



DUNDONALD HOUSE
UPPER NEWTOWNARDS ROAD
BELFAST
BT4 3SF

Dr John Alderdice
Party Leader
The Alliance Party of Northern Ireland
88 University Street
BELFAST
BT7 1HE

14 March 1988

Dear Dr Alderdice

I am sorry you have not yet had a reply to your letter of 29 February about facilities for the treatment of AIDS and Sexually Transmitted Diseases.

The Minister will write to you in full as soon as possible.

Yours sincerely

Heather Robinson

HEATHER ROBINSON (MISS)
Private Office

*Photocopy
to
Dr. Dunamore
RVH
14.3.89*



DUNDONALD HOUSE
UPPER NEWTOWNARDS ROAD
BELFAST
BT4 3SF

Dr John Alderdice
The Alliance Party of
N. Ireland
88 University Street
Belfast
BT7 1HE

2 March, 1988.

Dear Dr Alderdice

I am writing to acknowledge receipt of your letter of 29 February, 1988 about Treatment of Aids + Sexually Transmitted Diseases + the cut backs in the N.H.S.

The Minister will write to you as soon as possible.

Yours sincerely

S. Belshaw (MISS)

PRIVATE OFFICE

Mr. Richard Needham,
Parliamentary Under Secretary of State,
Dept. Health & Social Services,
Dundonald House,
Upper Newtownards Road,
BELFAST, BT4 3SF.

Thank you for your full and detailed reply of the 17/11/87, to my enquiries about facilities for the treatment of AIDS and Sexually Transmitted Diseases. You quote liberally from statistics at various hospitals, and claim that the statistics demonstrate that the upward trend in Out Patient activity is not to the extent that I mentioned at the meeting. I have checked the figures, and enclose copies of statistics supplied to me in graph form by the Department of Genital Urinary Medicine at the Royal Victoria Hospital which confirms the figures which I gave, and which demonstrate a twofold increase in the number of new patients seeking treatment over a 10 year period and an almost threefold increase in new diagnoses over the same 10 year period (1977-1987). The figures which you have given, refer to various shorter periods. The advent of HIV infection (AIDS) has seen a change in the nature of work at STD Clinics because of the testing and counselling required. The Physicians at the RVH estimate that this takes as much as 5 times as long as the average patient. The recognition that cervical dysplasia and cervical cancer have all the essential characteristics of a sexually transmitted infection and the seemingly relentless rise in non-specific genital infections and the major increase in cases of genital warts have all lead to a heavy burden on the STD Clinic at the RVH. I was heartened to note from your letter that there were some intentions to increase treatment facilities in the Northern Board, and at the Royal Victoria Hospital, and I should like to enquire whether, with the new and major cuts which have been announced, these facilities will in fact be provided.

In respect of members of the Security Forces, you say that where it is known in advance that a member of the Security Forces is attending for treatment, he or she will be taken straight to the consulting area, but note that since it is a Walk In Service, such a situation does not exist! You tell me that medical staff involved in the care of AIDS Patients in local hospitals are happy that they can manage the situation. I have to tell you that this conflicts with medical views which have been expressed directly to me.

Contd/....

I would want to take this opportunity also to express my very grave concern at the actions of the Government in savagely cutting back on the resources of the Health Service in Northern Ireland. I believe the situation to be critical but would in passing, make just one particular point. We discussed the new screening programmes at our meeting and I know that, true to your word, you did personally investigate the situation in the various Boards. This has been appreciated and I trust will have been fruitful, but it will be impossible and pointless to institute effective screening programmes if basic care for those whom we already know to be ill is seriously restricted. There is little point in trying to pick up new cases of illness (at considerable expense) if we are not in a position to treat satisfactorily the ones we already know about.

Dr. John T. Alderdice
PARTY LEADER

*Get letter
to Alderdice*

Royal Victoria Hospital

GENITO-URINARY MEDICINE DEPARTMENT.

Telephone: (0232) 240503

GROSVENOR ROAD, BELFAST BT12 6BA

Extension 4212.

11th January, 1987.

Dr. Alderdice,
55, Knock Road,
Belfast.

John

Dear Dr. Alderdice,

Thank you for your interest in the genito-urinary medicine service in Northern Ireland.

Patients' numbers have been increasing steadily over the past fifteen years, as you already are aware. With the advent of HIV infection, there has been a change in the nature of the work with both new and old patients requiring counselling for HIV antibody tests. Obviously this is very time consuming, with these patients often taking five times as long as the average patient. Because the HIV infected patients also often require long consultations, we have a separate HIV Clinic reserved for this group. This clinic started in 1987.

In common with our colleagues in other specialties, we are concerned with the early detection of cervical dysplasia and cervical cancer. Many experts would now recognise dysplasia and cervical cancer as having all the essential characteristics of a sexually transmitted infection. As 30 - 40% of female patients with genital warts develop cervical dysplasia, we feel we must provide a comprehensive colposcopy service for those patients. With respect to this, we have one Colposcopy Clinic per week, and early in 1988 this will be further extended to two clinics per week.

We also now operate a specialist Wart Clinic for male patients once a week, and for female patients once a week.

Research has been extended with the appointment of a full-time research nurse from May, 1988.

These extra services, none of which existed two years ago, have been provided within the present clinic building (although we recently have been given access to a small physical appliance office, which we use for research/secretary's office). With the steady increase in our general clinic attendances, it is easily seen what a strain this has produced on our present resources.

I felt you would be interested in the U.K. trends STD and I enclose a photocopy of the latest information from CDR. I would draw your attention particularly to Figure 1, representing the over all view, and to Table 1, demonstrating the seemingly relentless rise in non-specific genital infection (the most common STD), and the almost doubling of cases of genital warts within

a 6 year period. All of these figures are reflected in our clinical experiences.

I hope this information is of value.

Yours sincerely,



W. W. Dinsmore, M.D., M.R.C.P.,
Consultant Physician.

enc.

JTA/ER/P.L./HSS

29/2/88

Mr. John McGucken,
Chairman,
Shaftesbury Square Hospital,
116-118 Gt. Victoria Street,
BELFAST,
BT7 7BG.

Further to your letter and telephone call, I have been working along with Professor McClelland and Dr. Adams to raise support within the Psychiatric Fraternity for the preservation of work at Shaftesbury Square Hospital. I have already written directly to Mr. John Simpson to declare my own support for the hospital and its staff, and I enclose a copy of that letter. If you feel I can be of further help, please do not hesitate to contact me. Meantime, I will do what I can in co-operation with my colleagues.

Best wishes.

Dr. John T. Alderdice
PARTY LEADER

JTA/ER/P.L./HSS

29/2/68

Mr. John Simpson,
Chairman,
Eastern Health & Social Services Board,
Londonderry House,
Chichester Street,
BELFAST, 1.

Re: Shaftesbury Square Hospital

I should like to register my grave concern at the proposal before the Eastern Board to close the above facility, split up the multi-disciplinary team, return In Patient Care to the Mental Hospital and relocate the Out Patient and Day Patient facilities in a much less accessible site. It would seem that this is not only a retrograde step, but, setting aside economic issues, it is entirely out of kilter with the Board's stated aim of Community Care. Here it is being proposed to sell off a community site and return to the Mental Hospital, people who manifestly do not need to be in a mental hospital and indeed who would be reticent to be admitted there. Furthermore, the proposal to divide up the therapeutic team and facilities would destroy 20 years of work in building an experienced and cohesive team of staff.

Finally, I understand that in presenting the proposal to the Psychiatrists of the Eastern Board, no option for an alternative was presented and no co-operation was sought to devise an alternative, this is in contrast to proposals in other areas of medicine. I must therefore register, in very strong terms, my personal, professional and political opposition to the proposal which has been made, and to the fashion in which it was made. I trust that a more reasoned and reasonable approach can be taken to making the economies demanded by the Government.

I trust that you will bring the contents of this letter to the attention of the Members of the Board, prior to their meeting.

Dr. John T. Alderdice
PARTY LEADER

Shaftesbury Square Hospital

Ex-Patients Committee

116-118 Gt. Victoria Street

Telephone: 29408

Belfast BT2 7BG

Dr. J.T. Alderdice,
55 Knock Road 5,
BELFAST.

20th February, 1988.

Dear Sir,

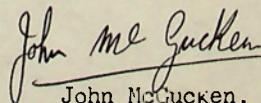
I write as Chairman of Shaftesbury Square Ex. Patients Association asking for your support. I am sure you are aware of the Eastern Health and Social Services Board proposal to close Shaftesbury Square Hospital.

This Hospital was the first alcoholic unit set up in Northern Ireland. It's services Belfast and district. It has pioneered a change of treatment which is now copied in all the other units. We have increased our success rate, originally we had a re.admittance of 70% of the patients, this has now dropped to 30%. The atmosphere in the hospital is that of a close knit family and I am sure you are aware that the ex.patients association have paid for all the equipment in the Hospital.

The cost to the Eastern Health Board of keeping this hospital open is £200,000 per year and for the sterling work it does, I think it would be a shame to see such a successful unit shut. The board proposes to go back to the old method, of putting the alcoholics in the psychiatric hospital and mixing them with the general patients there. Off course this has not proved successful in the past.

In the past 5 years we in Shaftesbury have started to treat the drug addict and are now known as an Alcoholic and Drug Addict Unit. Also we are the only hospital to have Physco Drama and the ex.patients have over the years sent C. Monroe and N. Kerney to special courses in England. Indeed Claire Monroe is the only qualified person in this field in Northern Ireland.

We were hoping that you would look on us with favour and use your considerable influence to try and get the government to change its attitude and let Shaftesbury remain as it is. Many thanks for all your help.



John McGucken. (Chairman)

Royal Victoria Hospital

Telephone: (0232) 240503

GROSVENOR ROAD, BELFAST BT12 6BA

DEPARTMENT OF GENITO-URINARY MEDICINE

9th December 1987

Dr J Alderdash
55 Knock Road
Belfast

Dear John

Please find enclosed the grafts of our patient attendances.

Our total patient attendances in 1986 were 17336 and this is up from the total patient attendances of 11161 in 1976.

Yours sincerely

Wallace

W.W. DINSMORE
CONSULTANT PHYSICIAN IN
GENITO-URINARY MEDICINE
JMCK

Encs

TOTAL NUMBERS OF NEW PATIENTS
ATTENDING BELFAST

DEPT OF GENITOURINARY MEDICINE

at 8/12/57

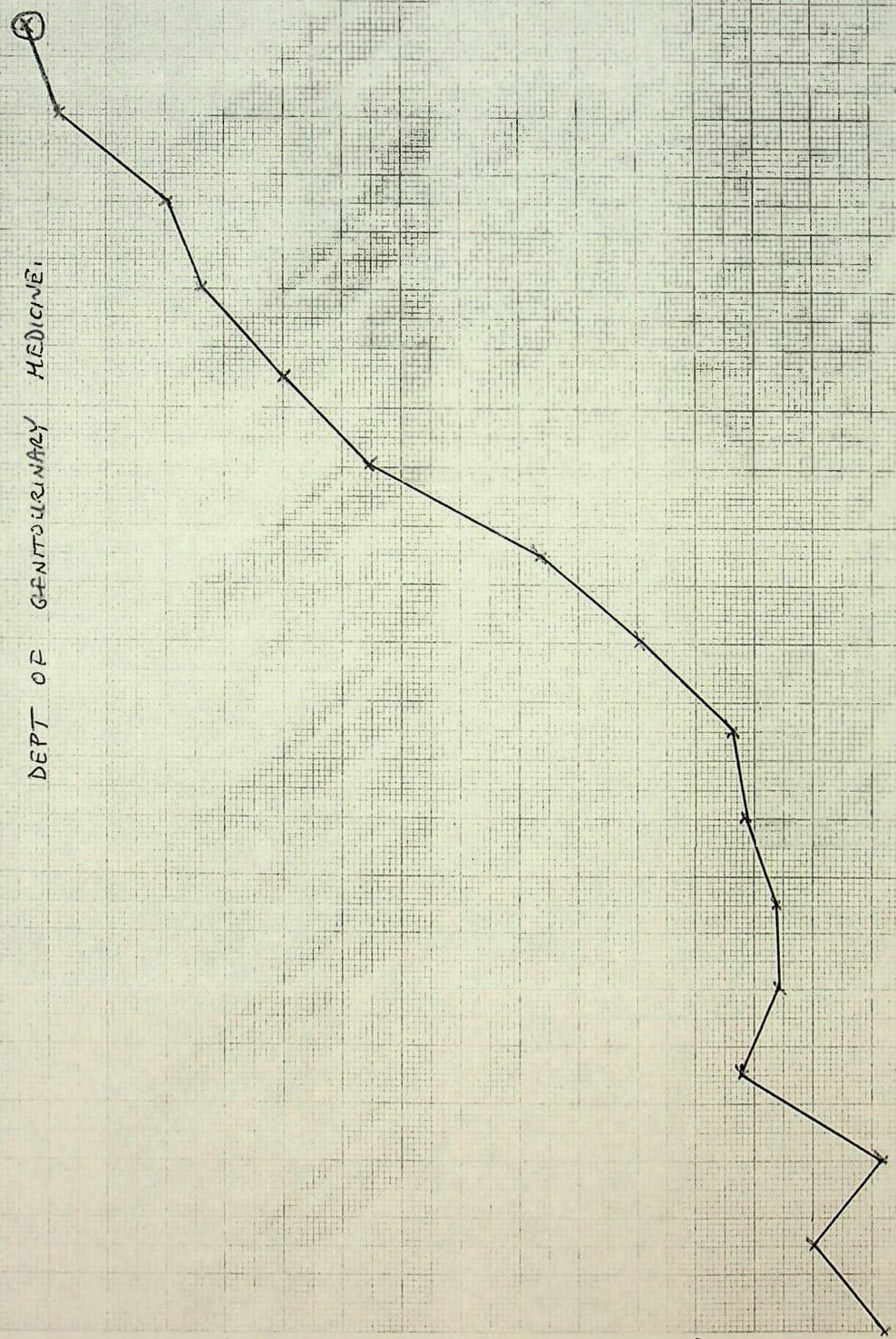
3200

3000

2800

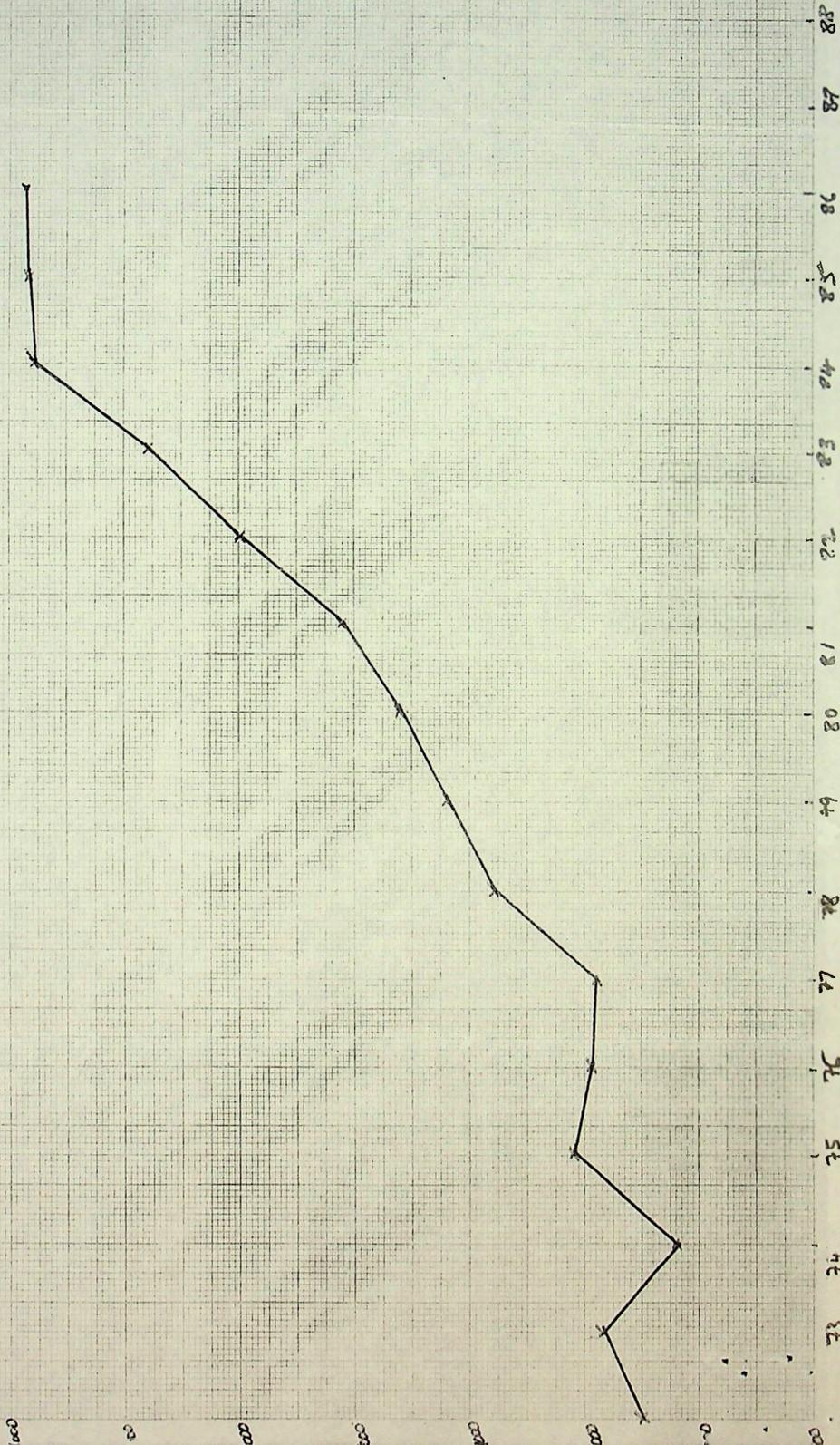
2600

1974



1973 1974 1975 1976 1977 1978 1979 1980 1981 1982

TOTAL NUMBER OF NEW DIAGNOSES IN
BELFAST DEPT OF GENITO URINARY MEDICINE
(NEW AND OLD PATIENTS)



Royal Victoria Hospital

Genito-Urinary Medicine Department

Telephone: (0232) 240503
Extension 4212

GROSVENOR ROAD, BELFAST BT12 6BA

12 April 1988

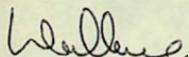
Dr. John T. Alderdice,
Party Leader,
The Alliance Party of Northern Ireland,
88 University St.,
Belfast.
BT7 1HE

Dear John,

Thank you for keeping me informed regarding the Minister's views on STD in Northern Ireland. We are still pursuing the possibility of funding of the Clinic.

I hope all is well with you and Joan and we will see you soon.

Yours sincerely,



W. Dinsmore, M.D., M.R.C.P.,
Consultant Physician.

mc





The Medical Society for the Study of Venereal Diseases

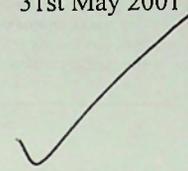
GRK/JW

RECEIVED

31st May 2001

Lord Alderdice
Speaker, Northern Ireland Assembly
Parliament Buildings
Stormont
Belfast
BT4 3XX

- 4 JUN 2001
SPEAKERS OFFICE



Dear Lord Alderdice

On behalf of the MSSVD, could I again thank you for allowing us the rare privilege of holding our annual conference dinner and being host at Stormont. We all hugely enjoyed the occasion that was the culmination of a very enjoyable and successful conference.

Although being chosen as the host location for our annual Spring meeting only happens once in a generation, our society holds a variety of meetings and I do hope that it will be possible for the society to visit Belfast again in the near future. Everyone was impressed by the warm and generous welcome we received, and the calm, peaceful atmosphere of the city (at least after the departure of President Clinton!)

I shall also encourage those other medical societies to which we are closely allied to also consider Belfast as a wonderful venue for their conferences.

May I also express my personal admiration for the contribution that you and your brother, as medical doctors, have made to the peace process in Northern Ireland. This provides an example to others in the medical profession, especially as the outcomes you have achieved are even greater than the sum of the parts. There is indeed much that medical politicians, as well as ordinary clinicians, can learn in Northern Ireland.

With best wishes

Yours sincerely

G R KINGHORN
President - MSSVD

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DUNDONALD HOUSE
UPPER NEWTOWNARDS ROAD
BELFAST
BT4 3SF

Dr John Alderdice
88 University Street
BELFAST
BT7 1HE

30 March 1988

Dear Dr Alderdice

I am replying in my Minister's absence to your letter of 29 February about the provision of services for patients suffering from AIDS and sexually transmitted diseases and the funding of the Health Service in general.

Your letter clarifies the fact that the increase in workload to which you referred earlier was measured over a ten year period. The figures which Mr Needham examined and provided in his letter of 17 November 1987 covered the period from 1982, subsequent to the advent of AIDS. You may already know that an additional senior registrar and a senior house officer were appointed to the Genito-Urinary Medicine (GUM) clinic in 1984 when the increase in workload was rising fastest. Assessment of the need for any further staff is a matter initially for the Eastern Health and Social Services Board.

You expressed concern about cutbacks on Health Service funding, and asked about their impact on proposed new treatment facilities. The Minister has asked me to explain that the revenue resources available for health and personal social services have not been reduced but have in fact increased. During the period 1979/80 to 1986/87 the annual allocation of resources to the Health and Social Services Boards increased by 18.2 per cent in real terms, after allowing for general inflation. Expenditure on these services overall in 1988/89 will amount to £845 million, which is an increase of £34 million on last year and 23 per cent higher per head of population than expenditure in England.

The total resources available to Health Boards next year amount to £624.6 million, £31 million more than 1987/88. Although this level of increase is not as great as Boards had anticipated in their Operational Plans for 1988/89, Mr Needham believes that the substantial resources being made available should facilitate some progress towards the aims of the Regional Strategy. Boards have to make savings, but have also some money for development. They are at present revising their Operational Plans in the light of their allocations and it is hoped that these will include some development associated with the GUM service.

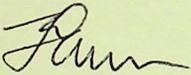
As regards members of the security forces attending the GUM clinic at the Royal Victoria Hospital, the Minister indicated in his previous letter that it was not uncommon for prior arrangements to be made with the clinic for such personnel to be seen without having to wait alongside members of the general public. He did point out, however, that such an arrangement was not always possible because the clinic provides a walk-in service which anyone can choose to use. The security advisers have been asked to look further into this problem and to consider with

the Eastern Board what arrangements might be made to improve the security of Forces personnel attending the clinic.

On the question of in-patient treatment of AIDS patients, the position is that the four Health and Social Services Boards have agreed that each Board will as far as possible care for any patient suffering from AIDS in its own area. Although you say that you have detected a conflicting view, our information is that medical staff in general are in agreement with the Boards' policy.

I do hope you will find this reply helpful.

Yours sincerely



NOEL McCANN
Private Secretary

Copy to W.W. Dunmore
31.3.88 ✓ ER

JTA/ER/P.L.

17/12/87

Dr. W.W. Dinsmore,
Dept. of Genito - Urinary Medicine,
Royal Victoria Hospital,
BELFAST.

Sorry for the delay. Please find enclosed a copy of Richard Needham's reply to my meeting with him on 16th October. Thank you very much for the photocopied graph which you sent to me. I have written back to the Minister enclosing those details but if you would take a detailed look at this letter, with your colleagues, and let me have comments on it I will take things further.

Best wishes.

Dr. John T. Alderdice
PARTY LEADER



DUNDONALD HOUSE
UPPER NEWTOWNARDS ROAD
BELFAST
BT4 3SF

Dr John Alderdice
55 Knock Road
BELFAST
BT5 6LB

176 November 1987

Dear Dr Alderdice

At the meeting with you and your colleagues on 16 October I undertook to look at some of the issues raised and to write to you about them.

Dealing first with AIDS and sexually transmitted diseases (STDs) in general, you mentioned that you have been told by staff at the Royal Victoria Hospital that there has been a 200% increase in the number of patients seeking treatment with no consequential increase in funding or staffing. I have examined the workload of the 3 STD clinics in the Province (RVH, Coleraine and Altnagelvin) for the period 1982 to 1986 and can tell you that for the RVH clinic, and Northern Ireland as a whole, there has been approximately a 21% increase in both new and total outpatient attendances. Altnagelvin has seen a reduction of 8.4% in new patients but an increase in total attendances of 9% while at Coleraine there has been a 37% increase in new patients and 61% in total attendances. The number of inpatients treated at the Regional Centre at the RVH has dropped by 47% in the corresponding period. Figures available for the first half of this year show a continuing upward trend in outpatient activity but not to the extent you mentioned at our meeting.

As you may already know any increase in service provision is a matter for Health and Social Services Boards to decide and any additional needs should be reflected in the Boards' respective annual operational planning statements. I can tell you, however, that the Northern Board is in the process of increasing the number of outpatient sessions at Coleraine while the Eastern Board plans to upgrade outpatient facilities at the RVH clinic as part of a package which will include a 2 bed purpose built isolation unit for AIDS patients. You may also be interested to know that the Southern Board has recently decided to introduce a STD outpatient service within its area and it is hoped that this will begin before the end of the year.

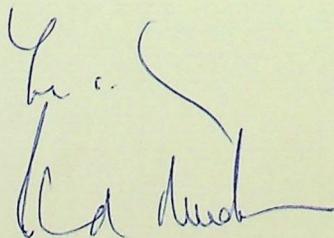
You also mentioned a potential difficulty which could arise if members of the security forces have to share common waiting areas with the general public. Officials in my Department have been in touch with medical staff at the RVH who have confirmed that, where it is known in advance that a member of the security forces will be attending for treatment, he will be taken straight to the consulting area on arrival without having to wait. This arrangement also operates when security personnel attend as review patients. STD clinics by their nature provide a walk in service and I accept that it might not always be possible in practice to prevent mixing of patients. However, I am satisfied that the organisational arrangements in operation at present are working satisfactorily. A separate treatment centre for security personnel does not therefore appear to be necessary.

You expressed concern about local hospitals having to deal with AIDS patients. I can tell you that medical staff involved in this aspect of medical care advise that there is no reason why AIDS patients cannot be treated in an acute facility in each of the 4 Health Board areas, subject to the patient's clinical condition. Each of the Boards has drawn up policy guidelines on how to deal with any future cases of AIDS in its area and a wide range of guidance has been issued to medical, nursing and other staff on precautions they should take in treating such patients.

We can only hope that the Government's and Boards' public education programmes will prove successful in the long term and that the need to care for AIDS patients in Northern Ireland will be kept to a minimum.

On the question of breast cancer screening you asked why Northern Ireland had not received any of the £53 million which you said had been set aside for the introduction of this service throughout the United Kingdom. I do not know where this figure came from as no central provision has been made for the funding of this screening service. As you may know the Health Departments in England, Scotland, Wales and Northern Ireland are each responsible for funding their own services, and resources for the local breast cancer screening services will have to come from the Northern Ireland budget. The figures quoted by Norman Fowler in his statement in the House of Commons on 25 February - which amounted to £41 million over a 3 year period - related only to England. In that statement he pointed out that the other three countries would also be introducing breast cancer screening services broadly comparable to those proposed for England.

I do hope that you will find this reply helpful.

A handwritten signature in blue ink, appearing to read 'Richard Needham', is written over the typed name at the bottom of the page.

RICHARD NEEDHAM

JTA/ER/P.L.

17/12.87

Cllr. Stewart Dickson,
25 Station Road,
Greenisland,
CO. ANTRIM.

Please find enclosed photocopy of the Minister's reply to some of the issues raised at our meeting on 16th October. I have taken up the question of Aids and the figures for sexually transmitted diseases. Since you raised the matter of money for Breast Cancer Screening maybe you could take up that side of things.

Hope you enjoyed the German trip.

Best wishes.

Dr. John T. Alderdice
PARTY LEADER

*See copy
behind W. W. Dunmore*