Belfast City Council

Report to:	Strategic Policy and Resources Committee
Subject:	**Future of Emergency Services Departments in Belfast**: Draft Consultation Response
Date:	10 May 2013
Reporting Officer:	Suzanne Wylie, Director of Health & Environmental Services
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1	**Relevant Background Information**
1.1	Members will be aware that the Minister for Health, Edwin Poots launched consultation on 5 February 2013 on the future of Emergency Services Departments in Belfast.
1.2	The consultation period closes on 10 May. The Terms of Reference for the consultation approved by the Minister requires the Health and Social Care Board to provide him with a sound basis for a decision on the future make-up of Emergency Department services across this area.
1.3	The proposals in the consultation document have been developed by the Health and Social Care Board (HSCB) working with Belfast Trust.
1.4	The preferred and recommended option proposed is that **Emergency Department services should be delivered from two Emergency Departments at Royal Victoria Hospital and Mater Hospital**. Direct access to Belfast City Hospital would be available for patients who have been assessed by their GP as requiring medical assessment or admission to hospital without the need to go via an Emergency Department.
1.5	A Special meeting of the Committee took place at 2:00 pm on Thursday 25 April 2013 at which Members received a presentation from representatives of the Trust and were able to ask questions. At that meeting it was agreed that a draft Council response be drafted for review at the May meeting answering two of the three main questions posed in the questionnaire (Q.s 3 + 4) and leaving question 5 as a matter for the political groups.

2	**Key Issues**
2.1	The consultation outlines that there are three key reasons ("key drivers") for making changes in the way Emergency Department services are delivered across Belfast: (i) The future direction for health and social care services, as outlined in 'Transforming Your Care' is for urgent care services to be provided as close to people's homes as possible, provided by an integrated team from primary, community and hospital services with an emergency service configuration that is sustainable and resilient in clinical terms. The report envisaged all hospitals in Belfast Trust as part of a single network of major acute services. (ii) The strategic direction for acute hospitals and service delivery in Belfast, as outlined in Belfast Trust's 'New Directions' document, focuses on both the development of patient pathways which enable people to access services quickly, without having to attend the Emergency Department, and the development of service profiles for the hospitals in the Belfast Acute Network (BCH, Mater Hospital & RVH); (iii) The need to deliver a safe and sustainable service into the future, where highly-skilled clinical teams, supported by an effective physical infrastructure and environment, can provide a high quality service for patients.
2.2	The 4 ***shortlisted*** options considered in the review are outlined below: (i) Option 1: Three Emergency Departments (RVH, Mater & BCH) - This option would result in insufficient numbers of experienced middle grade doctors and doctors in training being available to deliver a safe, high quality service in three Emergency Departments (ii) Option 2: Two Emergency Departments (RVH & BCH) – 2 sites would be preferred - but the RVH and BCH hospitals rely on the same limited cadre of experienced middle grade doctors and doctors in training. This option, with an Emergency Department in both RVH and BCH, could not consistently deliver safe, high quality services because of the limited availability of these experienced decision makers. (iii) Option 3: Two Emergency Departments (RVH & Mater) – 2 sites would be preferred and the Mater Hospital, as a smaller district general hospital, is capable of functioning safely with less experienced medical trainees because, as a smaller hospital, the close proximity of other specialties, such as anaesthetics and general medicine, supports the delivery of emergency services. (iv) Option 6: One Emergency Department (RVH) - The RVH Emergency Department has been designed to care for around 80,000 patients per annum. Any significant increase above this would put pressure on the RVH infrastructure including public access, car parking and access to diagnostic services. Delivery of the current total number of Emergency Department attendances of 120,000 could not be realistically achieved on the RVH site without significant service configuration.
2.3	The shortlisted options were considered against 5 assessment Criteria for Acute Reconfiguration included in the "Transforming Your Care: Vision to Action" document: ➢ Patient Safety & Quality ➢ Deliverability & Sustainability ➢ Effective Use of Resources

	➢ Local Access ➢ Stakeholder Support
2.4	In response to a query from a Member as to whether the proposals were being driven by the need to make financial efficiencies, the Trust representatives explained that that the primary reasons for proposing these changes were due to patient safety and the lack of available consultants.
2.5	With regard to Questions 3 and 4, Members agreed in principle with the Drivers for Change and with how the criteria were applied in the assessment of the options, but they also wished to make the following points in the Council's response;- **<u>The Patient Experience</u>** ➢ The changes ongoing in the Emergency Service provision are not patient-centric enough and could benefit from a "whole system" approach to joining up the "patient experience" from admission through treatment to discharge. ➢ The particular example of transport and transfers across and between sites (by ambulance) was referred to as not yet being patient-centric and robust enough to cope with the new proposals; ➢ Too many patients are still being transferred too late at night – Out of Hours service for GPs are not well enough understood and used with the result that people still tend to choose going to A&E; **<u>TYC: More community based services</u>** ➢ More non emergency patients should be seen in the Health and Well Being centres rather than in A&E (in line with the TYC vision) – and more local "hubs" such as the example of the older peoples hub at Musgrave would be welcomed; ➢ Members highlighted the need for much more joined up approaches to out of hours GP and dental services, minor injuries treatment, etc. to discourage people from opting for A&E and also to ensure that non emergency cases don't create an A & E log jam; ➢ The process around admission of patients needs to be stream-lined. The existence of the GP Direct Admission unit on level 5 of the Royal was welcomed but it was felt that this service is not yet well used enough by GPs and that it should be promoted more. **<u>Inappropriate Attendance at A&E</u>** ➢ The fact that most GPs still only work 9-5 was highlighted as a practice which should be urgently reviewed in light of this proposal and TYC; ➢ Members also queried figures on "re-admissions" and whether there was any link to the quality of service received on first admission. **<u>Other issues raised</u>** ➢ Members were concerned that the number of admissions is continuing to increase and queried whether or not the data used in the development of the proposal had forecast future demand and potential for further

	increases and queried if the sites remaining could cope – eg. Parking, infrastructure etc in and around the Royal and the existing expanse of the site; ➢ With regard to the shortage of suitably qualified consultants, Members emphasised the need for adequate education, training and development as well as appropriate incentives to attract the required level of consultants to the Belfast hospitals; ➢ Members also expressed concerns that waiting times were still not coming down enough Subject to approval by Committee, it is proposed that the draft response attached at Appendix I is submitted to the Department on 10 May in order to meet the deadline but with the proviso that it is still subject to full Council approval at its meeting in June 2013.

3	**Resource Implications**
	<u>Financial</u> None <u>Human Resources</u> None <u>Asset and Other Implications</u> None

4	**Equality and Good Relations Considerations**
	In the consultation documents BHSC Trust outline that the proposal is subject to a full Equality Impact Assessment. At the early screening stages, based on information available at present, there has been nothing to date to suggest that the proposal would have a major adverse impact on any individual or group covered by Section 75. The outcomes of the EQIA and final EQIA document will be posted on the Health and Social Care Board and Trust's website and made available on request. The Health and Social Care Board shall issue the outcome of the EQIA to those who submit responses to its consultation on this proposal.

5	**Recommendations**
	Members are asked to – (i) Note the contents of this report; and (ii) Approve submission of the draft consultation response to BHSC Trust, subject to any comments or amendment provided, by the deadline of 10 May, attached at Appendix 1.

6	Decision Tracking

7	Key to Abbreviations
	None

8	Documents Attached
	Appendix 1 – Consultation pro forma – Draft BCC response plus additional comments.