal with cancer patients.

Mr Poots:

It is an ongoing issue, and we have a role to play. OFMDFM and DSD are the lead Departments, but we will not seek to stand in their way in any shape or form. We will try to assist as much as we can.

Mr Dunne:

You are welcome to the Committee, Minister. Thank you for coming. Last week, we had a useful conversation with the Compton review group. Will you clarify the outworkings of that? Will it be concluded in this financial year, at least partly, or will it be left until next year and the following years?

Mr Poots:

If the Compton review work is completed by 30 November, we could get started fairly quickly. There will have to be a consultation period before anything takes place. A consultation period normally lasts for three months. If the review is completed by 30 November and we had an opportunity to consider it, we would be coming in quite early in the new year. If the review team has difficulty in clearing everything up for 30 November, I would not impose a deadline if that would damage the quality of the report. If that were the case, there might be some slippage. Even in the worst-case scenario, we could start to see benefits arising from the review or implementation of it from June 2012 onwards. It will start to take effect in the next financial year. Obviously, the earlier date would suit us better, because we could start to take steps from

the start of the financial year.

Mr Dunne:

So it will effectively be next year?

Mr Poots:

The next financial year?

Mr Dunne:

Yes.

Mr Poots:

It will be the incoming financial year. At worst, we would be starting to look at implementing measures from the review by June 2012, but possibly April or May.

The Chairperson:

No one else has indicated that they wish to ask a question. You will be coming back to talk to us later in the afternoon. Thank you very much.