

SB.04/04

Developing Better Services Strategic Context Document

**Profile of Future Services within the Southern
Health & Social Services Board**

JANUARY 2004

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1. Executive Summary

Introduction

This paper contains the Board's plans to respond to the Minister's decisions on 'Developing Better Services'. The Board has worked in partnership with the Department, local Trusts, the Southern Health and Social Services Council, Local Health and Social Care Groups and GPs, to produce a comprehensive and sustainable plan profiling future patterns of hospital services in the Southern Board area. It has also ensured that the plans are patient centred and that the population will have access to an integrated hospital, community and primary care system. This profile is underpinned by the principles set down in 'Developing Better Services'; it is the product of public engagement and it also takes account of recent regional and local strategies as well as demographic and demand trends.

Background

The Minister's decisions on '*Developing Better Services*' were as follows:

- Craigavon Area and Daisy Hill Hospital are identified as two of the nine acute hospitals for Northern Ireland;
- The Mid Ulster, South Tyrone, Whiteabbey, Downe, Lagan Valley and Tyrone County hospitals will be developed as local hospitals. South Tyrone and Lagan Valley Hospitals will also develop protected elective facilities. Erne Hospital will close with a new acute hospital being developed in the south west.
- The Downe Hospital will be developed to provide a range of enhanced services.

Impact of Developing Better Services on the Southern area Hospitals

Craigavon Area and Daisy Hill Hospitals

Changes in the profile of neighbouring hospitals will have an impact on both hospitals. These changes will take place over a five to ten year period.

The changes signalled for the Downe Hospital will result in larger patient flows to Daisy Hill Hospital and to a lesser extent to Craigavon Area Hospital, from the area south of Downpatrick.

The Minister's decision to reshape the Mid Ulster Hospital will impact on people living in the south Cookstown area. It is likely that, following the planned changes, these people will use the Craigavon Area Hospital for emergency inpatient care. A smaller proportion of planned cases will also transfer to Craigavon Area Hospital.

The changes to the Tyrone County Hospital will impact on Southern Board residents living in the Ballygawley and Clogher Valley areas, as well as a small number of Western Board residents. It is expected that people from these areas will receive emergency care in Craigavon Area Hospital in the future; with a smaller proportion of the planned workload will ing to Craigavon Area Hospital.

Changes to the Lagan Valley Hospital will mean that people from Banbridge, Dromore, Moira and Magheragall may in future be admitted to Craigavon Area or Daisy Hill Hospitals for emergencies or consultant obstetric care. It is expected that these changes will happen towards the end of the 10 year period.

People from the west of the Clogher Valley currently use the Erne Hospital, and it is expected that they will use the new south west hospital.

With the development of a local inpatient fracture service, it is envisaged that the vast majority of Southern Board residents who have fractures will be treated at Craigavon Area Hospital. A small number of people with complex fractures who require highly

specialised treatment will continue to be transferred to the Belfast services.

It is envisaged that patients requiring a period of rehabilitation following their fractures will continue to be transferred to other hospitals, such as Daisy Hill, Lurgan, Mullinure or South Tyrone for this care.

Outpatient fracture clinics will be further developed at both Craigavon Area Hospital and Daisy Hill Hospital, staffed by Trauma & Orthopaedic surgeons based at Craigavon Area Hospital.

The impact of 'Developing Better Services' on the two acute hospitals in the Southern Board area will mean more activity at these two facilities, and therefore additional beds will be required.

The timing of the introduction of these additional beds will depend on the planned timescale for change in the other hospitals. It is anticipated that the introduction of fracture services at Craigavon area Hospital will take a minimum of five years.

Both hospitals are currently preparing strategic development plans that will enable them to cope with the additional activity as well as requirements from other strategies.

South Tyrone Hospital

The Minister's decisions provide an end to the uncertainty that has surrounded the future of South Tyrone Hospital and supports the development of protected elective facilities as well as a range of other developments on this site. South Tyrone Hospital will continue to be an important element of the hospital network in the Southern area. A range of inpatient, day care and outpatient services for older people will continue to be provided at South Tyrone Hospital; it will continue to be a key support to Craigavon Area Hospital by providing post acute care of the elderly rehabilitation. In addition, South Tyrone Hospital provides a valuable local service for minor injuries, diagnostic and outpatient services as well as serving the Southern area for a range of elective day case care.

Plans are currently being developed for additional day case sessions at South Tyrone Hospital.

Some additional elderly patients may be admitted to South Tyrone Hospital for rehabilitation due to the changes in the Mid Ulster and Tyrone County Hospitals.

Lurgan Hospital

Lurgan Hospital will continue to provide a range of inpatient, day care and outpatient services for older people and will continue to support to Craigavon Area Hospital by providing post acute care of the elderly rehabilitation.

The planned changes to Lagan Valley Hospital could mean that Southern Board residents who currently use this hospital for geriatric inpatient care could in future be admitted to Lurgan Hospital, following their period of acute hospital care in Craigavon Area Hospital.

Mullinure Hospital

Mullinure Hospital will continue to provide a range of inpatient, day care and outpatient services for older people, with links to acute hospital, community and primary care services. It continue to provide a key support to Craigavon Area Hospital in that older patients are transferred there following their period of acute care for rehabilitation.

Ambulance Service

The strategic review of the Northern Ireland Ambulance Service recommends improvements in response times; significant investment is required in a range of control technology and communications to achieve this.

Funding has recently been made available for four new patient care service vehicles, with a fifth expected in the summer.

A rapid response pilot has been established in the Craigavon, Lurgan and surrounding area; this pilot will be evaluated during 2003/04.

Local Community Development to Support Hospital Modernisation

The Board recognises that the hospital changes proposed within Developing Better Services will only be possible if they are supported by development of local community and primary care services which complement and enhance these plans for hospital modernisation.

Board wide developments include:

- Ongoing development of Intermediate care
- Older Persons Enablement Network (OPEN) Project
- Developments arising from the new GMS
- Local Health and Social Care Groups' development of a range of local primary and community care services.

Some of the local community developments are listed below:

Armagh

A wide range of outpatient, diagnostic and therapy services, as well as a doctor-led minor injuries unit, are provided at Armagh Community Hospital; these services will continue to be provided, and opportunities for new services will continue to be explored.

A business case is being developed to replace the existing acute psychiatric unit at **St Luke's Hospital**.

Banbridge

Banbridge Polyclinic currently offers a comprehensive range of outpatient, diagnostic and treatment support services.

The vision for the Banbridge Hospital site is to integrate and enhance local outpatient, diagnostic, community and GP services currently provided in the Banbridge area.

Craigavon

The Craigavon Area Hospital and Craigavon and Banbridge Community Trusts are currently exploring the development potential for the **Lurgan Hospital site**. The long term vision is for the development of a health and wellbeing centre, similar to that planned for the Banbridge area.

In recognition of current and emerging needs, the Craigavon and Banbridge Trust has recently completed a business case for the development of a replacement Health and Social Services Centre in Portadown. It is planned that this new facility will provide increased activity in a range of areas.

Plans are progressing for a new **adult psychiatric facility** to be located on the Craigavon Area Hospital site and managed by the Craigavon and Banbridge Community Trust. This will enable the psychiatric beds that have been temporarily relocated to Armagh to return to Craigavon

Dungannon

The Armagh and Dungannon Trust is working in partnership with the Craigavon Area Hospital Trust to undertake a site development plan for the **South Tyrone Hospital** site which will provide the basis for a range of Community Health and Personal Social Services.

Newry and Mourne

A new **Health Centre** is currently being developed in Kilkeel that will allow the integration of services on one site and the continuation of the outreach outpatient service provided by the Daisy Hill Hospital staff.

A **Minor Injuries** service is provided at Kilkeel; this will continue to be provided, but the model of care will probably change with the introduction of the new out of hours' arrangements.

Primary Care Out of Hours Services

One of the main elements of the new GMS Contract is the option for GP Practices not to provide 'out of hours' care.

The Board is currently working with GPs and other primary care staff to plan for the transition from the current GP-led arrangements and to develop a new model for delivering care in the out of hours period. This is likely to include some co-location of new primary care centres with existing Accident and Emergency facilities; the capacity of current Minor Injuries Units and other primary care facilities to provide appropriate geographical access to Out of Hours services will also be examined. It is envisaged that the new Out of Hours service will be delivered by a range of health and social care professionals and will be more closely integrated with other existing services.

Risks

A number of significant risks have been identified in terms of human resources, finance, timing and service continuity as well as the impact on community and primary care services.

Implementation

In line with DHSSPS guidance the Board has drawn up an implementation structure to oversee the development of the proposed changes in the Southern Board area. In implementing these changes, the Board is committed to providing local people with the best possible quality of services, and to minimising the impact these changes will have to people's access to care.

2. INTRODUCTION

On the 24 February 2003, the then Minister of Health, Social Services and Public Safety Des Browne announced his decisions on the consultation document *'Developing Better Services'*. The Minister asked Health and Social Services Boards to develop a profile of future services in their area which would reflect his decisions. The Southern Health and Social Services Board (the Board) has been working in partnership with local Trusts, GPs, Local Health and Social Care Groups (LHSCGs) and the Southern Health and Social Services Council (SHSSC) to prepare this profile.

The Board is committed to ensuring that Southern Board residents have timely access to high quality hospital services and that there is the capacity to provide both the emergency and elective care that is required by our population. Any changes in services must also bring improvements to treatment and care.

This paper contains the Board's plans to respond to the Minister's decisions on future hospital care. The Board is confident that in working in partnership with the Department, Trusts, the Southern Health and Social Services Council, Local Health and Social Care Groups and GPs, a comprehensive and sustainable plan profiling future patterns of hospital services in the Southern Board area has been developed which will be supported by a range of primary health and social care services. These include plans to improve people's access to outpatient, day case and diagnostic services locally.

It is not possible to look at future hospital services in isolation. Other developments, both regional (such as changes in the General Medical Services contract) and local (such as the SHSSB Strategic Vision for Health & Social Care for Older People 2002 – 2007) must be taken account of. The profile of future services therefore sets out the configuration of acute and local hospitals, along with developments in community and primary care services, to ensure an integrated service.

The Board believes that it is essential that all services are developed with the needs of patients and clients as the prime consideration. In developing its plans, the Board has ensured that hospital, community

and primary care services will be provided and developed so that they complement each other and present an accessible seamless service for the population.

These plans have been discussed with elected and community representatives. The Board believes that it is essential that the local community support and influence in this change process and that they have confidence in the plans for the future profile of services.

3. MINISTER'S DECISIONS ON 'DEVELOPING BETTER SERVICES'

In summary the Minister's decisions on '*Developing Better Services*' were as follows:

- The Royal Group of Hospitals, Belfast City, Ulster, Craigavon, Antrim, Altnagelvin, Causeway and Daisy Hill, together with a new acute hospital to be built in Enniskillen, were confirmed as the nine acute hospitals for Northern Ireland. The Mater Hospital will continue to provide acute services for a considerable period.
- The development of full consultant-led inpatient fracture services at Antrim and Craigavon Hospitals, and consultant-led fracture clinics in all acute hospitals.
- Encouraging the development of midwife-led maternity units adjacent to a consultant-led unit wherever possible.
- The Mid Ulster, South Tyrone, Whiteabbey, Downe, Lagan Valley and Tyrone County hospitals will be developed as local hospitals, networking with acute hospitals and primary and community care to provide a wide range of services including day case surgery, high quality diagnostic services, outpatient clinics and rehabilitation and step-down beds. Erne Hospital will close in line with the development of the new acute hospital in Enniskillen.
- Endorsing the development of protected elective facilities at South Tyrone Hospital and Lagan Valley Hospital as a Protected Elective Centre.
- The Downe Hospital will be developed to provide a range of enhanced services. It will be linked to the acute hospital network and supported to maintain a 24-hour Accident & Emergency unit and a consultant-led medical inpatient service in addition to outpatient diagnostic and day procedures.

4. **PRINCIPLES UNDERPINNING THE PROFILE OF FUTURE SERVICES**

The Board's plans for the future profile of services have been developed in accordance with the principles listed below as set out in '*Developing Better Services*':-

- Access to emergency care and consultant led maternity services within one hour.
- Sufficient capacity for emergency and elective care for the Southern Board population.
- A concentration of expertise and experience to provide the highest quality clinical care.
- The development of networks that will enable the provision of high quality services to be more accessible to people by being delivered across several sites. For example the provision of outreach outpatient clinics in a local hospital or community facility, while inpatient treatment is provided in an acute hospital. This also facilitates the sharing of knowledge and expertise between clinicians.
- Services should be decentralised where possible and sustainable – e.g. out reach clinics and diagnostic services.
- Hospital services should be supported by a range of community and primary health & social care services.
- Hospital, community and primary care services should be developed with the needs of patients and clients as the prime consideration.

5. SOUTHERN BOARD APPROACH

In response to the Minister's letter of 16 May 2003 the Board, established a project structure to develop a strategic context document that would clearly set out the future profile of services in the Board's area, resulting from the decisions on '*Developing Better Services*'.

5.1 Partnership Working

The project structure was designed to be inclusive of Board, Trust, LHSCG, medical, GP, nursing, social services and user interests. A diagram of the project structure, along with membership and project objectives is given in appendix 1. This partnership working has ensured that the resulting future profile of services within the Board's area provides an integrated, comprehensive and accessible health and social care service. It also means that a strong foundation has been laid for the implementation of these plans.

5.2 Four Board Collaboration

It has been the Board's opinion that the four Health and Social Services Boards need to work in partnership so that each Board's Strategic context is complementary and will ensure that a harmonious profile of future services be established for the whole of Northern Ireland. To this end a four Board working group was established to agree the anticipated future patient flows as a consequence of the changes resulting from '*Developing Better Services*'. In recognition of the role of the ambulance service in determining where patients will be admitted, the four Board Group also worked with the Northern Ireland Ambulance Service (NIAS). The outcome of this work is included in sections 10.2, 11.2, 12.2 & 13.4.

The Board has also collaborated with the Northern Board to commission an options paper on the provision of an inpatient fractures service in Craigavon and Antrim Area Hospitals. (see section 10.2.3).

5.3 Community Involvement

Membership of the Project Board included the Southern Health and Social Services Council (SHSSC) Chief Officer, thereby ensuring that the interests of service users were reflected.

The Minister's letter instructed the Board to "develop a profile of services for your area which can command the confidence of the people you expect to use them". He went on to say that the document "should be the product of wide community engagement". The Board recognised this as a vital element of the project and employed a variety of mechanisms to ensure that the public engagement was as comprehensive as possible. These are outlined below:

- An initial meeting was held between the Board Chair and Chief Executive and each of the Five District and Borough Councils within the Board's area. This was followed by the sharing of a summary document and a formal meeting with each of the Councils. Board, Trust and primary care representatives participated in all meetings.
- The Southern Health and Social Services Council facilitated the engagement with the key community stakeholders. Meetings were arranged in each of the five Council areas, Armagh, Craigavon, Banbridge, Dungannon and Newry & Mourne. Invitations along with a copy of the summary document were issued to a wide range of stakeholders. Again Board, Trust and primary care representatives participated in the presentation of the plans and discussion with the community.
- While the Area Medical Advisory Committee (AMAC) and Local Medical Committee (LMC) were represented on the Project Board, it was felt that given the wide implications of the decisions on '*Developing Better Services*' that other professional representative bodies should be engaged. A range of professional representative organisations were provided with a summary of the Board's plans and a meeting took place to discuss these plans.

The Board has also shared the summary documentation with its staff and provided an opportunity for them to hear more about and discuss the plans. Each Trust also engaged with its own staff.

The issues raised at these meetings are outlined in section 6 and have been taken account of in this final document.

6. OUTCOME OF PUBLIC AND PROFESSIONAL ENGAGEMENT

As outlined in the previous section, there was an extensive process of public and professional engagement to inform the development of the Board's plans for the future profile of services within the Southern area in response to the Minister's decisions. The Board would like to thank those public, community and professional representatives who gave of their time, expertise and knowledge and participated very actively in this process.

A number of broad themes emerged from the engagement process:

- A high level of support for the Board's plans and the need to move as quickly as possible to implement them.
- An appreciation of the partnership approach being taken, and reassurance that the Board, local Trusts and local professionals were working together.
- A concern that the funds needed to implement the Board's plans would not be made available.
- A recommendation that planning should start as soon as possible to ensure the additional staff needed to deliver the new and changed services would be available – not just doctors and nurses but other clinical staff such as those providing laboratory, pathology and other services.
- A concern that the planned additional capacity would not be in place before the reduction in services in hospitals such as the Mid Ulster begin to happen, which would place severe pressure on hospital services within the Southern Board.
- The need to further invest in community health and social care services to support people coming out of hospital and provide alternatives to hospital admission.
- The importance of maintaining and increasing hospital outreach services into local communities to improve accessibility.
- A recognition of the valuable role that out of hours services play, and the need to grasp the opportunity which the changes to the GMS contract provides to improve the quality, range and accessibility of these services.

A number of specific issues were also raised, including:

- The need to maximise the use of facilities in South Tyrone Hospital, and to proceed quickly with plans to expand the range of protected elective facilities and other services provided from this site.
- Support for the plans to redevelop the Banbridge Hospital site and in particular to increase the range of service provided from the Polyclinic.
- A concern at the delay in the decision to proceed with the new Psychiatric Unit at Craigavon Area Hospital and the need to develop mental health services in the community,
- The need to improve ambulance services, both in terms of response times and the development of different types of vehicles (rapid response, etc.)
- The need to ensure that the needs of people with disabilities are met in the development of new services, specifically people with hearing difficulties.
- The need to improve waiting times for appointments – hospital, community and GP services.
- The need to improve services for young people with mental health problems.
- The need to invest in road infrastructure to improve access to acute care.
- The importance of housing and health promotion in terms of their impact on health, and the need to work collaboratively with other agencies
- The need to take the needs of children, especially those with disabilities into account when developing services.

The Board very much values these views and has attempted to reflect them in the plans for development in response to the Minister's decision. Local Trusts will also take these points on board in the development of business cases to implement these changes.

7. FRAMEWORK FOR CHANGE

While the purpose of this strategic context is to set out the future profile of services within the Southern Board area resulting from the Minister's decisions on '*Developing Better Services*', this cannot be considered in isolation. Over the last few years a number of regional and local Board reviews have been undertaken, and policies and strategies developed. These will also influence the future profile of services. The most significant of these are summarised below.

7.1 Developments in Primary Care

Primary care is a general phrase which is often used to describe those services which are a first port of call for patients. In its broadest sense, primary care includes GP services, pharmacy, optometry and dental services as well as the full range of community services such as community nursing, social services, therapy services and health promotion. Work is currently being progressed at a regional level to develop a Primary Care Strategy and it is anticipated that one aspect of that strategy will include the development of improved joint working across these various strands of service delivery.

General Practitioners are often referred to, and viewed by patients as 'gate-keepers' to accessing other health and social care services.

The contractual framework under which General Practitioners work is changing from April 2004. The implications and opportunities of these changes are considered further in of this document.

7.2 Southern Health and Social Services Board: A strategic vision for health and social care services for older people 2002-2007

The Board in partnership with local Trusts undertook a comprehensive review of services for older people, commencing in July 2001. This resulted in a 'Strategic Vision for Health and Social Care Services for Older People 2002 – 2007'. It incorporates the views of professionals, voluntary organisations, older people and their carers.

The principles and summary recommendations underpinning the plan are listed in Appendix 2.

7.3 Southern Health & Social Services Board Acute Services Review

The Board undertook a review of acute service provision within its area during 1997/98. This resulted in a recommendation to the Minister in April 1998 that future acute inpatient services should be based at Craigavon Area and Daisy Hill Hospitals. It was envisaged that South Tyrone Hospital would become a local hospital continuing to provide outpatient clinics in a wide range of specialities, therapies, a minor injuries service, day case surgery, inpatient geriatric care and day hospital services. Consultant outpatient services were also to continue to be provided at other locations, in Armagh, Banbridge, Kilkeel and Crossmaglen. This pattern of service has now been endorsed by the Minister in his decisions on '*Developing Better Services*'.

7.4 Southern Health & Social Services Board Mental Health Strategy

In March 2002 the Board approved the paper 'Review of Acute Treatment Services' which set out its vision for the development of both hospital and community based mental health services. The main recommendations of the review are listed in appendix 3.

7.5 Regional Policy Implications

A number of regional policies have implications for acute hospitals within the Southern Board area. These include:

- The **Campbell Report**, which recommended changes in the provision of services for patients with cancer. These included the nomination of Craigavon Hospital as the local Cancer Unit.

- The **Regional Renal Review** was recently issued for consultation by the Department of Health, Social Services & Public Safety. It recommends further expansion of the dialysis unit at Daisy Hill Hospital to accommodate the predicted growth in patients until 2010. This will be accompanied by increases in clinical staff to provide associated support services.
- An action plan for Boards and Trusts has recently been issued by Department of Health Social Services & Public Safety following the regional reviews of **cardiology and cardiac surgery services**.
- Guidance on **Intensive Care** provision in Northern Ireland was issued some years ago by the Chief medical Officer. This envisaged a substantial increase in Intensive Care Unit/High Dependency Unit beds. Increases have taken place both in the regional centre and at Craigavon Area Hospital; however the target number of beds will not be available in the latter until the new unit is completed (See section 10.4).
- A strategic review of the **NI Ambulance Service** was commissioned by the then minister, Mr John McFall, in October 1998. The resulting report, 'Mapping the Road to Change' (2000) set out a proposed work plan which would effectively modernise the local ambulance service, create service enhancement by improving response times and by improving the quality of care provided to patients from all parts of the NIAS operation. (See section 16).
- In June 2003 the Department of Health, Social Services and Public Safety launched a consultation exercise on **Community Midwifery Units**; this is part of an overall strategy to provide increased choice of care available to women. The consultation is aimed at providing a wide range of stakeholders with information on the nature and potential specification of the units in order that their views can be made known. The Board in considering the document

acknowledged it as part of the continuum of choice for women and is considering it in the context of further work being required with the local community and the relevant professionals. (See section 15).

The implications of these regional policies have been fully considered in developing the Board's plans for the future profile of hospital services.

8. FUTURE TRENDS IN HEALTH AND SOCIAL CARE DEMAND AND SUPPLY

8.1 Demographic Trends

The Board's area covers the District Council areas of Armagh, Dungannon, Craigavon, Banbridge and Newry & Mourne. Services provided by local hospitals will be influenced by changes in demography as well as developments in clinical practice. Patients from outside the Board's area, particularly those from Cookstown and Lisburn District Councils, have a tradition of using hospitals within the Southern area. In turn, Southern Board residents from the Clogher Valley use services in Omagh and Fermanagh, while those from Banbridge and Newry & Mourne may use the Lagan Valley and Downe Hospitals.

The population changes from 1992 to 2002 (mid year estimates) are shown in the table below. The overall population of the SHSSB has increased; however within this the 0-19 age group has decreased, while the middle and older aged population has increased. The comparison with the total Northern Ireland population changes is included, showing that the numbers of younger people have not fallen as much as in the rest of the province, while the numbers of older people has increased more.

Population Changes Between 1992 and 2002 MYE

Age Group	SHSSB			NI		
	1992	2002	% change	1992	2002	% change
0-19	100200	98700	-1.5%	519700	498200	-4.1%
20-64	158200	177800	12.4%	892600	972200	8.9%
65-74	20300	22100	8.9%	121300	124700	2.8%
75+	14500	17100	17.9%	89400	102700	14.9%
All Ages	293200	315700	7.7%	1623000	1697800	4.6%

Source: Mid Year Estimates, Northern Ireland Statistics and Research Agency

The most recent report of the Registrar General (Eighty – first Annual Report of the Registrar General 2002', NI Statistics and Research Agency) shows that while Northern Ireland has a younger age structure than the rest of the UK, the number of children is decreasing. At the same time the older age group continues to increase across Northern Ireland.

The most up to date population projection is based on 2002 mid year estimates. These figures project that the total Northern Ireland population will increase by 3.9% between 2002 and 2013. Unfortunately the projection from the 2002 mid year estimates is not yet available by Board area. Previous projections have however shown a significant variation between Boards. A breakdown by age group of the Southern Board population projections based on 2000 mid year estimates is therefore shown below:

SHSSB Population Projections 2002 – 2013, based on 2000 MYE	
•	0 – 19 age group will decrease by 8.4%
•	65 – 74 age group will increase by 27.5%
•	75+ age group will increase by 20.8%
•	Total SHSSB population will increase by 5.8%

The above figures show that within the Southern Board area the total population is increasing. As with the regional statistics, the numbers of children are decreasing while there is a very significant increase in the number of older people. These demographic trends will have a major impact on the future services required by the population as well as the workforce available to deliver those services.

Trends in utilisation of inpatient hospital services are influenced by many factors. These include advances in diagnostic techniques and treatment, availability of outpatient and community services and levels of deprivation as well as patient and GP expectation. However the underlying driver of demand is the level of disease or disability in the population. While there have been significant reductions in death

and ill-health as a result of infectious diseases, others, particularly those associated with increasing age, are rising. Population changes in the last decade and projections for the next show that there will be an increasing number of very elderly people in the population. It follows that the number of people who have conditions associated with aging, such as cardiovascular disease, cancer, arthritis and osteoporosis, will increase.

Older people tend to be more debilitated and are more likely to have other conditions which prolong their stay in hospital following an acute admission. They are also more prone to developing complications. These people will also require more support to enable them to live as independently as possible in their own communities.

In developing the profile of services within the Southern Board, every effort has been made to future proof them. In planning both the future hospital and community services the demographic trends will be taken into consideration, as well as the potential changes in patient flows, in developing the capacity to meet future demands.

8.2 Demand Trends

Waiting lists for elective procedures and the emergence of trolley waits for emergency admissions are a symptom of the increased demands for hospital services. As highlighted in previous paragraphs, this increasing demand is related to demographic change, primarily an aging population, and advances in diagnosis and treatments etc. Significant effort has been made to address this increasing demand both in terms of additional funding, improved efficiency and new ways of working. While these efforts will continue, the Board is planning the future profile of services in light of these known demand trends.

9. IMPACT OF DEVELOPING BETTER SERVICES ON THE SOUTHERN AREA HOSPITALS

The Minister's decisions on '*Developing Better Services*' confirmed the future of Craigavon Area Hospital and Daisy Hill Hospital as two of the future acute hospitals for Northern Ireland. Craigavon Area Hospital is also to be the site of a new consultant-led inpatient fracture service. South Tyrone Hospital is confirmed as a local hospital with protected elective facilities.

Tyrone County Hospital, Mid Ulster Hospital, Lagan Valley Hospital and Downe Hospital will be developed as local hospitals. This is anticipated to have considerable implications for the hospitals within the Southern Board area, as an increased number of emergency admissions will come to Craigavon and Daisy Hill Hospitals along with a number of elective admissions and some day cases and outpatients. This will also result in some additional demand for care of the elderly inpatient rehabilitation.

Assumptions regarding future patient flows have been agreed with colleagues in other Boards. These have been analysed in respect of each of the hospitals.

The following sections will look at the impact of the planned changes on each of the hospitals within the Southern Board area, along with the proposed developments to meet these changes, and to the response to the recommendations of regional and local strategies and the projected demographic and demand trends.

10. CRAIGAVON AREA HOSPITAL

Craigavon Area Hospital is the largest acute hospital in the Board's area. The Hospital is managed by Craigavon Area Hospital Group Trust, which also manages South Tyrone Hospital (see section 12), Lurgan Hospital (see section 13) and Banbridge Polyclinic (see section 17.3). Clinical staff also provide outpatient services at Armagh Community Hospital (see section 17.2).

Opened in 1972, Craigavon Area Hospital provides a range of acute inpatient (emergency and elective), day case, outpatient and diagnostic services as well as consultant-led and midwife-led maternity services, and an Accident & Emergency service. The hospital also provides a number of 'area' specialist services, including intensive care, specialist cancer, pharmacy services and the area histopathology laboratory.

In addition to provision of a wide range of diagnostic and interventional radiology, a New Opportunities Fund (NOF) funded MRI scanner is due to come into service in 2004. The hospital is also the base for the area breast screening team, who provide mammography via a mobile unit as well as in Lurgan and Daisy Hill Hospitals.

A more detailed list of these services with current activity levels is included in Appendix 4.

There are currently 435 beds and 14 special care baby cots at Craigavon Hospital, including a recent increase of 32 medical beds following the opening of a new ward in February 2003 to accommodate an increased demand for services. Details of the bed numbers by specialty are included in appendix 4.

10.1 Activity Trends

Activity levels have risen at Craigavon Area Hospital over the last 5 years, with the total episodes FCE's increasing by 35% from 21,085 in 1998/99 to 27,442 in 2002/03. This increase includes services transferred from South Tyrone Hospital to Craigavon Area Hospital over the period February 1999 to July 2000. In 2002/03, 86% of

admissions were for emergency care. A slight increase from 81% in 1998/99. Accident & Emergency attendances have also increased by 26% from 53,579 in 1998/99 to 67,457 in 2002/03. It should be noted that the number of minor injuries attendances at South Tyrone Hospital have also increased during the last 3 years (see section 12.1).

There has been a dramatic growth in day case surgery over these 5 years, with a 45% increase from 7,190 in 1998/99 to 10,430 in 2002/03.

Outpatient attendances have increased from 86,577 in 1998/99 to 89,587 in 2002/03. Births have also increased from 2,157 to 2,962 in this period.

10.2 Impact of 'Developing Better Services' Decisions

The Minister's decisions on *Developing Better Services* have confirmed the future of Craigavon Area Hospital as one of the nine acute hospitals for Northern Ireland. In addition, the Minister decided that consultant-led fracture services should be developed on this site.

The changes signalled for Lagan Valley, Mid Ulster and Tyrone County Hospitals will impact on Craigavon Hospital. The Board's analysis of the potential impact of the Minister's decisions on Craigavon Area Hospital is outlined in the following sections.

10.2.1 Inpatient Services

While the recent additional 32 medical beds have had a positive impact in reducing trolley waits, increasing levels of emergency admissions continue to create pressure.

Given these capacity pressures, the planned changes for Lagan Valley, Mid Ulster and Tyrone County Hospitals will require a significant increase in beds in Craigavon Hospital. The level of increase has been estimated using geographic mapping of the most current activity in these hospitals, but will have to be more accurately calculated to take account of demographic and other anticipated

changes. The Trust will undertake this work as part of its business case development for new facilities on the site (see section 10.4.1).

10.2.2 Estimated Transfers

The Minister has decided that the Lagan Valley Hospital will be developed as a local hospital, although it will develop protected elective facilities. This means that people from Banbridge, Dromore, Moira and Magheragall who currently access the Lagan Valley Hospital for emergency admission may in future be admitted to Craigavon Area Hospital and to lesser extent to Daisy Hill Hospital for emergency inpatient care.

Planned changes to the Mid Ulster Hospital will also impact on people living in the south Cookstown area who currently use this hospital for emergency and planned inpatient care. It is likely that in future, these people will receive emergency and some planned inpatient care in Craigavon Area Hospital.

The changes to the Tyrone County Hospital will impact on Southern Board residents living in the Augher and Ballygawley areas, as well as Western Board residents living in Termon and Sixmilecross. It is expected that these patients will receive emergency care in Craigavon Area Hospital in the future. Southern Board residents may also be more likely to use Craigavon Area Hospital for planned care.

It is expected that Southern Board residents living in the Clogher and Fivemiletown area who currently use the Erne Hospital will in future use the new hospital in the south west.

In summary, the planned changes in relation to the Lagan Valley, Mid Ulster and Tyrone County Hospitals are likely to require an increase to the current bed complement of Craigavon Area Hospital, with associated increases in medical, nursing and support services.

10.2.3 New Services

The Minister's decision regarding the development of consultant-led fracture services will also have a significant impact on the inpatient services provided at Craigavon Hospital. Currently the majority of

Southern Board residents who need fracture services are diagnosed and receive initial treatment at Craigavon and Daisy Hill Hospitals. If inpatient management is necessary, these patients are then transferred to the fracture units at the Royal Victoria Hospital or Ulster Hospitals or to the Royal Belfast Hospital for Sick Children for fractures in children.

With the development of a local inpatient fracture service, it is envisaged that the vast majority of Southern Board residents who have fractures will be treated at Craigavon Area Hospital. A small number of people with complex fractures who require highly specialised treatment will continue to be transferred to the Belfast services.

While immediate postoperative care will be provided at Craigavon Area Hospital, it is envisaged that patients requiring a period of rehabilitation following their fractures will continue to be transferred to other hospitals, such as Daisy Hill, Lurgan, Mullinure or South Tyrone. Follow up outpatient fracture clinics will be provided at both Craigavon Area Hospital and Daisy Hill Hospital, staffed by Trauma & Orthopaedic surgeons based at Craigavon Area Hospital.

The Board has considered whether the development of a fracture service at Craigavon Area Hospital should also include an elective orthopaedic service. To inform this decision, the Board commissioned work to explore the optimum service model. The optimum service model appears to be a combined trauma and orthopaedic unit. The potential impact of developing such a service will be discussed with current providers and other commissioners.

10.2.4 Day Cases

While most day cases do not require access to services provided on an acute hospital site some (because of the potential level of risk) need to take place in acute hospitals. Because the planned changes to Lagan Valley, Mid Ulster and Tyrone County hospital will mean that these hospitals will no longer provide these acute services, it is anticipated that some additional day case activity will transfer to Craigavon Area Hospital.

The Trust is developing a business case to extend day surgery facilities at Craigavon Area Hospital. This will provide additional day case capacity as well as ease the pressures on the main theatre block, which will have the added advantage of increasing the theatre capacity for inpatient procedures.

10.2.5 Ambulatory Care

Ambulatory care refers to those services provided by a hospital or clinic which allows patients to self refer or be directly referred by a GP on a “walk in basis” for specialist assessment, treatment, advice. The Board and Trust are exploring the possibilities of developing ambulatory care models, both on the hospital site and at other facilities in the Board’s area.

The provision of ambulatory care will enable a multi-agency approach where the services provided may include consultation, investigation/diagnostics and treatment. It also offers opportunities for chronic disease management. Staff roles may change as ambulatory care encourages new ways of providing services, and the development of new technologies will enable even more to be done in an ambulatory care setting. These developments will support, and be supported by, more integrated health and social services across all sectors, and will help to increase capacity across the whole system.

The Board has allocated funding in the current financial year to develop the following services:

- A geriatric liaison team that will work with A&E and primary care staff, to provide a multi-disciplinary assessment for frail older people ensuring that they are treated as soon as possible and returned home with appropriate community support where hospital admission is unnecessary.
- Chest pain assessment service, whereby a multi-disciplinary team will provide same or next day non-acute chest pain assessment.

10.2.6 Outpatients

With the additional inpatient and day case activity transferring to Craigavon Area Hospital under the planned changes, it is possible that this will also result in additional outpatient visits. However, as local hospitals will continue to provide this service, this impact should be minimised. There will be additional outpatient activity as a consequence of the new fracture service.

The Trust recognises a need for the overall modernisation of outpatient facilities and this is reflected in its strategic development plan (see section 10.4). A number of short-term initiatives are currently being developed to address capacity issues in the interim period, including the development of a dedicated paediatric outpatient facility. The Trust is also developing plans to address other outpatient pressures including general surgery, urology, neurology and cardiology.

10.2.7 Midwifery Led Unit

The Board and Trust support the provision of safe, high quality maternity services which offer women real choice in the range of care available. A Midwife Led Maternity Unit (MLU) has been in operation in Craigavon Area Hospital since July 2000. In the period 1 October 2002 to 30 September 2003, 552 women have chosen this option of care with 30.9% having a water birth, the highest number within any MLU in the United Kingdom.

Women's experience of the MLU in Craigavon Area Hospital has reflected a high level of satisfaction with this option of care. Similarly, the midwives working in the MLU have developed their skills caring for women with low risk pregnancies, and express a high level of professional satisfaction providing this care.

The Trust will undertake a post implementation evaluation of the midwifery led unit to identify ways to further improve the service.

10.3 Impact of Other Strategic Changes

10.3.1 Board Strategy for Services for Older People

The Board's 'Strategic Vision for Health and Social Care Services for Older People 2002 – 2007' (see appendix 2) recommended that acute services for older people should be provided on an acute site, with the full range of medical, treatment and diagnostic facilities available, and should be supported by a range of services on non-acute hospital sites and in the community. Acute, consultant-led hospital care for older people should include designated beds for the specialist care of people with strokes and hip fractures and those in need of acute rehabilitation.

The Trust will develop a business case to take forward the implementation of this strategy as part of its strategic development plan. This will include the development of ambulatory care as referenced in paragraph 10.2.5.

10.3.2 Board's Mental Health Strategy

A new adult psychiatric facility will be built on the Craigavon Area Hospital site, which will be managed by the Craigavon and Banbridge Community Trust. Further details are given in section 17.4.3.

10.3.3 Review of Cardiology and Cardiac Surgery

A mobile cardiac catheterisation laboratory is being used on a temporary basis at Craigavon Area Hospital to reduce waiting times for diagnostic angiography. This service is proving to be very successful in both improving access and in reducing the waiting lists. Funding has been agreed to increase the frequency of this service, from once every two weeks to once a week from February 2004. Interim plans to develop a full time service in temporary accommodation is being developed. A business case is being prepared by the Trust to introduce both diagnostic and interventional cardiology on a permanent basis and will be included in the Strategic Development plan.

10.3.4 Intensive Care

Craigavon Area Hospital provides an area-wide intensive care and high dependency service (9 beds currently). A business case is being developed to extend this to 14+ beds, as part of the strategic development plan. It is intended that this development will be included in phase1 of this plan (see section 10.4).

10.4 Craigavon Area Hospital Capital Developments

10.4.1 Strategic Development Plan

The Craigavon Area Hospital Group Trust is currently finalising a Strategic Development Plan which will set out the timescale and costs of the hospital's capital development needs over a fifteen year period. The plan will address the following issues:

- Critical deficiencies in the existing infrastructure, including non-compliance with statutory regulations;
- Major shortfalls in existing capacity across the spectrum of healthcare provision;
- Lack of facilities and infrastructure to support the growing demand for the provision of acute services.

Initial proposals are to phase this work as follows:

- Phase 1 £60M

This will include a new accident & emergency department combined with a minor injuries unit; new theatres including the additional theatres required for the new trauma & orthopaedics (T&O) service; a new critical care unit which will provide an intensive care and high dependency service, a permanent site for the Catheterisation Laboratory; a new radiology department, and a new surgical bed block which will include the additional beds needed for the new T&O Service.

It is anticipated that work would take at least five years to complete.

- Phase 2 £50M

This will comprise additional ward accommodation, with capacity for approximately 250 beds.

- Phase 3 £37M

This will include further additional ward accommodation, an Ambulatory Care Department/Perioperative Complex which will include day procedures, radiology and outpatient fracture clinics etc.

- Phase 4 £50M

The fourth phase will involve the refurbishment of the existing main ward blocks to accommodate clinical support functions such as pharmacy, laboratory, therapies and health records etc.

10.4.2 Interim Developments

A number of immediate priorities for capital development have been identified by the Trust. These are required within the next five years to enable the hospital to continue to meet the needs for its services. The immediate priorities identified are:

- Extension to Day Procedures Unit £1.52m

The Trust is currently preparing an outline business case for an extended day procedures unit at Craigavon Area Hospital. It is proposed that the case will include an additional theatre and provision for 23-hour elective beds. The estimated completion date of the Business Case is 31 March 2004.

- Upgrading of Delivery Suites £0.8m

A business case is being prepared which will include proposals to upgrade the existing theatre facilities within the maternity delivery Suite at Craigavon Area Hospital.

- Adaptations to CSSD to comply with standards £13.9m

A business case is being prepared which addresses the immediate requirement to upgrade the CSSD at Craigavon Area Hospital to meet the Medical Devices Directorate's (MDD) regulations ¹(Phase 1). The Business Case also includes the proposal for the provision of a CSSD facility sited at the hospital to meet major changes in the provision of decontamination of surgical instruments both in the hospital and community sectors (Phase 2). This latter development is unlikely to commence before 2007/08

- Replacement of Radiology Equipment £1.4m

The Trust is preparing a plan to replace older Radiology Equipment on a phased basis.

- Catheterisation Laboratory £0.75m

Currently the Trust, supported by the Southern Board, is providing a mobile catheterisation service. The Trust is developing a business case for the development of a permanent extended service on a temporary site. This will improve access to the population of the Southern Board who require invasive cardiology investigations, diagnosis and treatment.

- Replacement of Recompression Chamber £0.35m

The Trust is currently preparing a business case for a replacement recompression chamber at Craigavon Area Hospital. The Chamber is

¹ HTM2010, HTM2030, HTM2031, HBN13, DS/EN ISO9001:2000

used for the treatment of decompression illness in divers and is the only such facility in Northern Ireland. The business case will also identify potential future uses of hyperbaric oxygen therapy. It is anticipated that the case will be finalised by February 2004.

- Clinical Administration Accommodation £1.0m

A business case is being prepared to address the shortage and deficiencies in such accommodation arising from service changes and clinical developments.

- Interim/Temporary Additional Beds

The Trusts will be actively exploring the potential to develop temporary accommodation for a limited number of additional beds within a 2-5 year period.

10.5 Hospital Networks

The Trust is continuing to develop a wide range of clinical networks both locally within the Southern area and on a regional basis across Northern Ireland.

Networks are already in place with the main regional hospitals (Belfast City Hospital, Royal Group of Hospitals and Musgrave Park Hospital) covering such areas as oncology, ophthalmology, paediatrics, neurology and orthopaedics. There are also a range of outreach services provided in Daisy Hill Hospital, Armagh Community Hospital, South Tyrone Hospital and Banbridge polyclinic.

The Trust plans to continue developing networks locally and regionally to further improve access for Southern Board residents. This will include further development of networks between the hospital, community and primary care.

11. DAISY HILL HOSPITAL

Daisy Hill Hospital provides a wide range of diagnostic, outpatient ambulatory services, day case services, consultant led accident & emergency and in-patient services. It also runs a large sub-regional haemodialysis unit. The Trust also provides out-reach out-patient services in Kilkeel, Crossmaglen, Banbridge and Armagh. A wide range of community and Allied Health Professional services are also provided from the Daisy Hill Hospital site.

There are currently 239 beds plus 6 special care baby cots at Daisy Hill Hospital. Details of the bed numbers by specialty are set out in appendix 5, along with the current activity levels.

11.1 Activity Trends

Total inpatient activity has increased over the past 5 years from 12,767 episodes (FCE's) in 1998/99 to 13,471 in 2002/03, with 90% of these admissions being for emergency care. Accident & Emergency attendances have also increased from 31,812 to 33,479 over this period.

While the number of elective (non-emergency) inpatient episodes has not grown during this period, day case activity has increased significantly by 32% from 3,212 in 1998/99 to 4,250 in 2002/03.

The number of outpatient attendances has also increased over the last 5 years (from 53,754 in 1998/99 to 56,409 in 2002/03) as has the number of births at the hospital (1,668 in 1998/99 to 1,741 in 2002/03).

11.2 Impact of 'Developing Better Services' Decisions

The Minister's decisions on *Developing Better Services* have confirmed the future of Daisy Hill Hospital as one of the nine acute hospitals for Northern Ireland.

The potential impact of the Minister's decisions and the recent changes at Downe Hospital on Daisy Hill Hospital have been analysed as outlined in the following sections.

11.2.1 Inpatient Services

The Minister has decided that the Downe Hospital will be developed as a local hospital, with a range of enhanced services including a 24 hour Accident & Emergency unit and a consultant led medical inpatient service in addition to outpatient diagnostic and day procedures. The closure of inpatient obstetrics, gynaecology and surgery mean that that people from Tullymore, Donard, Castlewellan, Shimna, Murlough and Dundrum who currently access the Downe Hospital for these services may in future be admitted to Daisy Hill Hospital. A small number of Southern Board residents also use Downe Hospital for these specialities; in future they are likely to use Daisy Hill Hospital and to a lesser extent Craigavon Area Hospital.

The changes envisaged for Lagan Valley Hospital may also result in some patients coming to Daisy Hill Hospital (see paragraph 10.2.2)

Although acute inpatient fracture care will be provided at Craigavon Area Hospital, a proportion of residents from the Newry and Mourne area, particularly those requiring rehabilitation following fractures of the neck of femur, will continue to receive their rehabilitation at Daisy Hill Hospital.

To provide these services in the future, Daisy Hill Hospital will require an increase in the number of beds. Currently the surgical wards in Daisy Hill Hospital have capacity for 7 additional beds, the opening of which would not require significant capital investment or alterations. It is anticipated that the additional capacity would largely address the impact of additional inpatient activity resulting from the planned changes at Downe Hospital. However further development will be required to ensure sufficient capacity for demographic and other service changes, and the Trust will undertake work to define future bed requirements as part of the business planning process for new developments.

11.2.2 Day Cases

Daisy Hill has a 10 bedded Day Procedure Unit, as well as a dedicated endoscopy suite.

While most day cases do not require access services provided on an acute hospital site, some (because of the potential level of risk) require to take place in acute hospitals. As the planned changes to the Lagan Valley and Downe hospitals will mean that acute services are no longer provided by these hospitals, it is anticipated that some additional day case activity will transfer to Daisy Hill Hospital.

In Daisy Hill Hospital, the day procedures unit and the endoscopy suite currently share the same space, which is inadequate. The Trust has detailed plans to separate and enhance these facilities, but will require significant capital to do so. The development will form a key part of the Trust's Capital Development Plan (see section 11.4).

The potential to provide day case lists for fracture remanipulation and/or elective work will be explored by the Trust as part of networking arrangements with Craigavon Area Hospital. If theatres or other facilities in Daisy Hill Hospital are required by the Trauma and Orthopaedic service, the Trust will include this in its development plans.

11.2.3 Ambulatory Care

Ambulatory care refers to those services provided by a hospital or clinic which allow patients to self refer or be directly referred by a GP on a "walk in basis" for specialist assessment, treatment, advice.

The Trust is looking at the possibilities of developing ambulatory care models, both on the hospital site and at other facilities in the Board's area.

The provision of ambulatory care will enable a multi-agency approach where the services provided may include consultation investigation /diagnostics and treatment. It also offers opportunities for chronic disease management. Staff roles may change as ambulatory care encourages new ways of providing services; and the development of

new technologies will enable even more to be done in an ambulatory care setting. These developments will support, and be supported by, more integrated health and social services across all sectors, and will help to increase capacity across the whole system.

In the current financial year, the Board has provided the Trust with funding to:

- Geriatric liaison team, to provide multi-disciplinary assessment for frail older people
- Chest pain assessment service, to enable same or next day non-acute chest pain assessment.

11.2.4 Outpatient Activity

With the additional inpatient and day case activity transferring to Daisy Hill Hospital under the planned changes, it is possible that this will result in additional outpatient visits. However, as local hospitals will continue to provide this service the impact should be minimised.

The new area inpatient fracture service in Craigavon Area Hospital will provide a full outreach service to Newry and Mourne patients, including outpatient fracture clinics and ward visits in Daisy Hill Hospital. (See section 10.4).

The outpatient department in Daisy Hill Hospital is already working beyond its current capacity, and the Newry and Mourne Trust would again seek significant capital investment to develop the outpatient department.

11.2.5 Midwifery Led Unit

The Trust has expressed an interest in developing a midwife led unit on the Daisy Hill Hospital site, as part of its response to the Department of Health, Social Services and Public Safety consultation paper on community midwife led units

Based on the outcomes of the Unit in Craigavon, the Board supports the further development of a MLU alongside the consultant led services in Daisy Hill Hospital.

11.3 Impact of Strategic Changes

11.3.1 Board Strategy for Services for Older People

The Board's Strategic Vision for Health and Social Care Services for Older People 2002-2007 made recommendations in respect of acute services for older people, as summarised in paragraph 10.3.1.

Newry and Mourne Trust and the Board are working together to develop a business case to reconfigure existing beds to meet the profile recommended in the strategy. This will include the cessation of respite and continuing care for older people in the hospital. Community alternatives will need to be developed prior to any change in service, thus ensuring that there will be no gap in provision.

11.3.2 Regional Renal Review

Daisy Hill Hospital provides chronic renal dialysis services for a large proportion of the Board's population. The haemodialysis unit has 22 stations with the capacity for 87 dialysing patients. It is also the base for a clinical team that provide inpatient and outpatient management of patients with renal conditions along with long-term follow-up of transplant patients.

A regional review of renal services from 2002 to 2010 is currently the subject of public consultation (see section 7.5). It is anticipated that this will result in a further substantial expansion of dialysis station capacity, from 22 to approximately 30 stations, at Daisy Hill Hospital. The home based dialysis service will also be expanded. These developments will require additional clinical staff, who will also provide outreach outpatient services at Craigavon Area Hospital.

The Trust has established a project team to plan for the expansion (assuming a positive outcome to the consultation). Allowing for planning and development time, it is expected that the additional capacity will be available by 2006.

11.3.3 Regional Review of Cardiology and Cardiac Surgery

The Trust is developing plans to enhance cardiology services in line with the review. These include re-organisation of services to ensure more rapid assessment of chest pain and provision of thrombolysis where indicated. If a permanent cardiac catheterisation laboratory is established at Craigavon Area Hospital it is envisaged that Daisy Hill Hospital patients will be treated there as part of a networking arrangement.

11.3.4 Review of Intensive Care

There are 5 High Dependency Unit beds at Daisy Hill Hospital which are mainly used for the care of pre and post-operative surgical patients or patients awaiting transfer to intensive care units in Craigavon Area Hospital or Belfast. Over the period of the review it is expected that the level of medical cover required for these patients will increase. This may be provided through dedicated staff grade and/or consultant sessions, and will be included in the anaesthetic workforce plan within Daisy Hill Hospital.

11.4 Daisy Hill Hospital Capital Development

The Trust is in the process of engaging specialist hospital planners to help draw up a 10 year Strategic Development Plan which will take into account the implications arising from '*Developing Better Services*' decisions. The plan is expected to be completed in spring 2004.

Priority developments to be included in the Strategic Development plans are:

- Refurbishment of A&E £1.2m

The need for this development has arisen from increased patient activity (see section 11.1). At present the Trust is experiencing problems in terms of patient flows and waiting times in this area. It would be hoped that a refurbishment into an ACAD centre would address these issues.

Timescale: within the next five years

- Day Procedure Unit £2.5m

The present Day Procedure Unit is located on the sixth floor within Daisy Hill Hospital. This location is unsuitable and it would be hoped to move to a ground or lower floor location. It is also intended to increase the size of the unit as well as provide a purpose built facility.

Timescale: within the next five years

- Extension of the Renal Unit, to 30 beds £3.0m

This expansion of renal services will be undertaken in response to the regional renal review. At present the Renal Unit in Daisy Hill Hospital is a 22 station unit and it is hoped to expand to a 30 station unit.

Timescale: 2006

- Reconfigured outpatients department £1.6m

The need for this development has arisen due to the increase in patient activity (see section 11.1). The current outpatient department is unsuitable due to lack of space resulting in an inability to provide efficient patient flows, diagnostics etc. This development will provide for a modern efficient service.

Timescale: within the next five years

- Structural work to Daisy Hill Hospital £1.0m

This Business Case is for remedial work to the buildings (maternity and renal) which the Trust has identified in need of urgent repair due to a "concrete cancer" problem.

The Trust submitted the Business Case in August 2002 to the DHSSPS. Discussion has taken place, but as yet this Business

Case remains unapproved. This work is highly important and would need to be carried out 2005/6.

- Upgrading of site infrastructure £4.664m

The boiler house and ancillary equipment, chimney, site steam distribution system (from the boiler house) and the standby generator all date from the 1970's. Given the need to maintain these services to the hospital and to cater for potential future developments it is clear that this deteriorating infrastructure will have to be replaced. A business case is nearing completion and the preferred option which is emerging is the provision of stand alone oil-fired boiler plants to serve all parts of the site with unmanned fully compliant steam plant to service minimal hospital steam requirements (excluding heating). A new generator will also be provided.

Each year the Trust has used some of its block capital allocation to improve fire safety, however to achieve the Department's performance target in relation to reducing the time to "firecode" compliance by one year, additional funding is required. The work in relation to firecode compliance is ongoing and the Trust has written to the DHSSPS asking for funding.

The existing lifts were installed in 1965, 1972 and 1978. Not only are they past their useful life but spares are difficult to procure and, moreover, they fail to comply with current legislation including the Disability Discrimination Act, and need to be replaced.

The bed head services (including nurse call systems, medical gas etc), are at the end of their useful life. There is also clinical need to provide medical air outlets to selected areas – none are available at present. These services require upgrading as a matter of urgency.

Timescale: within the next 2 – 3 years

- Doctors accommodation and nurses homes £1.06m

The Trust has identified modernisation work needed to bring the Doctors accommodation and the Nurses Home to building note standard and will submit a Business Case to the Department.

- CSSD £.12m

The Trust has identified the need for a replacement steriliser and a traceability system to ensure decontamination standards are met. The work could be undertaken during 2004/5.

11.5 Hospital Networks

As a sub regional haemodialysis unit the Trust networks with the Regional Renal Service as well as within the Southern Board Area. Networks are also already in place with regional providers – including Royal Group of Hospitals, Musgrave Park Hospital and the Ulster Hospital for ophthalmology, neurology, thoracic surgery, orthopaedics, oral and plastic surgery. The hospital also has networks with Craigavon Area Hospital for breast and colorectal cancer, ENT Surgery, infection control and respiratory medicine among others. The Trust will continue to develop its networks with other hospitals, in particular the new fracture service and permanent cardiac catheterisation laboratory being planned by Craigavon Area Hospital.

12. SOUTH TYRONE HOSPITAL

South Tyrone Hospital currently provides a wide range of diagnostic, outpatient and day case services as well as inpatient medical geriatric care, day hospital services for older people and a Minor Injuries Service. These services are managed by Craigavon Area Hospital Group Trust. In addition, a range of community and primary care services are based on the South Tyrone Hospital site and are managed by Armagh & Dungannon Trust. The facility is part of the Armagh and Dungannon Trust estate.

South Tyrone Hospital has undergone a series of temporary service transfers, with the majority of in-patient beds transferred to Craigavon Area Hospital. The majority of these changes commenced in 1998 as a result of ongoing operational difficulties including the provision of appropriate medical cover and training. A summary of the background and impact of these changes is included in Appendix 6.

The services that remained on the South Tyrone Hospital site following the transfer of services include:

- Consultant-led inpatient care of the elderly beds (41)
- Care of the Elderly Day Hospital
- Minor Injuries Unit (GP-led, operating 9am to 5pm Monday-Friday)
- Radiology services
- Ambulatory paediatrics
- Cardiac Rehabilitation service
- A range of outpatient and therapy services
- Day surgery
- A range of diagnostic services

Over recent years, a range of new services have been developed at South Tyrone Hospital including:

- Bone Densitometry
- CT Scanning
- Extension of day surgery, particularly ophthalmology and general surgery

- Additional outpatient services

Plans are also in place to extend the opening hours of the minor injuries service.

Current activity levels for services provided at South Tyrone Hospital are detailed in Appendix 7.

12.1 Activity Trends

Due to the recent changes in South Tyrone Hospital activity trends can only be considered over the last 3 years. The number of day cases carried out at the hospital over this period has increased by 24% from 4,109 in 2000/01 to 5,100 in 2002/03. Attendances at the Minor Injuries unit have also increased from 7,612 in the Unit's first full year (2000/01) to 8,955 in 2002/03 an increase of 18%. Accident & Emergency attendances at Craigavon Area Hospital have also increased over this period. (see section 10.1). Care of the elderly inpatient activity has also grown over this period.

12.2 Impact of decisions on 'Developing Better Services'

The Minister's decisions on '*Developing Better Services*' in relation to the future of South Tyrone Hospital can be summarised as follows:

- South Tyrone Hospital would become a 'local hospital' providing a range of services to include a minor injuries unit, high quality diagnostic services, outpatient clinics, day procedures, pre and post natal maternity services, intermediate care and rehabilitation and step down beds'.
- Protected elective facilities are to be developed in South Tyrone Hospital.

The Minister's decisions provide an end to the uncertainty that has surrounded the future of South Tyrone Hospital and supports the development of protected elective facilities as well as a range of other developments on this site.

The potential impact of the Minister's decisions on South Tyrone Hospital has been analysed and is outlined in the following sections.

12.2.1 Inpatient Services

At this stage it is not envisaged that the changes signalled for Mid Ulster and Tyrone County Hospital will impact significantly on South Tyrone Hospital. Although people living south of Cookstown, Sixmilecross and Termon, who currently use these hospitals for acute inpatient services, may be more likely to use Craigavon Area Hospital for these services in the future, it is expected that those additional residents of the Northern and Western Board requiring geriatric rehabilitation services will be transferred back to Tyrone County Hospital and the Mid Ulster Hospital as appropriate. Some Southern Board residents from the Ballygawley and Augher areas currently use Tyrone County Hospital for acute care. A proportion go on to require geriatric rehabilitation. If these patients have an acute episode in Craigavon Area Hospital in the future, it is likely that this rehabilitation will be provided in South Tyrone rather than Tyrone County Hospital.

The Board's Strategic Vision for Health and Social Care Services for Older People 2002 – 2007 identified that South Tyrone Hospital will have a future role as a nurse led or GP led care of the elderly unit undertaking inpatient non acute rehabilitation and intermediate care, as well as day care and outpatient services for older people. The hospital will continue to provide a key support to Craigavon Area Hospital, in that older patients are transferred there for rehabilitation following their period of acute care. The Craigavon Area Group Hospital Trust is currently developing a business case for the reprofiling of care of the elderly services at South Tyrone Hospital in line with this future role and in light of the changes in hospital services elsewhere.

Craigavon Area Hospital Group Trust and Armagh and Dungannon Trust are also preparing a development plan and business case for the South Tyrone Hospital site, which it is planned to complete by April 2004.

12.2.2 Development of Protected Elective Facilities

The Minister's decision provides the necessary approval to proceed with the development of protected elective facilities in South Tyrone

Hospital and plans are being developed to introduce additional day case surgery sessions, through a phased approach. This facility will enable planned care to take place without cancellations caused by emergency admissions. The protected elective centre will therefore have an important role in helping to reduce waiting lists.

There are 3 theatres at South Tyrone Hospital with the availability of 30 sessions per week. Currently 20 sessions are used and the Board is working with the Trust to make full use of the remaining 10 sessions.

It is intended that a phased approach will be taken to utilising the remaining theatre sessions and that the additional services will include:

- General Surgery
- Urology
- Gynaecology
- ENT
- Ophthalmology
- Pain Management

and these will begin to be phased in during 2004/05.

12.2.3 Ambulatory Care

Ambulatory care refers to those services provided by a hospital or clinic which allows patients to self refer or be directly referred by a GP on a “walk in basis” for specialist assessment/treatment/advice.

Craigavon Area Hospital Trust has been asked to examine the future role of the current day hospital facility, to ensure that it best meets the needs of older people as identified in the Boards Strategic Vision for Health and Social Care Services for Older People 2002 – 2007’.

The Trust is therefore currently reviewing the role of the day hospital and working with the Board, primary care and other relevant parties to explore the potential for the development of an ambulatory centre to provide vital local services for older people. It is envisaged that such a centre would offer a multidisciplinary assessment including initial investigations (such as bloods, x-rays etc), consultation,

diagnosis and possibly treatment. The Armagh and Dungannon Community Trust will support Craigavon Area Hospital Trust in this task.

12.2.4 Outpatient Services

In addition to the wide range of outpatient services already provided at South Tyrone Hospital nurse led pre-assessment for cataract patients is being developed. It is intended to extend this service to include chronic glaucoma reviews and post-operative cataract reviews in the future. The service will be responsible for waiting list management and the development of protocols and procedures for working across South Tyrone and Craigavon Hospital sites.

The Board and Trust will continue to explore opportunities for the development of further outpatient clinics be at South Tyrone Hospital.

12.2.5 Minor Injuries Unit

A Minor Injuries Unit has been in operation in South Tyrone Hospital since Accident & Emergency Services were transferred to Craigavon Area Hospital in September 1999. This is a doctor led unit with clinical leadership provided by a GP who is a full time employee of Craigavon Area Hospital Group Trust.

The unit is currently open from 9am to 5pm on Monday to Friday and provides a service for people who require treatment for cuts, minor bone injuries, minor burns and scalds, minor eye problems, sprains, bites and stings. During 2002/03 there were 8,955 attendances in total, 1,982 of which were review attendances.

In January 2003, the Minister approved plans to extend the opening hours of the Minor Injuries Unit. The Board has been working closely with Craigavon Area Hospitals Group Trust and Armagh and Dungannon Trust to plan and secure funding of approximately £450,000 to extend the opening hours of the unit to 9pm each weekday and from 9am to 9pm on weekends and bank holidays. Recruitment is underway for the additional staff required and it is planned to introduce extended opening hours (9am to 7pm in the first instance) from March 2004.

The model of care will probably change as a result of the new out of hours arrangements currently being developed (see section 18).

12.2.6 Hospital Networks

South Tyrone Hospital is a key element of the Craigavon Area Hospital Group Trust, and provides a facility for the Trust's networks with other hospitals, the community and primary care. The Trust will continue to develop a wide range of clinical networks both locally within the Southern Health and Social Services Board area and on a regional basis across Northern Ireland, and it is anticipated that South Tyrone Hospital

13. LURGAN HOSPITAL

Lurgan Hospital provides inpatient and day hospital services for older people, as well as the following range of specialist services:-

- Child Development Clinic
- Dermatology Inpatient Services
- Mammography breast screening service
- Stroke Rehabilitation Unit

The current bed complement at Lurgan Hospital is 96 beds, details of which are included in appendix 8, along with current activity levels

13.1 Activity Trends

There has been a slight decline in the number of care of the elderly occupied bed days over the past five years. This is reflective of changing practices with fewer acute admissions to a site with no supporting acute services and a trend away from hospital based respite and continuing care.

13.2 Inpatient Services

The Board's Strategy for Health and Social Care Services for Older People which sets out a future role for Lurgan Hospital as a nurse led and/or GP led Unit providing non-acute hospital care, with all acute geriatric care in future being provided in the Craigavon Area Hospital. Lurgan Hospital will continue to provide a key support to Craigavon Area Hospital in that older patients are transferred there for rehabilitation following their period of acute care.

The Craigavon Area Hospital Group Trust will prepare a business case to develop the acute inpatient care of the elderly at Craigavon Area Hospital and the non acute service in Lurgan Hospital, based on the recommendations in the above mentioned strategy.

Alternative ways of providing respite and continuing care outside a hospital setting will also be examined, to enable the future role of the hospital to be developed. It is also expected that inpatient

dermatology services will transfer to Craigavon Area Hospital when capacity on that site is available.

13.3 Ambulatory Care

Ambulatory care refers to those services provided by a hospital or clinic which allows patients to self refer or be directly referred by a GP on a “walk in basis” for specialist assessment/treatment/advice.

A day hospital facility for older people is currently located on the Lurgan Hospital site. ‘The Strategic Vision for health and Social Services for Older People’ recommended that the role of day hospitals should be examined with a view to providing a more person-centred approach, and to assist with the development of ambulatory care/one stop assessment centres.

The Trust is currently reviewing the role of the day hospital at Lurgan Hospital and is working with the Board, primary care and other relevant parties to explore the potential for the development of an ambulatory centre to provide vital local services for older people. It is envisaged that such a centre would offer a multidisciplinary assessment including initial investigations (such as bloods, x-rays), consultation, diagnosis and possibly treatment.

The ambulatory service would facilitate early intervention and enable swift access to community support services, which may ultimately prevent hospital admission. It would encourage more responsive and efficient assessments and ongoing management where appropriate as well as being more accessible and convenient for the older person. The development of ambulatory care services at Lurgan Hospital will therefore support the provision of a modern acute and local hospital service within the Southern Board area.

13.4 Impact of Decisions on ‘Developing Better Services’

The potential impact of the Minister’s decision on Lurgan Hospital has been analysed. The planned changes to Lagan Valley Hospital could mean that Southern Board residents who currently access this hospital for geriatric inpatient care along with some Eastern Board

residents could in future be admitted to Lurgan Hospital for this service.

Should Lurgan Hospital provide this service in future, the reconfiguration (paragraph 13.2) must ensure that sufficient capacity is available.

13.5 Lurgan Hospital Site

In light of the planned changes to Lurgan Hospital, indicated above, the Acute and Community Trusts are currently considering the development potential for the wider hospital site (see section 17.4.1)

14. MULLINURE HOSPITAL

14.1 Inpatient Services

Mullinure Hospital currently has 36 care of the elderly beds. The unit will continue to have an important role in the care of the elderly with links to acute hospital, community and primary care services. It will continue to play a key role in supporting Craigavon Area Hospital, as older patients transfer to Mullinure Hospital after their acute inpatient episode for rehabilitation. The Trust has been asked to develop proposals, that will include the option of a nurse led and/or GP led unit undertaking non acute rehabilitation and intermediate care. Any changes will however not happen until developments at Craigavon Area Hospital are in place. (See section 10.4).

14.2 Ambulatory Care

Ambulatory care refers to those services provided by a hospital or clinic which allows patients to self refer or be directly referred by a GP on a “walk in basis” for specialist assessment/treatment/advice.

A day hospital facility for older people is currently provided at Mullinure Hospital. The ‘Strategic Vision for health and Social Services for Older People’ recommended that the role of day hospitals should be examined with a view to providing a more person-centred approach, and to assist with the development of ambulatory care/one stop assessment centres.

The Trust is currently reviewing the role of the day hospital and is working with the Board, primary care and other relevant parties, to explore the potential for the development of an ambulatory centre to provide vital local services for older people. It is envisaged that such a centre would offer a multidisciplinary assessment including initial investigations (such as bloods, x-rays), consultation, diagnosis and possibly treatment.

The ambulatory service would facilitate early intervention and enable swift access to community support services, which may ultimately prevent hospital admission. It would encourage more responsive and efficient assessments and ongoing management where appropriate

as well as being more accessible and convenient for the older person. The development of ambulatory care services at Mullinure Hospital will therefore support the provision of a modern acute and local hospital service within the Southern Board area.

15. FUTURE DEVELOPMENTS IN MIDWIFERY

The Minister in setting his decisions on *'Developing Better Services'* referred to the need for increasing choice for mothers-to-be in the development of midwife led units adjacent to consultant led units.

This choice is already available to women availing of services in Craigavon Area Hospital. As previously outlined, this has provided increased choice for women using services at the hospital. It is the Board's intention to continue to support and promote such services within its area.

In considering the provision of stand alone midwifery units, the Board acknowledges the current consultation paper on the provision of Community Midwifery Units which would be geographically separate from consultant led units. In responding to the consultation the Board will consider a number of factors including:

- The demand for such services from the local population
- The need to ensure that the development of such a unit would not destabilize other existing maternity service provision within consultant units.
- The need for support from a wide range of professionals
- The need for availability of funding and appropriately skilled workforce to operate the unit
- Robust safety arrangements including the management of emergency situations
- Robust transfer and retrieval arrangements including risk analysis and/ risk management
- The need for IT support including telemedicine links

In considering the specification and rationale within the consultation on Community Midwifery Units, the Board is of the opinion that there would be a need to undertake work with the local community and professionals before consideration would be given to the development of such a stand alone unit in its area.

16. AMBULANCE SERVICES

Within the Southern Board there are six ambulance stations – Craigavon, Lurgan, Banbridge, Armagh, Dungannon and Newry. There is also a substation at Ballygawley, which was opened as a consequence of the transfer of services from South Tyrone Hospital.

During the year 2002/2003, 10,551 emergency calls were responded to within the Southern Board. Of this number 4,099 (41%) had an ambulance at the scene within 8 minutes and 9,311 (92%) had an ambulance at the scene within 21 minutes.

Rising demand for ambulance services in Northern Ireland is reflective of patterns observed across Great Britain over recent years, and has increased the pressure on a local system that is already falling short of national standards for response times.

In the year to March 2000, 68,000 Accident & Emergency calls were recorded for all Boards – a 26% increase in activity over a five year period. In the past year (2002/03) 80,821 emergency (999) calls were received. It is estimated that there is an average annual increase of 5% in the number of emergency calls received.

The demand for routine patient transport – to hospital, discharges to home, and inter hospital transfers – is also on the increase. The rate of change is less than that observed for emergency calls, though this may be constrained due to limited ability of the ambulance service to provide these non-emergency services.

16.1 Future Developments

The strategic review of the Northern Ireland Ambulance Service² recommends improvements in response times in a four phase implementation process. In order to meet the standards within phase one (that 50% of all 999 calls to be responded to within 8 minutes in all Board areas) significant investment is required in a range of control technology and communications. Work has commenced at a regional level to plan and develop these facilities.

² 'Mapping the Road to Change' report 2000

The Board has recently provided funding for two new patient care services (PCS) vehicles and associated staff, which will be used to transfer non-emergency patients between hospitals, and transport people for outpatient attendances etc. These will help to free up the emergency vehicles which have provided these services. Early analysis of the impact of these new vehicles indicates that, by freeing up ambulance capacity, they are having a positive impact on response times. A further three vehicles are expected at the end of January 2004.

Rapid response pilots have been established in one area of each Board. In the Southern Board the pilot focused on the Craigavon, Lurgan and surrounding area. This enables a specific vehicle and paramedic to travel to an incident more quickly than a conventional ambulance, with the potential for treatment to commence earlier and the possibility of better outcomes for the patient. This pilot will be evaluated during 2003/04 but early indications are that this initiative is improving response times. If this pilot is successful, the Board plans to extend this type of service.

17. LOCAL COMMUNITY DEVELOPMENT TO SUPPORT HOSPITAL MODERNISATION

The Board recognises that the changes proposed within *Developing Better Services* will only be possible if they are supported by development of local community and primary care services which complement and enhance these plans for hospital modernisation. 'The hospital service has to be developed as an integral part of the total health system. Hospitals need to work as a dynamic element of that system, if they are to function effectively. The hospital service ultimately relies on primary and community care services, working effectively to channel the right patients to it and to re-integrate them back into the community at the end of their acute treatments.' (*Developing Better Services*)

Plans are underway in all of the Board's localities to develop community and primary care services which, by working closely with local and acute hospital services, will provide integrated care for local populations. These plans are outlined in the following sections.

17.1 Boardwide Developments

The Board is committed to the ongoing development of services in local communities, and plans are underway in all of the Board's localities to develop community and primary care services which, by working closely with local and acute hospital services, will provide integrated care for local populations. Such development is vital in supporting the planned modernisation of our hospital services.

Key developments include:

- **Development of Intermediate Care Services**

Intermediate care is a range of integrated services that promote faster recovery from illness, prevent unnecessary acute hospital admission, support timely discharge and maximise independent living.

A Board wide steering group, established as a result of the recommendations of the 'Strategic Vision for Health and Social

Care Services for Older People 2002-2007', is developing a plan for future investment and enhancement of intermediate care service provision.

▪ **Older People's Enablement Network (OPEN Project)**

The Board has developed a project to take forward falls prevention initiatives funded through DHSSPS community care bridging money. The OPEN Project aims to achieve improved networks and communication to support older people who have fallen or are at risk of falling, thus promoting and maintaining their independence. Local Health and Social Care Groups were commissioned to take this project forward, and each group has established a multi disciplinary and multi agency task group to do so. The range of initiatives being developed during 2003/04 include training and awareness programmes, home safety checks, GP access to a falls clinic and a Board wide syncope clinic³.

▪ **Development of Primary Care Services following the implementation of the new GMS Contract**

The contractual framework under which General Practitioners work is changing from April 2004. Details of the new framework are set out in Appendix 9.

The framework establishes a mechanism through which the Board may commission GP practices to provide a range of 'enhanced services' in addition to those which all practices must provide. Specific plans for the commissioning of 'enhanced services' are still to be developed, but could include for example:

- Anti-coagulation
- Care of alcohol misusers
- Care of drug misusers
- Minor injury services

³ Syncope Clinic – Is a clinic to investigate the neurological causes of faints and falls, usually in the elderly.

- Specialised care of patients with depression
- Sexual health services
- Medical input to support the development of immediate care services

▪ **Local Health and Social Care Group Primary Care Developments**

The Local Health and Social Care Groups (LHSCGs) also provide a valuable framework for the development of local primary and community care services that will complement and support hospital modernisation. The LHSCGs will work with local primary care staff, independent contractors, people from the community and service users to identify key issues and priorities for delivering improved and more integrated care within the local area.

Craigavon and Banbridge LHSCG

Investment has already been made in a number of areas including domiciliary physiotherapy, podiatry, occupational therapy and work is underway to address a number of specific issues relevant to the modernisation agenda as follows:

- Increasing the capacity of primary care to address chronic disease (chronic obstructive pulmonary disease, diabetes, epilepsy)
- Supporting the developing role of community pharmacy for example in the treatment of minor ailments
- Developing primary care mental health services

Armagh and Dungannon LHSCG

The LHSCG are developing primary care based services for chronic disease management. The current priorities are diabetes and Chronic Obstructive Pulmonary Disease and work will build on pilot studies and models of good practice. Primary Care based counselling services have been developed in Armagh and are currently being developed for GP practices and their patients in Dungannon.

Newry and Mourne LHSCG

The LHSCG has already invested in a number of areas including tissue viability, physiotherapy, podiatry and dietetics. Work is underway to address the following areas:

- Chronic disease, initially focusing on Chronic Obstructive Pulmonary Disease during 2003, extending the work to cardiovascular disease and diabetes.
- Prescribing services.
- Disability access for primary care services.
- Trauma support services.

17.2 Armagh

The Armagh area covers 671 square kilometres and has a population of 54,900 (2002 mid year estimate). The area covers a mix of rural and urban environments.

17.2.1 Acute Psychiatric Unit at St Lukes

Currently St Luke's accommodates the acute inpatient psychiatric facilities from Craigavon Area Hospital (on a temporary basis) as well as those for its own catchment area.

In line with the recommendations of the Board's Mental Health Strategy (see section 7.4) Craigavon and Banbridge Community Trust have submitted a business case for a new facility at Craigavon Area Hospital, which will enable the inpatient service to be relocated back to the Craigavon Hospital site.

Also in line with the recommendations, the Armagh and Dungannon Trust is developing a business case for a new 46 bed psychiatric unit to provide acute mental health services admission for the Armagh and Dungannon area and a smaller number of intensive care beds to be used as a Board wide facility on the St. Luke's site, Armagh. It is proposed that the new unit should be completed during 2007. The estimated capital cost is in the region of £10 million.

A number of community mental health initiatives are also being progressed in line with the recommendations of the Board review, including the provision of out of hours crisis services and enhanced community services.

117.2.2 Armagh Community Hospital

Armagh Community Hospital is currently the location for a wide range of outpatient, diagnostic and therapy services, as well as a doctor led minor injuries unit.

Details of current activities are included in appendix 10.

The majority of the outpatient services are provided by Consultants, mainly from Craigavon Area Hospital Group Trust. This local community hospital provides an essential bridge between primary health care and acute hospital services. The Trust has now completed a three year programme of capital investment which included the extension of therapy and medical records facilities and new X-Ray equipment by March 2004. The cost of the latter is £220,000.

It is envisaged that these services will continue to be provided at Armagh Community Hospital. As new services become available across the area, there may be further growth in the range of services provided.

The doctor-led minor injuries unit operates from 9am to 5pm Monday to Friday. A nurse-led out of hours minor injuries unit, sited at Mullinure Hospital, operates from 5pm to 9am Monday to Friday and on a 24 hour basis on Saturday, Sunday and bank holidays.

This model of care may change with the introduction of the new out of hours arrangements required as a result of the new GMS contract (See section 18).

17.2.3 Development of intermediate care and falls prevention services

Examples of the local services in Armagh & Dungannon Trust area include:

- Intermediate care services providing step-down and step-up care;
- A 'flexi-care' scheme, which supports people who do not require active rehabilitation and the full intermediate care package, to return home with adequate support. The Hospital staff can initiate these services, thus reducing discharge delays;
- Falls prevention services linking with the OPEN Project (see section 17.1) and including medicines management, training of domiciliary care workers in falls prevention, information pack on falls for users and exploration of a chair based exercise scheme.
- Training of generic rehabilitation assistants to support the rehabilitation programmes for people at home;

17.3 Banbridge

The Banbridge area covers 445 sq km and has a population of 42,400 (2002 mid year estimate). This is a largely rural area with a growing population in the Banbridge town.

17.3.1 Banbridge Hospital Site

Banbridge Polyclinic opened in March 1998, on the old Banbridge Hospital site. The Polyclinic currently offers a comprehensive range of outpatient, diagnostic and treatment support services as detailed in appendix 11. Current activity levels are included in this appendix.

The vision for the Banbridge Hospital site is to provide a community health and wellbeing centre providing a wide range of health and social services for the local population, including the integration and enhancement of local outpatient, diagnostic, community and GP services currently provided in the Banbridge area. Development proposals include:

- The enhancement of the services currently provided from Banbridge Polyclinic to potentially include:
 - Clinics for people with dementia
 - Community Addiction Services
 - Outpatient Psychiatry
 - Community Dental Services
 - Podiatry
 - Speech and Language Therapy
 - Ophthalmology

- Development of a new day care facility which will provide places for 30 people with a physical disability, to replace the existing social education centre which is housed in old sectional buildings. Proposals to move the facility on to the hospital site are being considered as part of the overall development.

- Relocation of services from Banbridge Health and Social Care Centre would have the potential to provide much needed space for the development of clinical and consulting areas and a new rehabilitation suite. Space restrictions on the current site have for many years prevented much needed service developments.

- Development of a 10 bed residential facility and 20 units for supported housing for people with dementia, in partnership with Fold Housing Association as a result of a needs analysis.

- Development of a new 25 place day care facility for people with dementia, also in partnership with Fold Housing Association, which would enable the transfer of local services for people with dementia from Crozier Lodge.

- Development of supported housing on Banbridge Hospital site in co-operation with a housing partner.

- Banbridge GPs have also purchased land on the site and discussions are ongoing regarding the development of a closer association with the Polyclinic.

An architect has been appointed to draw up initial concept drawings, which will be used to assess whether there is space on the site for all the proposed developments and what the relationship will be between services.

17.3.2 Development of intermediate care and falls prevention services

Intermediate care services provided to the Banbridge population by Craigavon and Banbridge Community Trust are described in Section 17.4.4.

17.4 Craigavon

The Craigavon area covers 379 sq km and has a population of 81,500. The main towns in this area are Portadown and Lurgan.

17.4.1 Planned developments for Lurgan Hospital Site

In light of the planned changes for Lurgan Hospital (see section 13) the Acute and Community Trusts are currently considering the development potential for the Lurgan Hospital site. The long term plans would be for the development of a health and wellbeing centre, similar to that planned for the Banbridge area. Such a development would mean that services could be integrated on a single site which is located very close to the town centre and would maintain the viability of the hospital as a centre for health and social care services

Craigavon and Banbridge Trust also plan to develop a Children's Centre on the Lurgan Hospital site. The Children's Centre represents the central core for the Trust's multi-professional, multi-agency community paediatric service which provides a range of specialist services to children and adolescents with chronic illness and disabilities, who require a combination of therapy, advice and treatment.

17.4.2 New Portadown Health Centre

The current health centre accommodates primary care services for the population of Portadown and the peripheral district (approximately 50,000 people).

In recent years however, much needed service development on this site has been restricted due to lack of accommodation and space for expansion. Car parking and access is also problematic.

The modernisation of hospital services provides opportunities for outreach into primary care as well as an enhanced role for primary care practitioners, including GP and Nurse Led Services. There is a developing role for GP Specialists providing services in the community which previously were only provided in a hospital setting. This model of care is being developed in Northern Ireland and locally a GP Specialist is providing services in South Tyrone Hospital. It is therefore important that community facilities are of high quality and well equipped to enable these developments.

In recognition of current and emerging needs, the Craigavon and Banbridge Trust have recently completed a business case for the development of a new Health and Social Services Centre in Portadown. It is planned that this new facility will provide increased activity in a range of areas.

The new Health Centre should be open during 2006, depending on approval. The estimated cost is £11 million.

17.4.3 Mental Health Inpatient Services

Plans are progressing for a new 76 bedded adult psychiatric facility to be located on the Craigavon Area Hospital site and managed by the Craigavon & Banbridge Community Trust. The outline business case was submitted in response to the Board's Mental Health Strategy (see section 7.4). The new facility will meet the strategic objective for modern inpatient services in mental health, as well as facilitating the return, to Craigavon, of the psychiatric inpatient beds that were temporarily transferred to St Luke's, Armagh, as a result of the temporary transfer of services from South Tyrone Hospital to Craigavon Area Hospital.

It is planned that the new facility should be ready in 2006. The estimated cost is £10.6 million.

17.4.4 Development of intermediate care and falls prevention services

Examples of local services within the Craigavon and Banbridge Trust area include:

- Intermediate care team providing change as for Armagh step-down and step-up care, integrated with the community rehabilitation service;
- The development of geriatric medicine outreach outpatient clinics at Banbridge to provide support to the intermediate care team, and with a particular emphasis of seeing patients from step-up care;
- Training of generic rehabilitation assistants to support the rehabilitation programmes for people at home;
- Extended out of hours nursing;
- Development of social rehabilitation care (often referred to as 'Hospital to Home'), to support people who do not require active rehabilitation and therefore intermediate care, to return home with adequate support;
- Trust falls project;
- OPEN projects – GP access multidisciplinary falls clinic pilot, use of hip protectors, primary falls projection pilot (see section 17.1)

17.5 Dungannon

The Dungannon area covers 783 sq km and has a population of 48,300.

17.5.1 Extended Hospital Services at South Tyrone Hospital

Details of extended hospital services at South Tyrone Hospital are provided in Section 12.

17.5.2 Planned development of community services on South Tyrone Hospital site

The Armagh and Dungannon Trust is working in partnership with Craigavon Area Hospital Trust to undertake a site development plan which will provide the basis for a local hospital that will benefit from a range of supporting community health and personal social services. This would involve moving such services from miscellaneous community sites to provide for accessibility on site to a wide range of community services alongside local hospital services.

17.5.3 Development of intermediate care and falls prevention services

Intermediate care services provided to the Dungannon population by Armagh & Dungannon Trust are described in Section 17.2.3

17.6 Newry & Mourne

The Newry and Mourne area covers 909 sq km. The area's main towns are Newry, Rathfriland, Warrenpoint and Kilkeel. The Newry and Mourne area is due south of Lough Neagh and borders Armagh, Banbridge and Down District Council areas as well as County Monaghan and County Louth in the Republic of Ireland. The resident population of the area is 88,600 (2002 mid year estimate).

17.6.1 New Kilkeel Health Centre

A new state-of-the-art facility is currently being developed in Kilkeel that will allow the integration on one site of the services currently delivered at the existing Health Centre and the Mourne Hospital.

This development will facilitate more effective co-ordination and accessibility of primary and community care services. It is anticipated that development of the new facility will start in May and should be completed by September 2005 and will cost approximately £2.7million.

17.6.2 Kilkeel Minor Injuries unit

The Kilkeel Minor Injuries Unit operates from 5.00pm to 9.00am Monday to Thursday and from 5.00pm Friday evening until 9.00am Monday morning, including Bank Holidays. It is situated in an annex adjacent to the Brooklands Nursing Home. This minor injuries unit was opened by Newry and Mourne Trust in January 1997 following the closure of the Mourne Hospital.

The Unit is a Nurse-led service supported by indirect GP supervision and contact. The service is provided and managed by Brooklands and commissioned and monitored by Newry and Mourne Trust.

While out of hours services to the Kilkeel population will continue to be provided, the model of care will probably change with the introduction of the new out of hours arrangements required as a result of the new GMS contract. (See section 18).

17.6.3 Crossmaglen Outreach Clinic

An Obstetrics and Gynaecology outreach clinic is held in Crossmaglen Health Centre on alternative weeks.

17.6.4 Development of intermediate care and falls prevention services

Examples of local services include:

- Hospital to home scheme;
- Intermediate care beds in a nursing home;
- Community rehabilitation team;
- Trust falls prevention project;
- OPEN projects – identification of elderly people who have a higher than normal risk of falling, increasing awareness of the risk of falls and health promotion, home safety (see section 17.1)

18. PRIMARY CARE OUT OF HOURS

In June 2003 GPs across the United Kingdom voted to accept the terms and conditions of a new General Medical Services Contract. The majority of changes come into effect in April 2004.

One of the major elements of the new GMS Contract is the option for GP Practices not to be responsible for or provide an out of hours service. The out of hours period has been defined as from 6.30 pm until 8.00am Monday to Friday and 8.00 am to 8.00am Saturday, Sunday and Bank or Public Holidays. Currently this is the responsibility of GPs within the Board either within a practice rota or by membership of a GP Out of Hours Co-operative which provides services on their behalf. GP Co-operatives are partly financed through DHSSPS Out of Hours Development Funds administered by the Board, and partly by GP contributions from practice funds.

Under the terms of the new contract, if GPs decide not carry responsibility for 24 hour cover, the Health and Social Services Board will assume full responsibility for the provision of Out of Hours services. GPs are to be given this option no later than 31st December 2004.

Early indications are that a large number of GPs in the Southern Board's area will choose not to be responsible for 24 hour cover, but it is likely that a proportion of GPs will be willing to provide medical input to a new Out of Hours system. The Board is currently working with GPs and other primary care staff to plan for the transition from the current GP led arrangements and to develop to a new model of delivering care in the out of hours period. The Board is working in parallel with a Regional Out of Hours Implementation Group to ensure there is a consistency of approach across Northern Ireland. A local Planning Group will engage with General Practitioners the Southern Health and Social Service Council, public representatives, Trusts and other key stakeholders to develop a new model of care for out of hours services, which will be the subject of public consultation.

There is a strong commitment from the Board and its partners to ensure that any transitional arrangements progress as smoothly as possible to ensure the constant provision of existing out of hours

services until December 2004, and that patient care is optimised under any new arrangements introduced.

There are a number of underpinning principles to be considered within the context of any new model of delivery:

- The service must be accessible to all patients within the Board's area.
- The service must provide opportunity for:
 - Provision of telephone advice from a suitable trained health professional.
 - Face to face consultations for patients, within suitable equipped and secure premises, when their clinical condition merits it.
 - Facility for home visiting of patients when necessary.
- The workforce must be suitably trained and supported to deliver the service.
- The service must be cost-effective and sustainable.

The final model for delivery of these services will evolve over the next few months following discussion and engagement with key stakeholders. It is likely to include some co-location of new primary care centres with existing Accident and Emergency facilities as recommended in the Hayes Report⁴ on the future of Acute Services. However, in order to ensure patient accessibility, the Board also wishes to consider the provision of services in localities more distant from current A&E facilities. It will be necessary to examine the function and capacity of current Minor Injuries Units and other primary care facilities to provide appropriate geographical access to Out of Hours services. It is also envisaged that the new Out of Hours service will not just be delivered by GPs as at present, but that other health and social care professionals will be involved in delivering the service. The Board will also seek to more closely integrate the new service with other existing or developing services.

At this stage it is not possible to describe the exact model of delivery. However it is likely that the model will include:

⁴ The acute Hospital Review Group Report, 2001

- centralised arrangements for receiving telephone calls from patients requesting medical help
- the provision of a system for prioritising calls by trained nurses and/or doctors probably provided from a number of locations
- the provision of a number of Primary Care Centres for examining and treating patients throughout the out of hours period in a number of locations some of which may be co-located with existing hospital sites which have A&E facilities
- the location and range of services provided from Primary Care Centres will be determined by consideration of access and anticipated demands
- a high degree of patient choice in determining which out-of-hours centre to attend (including centres in other Board areas).
- the provision of domiciliary medical and/or nursing care when deemed appropriate
- stronger linkages between medical out of hours services and other services such as nursing, mental health, pharmacy and social services.

The timetable for implementation for this service is challenging but has been set as part of the contract negotiations. While the delivery of the 'Out of Hours' services will change, the Board will ensure that an appropriate service will be provided, with a smooth transition from the old to the new. The Board will therefore be striving to ensure that this service will be fully operational, preferably by September 2004 and definitely before December 2004.

19. IMPACT OF CHANGES ON ACCESSIBILITY AND CAPACITY

The Board is committed to the aspiration set out in '*Developing Better Services*' that, "access times to emergency care and consultant-led maternity services, in an appropriate facility, should be the minimum achievable, with the vast majority of people within 45 minutes, and everyone normally within one hour, of these services". In parallel to this it is also important that these facilities have the capacity to provide both the emergency and elective care that is required by the population.

Currently all of the Southern Health and Social Services Board population meet this standard, 100% having access within 45 minutes to emergency services and 98.6% to consultant led maternity services.

Southern Board residents in the Cookstown area who currently use the Mid Ulster Hospital and those using Lagan Valley Hospital and Downe will still be within 45 minute access to the appropriate facilities at Craigavon Area Hospital and Daisy Hill Hospital for emergency care and consultant-led services after the changes have been implemented.

As the exact location of the new South West hospital is not known yet, it is not possible to predict the future access times for residents from the south western area of the Southern Board. The Board is however committed to ensuring that all people living in its area have appropriate access to emergency care and consultant-led maternity services in an appropriate facility, and will strive to continue to meet these standards.

20. RISK ANALYSIS

20.1 Human Resources

It is evident that to ensure the provision of this improved and modernised health and social care system both new ways of working and additional staff (medical, nursing, AHP, laboratory, pharmacy, social work, dental etc) will be required. This will result in job opportunities in the Southern Board area. There are however a number of factors that will have a significant impact on the ability to attain the staffing levels required and therefore provide these services including:

- The European Working Time Directive and The New Deal for Junior Doctors will have implications for all grades of medical staff, requiring increased medical staffing levels to provide cover.
- There is already a shortage of nurses, demand for nursing skills is likely to increase over the next few years, with nurses required to take on new roles, for example some current junior doctors duties, nurse led in-patient services, nurse practitioner/ first contact care roles in a range of services and the potential growth in non-medical out of hours services resulting from the GMS contract.
- Although there has been a significant reliance in filling non specialist nursing vacancies through overseas candidates in the last few years, in planning for service development under DBS it is essential that the Board works in close partnership with the Department in ensuring adequate numbers of pre-registration places on all branch programmes for students.
- The changes announced in *'Developing Better Services'* will mean that the links between acute, community and primary care sectors will be of increasing importance, and therefore future staffing arrangements will need to take account of this. The development of clinical networks should result in an increasing opportunity for resources to be shared, and staff to work flexibly between hospitals and other facilities. Work patterns will also need to take account of clinical and social care governance.

- The consequence of these developments is that new ways of working will be required in the future, with creative solutions developed to respond to the changes. The modernisation agenda through 'Agenda for Change' should offer opportunities in approaching these changes. Training and re-skilling will be important as roles change, in order to retain staff and ensure that they are properly equipped to provide high quality services. Recruitment, including the ability to attract staff back, will also be vital.
- A coherent workforce development plan is essential and must address the issues of shortages in all disciplines, looking at training and development, recruitment and retention. Additional staff for the essential supporting services such as laboratories, pharmacy, CSSD, hospital, social work must not be overlooked. The needs of multi-disciplinary working must also be considered as well as the increasing use of staff with NVQ III or equivalent training. A current development in this area in the use of generic rehabilitation assistants.
- As highlighted throughout this document, the provision of high quality community and primary care services will be vital in supporting hospital modernisation. Workforce development plans for community health and social care professionals, including independent contractors such as GPs and pharmacists, must reflect this requirement.
- As all Boards will be faced with human resources challenges in the coming years, there will be a need to work collaboratively; it will also be essential that there is regional planning and action. The current Regional Workforce Planning group must take account of changes as a result of '*Developing Better Services*', and plan future manpower levels accordingly. It also needs to look at whole services rather than individual professions, to ensure that changing roles are taken account of and that no gaps are left, as it plans for recruitment and training in future years.

20.2 Financial Resources

20.2.1 Capital Resources

It is evident that the cost of the capital development required in the Southern Board area to ensure that our local and acute hospitals are developed and modernised to meet the needs of the population will be substantial. While the exact costs are not yet known for most of these developments, an indication has been included where possible. These are summarised in Appendix 12. This outlines the considerable level of investment to be made available if the proposed changes are to be successfully implemented.

20.2.2 Revenue Resources

The revenue resources required to provide the service improvements set out in *Developing Better Services* and further detailed within this document are impossible to quantify at this stage. However, they are likely to be very significant. While the actual costs cannot be determined until the full business cases have been developed, it is essential that these costs are planned for in tandem with the capital development plans. Again, if the resources are not available to run these new or modernised services, investment in the estate will not produce the level of desired improvement.

20.2.3 Underpinning Resources

While each of the relevant Boards and Trusts will be seeking capital and revenue resources for specific proposals, there will also be a requirement for resources for underpinning developments that will be required to support the modernisation agenda, including the development of clinical networks in all Boards. For example, modern, high quality, information technology will be essential to support these developments, allowing patient information to be securely and timely shared by different clinicians in a variety of settings involved in the care of any one patient, and investment in hospital and community support services is required to ensure the system operates at optimum levels.

As has already been indicated in section 16, a modern and efficient transport system will be needed, both in terms of emergency ambulances and for the 'routine' patient care transport system.

The vital role of community health and social care services in supporting hospital modernisation has been outlined, and increased investment will be required to develop these services in line with hospital development.

A lack of such resources, capital, revenue or underpinning, will have significant implications for the successful implementation of '*Developing Better Services*'.

20.3 Timing and Service Continuity

The changes set out in '*Developing Better Services*' are likely to take place over a period of up to ten years. The first changes have already happened, as the obstetrics service at Downe Hospital ceased from July 2003. The Eastern Health and Social Services Board intend that surgery will continue until August 2004 at least. At the other end of the scale, it is likely that the changes in the Lagan Valley Hospital will happen, towards the end of the 10 year period. The changes in respect of the Mid Ulster and Tyrone County Hospitals and the building of the new Downe and South West Hospitals will occur at some stage between these two points, although no definite timescales are known as yet. However, given the lead time for development of additional capacity at Craigavon and Daisy Hill Hospitals, every effort should be made to maintain these hospitals for a minimum of five years.

The inpatient fracture service at Craigavon Area Hospital will take at least five years to develop, given the considerable staffing, theatre and bed requirements needed to deliver the service.

A high degree of planning is required to ensure that these changes are co-ordinated at a regional level. As referred to above, the increased capacity required at Craigavon Area Hospital to respond to Hospital changes elsewhere (see section 10.2) should ideally be in place before these changes take place. It is estimated that it will take

at least five years for Craigavon Area Hospital to have the necessary staffing, theatre and beds in place.

There is also the risk that services at any of the sites that will be changing to a 'local hospital' may prove not to be sustainable before the necessary alternative services on acute sites are in place.

While it is not possible to completely remove this latter risk, it will be important to manage it where possible by Boards, Trusts and the DHSSPS working closely together, as well as ensuring that a communications strategy is in place to inform and reassure both staff and the public, so that their confidence in the service and the Minister's decisions is maintained. Linked to this, there will be an increasing need to ensure that the public are informed and educated about the changes to access and types of services and who they are provided by. This will need to be done in the context of all service changes whether they are within the acute, community or primary care sector.

20.4 Impact on the Community and Primary Care Sectors

As stated in section 17, a modern local and acute hospital service is dependent on well developed community and primary care services. The whole of the health and social care system must work in an integrated and complementary way, to ensure that patients are cared for and treated in the right environment (primary, community or acute) at the right time.

If the community and primary care sectors are not given the resources to strengthen and develop their services parallel to the changes in the acute sector, the hospitals will become overstretched with preventable admissions and delayed discharges, thus leaving services worse, not better.

21. FINANCIAL IMPLICATIONS

The known or estimated capital requirements to support the plans set out in this document are summarised in appendix 12.

Revenue implications will be identified through the development of business cases by individual Trusts and must be considered on a case by case basis. However it is likely that these revenue requirements will be substantial.

The Board will work in partnership with DHSSPS to plan for the availability of capital and revenue resources in line with the planned timetable of developments outlined in appendix 13.

22. STRUCTURES TO PLAN FOR IMPLEMENTATION

The proposed implementation structure has been developed in line with DHSSPS guidelines⁵. The Board's Chief Executive will be a member of the Regional Steering group and will also chair a Southern Area Programme Board. The membership of this Area Programme Board is likely to closely resemble that of the Project Board for the development of this strategic context, along with the inclusion of a Department representative.

An overarching Area Project Team will be established to facilitate the sharing of good practice, development of networks and communication between individual projects. Again membership is likely to resemble the project team for the development of the strategic context.

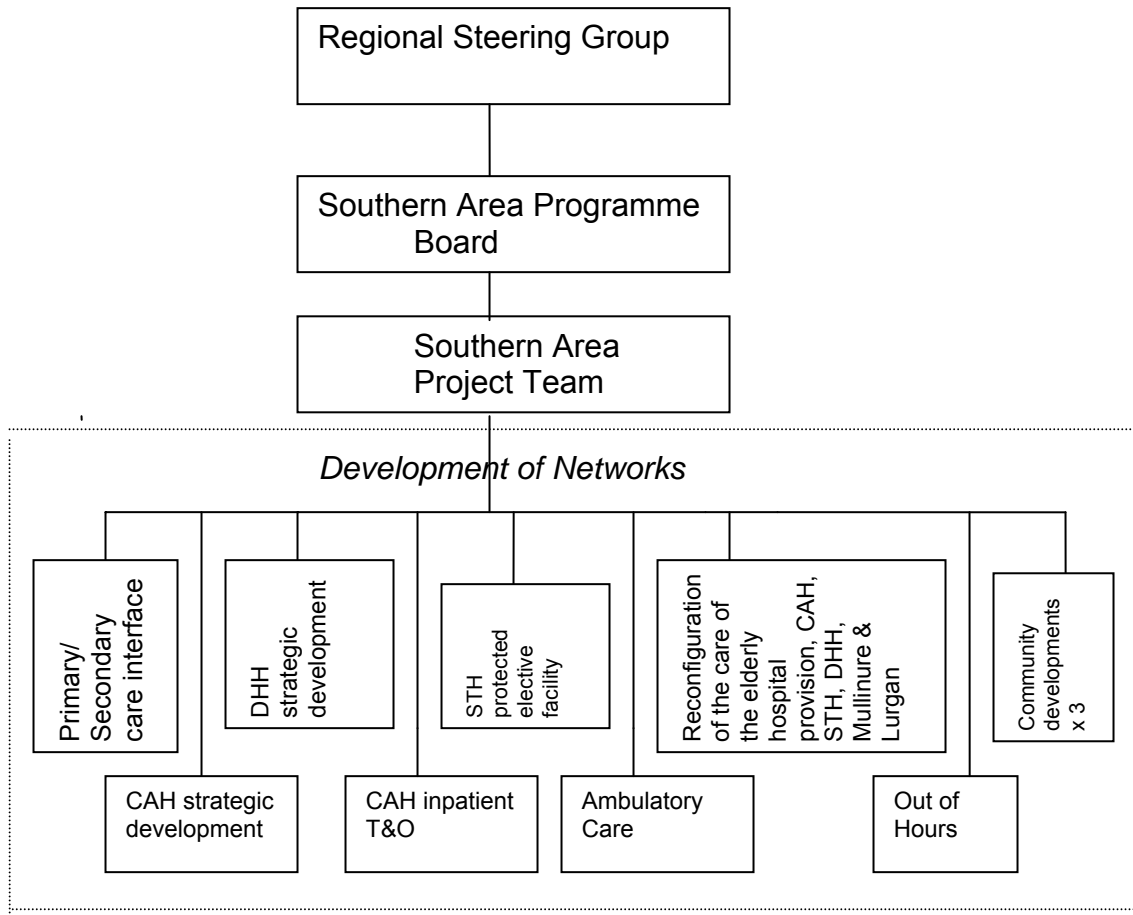
The operational issues will be taken forward by a number of task groups/project teams reporting back through the Southern Area Project Team and Programme Board. Some of these task groups will focus on single site/Trust issues, while others will have a wider remit, for example development of ambulatory care throughout the Board's area. One task group will cover the hospital aspects of the 'SHSSB Strategic Vision for Health & Social Care for Older People', marrying this with the '*Developing Better Services*' changes, to ensure that a co-ordinated approach ensuring equality of access is taken throughout the Board's area.

The Implementation Timescale that these groups will be working to is shown in appendix 13.

Networks, both between hospitals and other sectors, will be an essential element of future services. Therefore, while this will be developed by a specific task group, the philosophy being to underpin the work of all the other task groups.

⁵ DHSSPS Guidelines. Circular Number: HSS(sc)7/03

The proposed structure is illustrated in the following diagram:



Appendix 1

SOUTHERN HEALTH AND SOCIAL SERVICES BOARD PROJECT STRUCTURE

In response to the Minister's letter of 16 May 2003 to the Board, a project structure was established to develop a strategic context document that would clearly set out the future profile of services in the Board's area, resulting from the decisions on '*Developing Better Services*'.

The project structure was designed to be inclusive of Board, Local Health & Social Care Groups, Trusts, professionals and user interests. Details of the project board and team are included at the end of this appendix. The project objectives were agreed as follows:

1. To analyse the impact of the Minister's decisions in respect of Southern Board hospitals.
2. To assess the impact on Southern Board hospitals of the Minister's decisions in respect of hospitals outside the Board's area, and to test this assessment with the respective Board and Trust.
3. To identify impacts on and development needs of primary, community and ambulance services.
4. On the basis of this analysis, to prepare a working paper this will form the basis of discussions with key stakeholders.
5. To develop the Strategic Context Document setting out the profile of local hospital and community services based on the analysis/working paper, the outcome of the discussions with key stakeholders, and high level financial analysis of the cost of change.
6. To prepare a progress report by 31 August 2003.
7. To finalise the Strategic Context Document by end of January 2004.

In aiming to develop a robust, sustainable hospital network that will meet the needs of the population of the Southern Board's area, consideration has been taken of the following:

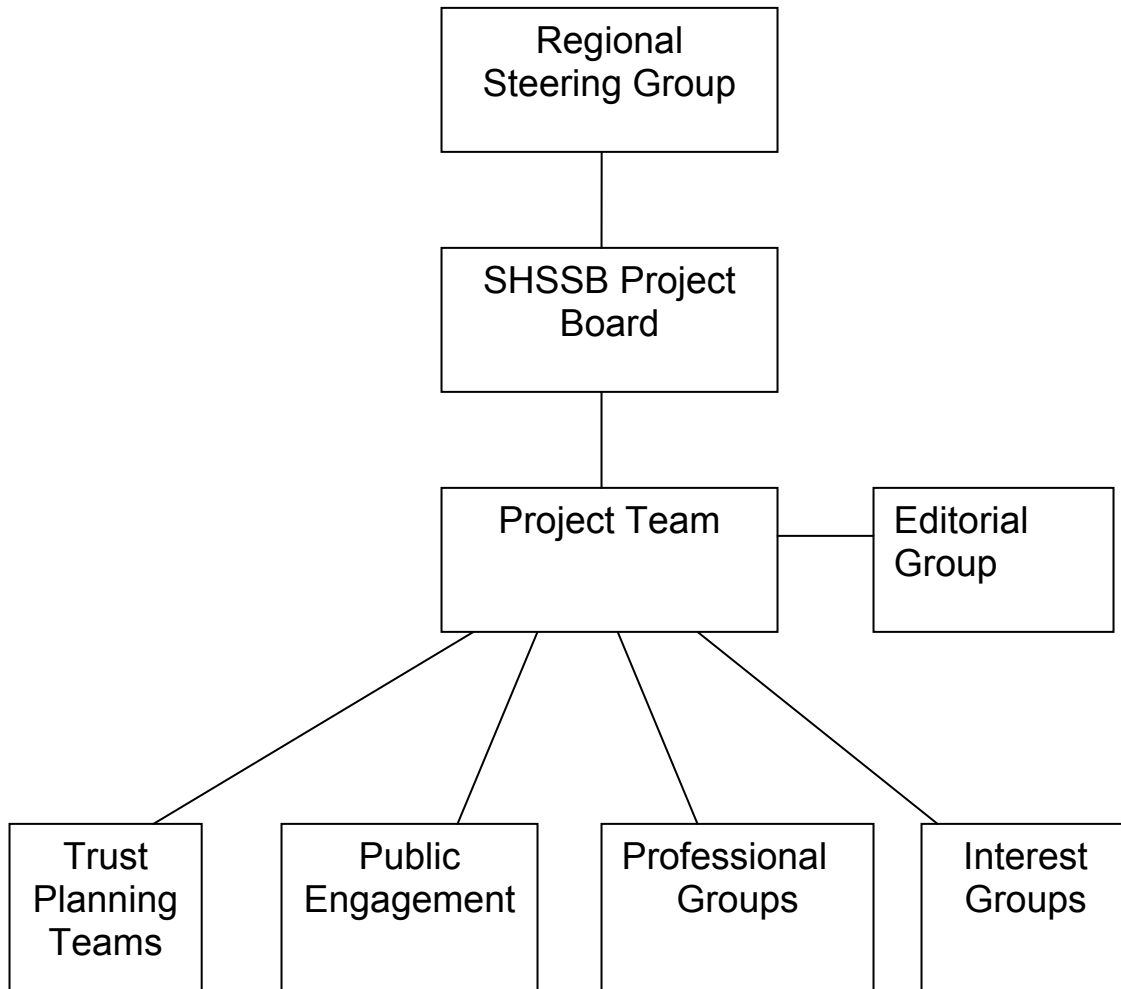
- Projected patient flows, especially where hospital profiles will change.
- Developing a service that is patient centered - compliant with quality standards, appropriate access to local services, efficient delivery of care, equity of access and value for money.
- Resources (human, capital and financial)
- Views of local communities and professionals.

In developing its plans, the Board has striven for complementarity between the hospitals in the Southern area, ensuring that unnecessary duplication of services is minimised while recognising the accessibility needs of Southern Board residents.

The Board is undertaking the development of the strategic context document in three phases:

- Phase 1: Preparation of a working paper outlining the future profile of local and acute together with associated community, services, and the impact of the Minister's decisions on the local population within the Board's area.
- Phase 2: Public and professional engagement based on the above working paper.
- Phase 3: Development of the strategic context document, incorporating the views expressed in phase 2.

PROJECT STRUCTURE



(Engaging key stakeholders)

Key Stakeholders

- SHSSC/User Representative groups/public
- Professional Groups (AMAC, LMC, RCM, Nursing, AHPs etc)
- Councils
- Unions/Staff Groups (via Trusts)

The membership of the Project Board and Team is as follows:

Project Board:

SHSSB Chief Executive (Chair)
SHSSB Director of Public Health
SHSSB Director of Planning and Performance Management
SHSSB Non-Executive Director
SHSSB Trust Chief Executives
LMC Chair
AMAC Chair
User representative/SHSSC

Project Team:

- SHSSB Director of Planning & Performance Management (Chair)
- Acute PCG /Public Health representative
- Elderly PCG /Social Care representative
- Primary Care representative
- Nursing representative
- Finance representative
- Information representative
- LHSCG representatives (1 from each LHSCG)
- Ambulance lead (SHSSB representative on Commissioning Group for Ambulance Services)
- Trust representative (link to Trust planning teams)
- Planning support

While this is the core membership of the project team, links are established with other stakeholders as required

Appendix 2

Principles underpinning the 'Southern Health and Social Services Board Strategic Vision for Health and Social Care Services for Older People 2002 – 2007'

It is the Board's policy that while people receive their acute treatment in modern acute hospitals, they should, where possible have access to local outpatient, diagnostic and ambulatory care, as well as good primary care.

The recent 'Southern Health and Social Services Board Strategic Vision for Health and Social Care Services for Older People 2002 – 2007' set out the principles of supporting people within their own communities as far as possible. These general principles will ensure that older people, while having equal access to modern acute services, will also have access to local services that will support and enable them to remain in their own homes. The principles, applying across the Southern Board area are:

- To promote the health, safety and well being of older people, so that as far as possible they do not need admission to an acute hospital. For example the Older Persons Enablement Network (OPEN) is being developed within each Trust area. Through this the Trusts and Local Health and Social Care Groups working in partnership with other agencies and community groups will address issues such as falls prevention.
- To maintain people at home, for example by providing flexible domiciliary care, good primary care support, and through day hospitals and the development on one stop assessment centres.
- To provide community rehabilitation, this would be part of the whole spectrum of rehabilitation, including acute and local hospital.
- To provide intermediate care, that is, 'a range of integrated services to promote faster recovery from illness, prevent

unnecessary acute hospital admission, support timely discharge and maximise independent living' (Intermediate Care: Moving Forward, DOH, June 2002). The Board and Trusts are working together to produce a plan to develop the existing services (available in all localities throughout the Board area) and explore new options.

- To develop the non acute hospitals so that they support acute hospital care. These hospitals will be GP or nurse led, but with close links with Consultant services. Their role will be to provide non acute rehabilitation and to be part of the intermediate care services, preventing admission to acute hospitals, and enabling people to be transferred to a more local setting as part of their planned discharge home.

Appendix 3

Recommendations of the SHSSB Mental Health Strategy, 'Review of Acute Treatment Services'

The Board will continue to commission 120 acute inpatient beds as follows:

- 76 beds in a new inpatient unit located at Craigavon Area Hospital serving the population of Craigavon and Banbridge and Newry & Mourne (includes 20 beds for Functionally Mentally Ill over 65yrs – area wide service). Further details on this development are set out in section 11.4.3.
- 44 beds in a new/refurbished inpatient unit at St Luke's Hospital, Armagh, serving the Armagh & Dungannon population (includes 16 Southern area wide intensive care beds). Progress on this development can be found in Section 11.2.1.

In parallel with developments in in-patient services the strategy places equal emphasis on the development of community services including:

- 24 hour Helpline.
- 24 hour discrete rapid response assessment/treatment service for GPs.
- Intensive home based treatment/support.
- Assertive outreach.
- Access to community based respite/crisis beds (similar to Novara House provision) additional to acute inpatient beds (suggest 2 in each locality).
- Liaison service to District General Hospital (DGH), first priority is the Accident & Emergency department.

In conjunction with the above, the review also recommended a number of service quality improvements including:

1. Agreed admission criteria communicated widely with all referral agents.

2. Improved bed management procedures with one senior professional responsible for this role.
3. All staff should be trained and regularly up-dated in the application of agreed risk management strategies.
4. Greater integration with community based and primary care services, with stronger more formal links.
5. Provide patient centred care.
6. Psychology input to acute inpatient services including crisis intervention strategies.
7. Provide a range of therapeutic, recreational and social activities as part of each patient's day.
8. An ethos which promotes patient/relative involvement in the care planning as integral to the treatment process.
9. Proactive multi-disciplinary discharge planning to commence on admission.
10. Written and verbal information on illness, treatment options and side effects routinely offered.
11. The in-patient environment should be homely and less clinical, providing a balance between the need for observation and patient privacy, with appropriate facilities for visitors.

Appendix 4

Table 1 : Bed Complement for Craigavon Area Hospital

Specialty	Bed Complement
General Surgery	90
Urology	21
ENT	21
Gynaecology	22
Obstetrics	47
Cardiology	32
General Medicine	131
Haematology	8
Paediatric	22
Paediatric Surgery	6
Paediatric Urology	2
Intensive Care Unit and High Dependency *	9
Accident & Emergency	6
Neo Natal Cots	14
Geriatric Acute	18
Total	449

* NB 3 additional funded beds in recovery

Source – Data Extracted from PAS Ward Masterfile (11/08/03)

Current services at Craigavon Area Hospital Group Trust

Medical Services

Specialist Services	Specialist Nursing Services
<ul style="list-style-type: none"> • Ambulatory Paediatrics • Cardiology • Chemical Pathology • Child Development • Dermatology • Diabetology • Gastroenterology • Haematology and Anticoagulant • Health Care for the Elderly • Lipid Clinic • Lung Function (Air Lab) • Medical Day Unit • Mobile Cardiac Catheterisation • Neonatology • Orthogeriatrics • Paediatrics 	<ul style="list-style-type: none"> • Nurse Led Atopic Eczema • Nurse Led Cryotherapy • Nurse Led Epilepsy • Nurse Led Dermatology • Nurse Led Diabetic • Nurse Led Varicose Ulcer • Nurse Led Cardiology • Nurse Led Skin Clinic • Nurse Led Epilepsy (Paediatric)

<ul style="list-style-type: none"> • Paediatric Cardiology • Paediatric Medicine • Neo-natal Rainbow Clinic • Paediatric Neurology • Photobiology • Respiratory Medicine • Rheumatology • ROP Ophthalmology • Stroke Rehabilitation • Thoracic Medicine • Resuscitation Training Service 	
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Anaesthesia and Theatre Services

Specialist Services	Specialist Nursing Services
<ul style="list-style-type: none"> • Anaesthetics • Chronic and Acute Pain Management • Day Surgery • ECGs • Epidural/Spinals (Maternity) • Intensive Care and High Dependency • Recompression Services • Theatres and Recovery 	<ul style="list-style-type: none"> • Nurse Led Pain Management

Obstetrics and Gynaecology Services

Specialist Services	Specialist Nursing Services
<ul style="list-style-type: none"> • Colposcopy • Early Pregnancy Problem Clinics • Family Planning • Fertility • Gynaecology • Gynaecological Endocrinology • Gynaecological Oncology • Hysteroscopy & Endometrial Ablation • Laparoscopic Surgery • Maternity Antenatal and Postnatal • Obstetrics – Consultant Led • Obstetric Diabetic • Maternity Admission and Assessment Unit • Continence Advisory Service 	<ul style="list-style-type: none"> • Midwife-Led Maternity Unit • Midwife Led Parentcraft Clinics • Nurse Led Colposcopy • Nurse Led Continence

Surgical Services

Specialist Services	Specialist Nursing Services
<ul style="list-style-type: none"> • Accident & Emergency • Breast Family History Clinic • Breast Surgery • Colorectal Surgery • Community Dentistry • Dental on-call service in A&E • ENT • General Surgery • Lithotripsy • Mammography Assessment • Open access services to GPs for Vasectomy & Oesophago-gastro-duodenoscopy procedures • Ophthalmology • Optometry • Oral Surgery • Orthopaedic Fracture Clinics • Orthodontics • Paediatric Dentistry • Paediatric Surgery • Paediatric Urology • Restorative Dentistry • Symptomatic Breast Clinic • Upper Gastrointestinal Surgery • Urology • Prostatic Assessment Service • Vascular Surgery 	<ul style="list-style-type: none"> • Nurse Led Urology

Cancer Services

Specialist Services	Specialist Nursing Services
<ul style="list-style-type: none"> • Day Patient Services • Enhanced Cancer Pharmacy Services • Family History Cancer Clinic • Haematology Clinics • Oncology Clinics • Outpatient Chemotherapy Treatment • Palliative Medicine • Symptomatic Breast Clinic • Breast Family History Clinic 	<ul style="list-style-type: none"> • Cancer Haematology • Oncology • Haematology • Lung Cancer • Palliative Medicine • Macmillan Nurses • Breast Care Nurse Service • Stoma/Coloproctology Nurse Service • Ulster Cancer Foundation Counsellor

Visiting Consultant Clinics

<i>Specialist Services</i>
<ul style="list-style-type: none">• Neurology• Ophthalmology• Oral and Maxillo Facial Surgery• Paediatric Cardiology• Paediatric Dental• Paediatric Diabetic• Paediatric Neurology• Restorative Dentistry

Professional Support Services

<i>Professional Support Services</i>
<ul style="list-style-type: none">• Area Pharmacy Service• Audiology• Central Sterile Services Department• ECG• EEG• Hearing Therapy• Hospital Social Work• Mobile MRI Scanner• Nutrition and Dietetics• Occupational Therapy• Orthoptics• Area Pathology and Laboratory Services• Physiotherapy• Radio-diagnosis and Imaging• Speech and Language Therapy

Craigavon Area Hospital Current Activity Levels

Craigavon Area Hospital Activity Table

Service	1998/99	1999/00	2000/01	2001/02	2002/03
Non-Elective Inpatient FCE's	17034	18721	21268	21969	23506
Elective Inpatient FCE's	4051	3873	4211	3994	3936
TOTAL FCE'S	21085	22594	25479	25963	27442
Bed Days Occupied	4566	4601	4703	5303	6325
Daycases	7190	7692	9328	9958	10430
Outpatient Attendances	86577	90746	93691	92230	89587
A&E Attendances	53579	61180	68784	70145	67457
Births	2157	2795	2567	2670	2692

*Bedday Contracts are excluded from FCE Total and include Geriatric Medicine, ICU, HDU and Neonatals

Appendix 5

Current Services at Daisy Hill Hospital

▪ Current Inpatient Beds

Specialty	Bed Complement
ENT (Adult)	4 beds
General Surgery	37 beds
General Medicine	52 beds
Geriatric Medicine	52 beds
High Dependency Unit	5 beds
Coronary Care Medicine	12 beds
Stroke Unit	10 beds
Gynaecology (co-located with female surgery)	9 beds
Obstetrics	27 beds
Paediatrics	14 beds
Paediatric ENT	3 beds
Paediatric Surgery	10 beds
Unclassified beds	4 beds
Special Care Baby Unit	6 cots

▪ Current Day Procedures

There is a 10 bedded day procedure unit where a range of day care procedures are performed, including those in the following specialities:

General Surgery	Oral Surgery	Gynaecology
Coronary Medicine	ENT	General Medicine

The hospital also provides a dedicated endoscopy suite.

Other services include Open Access(i.e. GPs can refer patients directly for these procedures/tests) for minor operations, Haematuria, X-ray and OGD, Radiology (including CT Scanning and ultra sonography), ECT, a 24 hour Accident & Emergency service (there is a Minor Injuries Service provided in Kilkeel), Anaesthetics and an integrated midwifery service. A pre-

admission clinic service has recently commenced and the hospital also runs a discharge lounge to aid effective patient discharges.

▪ **Current Outpatients**

A range of local Area (denoted with a +) and regional outpatient services (denoted with a *) are provided at Daisy Hill Hospital, including:

Coronary Medicine	Nephrology ⁺	Psychiatry
Oral Surgery [*]	Dermatology ⁺	Haematology ⁺
Thoracic Surgery [*]	Ophthalmology [*]	Gynae (including Gynae Urology & female continence, cervical dysplasia, medicine of menopause and infertility)
Paediatrics	Ambulatory Paediatrics	General Surgery (including urology, colorectal disease, vascular disease, thyroid surgery & breast disease)
ENT	Obstetrics	General Medicine (including diabetology, gastroenterology & hepatobiliary disease)
Neurology	Pain Clinic	Colposcopy
Genito Urinary Medicine	Family Planning	

▪ **Current Allied Health Professionals Services**

A range of AHP services are provided on site including:

Radiography	Physiotherapy	Occupational Therapy
Audiology	Dietetics	Orthoptic services
Psychology		

Other Allied Health Professional services, including Podiatry, Speech and Language Therapy are provided from community bases.

- **Mental Health Services**

Services include Consultant-led outpatients, day hospital services and specialist multi-disciplinary teams. In-patient services are accessed at Craigavon and St Lukes.

- **Support Services**

A range of support services are provided on site including medical records, ambulance, hotel services, maintenance / estates, finance / planning, personnel, stores, transport etc

Daisy Hill Hospital Current Activity Levels

Service	1998/99	1999/00	2000/01	2001/02	2002/03
Non-Elective Inpatient FCE's	11312	11437	12060	12587	12068
Elective Inpatient FCE's	1455	1670	1485	1489	1403
TOTAL FCE'S	12767	13107	13545	14076	13471
Bed Days Occupied	16918	16514	15134	14749	13675
Daycases	3212	3148	3237	4175	4250
Day Attendance Activity (Nephrology)	3593	6294	8166	9257	10168
Outpatient Attendances*	53754	54606	52473	55513	56409
A&E Attendances	31812	32926	32916	32658	33479
Births	1668	1650	1629	1704	1741

*includes visiting consultants

Regarding information for year 98/99 - Elective admissions taken from PAS Parameterized Report and Episodes taken from PAS KP70 minus Geriatric and New Born Babies.

Births include Still Births.

Bed Day Contracts - Geriatric Bed Days

Appendix 6

Background to changes at South Tyrone Hospital and Planned Developments

South Tyrone Hospital has undergone a series of temporary service transfers, with the majority of in-patient beds transferred to Craigavon Area Hospital. The majority of these changes commenced in 1998 as a result of ongoing operational difficulties including the provision of appropriate medical cover and training.

Despite the best efforts of the Board and Trusts, it became impossible to sustain clinical arrangements at South Tyrone Hospital in a way that would be approved by the medical Royal Colleges in respect of the accreditation of consultant posts. In turn, and as a direct result of these difficulties, the Northern Ireland Council for Postgraduate Medical and Dental Education (NICPMDE) decided that approval for medical training posts was to be withdrawn, thus creating major difficulties for the safe provision of inpatient services.

The resulting deficit in medical cover at South Tyrone Hospital was deemed to create an unacceptable risk to patients by the Armagh & Dungannon Trust, the Board and the hospital's consultant staff. It was therefore decided to temporarily transfer services to Craigavon Area Hospital. This transfer began in February 1999 with the transfer of Obstetric and Gynaecology services, followed by Accident and Emergency Services and emergency surgery in September and November 1999 respectively, and in July 2000 by the remaining inpatient medical, surgical and associated services.

The services that remained on the South Tyrone Hospital site following the transfer of services included:

- Consultant-led inpatient services for Geriatric Assessment (29 beds), Continuing Care (10 beds) and Respite (2 beds), located in Loane House and Level A in the Tower Block, totalling 41 inpatient beds.
- Care of the Elderly Day Hospital
- Minor Injuries Unit (GP-led, operating 9am to 5pm Monday-Friday)

- Radiology services
- Ambulatory paediatrics
- Cardiac Rehabilitation service
- A range of diagnostic services including general radiology and CT scans

A range of out-patient clinics, including:

- | | | |
|-----------------|-------------------|------------------|
| - Anticoagulant | - Geriatric | - Podiatry |
| - Asthma | Medicine | - Psychiatric |
| - Audiology | - Gynaecology | - Respiratory |
| - Colposcopy | - Haematology | - Rheumatology |
| - Continence | - Nephrology | - Speech & |
| - Cryotherapy | - Obstetric | Language |
| - Dermatology | Antenatal | Therapy |
| - Diabetic and | - Occupational | - Surgical |
| Diabetic | Therapy | appliances |
| Paediatric | - Ophthalmology | - Thoracic |
| - Dietetics | - Orthopaedic | surgery |
| - ENT | - Orthoptics | - Urology |
| - Fracture | - Paediatrics | - Varicose ulcer |
| - General | - Palliative | clinic |
| Medicine | Medicine | |
| - General | - Physiotherapy | |
| Surgery | - Plastic Surgery | |

Day procedure and day surgery services, including:

- | | |
|--------------------|-------------------|
| - Dental Surgery | - Gynaecology |
| - Dermatology | - Haematology |
| - ENT | - Pain management |
| - General Medicine | - Rheumatology |
| - General Surgery | - Urology |
| | - |
- Mental health consultant-led outpatients and day case centre supported by a specialist multidisciplinary team
 - Day care and rehabilitation for people with physical disability and sensory impairment provided in Willowbank Day Centre
 - Parentcraft classes

- A range of support services including ambulance base, maintenance/estate management, community stores, transport and some voluntary organisations.
- Conference and education facilities

Planned Developments

In March 2002, a Redevelopment Plan for South Tyrone Hospital was submitted to the Department by the Southern Board, Craigavon Area Hospitals Group Trust and Armagh and Dungannon Trust. The Plan was further supported by the South Tyrone Community Forum, a group established to work with the Board and the relevant Trusts to promote the development of a wide range of health and social services on the South Tyrone Hospital site in response to the needs of the local populations.

The Plan contained a range of proposals, many of which are now in place or planning is well advanced. These can be summarised as follows:

- Introduction of a Bone Densitometry Service – this service was developed, funded by the Board and commenced in April 2002. To date 1,352 patients have utilised this service.
- Introduction of CT Scanning Service – The Board and Trusts worked constructively with the South Tyrone Scanner Appeal Committee who provided substantial funding for the purchase of scanning equipment. The Board was able to secure the funding needed to run this new service, which amounted to £321,000 per year. The first patients were seen in October 2002, and since then, a total of 2,266 patients have had CT Scans at South Tyrone Hospital, as at 31 August 2003.
- Extension of Day Surgery – The expansion of day surgery at South Tyrone Hospital was strongly supported by all stakeholders. The Board has already invested over £300,000 in a significant expansion of ophthalmology and general surgery day services as follows:

- 2 additional weekly ophthalmology day surgery sessions were introduced in January 2002, enabling an additional 611 people to receive treatment each year. (During 2001/02 132 patients were treated, with 383 being treated during 2002/03 and 96 during the first quarter of 2003/04)
 - The introduction of a GP Specialist surgery day case session to provide endoscopy services, in November 2002. To date 357 patients have been seen.
-
- Additional Outpatient Services – a weekly Pain Management outpatient service was introduced in 2001; 1,252 patients have been seen to date.
 - Extended Opening of Minor Injuries Unit – A Minor Injuries Unit has been in operation in South Tyrone Hospital since Accident & Emergency Services were transferred to Craigavon Area Hospital in September 1999. This is a doctor-led unit with clinical leadership provided by a GP who is a full time employee of Craigavon Area Hospital Group Trust. The Unit is currently open on Monday to Friday from 9am to 5pm and is available for patients who require treatment for cuts, minor bone injuries, minor burns and scalds, minor eye problems, sprains, bites and stings. During 2002/03 there were 8,955 attendances in total, 1,982 of which were review attendances.
 - Redevelopment of Site – It was impossible to progress plans for redevelopment until firm decisions on the future use of the hospital were taken by the Minister. A Site Development Plan and outline business case for capital development is now being developed in partnership by Craigavon Area Hospital Group Trust and Armagh & Dungannon Trust.

Following the completion of the Redevelopment Plan for South Tyrone Hospital, the proposals presented in the '*Developing Better Services*' consultation paper included the development of a protected elective facility west of the Bann. On back of this proposal, the Board, Trusts and South Tyrone Community Forum jointly supported the development of a business case to establish protected elective facilities at South Tyrone Hospital and this business case was

submitted to the Department with the Board and Trust's response to the consultation on *Developing Better Services*. As a consequence of this work the Minister named South Tyrone Hospital as one of the two Northern Ireland hospitals to provide protected elective facilities.

Appendix 7

Activity Levels South Tyrone Hospital

(Includes Loane House)

Service	1998/99	1999/00	2000/01	2001/02	2002/03
Bed Day Occupied	-	-	12328	14123	14370
Daycases	-	-	4109	4473	5100
Outpatient Attendances	-	-	31490	30392	30029
MIU Attendances	-	-	7612	7761	8955

*Occupied beddays = care of the elderly

Appendix 8

Activity Levels at Lurgan Hospital

LURGAN HOSPITAL

Service	1998/99	1999/00	2000/01	2001/02	2002/03
1.Non-Elective Inpatient FCE's	37	39	32	20	21
1.Elective Inpatient FCE's	146	160	150	173	144
1.Total In-patient FCE'S	183	199	182	193	165
2.Occupied bed days	38064	35466	30116	29185	28845
3.Outpatient Attendances	12197	13548	13304	10671	12133

1. In-patient FCE = Dermatology only

2. Occupied Bed days = care of the elderly only

3. Outpatient Attendances includes Child Development Clinic, Geriatric Medicine, Day Hospital Attendances, Nurse Led Dermatology, Mammography

Table 4: Bed Complement for Lurgan Hospital

Speciality	Bed Complement
Geriatric Assessment	56
Geriatric Continuing Care	5
Rehabilitation	18
Geriatric Respite	7
Dermatology	10
Total	96

Source – Data Extracted from PAS Ward Masterfile (11/08/03)

Appendix 9

The New GMS Contract Framework

- Re-defines the 'essential services' which all General Practitioners will be required to provide as:
 - the management of patients who are ill or believe themselves to be ill, with conditions from which recovery is generally expected, for the duration of that condition including relevant health promotion advice and referral as appropriate, reflecting patient choice wherever practicable
 - general management of patients who are terminally ill
 - management of chronic disease in the manner determined by the practice, in discussion with the patient

- Indicates a range of 'additional services' which General Practitioners are normally expected to provide but which they can choose not to provide under certain conditions. These include:
 - cervical screening
 - contraceptive services
 - vaccinations and immunisation
 - child health surveillance
 - maternity services (excluding intra partum care)
 - a range of minor surgery procedures

- The Board will however ensure that its population has access to these services.
- General Practitioners will be able to decide not to provide out-of-hours services. The implications for services are addressed in section 15 of this document.
- Introduces a system of financial rewards for the achievement by practices of explicit quality standards.

Appendix 10

Activity at Armagh Community Hospital (1/4/02 – 31/3/03)

<u>Out-Patient Activity</u>			
	New	Review	Total
ENT	477	222	699
Cardiology	92	155	247
General Medicine	156	706	862
Gastroenterology	64	43	107
General Surgery	801	671	1472
Gynaecology	292	256	548
Obstetrics	250	725	975
Paediatric	237	1003	1240
Dermatology	489	663	1152
Ophthalmology ⁶	642	2010	2652
Minor Injuries Unit	4839	2237	7076
Radiology			10179
	8339	8691	27209
	New	Review	Total
Audiometry	844	1626	2470
Orthoptics			622
Learning Disability	18	127	145
Psychiatry	85	996	1081
<u>Visiting Consultants and Other Clinics</u>			
	<u>Source</u>		
Orthopaedics	Musgrave Park Hospital		
Child Development	Child Dev. Centre, Lurgan		
Contenance	Contenance Advisor, Newry		
Urology	Craigavon Area Hospital		
Surgical Appliances	SG Bull		
Ophthalmology	RoyalVictoria Hospital		

⁶ Ophthalmology is provided by visiting consultants from the Royal Group of Hospitals.

SHSSB Developing Better Services Strategic Context

Allied Health Professionals		Total	
Physiotherapy		9624	
Dietetics		524	
Speech & Language		235	
Health Visitors	Health Promotion Sessions		

APPENDIX 11

Activity levels at Banbridge Hospital

BANBRIDGE HOSPITAL

Service	1998/99	1999/00	2000/01	2001/02	2002/03
Daycases	319	381	469	402	429
Outpatient Attendances	7063	6925	7372	7037	6260

Banbridge Polyclinic

<i>Specialist Services</i>	<i>Support Services</i>
<ul style="list-style-type: none"> ➤ Antenatal/Postnatal ➤ Cardiology ➤ ENT ➤ Diabetology ➤ Gastroenterology/Endoscopy ➤ General Medicine ➤ General Surgery ➤ Gynaecology ➤ Lipid Clinic ➤ Psychiatry ➤ Rheumatology ➤ Urology 	<ul style="list-style-type: none"> ➤ Audiology ➤ Diabetic Nurse ➤ Dietetic Services ➤ Hearing Therapy ➤ Incontinence Nurse ➤ Physiotherapy ➤ Podiatry ➤ Radiology ➤ Speech and Language Therapy

APPENDIX 12

Financial Implications

ESTIMATED CAPITAL COSTS

CRAIGAVON AREA HOSPITAL CAPITAL DEVELOPMENT COSTS

Scheme	Timescale	Cost
CAH Strategic Development Plan:		
Phase 1	5 years	£60M
Phase 2	5 – 15 years	£50M
Phase 3	5 – 15 years	£37M
Phase 4	5 – 15 years	£50M

Scheme	Timescale	Cost
CAH Interim developments:		
Extension to Day Procedures Unit	Within 5 years	£1.52m
Upgrading of Delivery Suites	Within 5 years	£0.8m
Adaptations to CSSD to comply with standards	Within 5 years	£13.9m
Replacement of Radiology Equipment	Within 5 years	£1.4m
Catheterisation Laboratory	Within 5 years	£0.75m
Replacement of Recompression Chamber	Within 5 years	£0.35m
Clinical Administration Accommodation	Within 5 years	£1.0m

REVENUE COSTS

Inpatient Trauma and Orthopaedic Unit to be advised.

DAISY HILL HOSPITAL CAPITAL DEVELOPMENT COSTS

Scheme	Timescale	Cost
Refurbishment of A&E	Within 5 years	£1.2m
Day Procedure Unit	Within 5 years	£2.5m
Extension of Renal Unit	2006	£3.0m
Reconfigured outpatient department	Within 5 years	£1.6m
Structural work to Daisy Hill Hospital	2005/06	£1.0m
Upgrading of site infrastructure	Within 2–3 years	£4.664m
Doctors accommodation & nurses home	TBA	£1.06m
CSSD improvements	Possibly 2004/05	£0.12m

**SOUTH TYRONE HOSPITAL CAPITAL DEVELOPMENT COSTS
(Craigavon Area Hospital Group Trust and Armagh and
Dungannon Trust joint project)**

Scheme	Timescale	Cost
South Tyrone Hospital Redevelopment	TBA	£5.34m

ARMAGH AND DUNGANNON COMMUNITY CAPITAL DEVELOPMENT COSTS

Scheme	Timescale	Cost
Armagh Community Hospital Upgrade of radiology services:		
X-ray/screening equipment (approved)*	2003/04	£0.224m
General room	2004/05	£0.06m
Replacement of ultrasound system	2005/06	£0.13m
Digital processing	2006/07	£0.13m

* Funding secured

Scheme	Timescale	Cost
South Tyrone Hospital – Community Developments	2004/5 – 2010/11	£5.0m
Acute psychiatric unit, St Luke’s site	2006/07	£10.0m
Social services facility (Armagh) re-provision	2008/09	£0.4m
Day care centre (Elderly), Clogher	2005/06	£0.45m

CRAIGAVON AND BANBRIDGE COMMUNITY CAPITAL DEVELOPMENT COSTS

Scheme	Timescale	Cost
Acute psychiatric unit, Craigavon	2004/05 – 2005/06	£10.6m
Portadown Health Centre	2004/05 – 2005/06	£11m
Banbridge Hospital site, redevelopment	2004/05 – 2005/06	£8.5m
Lurgan Hospital estate development	TBA	

NEWRY AND MOURNE CAPITAL DEVELOPMENT COSTS

Scheme	Timescale	Cost
Replacement of existing clinical services on the John Mitchell Place site	2005/06 – 2006/07	£3.250m
Kilkeel Health Centre*	2005/06	£2.7m

* Funding already secured.

APPENDIX 13

Implementation Timescale

IMPLEMENTATION TIMESCALE

Trust/Development	Year 1 (2004/05)	Year 2 – 5 (2005/06 – 2008/09)	Year 6 – 15 (2009/10 – 2018/19)
<i>Craigavon Area Hospital Group Trust: Craigavon Area Hospital</i>			
Completion of Strategic Development Plan	√		
Preparation of business cases for interim developments: <ul style="list-style-type: none"> • Extension to Day Procedures Unit • Upgrading of delivery suites • Adaptations to CSSD • Replacement of radiology equipment • Temporary catheterisation laboratory • Replacement of recompression chamber • Clinical administration accommodation • Explore potential for limited 	√		

number of temporary beds within 2-5 year period			
Implementation of interim developments		√	
Preparation of business case for Phase 1 (including inpatient trauma and orthopaedics service): <ul style="list-style-type: none"> • New A&E/MIU accommodation • New theatre block • Critical care unit • Permanent catheterisation laboratory • New radiology department • New surgical bed block 	√		
Implementation of Phase 1		√	
Development of business cases for Phases 2 – 4		√	
Implementation of Phases 2 – 4			√

Trust/Development	Year 1 (2004/05)	Year 2 – 5 (2005/06 – 2008/09)	Year 6 – 15 (2009/10 – 2018/19)
<i>Newry and Mourne Trust: Daisy Hill Hospital</i>			
Completion of Strategic Development Plan	√		

Preparation of business case for, and implementation of, opening of additional beds (up to 7) to provide capacity for patient flows from Downe Hospital on back of closure of emergency surgical services	√				
Preparation of business case for reconfiguration of geriatric beds	√				
Implementation of reconfiguration of geriatric beds	√	√			
Implementation of CSSD improvements	√ (possibly)				
Preparation of business case for extension of renal unit	√				
Implementation of extension of renal unit			√		
Implementation of structural work to hospital (business case has been submitted to DHSSPS)			√		
Preparation of business case to upgrade site infrastructure	√				
Implementation of upgrade to site infrastructure			√		
Preparation of business cases for: <ul style="list-style-type: none"> • Refurbishment of A&E • Day procedure unit 	√				

<ul style="list-style-type: none"> • Reconfiguration of outpatient department 			
Implementation of: <ul style="list-style-type: none"> • Refurbishment of A&E • Day procedure unit • Reconfiguration of outpatient department 		√	
Preparation of business cases for modernisation of doctors & nurses accommodation		√	
Implementation of modernisation of doctors & nurses accommodation			√

Trust/Development	Year 1 (2004/05)	Year 2 – 5 (2005/06 – 2008/09)	Year 6 – 15 (2009/10 – 2018/19)
<i>Craigavon Area Hospital Group Trust & Armagh and Dungannon Trust: South Tyrone Hospital</i>			
Preparation of business case for redevelopment of South Tyrone Hospital (acute and community)	√		
Implementation of redevelopment plan – acute		√	
Implementation of redevelopment plan		√	√

- community				
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Trust/Development	Year 1 (2004/05)	Year 2 – 5 (2005/06 – 2008/09)	Year 6 – 15 (2009/10 – 2018/19)
Craigavon Area Hospital Group Trust : Lurgan Hospital			
Preparation of business case for reconfiguration of care of the elderly services	√		
Implementation of reconfiguration of care of the elderly services		√	

Trust/Development	Year 1 (2004/05)	Year 2 – 5 (2005/06 – 2008/09)	Year 6 – 15 (2009/10 – 2018/19)
Armagh and Dungannon Trust: Community Developments			
Implementation of Radiology general room, Armagh Community Hospital	√		
Preparation of business cases for replacement of ultrasound system and digital processing, ACH	√		
Implementation of replacement of ultrasound and digital processing, ACH		√	

Completion of business case for new acute psychiatric unit, St Luke's site	√		
Implementation of new acute psychiatric unit, St Luke's site		√	
Preparation of business case for care of the elderly day care centre, Clogher	√		
Implementation of day care centre, Clogher		√	
Preparation of business case for reconfiguration of care of the elderly services, Mullinure Hospital	√		
Implementation of reconfiguration of care of the elderly services, Mullinure Hospital		√	
Preparation of business case for reprovision and upgrading of community, health & social services facilities, Armagh		√	
Implementation of reprovision of social services facility, Armagh		√	

Trust/Development	Year 1 (2004/05)	Year 2 – 5 (2005/06 – 2008/09)	Year 6 – 15 (2009/10 – 2018/19)
<i>Craigavon and Banbridge Community Trust: Community Developments</i>			

Implementation of acute psychiatric unit, Craigavon Area Hospital site	√ (possibly)	√	
Implementation of Portadown Health Centre	√ (possibly)	√	
Preparation of business case for relocation of HSS centre to Banbridge Hospital site	√		
Implementation of relocation of HSS centre to Banbridge Hospital site		√	
Preparation of business case for redevelopment of Lurgan Hospital site	√		
Implementation of redevelopment of Lurgan Hospital site		√	

Trust/Development	Year 1 (2004/05)	Year 2 – 5 (2005/06 – 2008/09)			Year 6 – 15 (2009/10 – 2018/19)
<i>Newry and Mourne Trust: Community Developments</i>					
Implementation of new Kilkeel Health Centre	√	√			
Preparation of business case for replacement of existing clinical services on the John Mitchell Place site	√				
Implementation of replacement of		√			

clinical services on John Mitchell Place site			
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Trust/Development	Year 1 (2004/05)	Year 2 – 5 (2005/06 – 2008/09)	Year 6 – 15 (2009/10 – 2018/19)
Board wide: new out of hours arrangements			
Preparation of plans & business cases	√		
Implementation of new arrangements	√		
Future development of out of hours services		√	

GLOSSARY

Agenda for Change - New pay structure being introduced throughout the NHS and HPSS.

Allied Health Professionals (AHPs) – includes physiotherapists, occupational therapists, speech & language therapists, podiatrists and dieticians.

Ambulatory Care – Services provided by a hospital or clinic which provide an alternative to inpatient admission. They may involve a stay of several hours while investigations or observations are carried out.

Cardiac Catheterisation Lab – A specialised x-ray unit to allow cardiologists to undertake invasive investigation of the heart and coronary arteries. Depending on its distance from a cardiac surgery centre it may also be used for treatments such as angioplasty and insertion of coronary stents.

Community Midwife Units - A stand alone unit run by midwives who have additional skills in maternal assessment and management of emergencies. They offer care to women who have been assessed as at low risk of having complications during pregnancy and childbirth.

Community Rehabilitation – Services provided in a community or day hospital setting by a range of professionals which aim to enable patients to regain maximum independence following an illness or hospital admission.

CSSD - Central sterile supplies department

Day Case Surgery – Where the patient is admitted, has surgery and is discharged on the same day. Day cases are planned and are not interrupted by emergencies.

Day Hospital – Hospital services provided to patients who attend on a day basis only. These services usually focus on rehabilitation and respite.

Elective – Planned admissions, where the patient is given a date for admission

Endoscopy – The use of a fibre optic scoping instrument for the investigation and treatment of conditions in the upper and lower gut.

FCE – Finished Consultant Episode – a patient's stay in hospital under the care of a particular consultant. There can be more than one FCE during a single admission if a patient is transferred to the care of a second consultant.

GMS – General medical services; the services provided by contractual arrangements with General Practitioners.

GP Specialist – A General Practitioner who has additional qualifications in a specific medical speciality (such as endoscopy or diabetes) and is providing this service for patients from practices other than his/her own.

Haemodialysis Unit – Provides chronic renal dialysis services for patients with kidney failure.

Histopathology - Laboratory service providing specialist diagnosis on tissue samples.

Intermediate Care – A range of short term integrated services to prevent unnecessary hospital admission, enable timely discharge and regain maximum level of independent living.

LHSCGs – Local Health and Social Care Groups

Midwife Led Unit – Midwife Led Units are typically small maternity units providing care before, during and after childbirth for women assessed to be at low risk of having a complicated pregnancy or labour. They may be located in, or alongside a consultant obstetric unit or they may be detached from them. They could be located in or on the site of one of the proposed local hospitals or could be free standing in the community.

Minor Injuries Services/Unit – A unit providing emergency care for minor injuries/illnesses. These units do not have full facilities of an accident and emergency A&E department and are usually staffed by GPs or emergency nurse practitioners, linked to an A&E department if necessary.

MRI Scanner – Magnetic Resonance Imaging. A specialised investigation used primarily in the diagnosis and management of neurological, cancer or musculoskeletal conditions.

Non Elective – Emergency admissions or transfers between hospitals.

Occupied Bed Days – total number of days spent as inpatients in hospital.

Outreach Service – Where hospitals provide outpatient clinics and other services “off site”, usually in local non-acute hospitals or local community clinics.

Primary Care Services – Health and Social Care services provided in the community which can be directly accessed by patients and clients. These services include GP care, dental, pharmacy, social services, community nursing and allied health professionals.

Protected Elective Facility – Provides surgery which is separate from the treatment and care of emergency admission/surgery and therefore can be planned more effectively.

Step Down Service – A type of intermediate care that enables timely discharge from hospital with short term care or support to help the patient regain maximum independence.

Step Up Service - Intermediate care that provides short term support preventing an acute hospital inpatient admission.

Syncope Clinic – Is a clinic to investigate the neurological causes of faints and falls, usually in the elderly.

Trauma and Orthopaedic – Surgical services related to traumatic bone injuries admitted through A&E departments, and planned surgical treatment for other conditions affecting bones and joints (e.g. joint replacements).

Trolley Waits – Where decision to admit has been made, but no ward bed is yet available and patient waits in A&E, either on a bed or a trolley.
