

# **Belfast Health & Social Care Trust Board**

## **A consultation on the reconfiguration of Emergency Department services in Belfast**

**25th April 2013**



Belfast Health and  
Social Care Trust

## ***Background***

- Transforming Your Care
- New Directions
- Safe and sustainable services

## ***Process***

- Minister tasked HSCB to work with Trust to develop options on future service
- HSCB leading on consultation process
- Develop a final proposal for consideration by Minister



# Context

- Aging population

In NI 30% increase over 65 years olds 2009-20 to 330,394

- 22% all ED attendances over 65 years
- 50% of all admissions through ED over 65 years



# Transforming Your Care

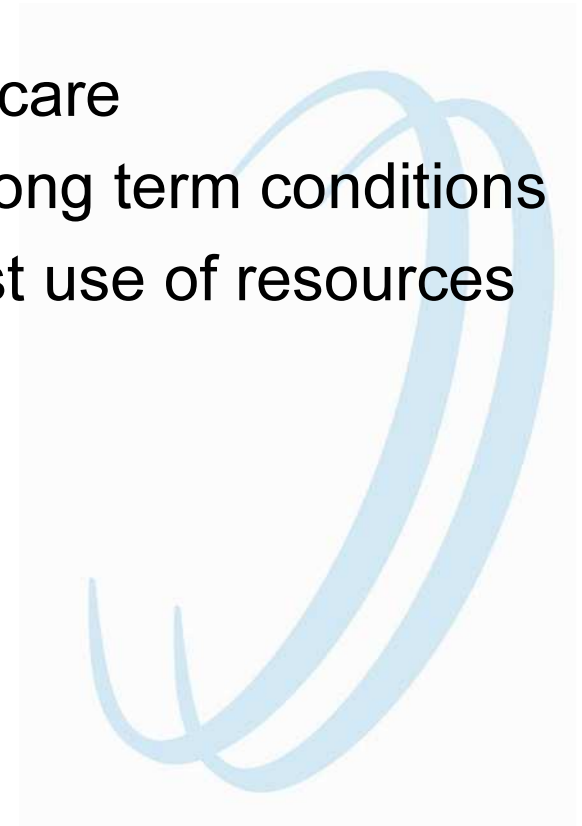
- 5-7 major hospital networks
- Senior decision makers in ED
- Dedicated pathways for care
- RVH as regional trauma centre



# New Directions

## Consultation in 2008

- Localise services where possible
- Centralise & develop networks for major trauma, heart conditions and stroke
- Clear pathways for access to emergency care
- Single point of contact for urgent care of long term conditions
- Re-profile services and flows to make best use of resources
- Protected elective services
- Reduce unnecessary duplication



# New Directions

## Acute Service reorganisation – consultation November 2010

- ENT inpatient and daycase services centralised in the RVH
- Vascular inpatients and daycases are centralised in the RVH
- Gynaecology inpatients are centralised in BCH, gynaecology daycases temporarily at the Mater Hospital;
- Urology inpatient and daycase services BCH
- Plans are under development for an Emergency Surgical Unit for General Surgery in RVH, for rapid assessment & treatment of urgent patients and protected elective surgery
- Cardiology centralisation of interventional services on RVH
- Ophthalmology – regional centre at Mater Hospital



# New Directions

- **BCH**

Cancer / regional specialist centre for renal/ oncology/ haematology/ transplant/ urology/ gynae/ older people/ elective surgery/ direct access to specialities

- **Mater**

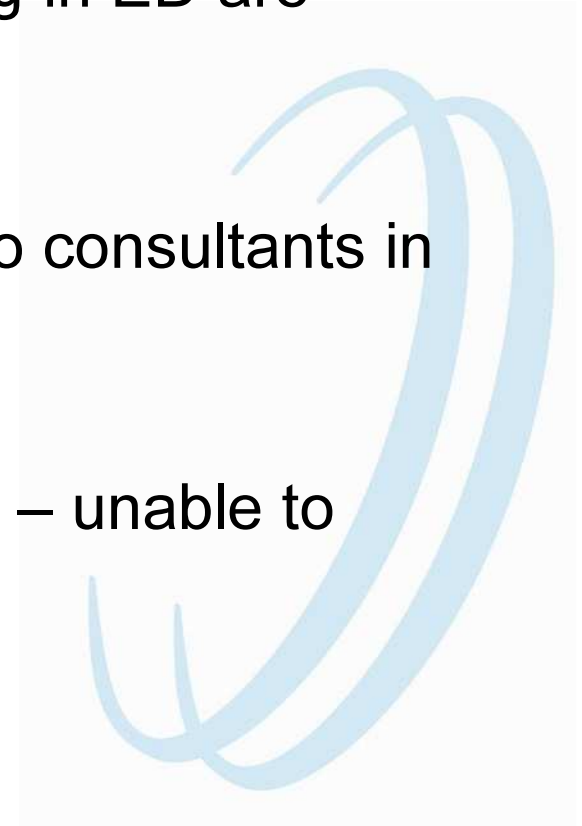
Small district general hospital, undifferentiated medical admissions, acute medicine, cardiology, elective surgical day cases/ specialist ophthalmology services

- **RVH**

Regional trauma centre / critical care/ cardiac surgery / interventional cardiology/neurosurgery/ specialist diagnostics/ vascular/fractures/ spinal / stroke

# Medical training & supervision

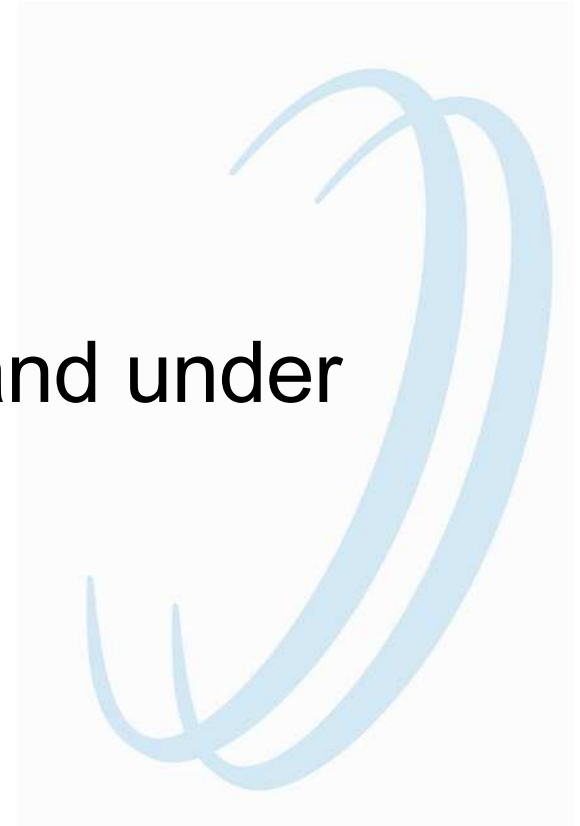
- GMC through NI Medical & Dental Training Agency regulate doctors in training
- They require that junior doctors in training in ED are supervised 24 hours/ 7 days week
- EWTD impact also needed to increase no consultants in ED & other experienced doctors
- Difficulties in recruitment at middle grade – unable to maintain 3 EDs





# Belfast Emergency Departments

- 3 level 1 EDs
  - BCH / Mater Hospital/ RVH
  - Regional acute eye service RVH
  - ENT rapid access clinic RVH
- RBHSC for children 14 years and under



# Belfast Emergency Departments

## 3 level 1 EDs

For 340,000 population Belfast

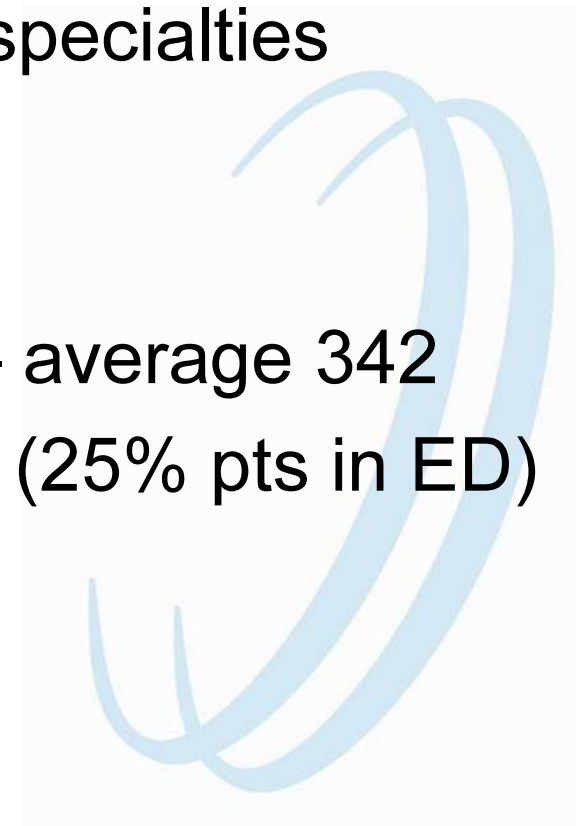
Some attendances across NI for specialties

121,000 + attendances year

248-458 attendances every day – average 342

30-32,000 admissions every year (25% pts in ED)

90– 160 admission day





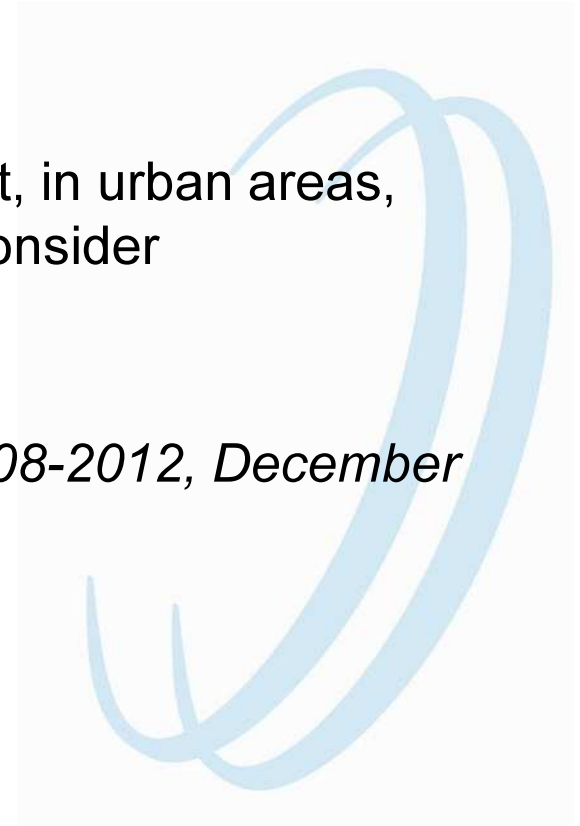
Belfast Health and  
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RVH to BCH = 1.2miles/ BCH to Mater = 2.1 miles/ Mater to RVH = 1.6 miles

# National context

- Northern Ireland has more than twice as many EDs per head of population as England
- Comparable cities across the United Kingdom have fewer EDs, often just one ED supported by other centres
- The College of Emergency Medicine suggests that, in urban areas, where EDs are less than 10kms (6 miles) apart, consider amalgamating services.

*College of Emergency Medicine, The Way Ahead 2008-2012, December 2008.*



# Temporary Closure BCH 1<sup>st</sup> November

- Medical recruitment shortfall in Emergency Departments across all clinical levels – regionally & nationally
- NI Medical & Dental Training Agency assessment of Belfast Emergency Department services required urgent action following report in September 2011 to satisfy GMC requirements



# Action

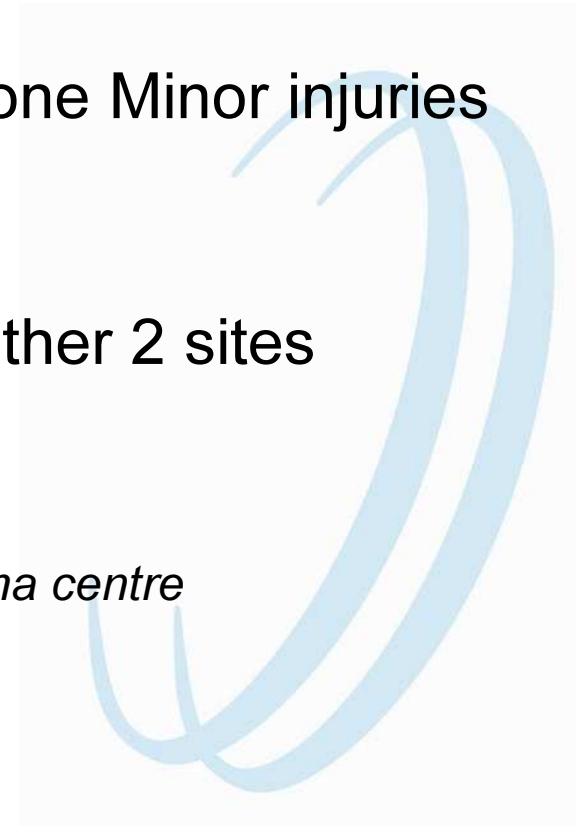
## Temporary closure of BCH Emergency Department on 1<sup>st</sup> November 2011

- Staff **amalgamate** to provide 24/7 emergency services on RVH & Mater sites
- Consultants work **extended day** to midnight weekdays and 6pm at weekends, on call thereafter
- **Evening rota** covered by speciality doctors & senior trainees
- **Nighttime** cover provided by senior & junior doctors
- Safe & sustainable service for patients & junior doctors

# Options reviewed

1. Three EDs – RVH\*/ BCH/ Mater
2. Two EDs – RVH & BCH
3. Two EDs – RVH & Mater
4. Two EDs – RVH & 1 other with stand alone Minor injuries Unit on remaining site
5. One ED – RVH with reduced hours on other 2 sites
6. One ED – RVH

*\* Every option has to include ED at RVH as regional trauma centre*



# Options

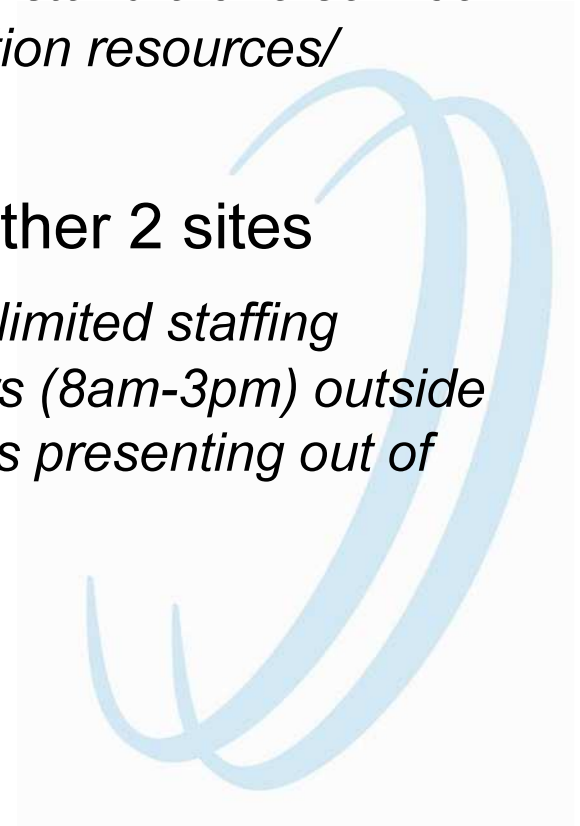
## ***Options not progressing to short list***

4. Two EDs – RVH & 1 other with stand alone Minor injuries Unit on remaining site

*issues of clinical safety and cost effectiveness in stand alone service – evidence that MIU best alongside ED/ duplication resources/*

5. One ED – RVH with reduced hours on other 2 sites

*duplicating service across sites not good use of limited staffing resource – would have to have very limited hours (8am-3pm) outside peak hours of demand & risk of unstable patients presenting out of hours – 17 hours uncovered*





# Options

## ***Shortlisted options reviewed***

1. Three EDs –RVH\*/ BCH/ Mater
2. Two EDs – RVH & BCH
3. Two EDs – RVH & Mater
4. One ED - RVH

*\* Every option has to include ED at RVH as regional trauma centre*

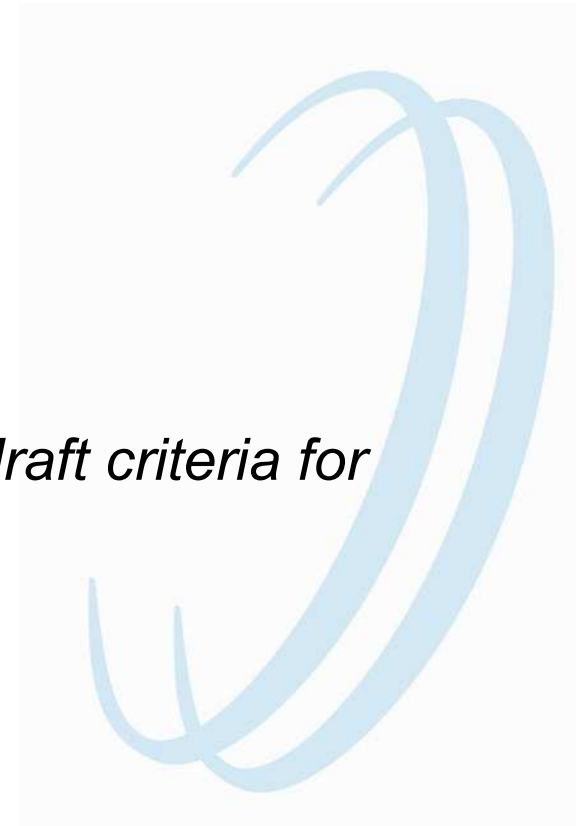


# Assessment of options

## ***Criteria\****

- Patient safety and quality
- Deliverability and sustainability
- Effective use of resources
- Local access

*\* Taken from Transforming Your Care 2012 – draft criteria for acute services reconfiguration*

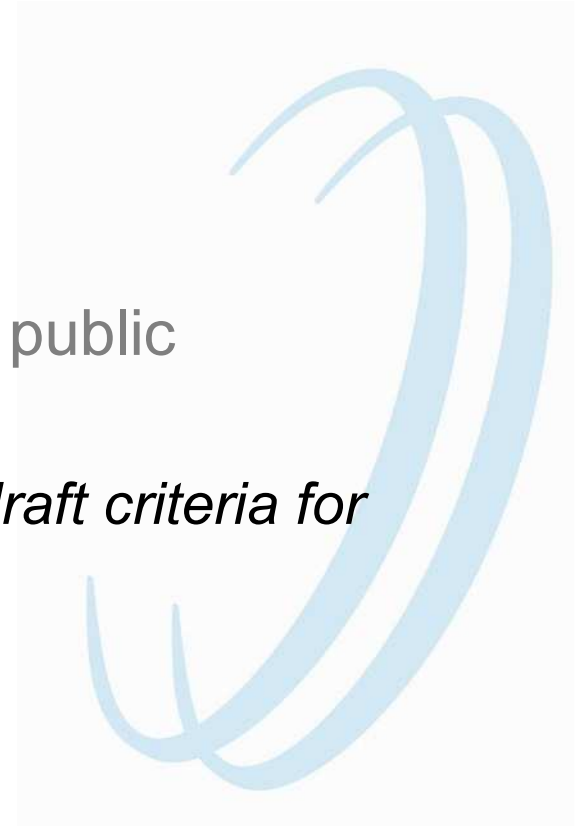


# Assessment of options

## ***Criteria\****

- Patient safety and quality
- Deliverability and sustainability
- Effective use of resources
- Local access
- Stakeholder support – assessed through public consultation

*\* Taken from Transforming Your Care 2012 – draft criteria for acute services reconfiguration*



# Assessment of options

## ***Patient safety & quality***

- RVH/ BCH/ Mater → Insufficient experienced middle grade & consultant doctors to run 3 EDs safely
- RVH & BCH → Better than 3 site model but relies on same group of more experienced doctors in both EDs
- RVH & Mater → Better than 3 site model and as smaller DGH Mater able to cope with less experienced medical trainees with support from other medical teams on site
- RVH → Better than 3 site model but unable to cope safely with more 120k attendances, pressure on infrastructure

# Assessment of options

## ***Deliverability & sustainability***

- RVH/ BCH/ Mater ⇒ Unsustainable due to difficulties in recruitment/ counter-strategic for New Directions & TYC
- RVH & BCH ⇒ Better than 3 site model but counter-strategic for New Directions & TYC for BCH profile
- RVH & Mater ⇒ Better than 3 site model and fits better with New Directions & TYC. More achievable with small DGH profile of Mater
- RVH ⇒ Better than 3 site model and for TYC and New Directions but needs systems and infrastructure development to be achievable  
Has greater impact on other Trusts than other options

# Assessment of options

## ***Effective use of resources***

- RVH/ BCH/ Mater ⇒ Fragments the ED finite resources & not best use of resources including specialist services
- RVH & BCH ⇒ Better than 3 site model but ED not critical to role and profile of BCH and difficult to sustain Mater DGH role
- RVH & Mater ⇒ Better than 3 site model and facilitates DGH role Mater and specialist & elective role of BCH
- RVH ⇒ Offers most effective use of resources with concentration of staff on single site for 24/7 delivery & direct access to BCH but difficult to sustain Mater DGH role

# Assessment of options

## **Local access**

- RVH/ BCH/ Mater ⇒ Access to 3 EDs within 2 mile radius/ issue of direct access to specialist services & for pts with long term conditions
- RVH & BCH
  - ⇒ Distance between RVH- BCH is 1.2 miles/ RVH / good access to public/ pathways
- RVH & Mater
  - ⇒ Distance between RVH – Mater is 1.6 miles / good access to public/ direct access pathways
- RVH
  - ⇒ Distance between RVH- BCH is 1.2 miles/ RVH – Mater is 1.6 miles & BCH-Mater is 2.1 miles/ good access for public/ direct access pathways to other sites

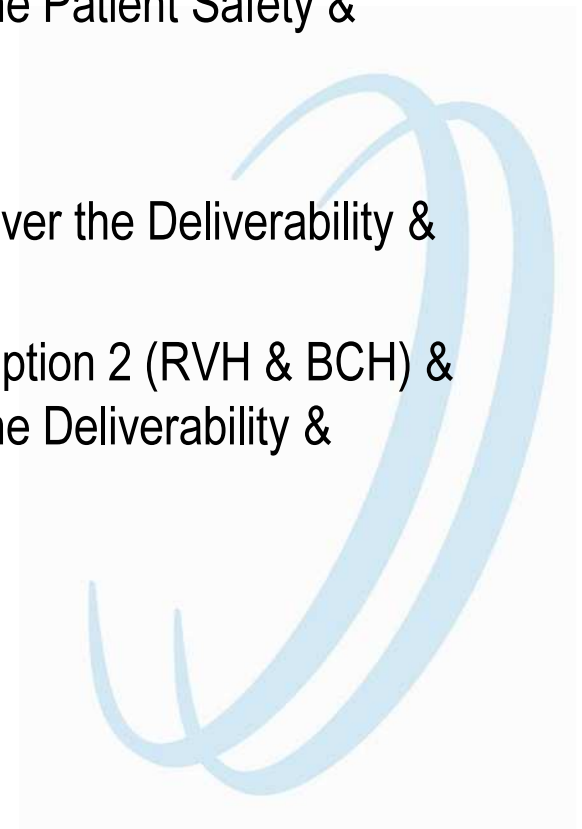
# Summary of assessment of criteria

## 1. Patient safety & quality

- ⇒ **Option 3** (RVH & Mater) can deliver the Patient Safety & Quality criterion
- ⇒ Option 1 (RVH, Mater & BCH), Option 2 (RVH & BCH) & Option 6 (RVH) cannot deliver the Patient Safety & Quality criterion

## 2. Deliverability & sustainability

- ⇒ **Option 3** (RVH & Mater) can deliver the Deliverability & Sustainability criterion
- ⇒ Option 1 (RVH, Mater & BCH), Option 2 (RVH & BCH) & Option 6 (RVH) cannot deliver the Deliverability & Sustainability criterion





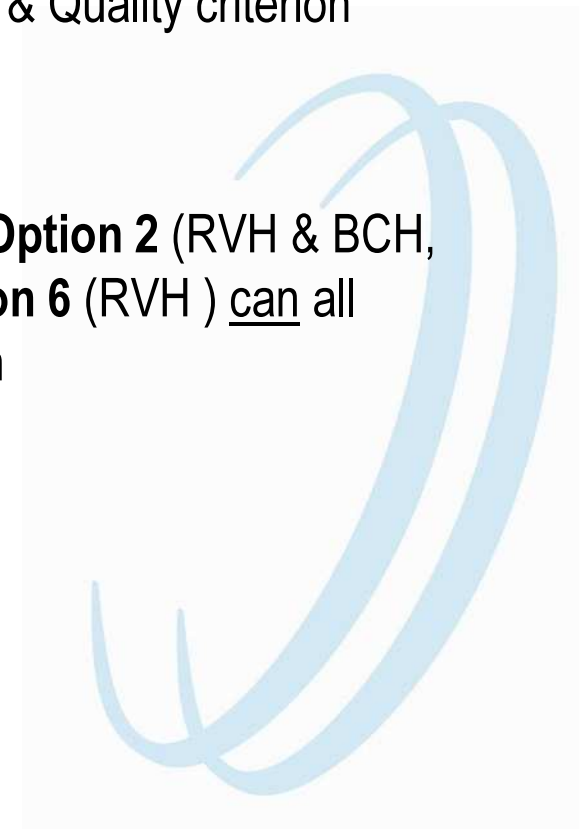
# Summary of assessment of criteria

## 3. Effective use of resources

- ⇒ **Option 3** (RVH & Mater) & **Option 6** (RVH) can deliver the Effective Use of resources criterion
- ⇒ Option 1 (RVH, Mater & BCH), Option 2 (RVH & BCH) cannot deliver the Patient Safety & Quality criterion

## 4. Local access

- ⇒ **Option 1** (RVH, Mater & BCH), **Option 2** (RVH & BCH), **Option 3** (RVH & Mater) & **Option 6** (RVH) can all deliver the Local Access criterion



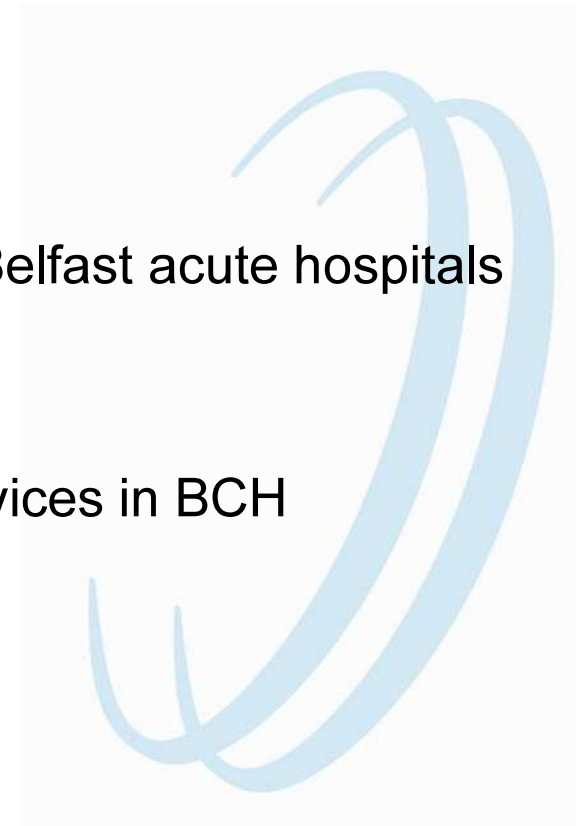
# Preferred option

## ***Option 3***

- Emergency Departments in RVH and Mater Hospitals

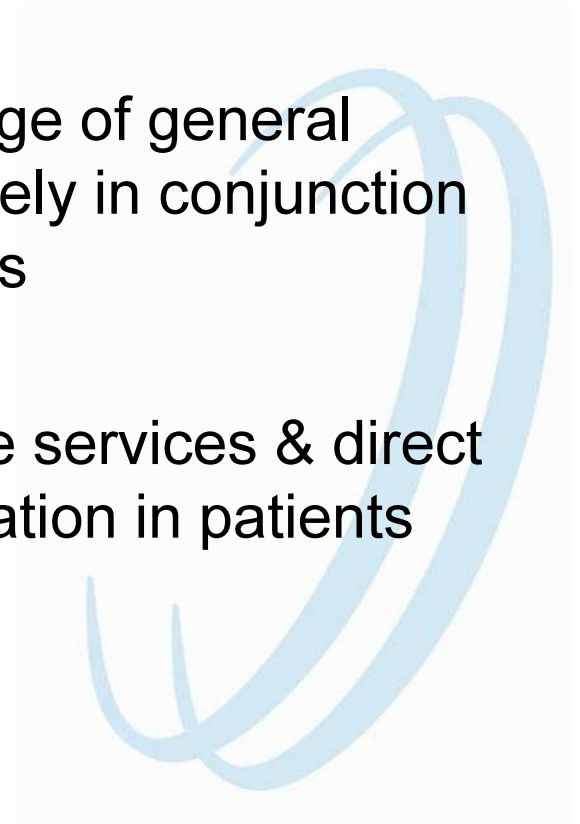
Working as a single emergency service in a Belfast acute hospitals network

With direct access pathways to specialist services in BCH



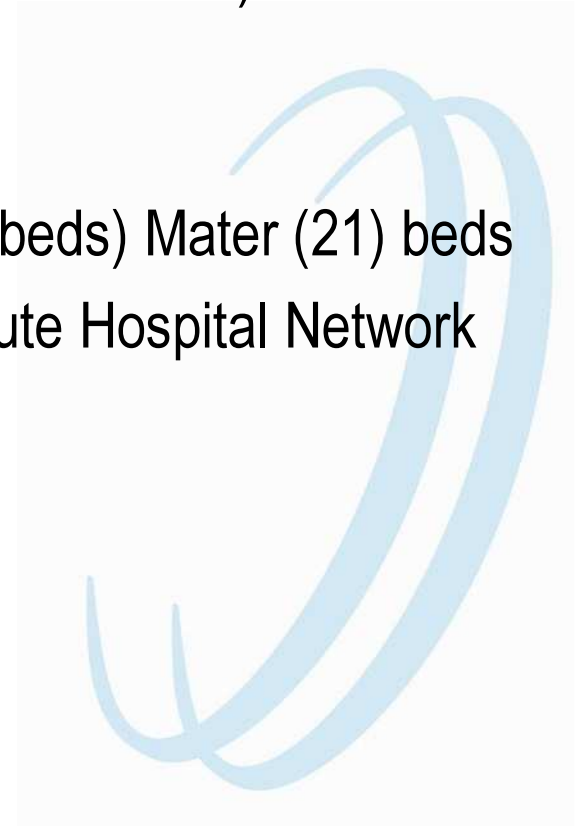
# Rationale for option 3

- **RVH** role as regional trauma centre maintained & primary emergency dept in Belfast with access to range of diagnostic & specialist services but does not have infrastructure to support 120k attendances
- **Mater** as small district general hospital range of general medical and surgical services work effectively in conjunction with RVH to support 120,000 + attendances
- **BCH** as large specialist centre with elective services & direct access pathways for unscheduled deterioration in patients with long term conditions



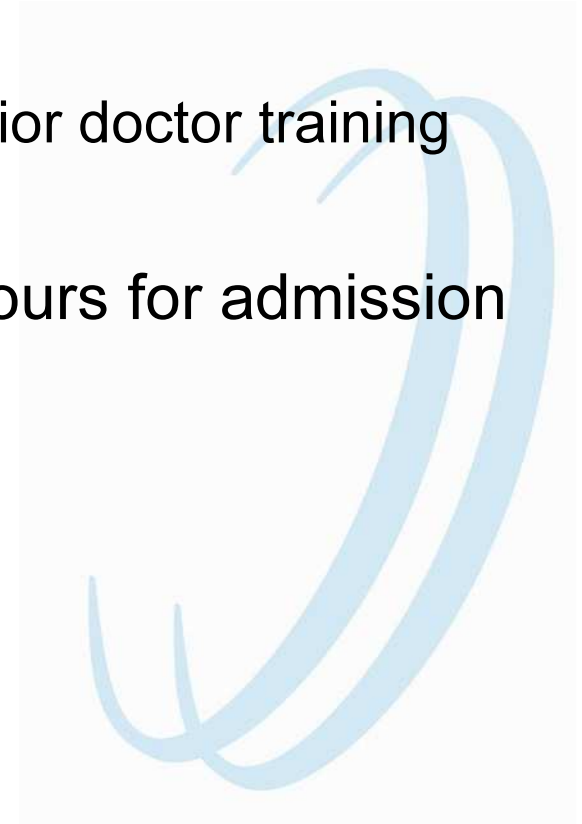
# Description of preferred option

- Sustainable service for urgent care through 2 EDs
- Direct access & transfer pathways to BCH for long term conditions
- GP direct access to BCH (23 beds in acute assessment unit) and to stroke unit (RVH)
- Closer working with GP Out of Hours
- Expanded medical admissions unit in RVH (to 65 beds) Mater (21) beds
- Admission/ transfer protocols for pts to Belfast Acute Hospital Network
- Further development of ambulatory pathways



# Experience since 1 November'11

- **Attendances** slightly reduced – approx 15%  
Some patients accessed services via direct pathways/ self care
- **Admissions increased – Approx 6%**
- **NIMDTA** revisit – standards satisfied for junior doctor training
- Reduction in **patients waiting** over 12 hours for admission  
approx 95% reduction



# Next steps

1. Public consultation ends 10 May 2013
2. Consideration of responses By HSCBoard & Trust
3. Ministerial decision
4. Implementation of reconfiguration

