Consultation Response

28th February 2025

From: Save Our Acute Services (SOAS)

To: Dept of Health

By Email: rebuildinghsc.services@health-ni.gov.uk

Organisational Response to:
Public Consultation on 'Hospitals - Creating A Network for Better Outcomes – October 2024

(SOAS is registered as a Community Interest Company – Registration# NI694537)

TABLE OF CONTENTS

SECTION		TITLE	PAGE
1		**Introduction**	**4**
	1.1	SOAS Discussion Paper – 'SWAH – an integrated Roadmap'	4
	1.2	SOAS View on DoH Consultation Document	5
	1.3	Rurality – special consideration for Fermanagh & Omagh District Council area	9
2		**Executive Summary**	**11**
3		**Strategic Context**	**13**
	3.1	Acute hospital reconfiguration – experience in Ireland & Europe	14
	3.2	NHS - Unavoidable Costs of Remoteness	15
	3.3	Suspension of surgery in SWAH - effects on our community	16
	3.4	ED Attendance - increasing in our community	18
4		**Roadmap – building blocks**	**19**
	4.1	Geography	20
	4.2	Emergency and Elective – an appropriate mix for the consultant surgeon in SWAH	22
	4.3	Recruiting and retaining surgeons in SWAH	22
	4.4	Restoring surgical capacity at SWAH	24
	4.5	Surgical specialities in SWAH	26
	4.6	North-South development: an opportunity for SWAH	28
	4.7	An 'integrated surgical network' for Western Trust	30
	4.8	Funding for an integrated surgical network across Western Trust	30
	4.9	SWAH – a 'Rural Area Hospital'	32
5		**Roadmap - 3 Strands (including Recommendations)**	**34**
	5.1	Strand 1 – Local	36
	5.2	Strand 2 – Regional	37
	5.3	Strand 3 – North-South	38
	5.4	Roadmap – Integration	39

SECTION		TITLE	PAGE
6		**Roadmap - Conclusion**	**41**
7		**Public Consultation – Impact Assessments**	**42**
	7.1	EQIA – Equality Impact Assessment	43
	7.2	RNIA – Rural Needs Impact Assessment	47
	7.3	Human Rights – Impacts	49
8		**Consultation Questionnaire - Completed**	**52**
		Appendix 1	**59**
		Accessibility to Type 1 EDs across Northern Ireland – a GIS analysis (Ulster University) – November 2022	60

[1] INTRODUCTION

'Save Our Acute Services' (SOAS) is a campaign group formed in November 2022 to campaign for the availability of all acute services in SWAH in Enniskillen, County Fermanagh. The suspension of Emergency General Surgery (EGS) in SWAH in November 2022 was the key driver in our formation.

[1.1] SOAS DISCUSSION PAPER – 'SWAH – AN INTEGRATED ROADMAP'

SOAS launched a Discussion Paper 'SWAH - an integrated Roadmap' in January 2025. This discussion paper is available at https://bit.ly/3BYflgL.
This consultation response fully endorses the proposals and recommendations within the Discussion Paper. The discussion paper should be considered an integral part of this consultation response.

It is a significant failure of this regional public consultation process that no public meeting was held anywhere in county Fermanagh.
This failure by the Dept of Health to ensure that the population of the South West is fully informed undermines the overall public consultation itself.
The Dept of Health needs to account appropriately for this oversight when weighing and assessing consultation responses from across Northern Ireland.

SOAS held five public meetings across County Fermanagh in an attempt to ensure that the population of this area were as informed as possible:

Enniskillen - Monday 13th January 2025
Belcoo - Thursday 23rd January 2025
Lisnaskea - Monday 27th January 2025
Irvinestown - Thursday 6th February 2025
Florencecourt - Tuesday 25th February 2025

We presented key information relating to this public consultation to the public and they have responded back confirming overwhelmingly that they endorse the 20 recommendations included in the SOAS Discussion Paper related to this consultation.

SOAS has collected **28,494** signed consultation responses directly from the public of this area and have delivered them on behalf of those people to the Dept of Health on Thursday, 27th February 2025.
Each person who has responded has stated very clearly that their signed response is their individual Consultation Response to the "Hospitals – Creating a Network for Better Outcomes" public consultation issued by Department of Health in October 2024. They have confirmed that they have considered all the questions carefully and provided their individual answers. They have confirmed that their overall response to

this consultation is that implementation of all 20 recommendations in the SOAS Discussion Paper "SWAH – an integrated Roadmap" will ensure that SWAH is part of an integrated hospital network that is appropriate for their area - and that this Discussion Paper is available in full at https://bit.ly/3BYflgL.
They have further confirmed that - in particular - SWAH must be categorised as a 'Rural Area Hospital' – with the definition as stated in the Discussion Paper.
They have also stated that they do not consent to their response being amalgamated with others and treated as a single response or petition.

This Consultation Response is linked to the Discussion Paper that proposes a roadmap that will lead to a sustainable future for all hospital services in the South West Acute Hospital (SWAH) in Enniskillen. It is important that it align fully with the October 2024 DoH hospital frameworks document 'Hospitals – Creating A Network for Better Outcomes.

The basis of the SOAS consultation response is to identify an integrated surgical network that encompasses the entire Western Trust. Current governance and accountability arrangements across the arms length bodies apply at trust level. It is the overall aim of the public consultation that an integrated hospital network should be available across the entire region of Northern Ireland. SOAS fully supports this and does so in this consultation response in the context of SWAH being a full and active member of an integrated surgical network across the Western Trust feeding into a regional network.

This Consultation Response includes a number of recommendations that should lead to a sustainable long-term solution for all services in SWAH and allow our hospital to contribute significantly to the required transformation of health services in Northern Ireland. The recommendations are directed to all the key stakeholders – health bodies, local and regional politicians, patients, their families, local businesses, sport organisations – in fact, to our entire community. The ultimate decision to implement rests mainly with the Western Trust and Department of Health.
Fermanagh & Omagh District Council (FODC) have a key role to play in ensuring that a welcoming and positive environment is available to potential new consultants and their families.

[1.2] SOAS VIEW ON DOH CONSULTATION DOCUMENT

The long-awaited hospital framework titled 'Hospitals – Creating A Network for Better Outcomes' was finally published by the Dept of Health in October 2024. The

context for the publication of this framework is one of impending service collapse across many areas of our health service.

This consultation document seems to represent an overreach by the larger hospitals for increased resourcing and services clearly at the expense of the three hospitals that are proposed to be general hospitals.
Our sections on the EQIA (Equality Impact Assessment) and the RNIA (Rural Needs Impact Assessment) feed very logically into what seems to be very significant Human Rights section with regard to these proposals.
Section 7 of this document (on the various impact assessments) should be considered seriously by the Department of Health as it highlights significant fundamental issues with regard to SOAS's overall views on this public consultation.
We would consider it is essential that disaggregated 'Geographic Information System' (GIS) data is employed regionally to identify specific impacts of the proposals on Section 75 category groups at a localised level across Northern Ireland

The document highlights the undoubted need for significant system reconfiguration but unfortunately provides little in the way of specific developments that are required to help get this started.

SOAS believe that the framework should have proposed the return of emergency surgery to SWAH for patient safety reasons. This would then enable SWAH to be categorised as 'rural area hospital' - rather than the proposed downgrade to a general hospital.
General hospitals will be treated as 2nd class to the area hospitals if this framework is accepted.
The framework refers to "new approaches to the commissioning of services" but provides no detail at all on this. This is a key weakness.
It is clearly stated though that priority will be given to the area hospitals at the expense of the "smaller hospitals".

There are other elements within the framework that give us real cause for concern about the future of SWAH.
Increased powers are being given to local health trusts with regard to determining the services that are appropriate within their own trust area. Our research and experience show that the Western Trust will not make evidenced and appropriate decisions that would be guided by the principles in the framework document. We know from the Western Trust's own risk register that they are preparing to permanently close emergency surgery in SWAH.
The Western Trust also confirmed this during the Public Consultation meeting in Omagh on 15th January 2025 – when their presentation included "There is one area of temporary change to services pending consultation on a permanent change, which is Emergency General Surgery at SWAH"

The framework gives the Western Trust permission to implement changes "even if they have not concluded and/or completed their consultations". This prevents the public from having any say in SWAH's future - and enables the Trust to ignore the evidence provided by SOAS and other stakeholders highlighting risks to the public. This is simply not acceptable to our community.

We call on our elected representatives to ensure that any decisions made by Western Trust are evidenced, detailed and include full consideration of the views of the public.

The service collapse happening across emergency departments in Northern Ireland is totally ignored in the framework. This is a real cause for concern. There is an inappropriate total focus on elective care and the need to get waiting lists down.
We must realise that we can tackle more than one serious issue at a time.
There is a full section in the framework on elective care. Shockingly, there is no section at all on emergency care.
There are constant references to issues around hospital network development relating to elective care. There is virtually no mention throughout the whole document of developing an appropriate emergency care hospital network framework that will help to resolve the current collapse happening around the ambulance service and through our ED's.
SOAS believes that DoH should be focused on an integrated approach to hospital network development for the SWAH catchment area and fully accept that this must be done within the confines of overall hospital network development across Northern Ireland. However, this must address both emergency care and elective care.

We welcome that the first listed outcome from any hospital reconfiguration is stated as "safe and better health and social care services for our population". In fact, this principle is further developed by stating that "reconfiguration at its heart must be patient centred rather than predicated on achieving service efficiencies for workforce, structures are buildings".
SOAS has been making an evidenced case centred on risks to patients to the Dept of Health and the Regulator RQIA since the suspension of surgery in SWAH.
Our geography is at the heart of this argument. Altnagelvin or Craigavon ED are just too far away to enable speedy enough care for people from this area. The only change to any pathway that will ensure we get equitable access to emergency care is to have emergency surgeons returned to SWAH. SOAS believes that the vast majority of the public across Northern Ireland are willing to travel past their nearest hospital in order to get elective treatment. However, it is simply neither safe nor acceptable to ask people who have suffered any kind of an accident or major trauma to travel

the distances that are expected at present for people from the SWAH catchment area.

The main barrier to having surgery return to SWAH so far has been the insistence of the Western Trust for clear separation of emergency and elective patient flows. We do welcome the statement in the framework that states that these patient flows should only be separated “where possible”. It is clearly the case that for a hospital in our rural location and our size that it is not possible to entirely separate emergency and elective patient flows. The Western Trust must not be allowed to ignore this principle. Again, we call on our public representatives to stand up for SWAH.

The framework repeatedly states that ensuring a "critical mass" of patients is vitally important to ensure a long-term sustainable solution.
SOAS has presented its Roadmap that builds on the principles highlighted in the hospitals framework to ensure that this critical mass can be achieved for SWAH.
This roadmap will comprise local care focused on emergency cases, an increased regional elective workload supported by new specialities and finally an increase in North-South treatment for both emergency and elective patients.

The roadmap will present an integrated solution for SWAH that is sustainable into the long term.

SOAS is very clear that the current public consultation document 'Hospitals - creating a network for Better Outcomes' is not a sufficiently robust, detailed and evidenced case to present that will facilitate the development of a genuine integrated network across the hospital network in Northern Ireland.

We are extremely concerned, however that it does propose a delegation of governance and accountability powers directly to the trusts from the Dept of Health and its SPPG. This delegation undermines any regional strategic decision-making that should surely be the basis for the development of a regional network going forward.

The experience of SOAS and other concern stakeholders of the drive within the Western Trust to consolidate services in the northern sector genuinely leads us to believe that no appropriate consideration is given to the extreme rurality that attaches to the southern sector.
This southern sector of the Western Trust roughly aligns with the area covered by the Fermanagh and Omagh District Council area. Our local council has expressed fundamentally serious concerns with regard to this public consultation.

We conclude that there is a lack of appropriate regard of the impact of extreme rurality of this area in the hospitals framework. The proposal that SWAH should be

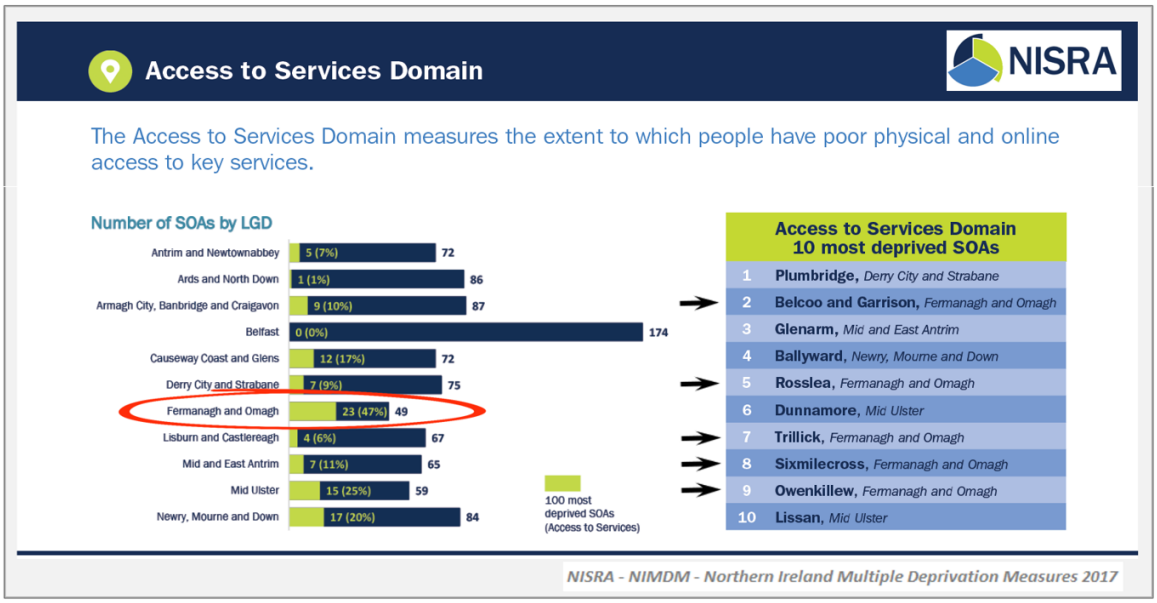
classified as a general hospital with all the uncertainty that applies to that within the consultation document is inappropriate and unacceptable.

The remainder of our consultation responses focused on a positive detailed and evidence a series of recommendations that we call on the Dept of Health to accept and adopt.

The rationale behind this Roadmap presented by SOAS is 'Western Trust specific' – as this reflects the current accountability arrangements across the arms length bodies. It should be noted however, that the detailed recommendations regarding cooperation and collaboration within the Western Trust can similarly be extended on a regional basis.
This is important in the context of this consultation and aligns with SOAS's view that a truly cooperative and committed approach to collaboration is the direction in which Transformation should be moving.

[1.3] RURALITY – SPECIAL CONSIDERATION FOR FERMANAGH & OMAGH DISTRICT COUNCIL AREA

Fermanagh and Omagh District Council (FODC) represents a largely rural area and ranks as one of the most deprived areas in Northern Ireland as regards access to services.[1]



[1] NISRA Northern Ireland Multiple Deprivation Measures 2017 – Link - https://www.nisra.gov.uk/sites/nisra.gov.uk/files/publications/NIMDM17-%20with%20ns.pdf

The 'Access to Services Domain' shown above is a deprivation measure that shows the real extent to which people in the SWAH catchment area have poor access to key services:

- 5 of the 10 most deprived areas in NI are in the FODC area
- 23 of the 100 most deprived areas in NI are in the FODC area

Our population understands and accepts the need for major changes to the health service in NI. However, this must be carried out in an informed and safe way that does not put the population of the South West region at any more risk than is the case across Northern Ireland. We are an area of significant deprivation and rurality – we cannot be further compromised.

Political will is essential if the obvious benefits of North-South collaboration are to be achieved.
Organisational will on the part of Western Trust and Department of Health is essential if a genuine acceleration of elective activity is to be achieved in SWAH.

The roadmap aligns with the stated goal of the Department of Health's Elective Care Framework to reduce the dependence on the Independent Sector.

The original Business Case for the development of the state-of-the-art hospital in SWAH identified many local and regional benefits related to the site. The untapped potential of SWAH should now be realised and this will help ensure a safe, sustainable long-term solution for all Hospital Services in the SWAH catchment area.

Altnagelvin - the nearest proposed Area Hospital to the South West area - is already working at above significant capacity. The clinical staff regularly appears on social media to announce they are struggling with numbers attending at their Emergency Department. It is also regularly reported in local and regional media. The Department of Health have acknowledged that Altnagelvin Area Hospital is in need of a new A&E Department but the Minister for Health is quoted as saying it is at least 5 years away.

This strengthens the argument that SWAH should be categorised as a Rural Area Hospital thus mitigating the need for patients from the South West region to have to travel to Altnagelvin for emergency treatment.

[2] ROADMAP - EXECUTIVE SUMMARY

> *"We are committed to deliver for Northern Ireland's citizens the right treatment in the right place, at the right time."*
>
> *('Hospitals - Creating A Network for Better Outcomes', Dept of Health, 2024)*

The geographic location of SWAH highlights the extra real and significant risk that patients in the FODC area are exposed to in the absence of emergency surgery. This Consultation Response shows it is essential that any sustainable proposal must include access to emergency surgery 'at the right time' in SWAH as an absolute minimum.

This Consultation Response includes a long-term solution encompassing both Urgent & Emergency Care and Elective Care. It provides a framework for meeting the Dept of Health's obligations for dealing with the urgent shortfall in clinical consultants, and importantly, for providing substantial benefits to the Northern Ireland Health and Social Care system as a whole.

SWAH is a state-of-the-art hospital that opened in 2012 that is being seriously under-utilised. This presents a rare opportunity for health providers.

The available capacity in SWAH will be harnessed:

- 2 unused theatres will be commissioned
- 92 unused beds will be commissioned
- New specialities agreed for elective activity – both outpatients and procedures
- Re-opening SWAH to emergency surgery and major trauma stabilisation

The roadmap will ensure a critical mass of activity which will make SWAH attractive to key clinical staff:

1. Local:
   - Return of emergency surgery to SWAH, surgical beds reopened
   - Major Trauma stabilisation available
2. Regional:
   - New elective specialities based in SWAH
   - Accelerated elective activity in line with Elective Care Framework
   - SWAH-based consultants will do sessional work in Omagh HPCC
3. North-South:
   - SWAH to be used for emergency cases along North-South corridor
   - SWAH as receiving trauma centre for gaps in HSE trauma network
   - Build elective capacity for agreed shared specialities

Integration of the above:

- Designation of SWAH as a 'Rural Area Hospital'
- The creation of an integrated surgical network for the Western Trust

This roadmap also aligns with the stated goal of the Elective Care Framework from the Department of Health to reduce the dependence on the Independent Sector.

The Western Trust is one-third of the area of Northern Ireland. The location of Altnagelvin on the Northern periphery of the Trust means that it is unable to safely and efficiently deliver the required full range of services to the South West region. Consideration must be given to providing a range of essential secondary care services to SWAH that cannot be guaranteed by the definition of a General Hospital (as proposed in 'Hospitals – Creating A Network for Better Outcomes').

SWAH will instead be categorised as a 'Rural Area Hospital' that recognises its unique mix of being a medium sized hospital (312 beds) in a remote location delivering essential unscheduled and elective care. The following definition will be added to the 'Hospitals - Creating A Network for Better Outcomes' (DoH, 2024) – and proposed as an appropriate category for SWAH:

> "Rural Area Hospitals: delivering a range of essential secondary care services, both unscheduled and elective, geared to sustaining full acute and emergency surgical and medical services in isolated and deprived locations."

[3] STRATEGIC CONTEXT

This Consultation Response aligns with the current transformation efforts being driven by Department of Health.

It is worth reminding ourselves about the two key relevant reviews that were published by the Dept of Health in 2022 which set the structures for present Health Transformation efforts:

Review of Urgent & Emergency Care [2]
Review of General Surgery[3]

The Review of Urgent and Emergency Care went out to public consultation and this concluded in October 2022. This enabled this review to proceed appropriately to implementation stage.
The Review of General Surgery was published in June 2022 but has not to date gone out to public consultation. The recommendations from this Review have however gone to Implementation stage without consulting the public.

The Department of Health have published a more recent Framework document for the Hospital Network in NI and is what feeds this Consultation Response:

Hospitals – Creating A Network for Better Outcomes[4]

This Framework document is out for public consultation at present, scheduled to finish on 28th February 2025. This Consultation Response will propose changes where relevant that can feed into the public consultation.
The following categories are proposed for the hospitals across Northern Ireland:

HOSPITAL CATEGORY	BHSCT	NHSCT	SEHSCT	SHSCT	WHSCT
Local	*All other hospitals (including Omagh HPCC in WHSCT)*				
General		Causeway		Daisy Hill	SWAH
Area	Campus **	Antrim	Ulster	Craigavon	Altnagelvin
Regional Ctrs	*Specialist Regional Hospital Services from certain hospitals*				

*** 'Belfast Campus' includes Royal Victoria Hospital, Mater Hospital, Royal Jubilee Maternity Hospital and Royal Belfast Hospital for Sick Children.*

[2] Doh Review of Urgent & Emergency Care (consulted on fully) https://www.health-ni.gov.uk/sites/default/files/consultations/health/doh-review-uec-departmental-response.pdf
[3] Doh Review of General Surgery (not consulted on) https://www.health-ni.gov.uk/sites/default/files/publications/health/doh-review-general-surgery.PDF
[4] DoH - Hospitals – Creating a Network for Better Outcomes Link: https://consultations2.nidirect.gov.uk/doh-1/hospitals-creating-a-network-for-better-outcomes/

[3.1] ACUTE HOSPITAL RECONFIGURATION – EXPERIENCE IN IRELAND & EUROPE

The Review of General Surgery (DoH, 2022) states that it was essential to learn from the experience of reforms in other regions – whether hospitals should retain emergency general surgery or become specialist elective sites. It is clear from the analyses below that there is significant doubt over whether the reconfiguration changes proposed by the Department of Health will actually result in improved outcomes for patients.
The Department of Health in NI has brought in Nuffield Trust for advice on reconfiguration at least twice in the last 3 years. So – we can rely on Nuffield Trust's analysis when it comes to commenting on the effectiveness of reconfigurations such as that proposed in NI.

'Centralising Acute Services: what does the evidence say'[5] led by Nuffield Trust and SiRM (Strategies in Regulated Markets) in June 2023 concluded that:

> *"The case for centralisation almost completely falls down once you know you only need to do about 20 cases per year and that further centralisation beyond that point doesn't seem to make any particular difference."*
>
> *"The conclusion of the most recent scoping review is that centralisation itself may not improve outcomes and that attempts to centralise for specific populations - particularly in rural areas - may in fact make your outcomes worse because the distances that the patients have to travel is substantially longer and there are all sorts of secondary impacts on the patients and their family."*

A DoH-commissioned report by the Nuffield Trust[6] in 2022 focused on 'Average Length of Stay' in hospitals in NI as the key to resolving the excessive Waiting Lists – not unwarranted reconfigurations.
A 35% reduction in length of stay (LOS) in NI to match English levels:

> *"could hypothetically eliminate Northern Ireland's total waiting list for admission of 120,000 in just over two years."*

The SIREN Programme[7] (Study of the Impact of Reconfiguration on Emergency and Urgent Care Networks) in the Republic of Ireland concluded that there is no evidence that HSE reconfiguration has improved outcomes. The evidence suggests that the key driver of health outcomes is deprivation (which is often higher in rural areas).

---

[5] Nuffield Trust, SiRM 'Centralising Acute Services: what does the evidence say' (June 2023) Link: https://www.youtube.com/watch?v=FGt1-CG0N4E&t=2555s
[6] Future funding and current productivity in Northern Ireland's health and social care system (Nuffield Trust, 2022) Link - https://www.nuffieldtrust.org.uk/sites/default/files/2022-09/nuffield-trust-future-funding-and-current-productivity-in-northern-ireland-web.pdf
[7] SIREN – Urgent and Emergency Care Reconfiguration in Ireland: Drivers and Impact Link: https://www.nuffieldtrust.org.uk/sites/default/files/2018-05/john-browne-siren-for-nuffield-2018.pdf

The lead of the SIREN programme separately collaborated with Nuffield Trust and looked at a number of European reconfigurations. It is clear that retaining existing capacity should be a key focus:[8]

> *"It is time to hit the pause button on the reconfiguration agenda and consider reversing it in some instances."*
> *"No further capacity should be removed from overstretched systems in the vain hope of producing efficiencies and safety improvements that never actually arrive."*

The regional context within which Health Transformation is being carried out is one in which the public seems to have both little information and minimal involvement. It is particularly important that voice of the public is heard when an unbalanced picture is being presented to us by what is undoubtedly a clinician and senior management led process.

[3.2] NHS - UNAVOIDABLE COSTS OF REMOTENESS

NHS England has an ongoing process simply called the 'Unavoidable Costs of Remoteness' that currently financially supports 8 unavoidably remote hospitals.[9] There are strict criteria for hospitals to qualify for this extra funding:

- must have a Type 1 ED
- there is a population of under 200,000 within a one-hour travel time
- next nearest ED is more than 1 hour away

SWAH fits into this category.

The financial support – averaging at £4.9m per hospital each year – is put in place to ensure that no disadvantage is suffered by remote populations accessing appropriate timely hospital acute services.

Since 2023, Medicare in the US – in order to address concerns over rural hospital closures – pays an extra 5% to Rural Emergency Hospitals to deliver emergency services.[10]

[8] Reconfiguring emergency and acute services: time to pause and reflect (2022: Nuffield Trust - Louella Vaughan, UCC Cork - John Browne) - Link: https://qualitysafety.bmj.com/content/qhc/early/2022/11/03/bmjqs-2022-015141.full.pdf

[9] NHS 2023 to 2025 Revenue Allocations – including Unavoidable Costs Link: https://www.england.nhs.uk/wp-content/uploads/2024/03/Allocations-2023-24-Technical-Guide-to-Formulae-v10.0.pdf

[10] Rural Emergency Hospitals Factsheet (Medicare US, 2023) Link - https://www.cms.gov/files/document/rural-emergency-hospitals-factsheet-september-2024.pdf

It needs to be acknowledged that the exceptional geography that attaches to SWAH merits specific accommodation within the proposed Hospitals Network framework. This should include hospital categorisation, services to be provided and funding availability.

[3.3] SUSPENSION OF SURGERY IN SWAH - EFFECTS ON OUR COMMUNITY

The continued erosion of vital services in SWAH has a negative effect on the entire community in Fermanagh and South Tyrone.
It reinforces the belief that our community is being ignored and that we are being treated as second-class citizens.
There will be a clear knock-on effect to local industry and tourism if the continued removal of key emergency services continues in SWAH.
This area will become less attractive to younger couples and their families when decisions are made about where to settle.

This isolation of SWAH is further highlighted by the specific effects of the emergency surgery suspension on the entire population. Some of the more significant direct effects are:

- No damage control surgery or damage control stabilisation available for any major trauma incidents in the SWAH catchment area which has a significant farming and industry demographic

- emergency patients being transported inappropriately in non-emergency ambulances

- thousands of ambulance transfers needed for SWAH ED patients to Altnagelvin

- increased dependence on an unreliable HEMS (helicopter) service

- forcing SWAH ED patients to have a ‘double ED’ experience – having to go through Altnagelvin ED (taking an average of over 40 hours) – diagram follows

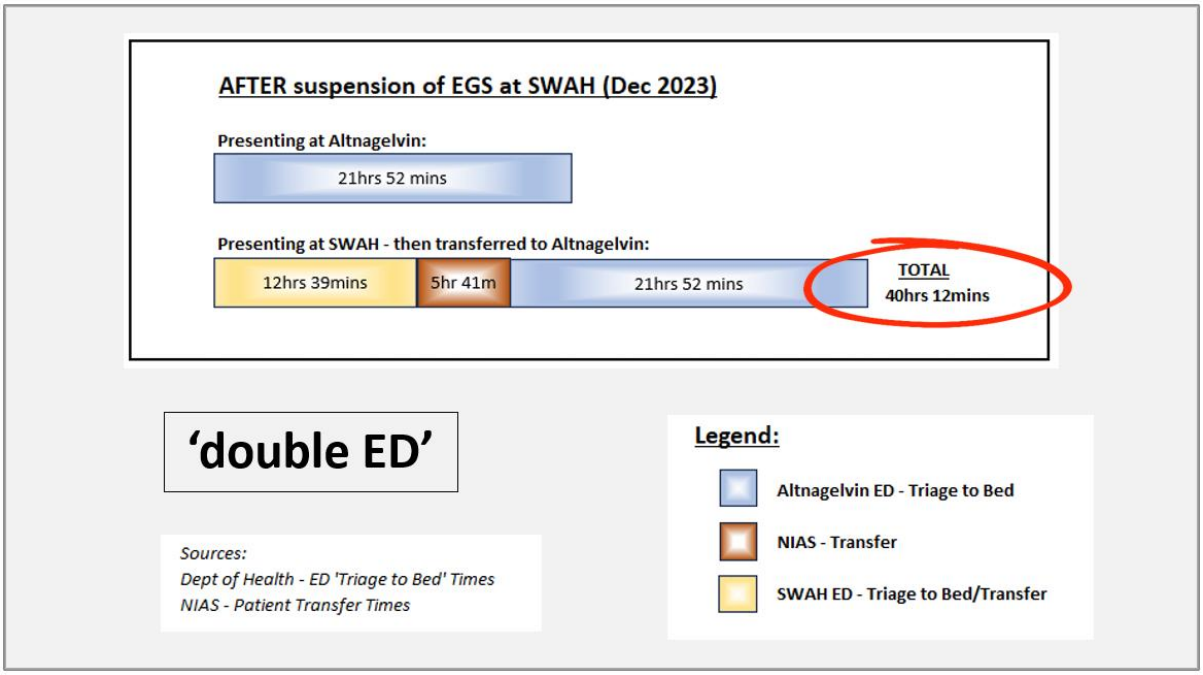
- increased risk to Maternity provision in SWAH as no surgeon backup available

- Patient’s families pressurised to get to Altnagelvin ED in their own car

- Altnagelvin ED is not able to cope with the extra work coming up from SWAH

The Western Trust undertook in November 2022 to maintain ring-fenced beds in Ward 31 in Altnagelvin to 'minimise the likelihood of patients transferring from one Emergency Department to another'. Patients – who should go directly to a bed in Ward 31 – are repeatedly being sent from SWAH ED to Altnagelvin ED as there are no available beds in Altnagelvin wards. Patients are triaged and assessed in SWAH – only then to be sent to Altnagelvin ED where they are triaged again and re-assessed.

Long waits in ED are highly correlated with increased excess deaths. A recent report by the Royal College of Emergency Medicine confirmed that in England that for every 72 patients waiting between 8 and 12 hours in ED there is one avoidable patient death. No equivalent statistics are available for waits of more than 40 hours but they are clearly going to be much higher.



The Medical Director in NIAS has confirmed that there is a risk of reduced ambulance cover in the SWAH catchment area.

The Royal College of Surgeons confirm in their Consultation Response to WHSCT that:

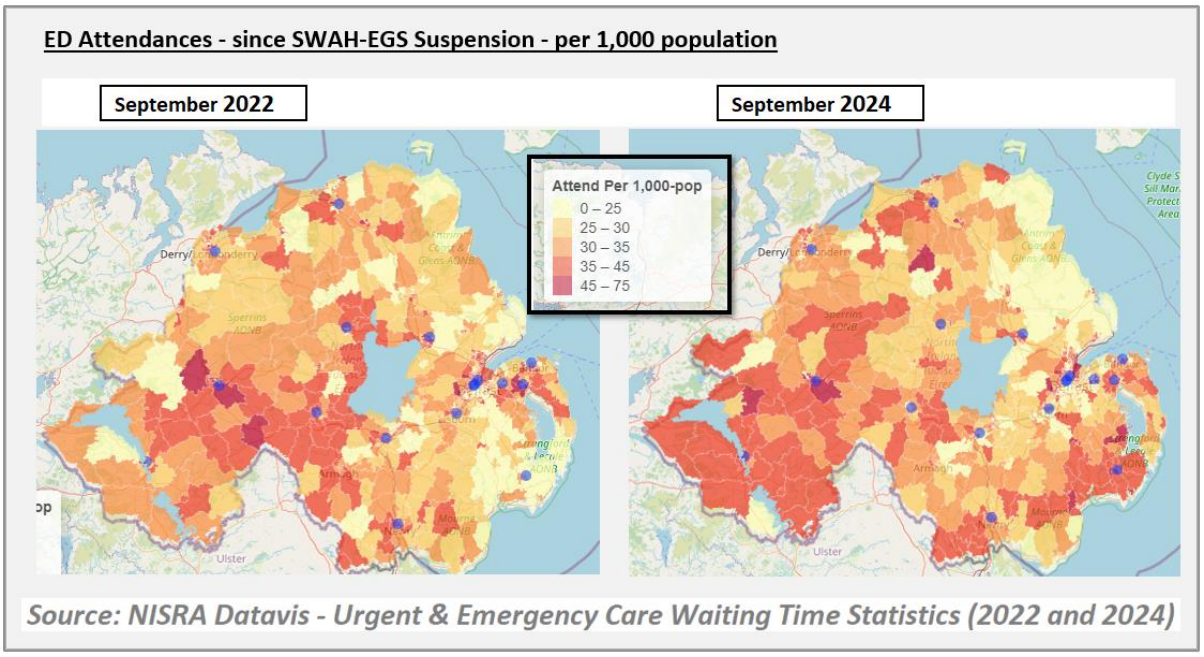
> *"Cases where a patient will be so badly injured or unwell that the difference in ambulance times will be relevant are thankfully rare."*

These statements highlight the injustice that our community is being subjected to. It is clear that we are considered to be second class citizens. This can and must be challenged.

[3.4] ED ATTENDANCE INCREASING IN OUR COMMUNITY

The number of people attending ED in NI needs to be considered also.
Firstly, ED Attendance in NI is significantly higher at 29 per 1,000 population (as opposed to 24, 21, 21 for England, Scotland, and Wales respectively).[11] The reasons for this are not obvious.

However, the diagram below shows that there has been a dramatic increase in ED Attendance in the Fermanagh and South Tyrone area since the suspension of EGS – it is now the highest in Northern Ireland.[12]
The very significant change in the South West region may well be down to a combination of uncertainty relating to the suspension of EGS in SWAH and the very real GP crisis that is unfolding in the South West GP Federation area.



The acknowledged difficulties that the public have in contacting a GP clearly is resulting in increased attendances at ED for our local population. This means that the mitigating GP pathways put in place by Western Trust are not being applied and inappropriate attendances are happening at SWAH. This puts the public at extra risk as many will have to transfer to another ED for appropriate treatment. Again, the return of EGS to SWAH will resolve this very real issue for our community.

[11] ONS Office for National Statistics - Accident and Emergency wait times across the UK (2024) Link: https://bit.ly/3DRAEkI
[12] NISRA Datavis - Urgent & Emergency Care Waiting Time Statistics (2024) Link: https://datavis.nisra.gov.uk/health/ni-emergency-care-waiting-times-interactive-jul-sep-24.html

[4] ROADMAP – BUILDING BLOCKS

> *"all citizens in Northern Ireland have equal access to safe urgent and emergency care services, tailored to their specific needs at the right time and in the right place."*
>
> *(Review of Urgent & Emergency Care – DoH, 2022)*

There is compelling evidence that South West Acute Hospital (SWAH) in Enniskillen should justly be categorised as a 'Rural Area Hospital' within the hospital network in Northern Ireland to ensure equal access for the catchment area.

NHS England sets 60 minutes as the maximum travel time for emergency care:

> "1 hour is taken to be the maximum travel time to hospitals for clinical safety reasons for emergency care."[13]

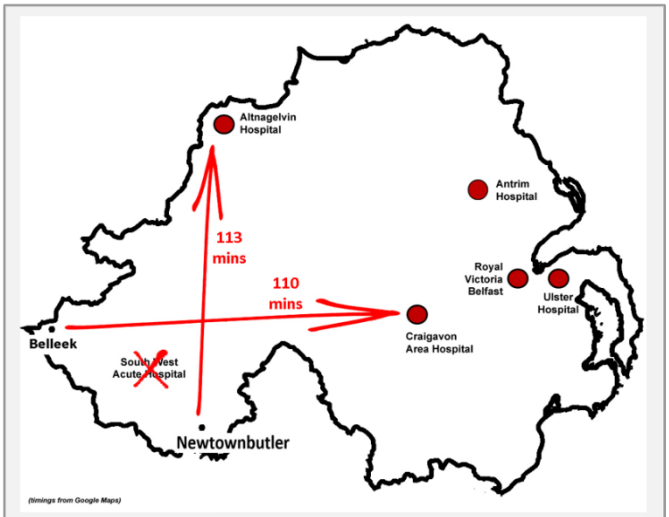
In Northern Ireland – the required 'time to treatment' for major trauma is even shorter at 45 minutes.[14]

[13] NHS 2023 to 2025 Revenue Allocations – including Unavoidable Costs Link: https://www.england.nhs.uk/wp-content/uploads/2024/03/Allocations-2023-24-Technical-Guide-to-Formulae-v10.0.pdf

[14] Northern Ireland Major Trauma Network – HSCNI Link: https://online.hscni.net/partnerships/majortrauma/major-trauma-network-faqs/

[4.1] GEOGRAPHY

The geography of SWAH puts this area in a unique position within Northern Ireland.



Distance: to proposed 5 Area Hospitals (DoH, 2024)

SWAH is the only hospital in NI where the removal of emergency surgical services leaves the population unable to access safe services within the treatment target times:

Emergency Care: target 60 mins
Major Trauma: target 45 mins

<u>83,343 people</u> are forced to endure an average of <u>almost 2 hours travel time</u> to get to Altnagelvin. This includes the entire population of Fermanagh and 10% of Tyrone.
Major trauma victims are put at serious risk as essential stabilisation at Altnagelvin or Craigavon is far beyond the target of 45 minutes.

The location of Lough Erne also significantly increases the travel time to Altnagelvin from areas such as Derrygonnelly. 13% of our population does not even own a car.

The 'Hospitals – Creating a Network for Better Outcomes' framework states that support for the proposed general hospitals (Causeway, Daisy Hill and SWAH) is to be provided from its own Trust's Area hospital. The diagram below shows why this is not workable in the case of the Western Trust:

Trust	Proposed Interdependencies			Travel Time	Maximum Travel Time for: Emergency Care – NHS Target	Emergency Care – Feasible?	Major Trauma – NHS Target	Major Trauma – Feasible?
Northern	Causeway	→	Antrim	**44 mins**	60 mins	Yes	45 mins	Yes
Southern	Daisy Hill	→	Craigavon	**37 mins**		Yes		Yes
Western	SWAH	→	Altnagelvin	**83 mins**		No		No

Proposed Interdependencies: Hospitals - Creating a Network for Better Outcomes (DoH - 2024)

Travel time was a central component of the original business case for SWAH and it recommended that 'no patient should be expected to travel more than one hour to access emergency care and consultant led maternity services'[15]

[15] Business Case for the New Acute Hospital for the Southwest (WHSCT, 2009) Link - https://bit.ly/3W8ihho

The Judicial Review in 2004[16] is an important foundation stone to our conviction that full acute services including EGS must be maintained at SWAH.
SOAS believe that – from a legal point of view – the primacy of timely access to Emergency Care over the need to reduce waiting lists as part of Elective Care has been established since 2004. This should not need to be relitigated.

It is acknowledged in the Review of General Surgery (DoH, 2022) that the collapse of EGS, as happened in SWAH, will have an inevitable knock on to other key services including maternity.
Emergency surgeons must be based in SWAH if safe and timely access to essential trauma stabilisation and surgery is to be achieved.

Patient safety is defined as "the avoidance of unintended or unexpected harm to people during the provision of health care". (NHS England)[17]
There is a clear decision here to exclude our community from being able to get timely, safe access to emergency care. The travel time figure of 83 minutes above is from SWAH itself to Altnagelvin – the average figure for the people of Fermanagh is 113 minutes (almost 2 hours).[18] This is a genuine patient safety issue that cannot be allowed to be copper fastened in the Hospitals Framework document.
This can only be resolved by committing to ensuring that Emergency General Surgery will return to SWAH.
There has also been a 30% rise in emergency trauma cases in the Western Trust in the last 4 years – confirmed by Western Trust Chief Executive to the Assembly Health Committee on 21st November 2024.[19] This means that 30% more patients from our community cannot get their trauma emergency treated locally and must instead travel to Altnagelvin. This is neither safe nor fair. Major trauma cases need to be handled speedily – SWAH needs to be returned to the NI Major Trauma Network.

Recommendation 1: Commit to restoring emergency general surgery to SWAH
Recommendation 2: Return SWAH to Major Trauma network

[16] Judicial Review – Omagh Council Neutral Citation No. [2004] NICA 10 – Link: https://bit.ly/40s61eg
[17] NHS England - The NHS patient safety strategy https://www.england.nhs.uk/patient-safety/
[18] SOAS Consultation Response to WHSCT on removal of emergency general surgery from SWAH – Link: https://bit.ly/3DKO5CU
[19] WHSCT Chief Executive to NI Assembly Health Committee (21 November 2024) - Link: https://fb.watch/wWAD-tQNsW/

[4.2] EMERGENCY AND ELECTIVE – AN APPROPRIATE MIX FOR THE CONSULTANT SURGEON IN SWAH

Experience of recent reconfigurations across Europe is showing that there are benefits when consultant surgeons work on both emergency and elective surgery.

The Royal College of Surgeons in Ireland (RCSI) in their recent 2023 report[20] recommended that:

- emergency and elective surgery should be carried out by the same consultant surgeon, ideally in high volume centres with separation of activity
- delivery of an equitable, safe and high-quality emergency surgery service in rural areas is an important component of public health and must be a priority
- emergency surgery is safest when performed during normal working hours
- higher complexity elective procedures have a high rate of complications that frequently require emergency management, benefitting from co-location of elective and emergency.
- consultant surgeons should work across more than one hospital in the network
- rota arrangements of anything less than 1 weekend in 5 is neither practicable nor acceptable

Elective and emergency can be separated across the same hospital – as confirmed by RCS (Royal College of Surgeons). Taking steps to ensure all 5 theatres in SWAH are commissioned facilitates separation. The development of a PACU (post anaesthetic care unit) in SWAH ensures sufficient support for elective procedures through the EOSC (elective overnight stay centre). A sufficient surgeon base will ensure elective procedure availability. This aligns with the Review of General Surgery guidelines.

Recommendation 3: Develop separated emergency & elective surgery in SWAH

Recommendation 4: Develop PACU (Post Anaesthetic Care Unit) in SWAH

[4.3] RECRUITING AND RETAINING SURGEONS IN SWAH

Ensuring that surgeons are members of a well-functioning integrated surgery network offers the best chance of addressing the recruitment and retention challenges that are currently experienced by many hospitals. All hospitals in the network must meet the same high standards of care.

[20] RCSI Report - Surgery for Ireland: the provision of Emergency Surgery (February 2023) Link: https://www.rcsi.com/dublin/-/media/feature/media/download-document/surgery/practice/publications-and-guidelines/reports/report-of-the-short-life-working-group-on-the-provision-of-emergency-surgery.pdf

The Royal College of Surgeons – Edinburgh (RCSEd)[21] have identified standards needed specifically to make posts in Rural Hospitals more attractive to surgeons:

- Surgical services should be provided locally, where possible.
- Incentives can assist in recruiting consultants:
  - The existing HSCNI Recruitment & Retention Premium (RRP) - which enables an ongoing uplift of up to 30% on consultant pay - can be appropriately applied to SWAH based on its rurality and remoteness.
  - Relocation packages - as applied by other trusts - can make settling in a rural area more attractive.
  - The use of proleptic appointments - delaying an appointment until after training - will help ensure appropriately qualified consultants are appointed.
  - Specific consideration be given to Additional Programmed Activities (APA's) to compensate for difficulties in undertaking external duties due to remoteness.
  - Provision of appropriate on-call availability supplement.
  - The development of a substantial community support network is essential to help attract new consultants and their families to South West region. This may be best managed through Fermanagh and Omagh District Council (FODC).
- Consultants must ensure continuous professional development is maintained.
- Regular multidisciplinary morbidity and mortality (M&M) meetings must take place across the hospital network. Full participation in safety updates is required along with familiarisation of updated publications from professional bodies.
- All surgeons should have a mainstream sub speciality interest. The overall balance of sub specialities across the hospital must be sufficient to enable all agreed surgeries be carried out.
- Development of a post qualification fellowship that supports a Rural Area Hospital will allow relevant essential skills to be developed – this can be done either before or after appointment.
- Flexibility is essential within the surgical team. Close co-operation between local consultants and visiting specialists is essential. Study leave should be encouraged and funded appropriately.
- The range of procedures undertaken within the rural unit is dependent on the local skills of the whole team and appropriate support from the other hospitals in the network.

Recommendation 5: Implement incentivised pay and conditions for surgeons in SWAH
Recommendation 6: FODC to develop community involvement network to assist in attracting surgeons to the South West region

[21] RCS Edinburgh - Standards informing delivery of care in rural surgery Link: https://www.rcsed.ac.uk/media/lx5nvflu/standards-informing-delivery-of-care-in-rural-surgery.pdf

[4.4] RESTORING SURGICAL CAPACITY AT SWAH

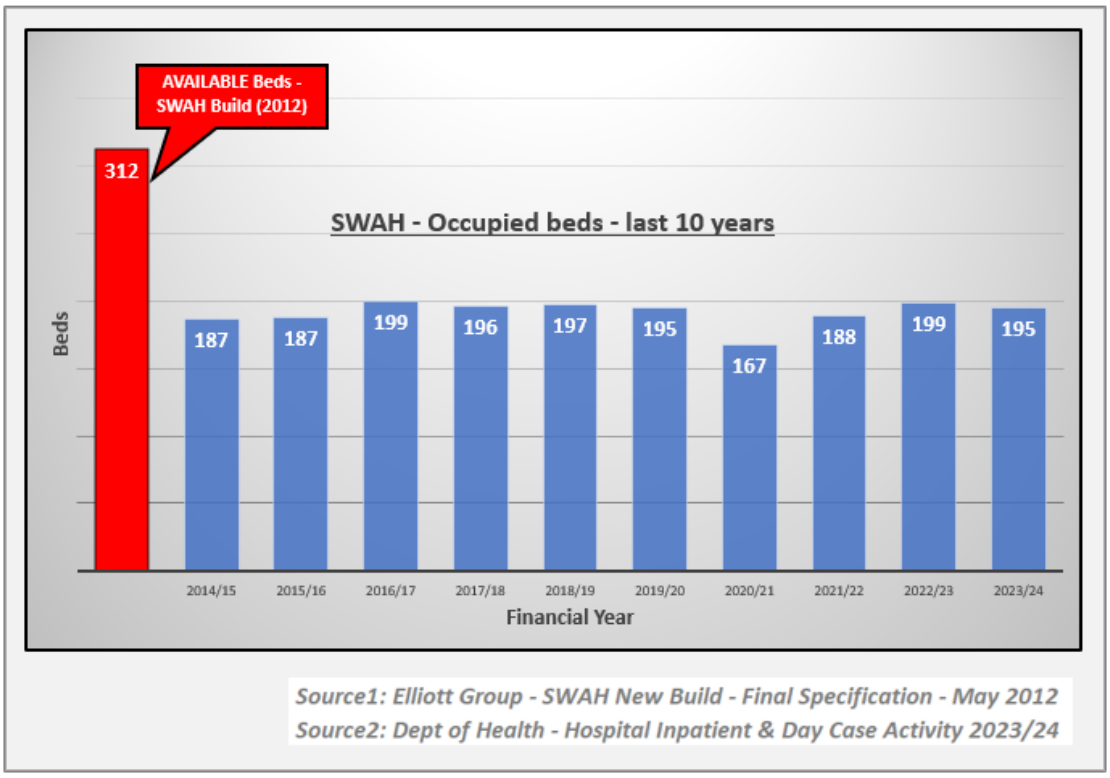
Nuffield Trust argue that policymakers should "focus on the main challenge we currently face in acute and emergency care: capacity".

SWAH has 5 operating theatres – 2 have never been commissioned. It is only running at 50% of its available capacity:

Inpatient & Day Case Activity:

Projected (2009 – Business Case)	27,753
Actual (2023/24 - DoH)	13,956
Available Capacity	13,797 *(50%)*

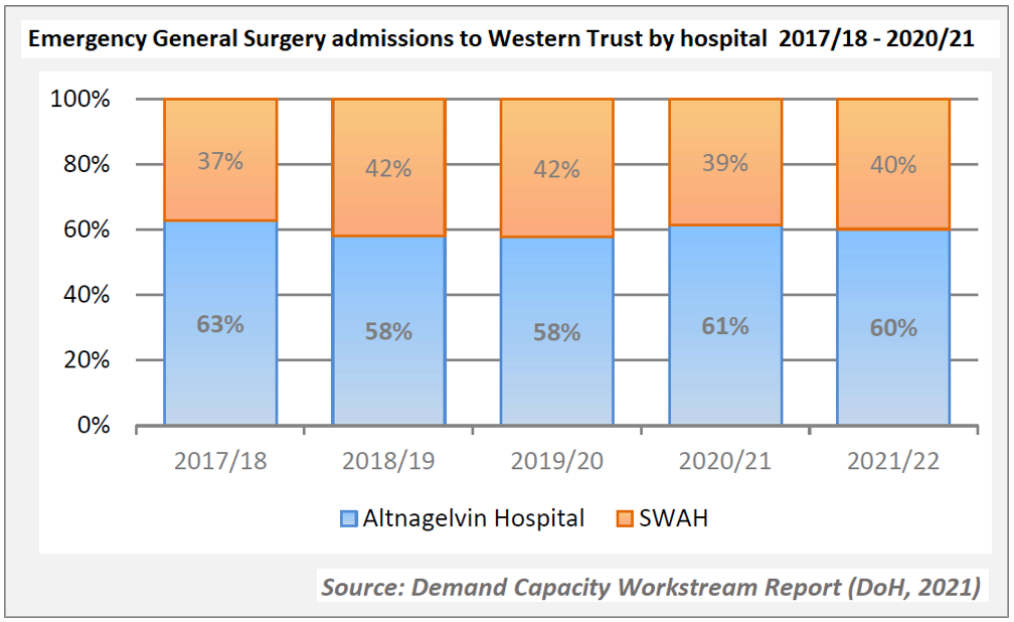
SWAH was built with 312 bed capacity – only 220 are available for use (DoH 2023/24 figures). This leaves a shortfall of 92 unused beds. The figures highlight even more spare capacity when the 'occupied' beds over the last 10 years are considered:



Surgical capacity can be increased at SWAH:

- All 5 operating theatres to be used – including commissioning 2 previously unused theatres (covered for in Elective Care Framework Update May 2024)
- Surgical Ward to be re-opened – restoring 22 emergency surgical beds
- Commission unused 92 beds – earmarked for elective work
- Consultant surgeons recruited – doing separated emergency and elective work
- Experienced surgical, medical and nursing staff returning to pre-2022 work

SWAH can fully contribute to the Trust's emergency surgical workload (40%) again.



SWAH is a state-of-the-art facility.
The building itself, single patient rooms, theatres, day procedure unit and other departments are all excellent facilities. All 312 beds have medical grade bedhead trunking which incorporates 3 gases, power, data and lighting. The clinical side of the hospital consists of over 50 different departments which includes a full ED.
There are five operating theatres and associated preparation areas - one of which incorporates a Laminar Flow canopy. The Hospital also has a state-of-the-art imagery department with MRI (Faraday cage enclosed), CT, and X-Ray. The Hospital also has ECG, Echo and coronary care facilities. Four delivery suites in the maternity department are backed up with the necessary private room accommodation. Respiratory, dental, physical therapy, endoscopy and day services are some of the other departments which all form part of this modern acute hospital.

The staff are trained to a very high level and with significant surgical experience. Potential surgical candidates are always impressed when they actually get to view the hospital. It is essential that all SWAH's benefits are maximised to ensure a sustainable surgical future.
The available capacity in SWAH presents an astonishing opportunity for it to significantly contribute to the regional reform agenda.

Recommendation 7: Commission the 2 unused theatres in SWAH
Recommendation 8: Commission the 92 unused beds in SWAH
Recommendation 9: Re-open 22 emergency surgical beds and restore staffing

[4.5] SURGICAL SPECIALITIES IN SWAH

Waiting lists are at an unacceptable level in Northern Ireland. The willingness of people to travel for routine procedures or operations makes SWAH a perfect candidate for location of appropriate specialities.
The availability of both theatre capacity and bed capacity across the hospital is a vital factor in determining its suitability for accelerated elective procedures.

An accelerated suite of elective activity that complements the necessary specialities for essential emergency cover will form the basis of the team in SWAH.
The balance of specialities of consultants based in SWAH must be sufficient to ensure sufficient cover for emergencies. It must also align with the wider regional transformation framework. The existence of a critical mass of surgical activity will be a key factor in recruitment.

£150m has been spent in the last 4 years by Independent Sector providers for elective procedures.[22] £40m of this is for orthopaedic procedures – mainly hips and knees. A stated goal of the Elective Care Framework is to reduce this dependence on the Independent Sector. Appropriate funding should be freed up to capitalise on SWAH's available capacity by pursuing accelerated development of elective activity.

The availability of surgeons to perform elective work – in a separated environment – will be primarily based on the permanent workforce in SWAH but complemented by visiting consultants were appropriate. These consultants will be based both in Western Trust and in adjacent trusts.
North-South consultant collaboration can help maximise elective activity in SWAH also.

SWAH-based consultants will do sessional work in Omagh HPCC to support elective work there – covering both outpatient clinics and procedures. This will complement the Altnagelvin consultants who make the longer journey to Omagh at present:

Altnagelvin to Omagh:	58 minutes (35 miles)
SWAH to Omagh:	46 minutes (28 miles)

There are many areas/sub specialities of surgery which can be located in SWAH:
– colorectal (lower digestive system): this is essential for providing emergency surgery, 3 posts are needed
– laparoscopic (keyhole surgery): 2 to 3 surgeons may be needed.
– orthopaedic (musculoskeletal): theatres in SWAH confirmed as suitable in framework 'Hospitals – Creating A Network for Better Outcomes'

[22] SOAS Press Release: £150 million in 'no competition' contracts to private companies by health trusts over last 4 years – Link: https://bit.ly/421ceza

– bariatric (obesity): equipment already in place – SWAH can be Specialist Regional Service for all of Ireland
– breast: recently introduced in SWAH for elective – surgeons based in SWAH will help ensure proper development of women's services in the Southern Sector
– vascular (arteries, veins, etc): many surgeons are now interested in treating venous disease, equipment installed already
– ENT (ear, nose, throat): elective work on tonsils, vents and thyroids are in the process of being introduced to SWAH and can be developed further
– obstetrics & gynaecology: general surgery availability will support a fully functioning emergency and elective workload

SWAH can be a centre for both high-volume low-complexity (hvlc) and medium-complexity elective specialities. SWAH's theatres are confirmed in the recent 'Hospitals - Creating A Network for Better Outcomes' framework as being suitable for orthopaedic, gynae and general surgery procedures.

Recommendation 10: Develop appropriate sub-specialities for consultant surgeons in SWAH
Recommendation 11: Agree accelerated elective programme for SWAH with appropriate new specialities
Recommendation 12: Develop SWAH-Omagh HPCC links for SWAH-based consultant's sessional work

[4.6] NORTH-SOUTH DEVELOPMENT: AN OPPORTUNITY FOR SWAH

"SWAH was built on the basis of co-operation across the border"
(Health Minister, 1st October 2024, NI Assembly)[23]

The Good Friday Agreement (Belfast Agreement, 1998) identified Health as one of the Areas for North-South co-operation and implementation:

> *"Health: accident and emergency services and other related crossborder issues."*[24]

Political agreement through the North-South Ministerial Council on increased collaboration involving SWAH and the central border area is essential as a first step. A key consideration in the development of SWAH was the potential to treat patients from the central border area.

All central border area councils – including Fermanagh & Omagh District Council – working together can actively identify and develop areas of potential hospital-related co-operation that will genuinely benefit local community health outcomes.

North-South presents a valuable opportunity which has the potential to both increase elective patient volume through SWAH while enabling appropriate access to emergency services in SWAH for adjacent border areas in the Republic of Ireland.

A report, commissioned by the Centre for Cross-Border Studies in 2011[25], identified a possible catchment population of between 200,000 to 250,000 in the 5 counties within 60 minutes of SWAH (Donegal, Sligo, Leitrim, Cavan, Monaghan).

Development of North-South consultant collaboration that aligns with the updated External Work application process within the HSE Public Only Consultant Contracts (POCC 2023) can enable increased elective activity in SWAH for both Outpatient Clinics and procedures.

Addressing gaps in the availability of Major Trauma treatment in border areas through all-island collaboration is already a stated recommendation of the HSE's Trauma strategy.[26] The population of Cavan and Monaghan can particularly benefit from access to the NI Major Trauma Network through SWAH.

---

[23] Hansard: NI Assembly Plenary Session 1st October 2024 – Link: http://data.niassembly.gov.uk/HansardXml/plenary-01-10-2024.pdf
[24] The Belfast Agreement (known as The Good Friday Agreement) 10 April 1998 – Link: https://www.gov.uk/government/publications/the-belfast-agreement
[25] Unlocking the Potential of Cross-Border Hospital Planning on the Island of Ireland (Centre for Cross-Border Studies, 2011) Link: https://www.crossborder.ie/pubs/2011-cross-border-health.pdf
[26] HSE - Trauma System for Ireland Link: https://assets.gov.ie/10116/70fd408b9ddd47f581d8e50f7f10d7c6.pdf

The Special EU Programmes Body (SEUPB) manages EU funding programmes within Northern Ireland and the border counties of Ireland, helping to foster peace and prosperity across the region. SEUPB Chief Executive Gina McIntyre said:

> *"Cross-border collaboration is proven to deliver considerable benefits in terms of health and social care and bringing equality of access to essential services to local citizens. With demands on health and social care services so high, coupled with major issues in terms of resources, cross-border co-operation can alleviate those pressures by delivering economies of scale."*[27]

Cross-border Acute Hospital Services linked to EU Funding through the SEUPB programme secured by CAWT (Co-Operation and Working Together) should be developed in the Southern Sector of the Western Trust – as it has been so successfully for the Northern Sector.

Meaningful dialogue with North-South initiatives – such as the Shared Ireland Initiative – can help progress North-South co-operation and collaboration.

Identifying potential funding streams for start-up costs and capital investment from ROI as part of reciprocal arrangement for elective and emergency availability of SWAH can help to meaningfully develop collaboration.

Possible development of the HSE Travel Abroad Scheme (TAS) focused on specific elective specialities can be progressed.

Recommendation 13: North-South Ministerial Council to pursue opportunities for cross border collaboration in central border areas
Recommendation 14: Central border councils, including FODC, to identify and develop areas of potential hospital-based co-operation
Recommendation 15: Use SWAH for receiving emergency cases along North-South corridor
Recommendation 16: Use SWAH as receiving trauma centre for gaps in HSE trauma network
Recommendation 17: Build elective capacity for agreed North-South shared specialities

[27] eur70m awarded to border counties (SEUPB, 2024 Link: https://www.seupb.eu/latest/news/more-eu70m-peaceplus-funding-awarded-improve-health-thousands-people-living-across

[4.7] AN 'INTEGRATED SURGICAL NETWORK' FOR WESTERN TRUST

Surgery is best provided on a networked basis - using all hospitals across the Western Trust. This aligns with the recent Hospitals Framework proposal from Dept of Health. This will enable collaborative working, the development of common standards of care, flexible movement for clinical staff and safe patient transfer arrangements according to clinical need. The network will enable the emergency patient to be treated in a timely way at the most appropriate hospital depending on the complexity of the case. Elective patients' willingness to travel will ensure optimal distribution of surgery across the Trust network and into the regional elective framework.

Key elements of an 'integrated surgical network':

- consider availability of local infrastructure (hospitals, roads, population, rurality)
- develop ambulance by-pass systems to ensure complexity of emergency patients is matched with the receiving hospital
- ensure mix of low, medium and high complexity elective cases are appropriately accommodated
- hospital mix should include elective-only (Omagh HPCC) along with hospitals doing both emergency and elective (Altnagelvin & SWAH)
- minor injury units prevent unnecessary hospital admissions and facilitate direct access to surgical assessment units
- hospitals with emergency surgery require 24/7 access to interventional radiology services and 24/7 availability of endoscopy

Recommendation 18: Agree an Integrated Surgical Network across Western Trust

[4.8] FUNDING FOR INTEGRATED SURGICAL NETWORK ACROSS WESTERN TRUST

Particular consideration needs to be given to the possible funding implications of activating the untapped capacity in SWAH.

Existing Funding:
It should be noted that SWAH was set up and run with a number of specialties, each with a quota of consultants and associated staffing.
The need for health services has increased since then driven in the main by our elderly population living longer – often with multiple co-morbidities. There is no reason to believe that SWAH should be expected to deliver fewer services than were determined in its original design of 2012.

SWAH is already funded for 6.5 full time consultant surgeon posts - these have been temporarily suspended. It is also funded for all essential specialities that are required to deliver full acute and emergency services. Elective work has been similarly previously commissioned.

Savings:
Cost savings will result from no longer needing the mitigations that have been put in place by the Western Trust related to the temporary suspension of EGS. Costs such as for NIAS patient transfer and private ambulances are not once-off – they would repeat every year.
Accelerated elective activity resulting from increased capacity in SWAH will result in cost reduction on Independent Sector spend. This aligns with the Elective Care Framework's stated aim of reducing dependence on the independent sector.

Transformation:
The implementation of recommendations such as new elective specialities needs to be done under the umbrella of available Transformation funding. The Elective Care Framework Update May 2024 allows for this. A key part of the roadmap revolves around freeing up the capacity that is available in SWAH to assist in Transformation. It is a disappointment to see that so little of the Transformation funding has been allocated to WHSCT in general – and to the Southern sector in particular. This can and should be corrected.

North-South:
SWAH's location along the central border corridor with the Republic of Ireland is ideal for attracting elective and emergency activity. The potential funding streams potentially relating to this have been detailed earlier - including SEUPB-related EU funding, direct ROI investment in return for services, development of Shared Ireland Initiative and extended use of HSE TAS (Travel Abroad Scheme).

New Funding:
This road map has identified the exceptional geographical characteristics that derive from SWAH's rural and isolated location.
Funding along the lines of NHS England's 'Unavoidable Costs due to Remoteness' can be applied to SWAH.
The existing RRP (Recruitment and Retention Premium) available for consultant's salary uplift can also be applied. This has been used similarly in Daisy Hill Hospital in recent years.

Capital Investment
The Elective Care Framework Update May 2024 specifically states that the commissioning of new theatre space is under consideration - this can easily be achieved in SWAH as the infrastructure is there already. This is also the case in

relation to commissioning the 92 unused beds. We can refer to the Daisy Hill example, with its £20m capital development plan being progressed to enable facilities for their elective overnight stay centre. These costs should be low for SWAH as all infrastructure for the theatres and bedhead services for the 92 beds are in place already.
It is known that CAWT has already secured funding for bariatric equipment and that this is in place in SWAH. Minimal costs would apply if bariatric is selected as one of the new elective specialities.

Overall, it is clear that there are a number of different sources of funding that can be harnessed as part of this roadmap. It is reassuring to note that funding requirements for such a significant capacity increase in SWAH can be considered to be reasonable based mainly on existing infrastructure and existing funding.

It will require a comprehensive integrated funding plan to be developed.

Recommendation 19: Develop comprehensive integrated funding plan

[4.9] SWAH – A 'RURAL AREA HOSPITAL'

The designation of SWAH within the 'Hospitals - Creating A Network for Better Outcomes' (DoH, 2024) as a 'General Hospital' needs to be considered in the context of its rural geographic location and significant 'access to services' issues.

The definitions for General Hospital (proposed for SWAH) and Area Hospital (proposed for Altnagelvin) in the Framework document are listed below:

'General Hospitals:

- delivering defined secondary care services including unscheduled care, geared to a specific, more isolated geographical location. These hospitals also play an important part in the delivery of elective care to the region.

'Area' Hospitals:

- delivering a full range of secondary care services, both unscheduled and elective, to the communities within a geographical area currently defined by the distribution of integrated services delivered by our five HSCTs.

SWAH does not fit appropriately into the designation of a General Hospital, as it needs many of the essential services that are associated with the Area Hospital in order for it to be able to maintain a sustainable emergency and elective mix that acknowledges its rurality and deprivation. However, SWAH does not need all of the services that are appropriate to an Area Hospital (e.g. chemotherapy).

It is also clear that the Western Trust is an outlier with regard to geographical area as intended by the definition of an Area Hospital above. The Western Trust is one third of the area of Northern Ireland and is also the longest, narrowest Trust. The location of Altnagelvin on the Northern periphery of the Trust means that it is unable to safely and efficiently deliver the required full range of services to the South West region. Consideration must be given to providing a range of essential secondary care services to SWAH that cannot be guaranteed by the definition of a General Hospital.

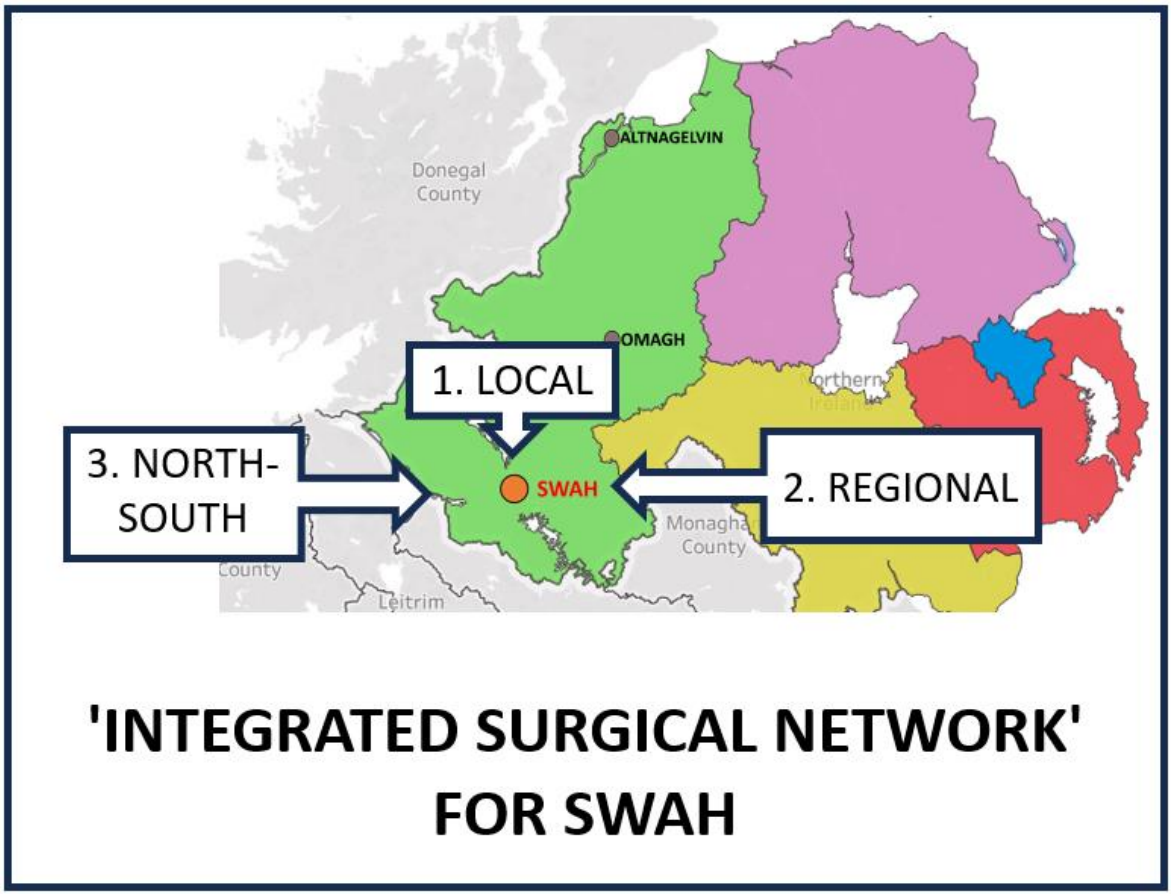
SWAH would be best categorised as a 'Rural Area Hospital' that recognises its unique mix of being a medium sized hospital (312 beds) in a remote location delivering full unscheduled and elective care. The following definition should be added to the 'Hospitals - Creating A Network for Better Outcomes' (DoH, 2024) – and proposed as an appropriate category for SWAH:

> "Rural Area Hospitals: delivering a range of essential secondary care services, both unscheduled and elective, geared to sustaining full acute and emergency surgical and medical services in isolated and deprived locations."

Recommendation 20: SWAH is categorised as a 'Rural Area Hospital'

[5] ROADMAP - 3 STRANDS

This Consultation Response is considering a roadmap for a sustainable long-term future for both emergency and elective care in the South West Region.



The roadmap will ensure an NHS-based solution for a critical mass of activity which will make SWAH attractive to key clinical staff – it is focused around 3 strands:

1. Local:
   - Return of emergency surgery to SWAH, surgical beds reopened
   - Major Trauma stabilisation available
2. Regional:
   - New elective specialities based in SWAH
   - Accelerated elective activity in line with Elective Care Framework
   - SWAH consultants do sessional work in Omagh HPCC
3. North-South:
   - Use SWAH for emergency cases along central border corridor
   - SWAH as receiving trauma centre for gaps in HSE trauma network
   - Build elective capacity for agreed shared specialities

Integration of the above:

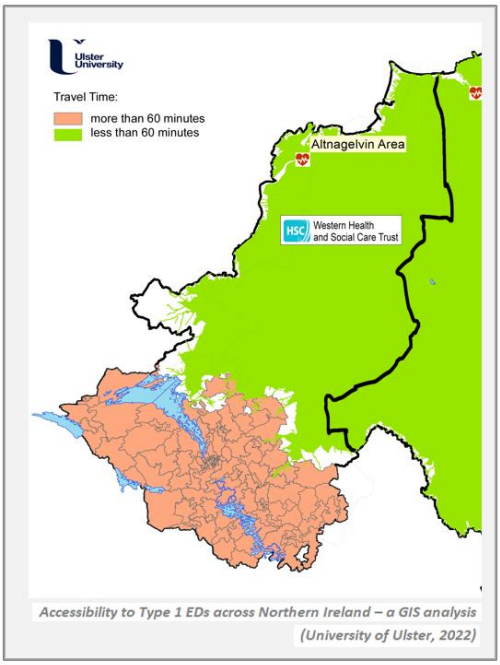
- Designation of SWAH as a 'Rural Area Hospital'
- The creation of an integrated surgical network for the Western Trust

The following recommendations have been identified as part of the roadmap:

	RECOMMENDATIONS
1	Commit to restoring Emergency General Surgery to SWAH
2	Return SWAH to Major Trauma network
3	Develop separated emergency & elective surgery in SWAH
4	Develop PACU (Post Anaesthetic Care Unit) in SWAH
5	Implement incentivised pay and conditions for surgeons in SWAH
6	FODC to develop community involvement network to assist in attracting surgeons to the South West region
7	Commission the 2 unused theatres in SWAH
8	Commission the 92 unused beds in SWAH
9	Re-open 22 emergency surgical beds and restore staffing
10	Develop appropriate sub-specialities for consultant surgeons in SWAH
11	Agree accelerated elective programme for SWAH with appropriate new specialities
12	Develop SWAH-Omagh HPCC links for SWAH-based consultant's sessional work
13	North-South Ministerial Council to pursue opportunities for cross border collaboration in central border areas
14	Central border councils, including FODC, to identify and develop areas of potential hospital-based co-operation
15	SWAH to receive emergency cases along North-South corridor
16	SWAH to operate as a receiving trauma centre for gaps in HSE trauma network
17	Build elective capacity for agreed North-South shared specialities
18	Agree an Integrated Surgical Network across Western Trust
19	Develop comprehensive integrated funding plan
20	SWAH is categorised as a 'Rural Area Hospital'

[5.1] STRAND 1 - LOCAL

Restoring emergency general surgery in SWAH leading to resolving unique rurality and associated deprivation issues for local community and staff. The return of Emergency Surgery will lead to:



- Timely emergency surgery.
- Surgical stabilisation in Major Trauma
- Consultant surgeon available in a Maternity emergency.
- Retain our specialised experienced staff
- Utilising all the bed capacity in SWAH
- Surgical rota of 1 in 6 (minimum)
- Reduction of pressure on Altnagelvin
- Reduction of pressure on ambulance staff.

OUTCOMES:

It is essential that we have the same safe, timely access to emergency treatment as the rest of Northern Ireland. 83,343 people will now be able to access emergency care and trauma care within target times.

We propose that SWAH be given a new designation as a Rural Area Hospital. This will enable appropriate commissioning decisions by the Department of Health to be made that will drive a sustainable solution for consultant led medical and surgical specialisms protecting emergency services in SWAH.

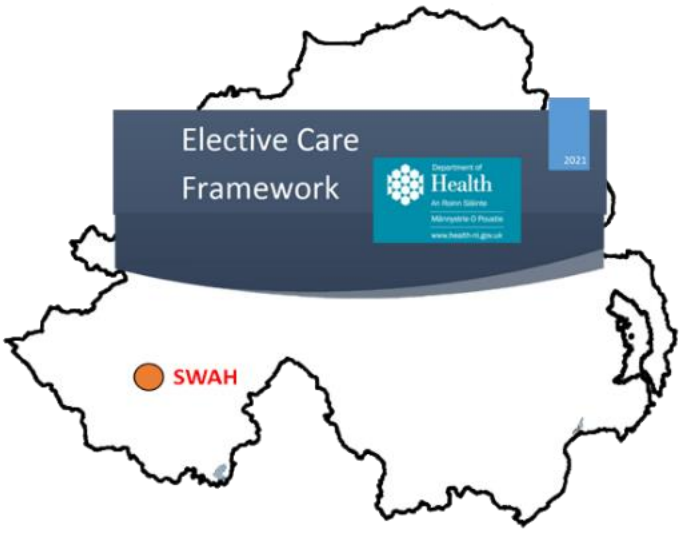
A genuine commitment from the Western Trust will help ensure recruitment to the 6.5 consultant surgical posts that are already funded. Incentives will assist in recruitment – aligning with well-established NHS England and other practices.

Maternity services are of vital importance to the entire community – the availability of consultant surgeons is essential to manage emergency complications that inevitably happen.
Consultants in Radiology and Intensive Care will be attracted to permanent positions in SWAH.

[5.2] STRAND 2 - REGIONAL

SWAH has the available capacity to contribute fully to reducing waiting lists in NI through accelerated elective work by:

- accelerating elective work in SWAH & Omagh
- SWAH consultants doing sessional work in Omagh
- Using all 5 theatres and 312 beds in SWAH
- Availing of fair funding within Elective Care Framework
- Elective sessions will be more productive without “late starts, early finishes”
- Reducing dependence on Independent Sector



OUTCOMES:

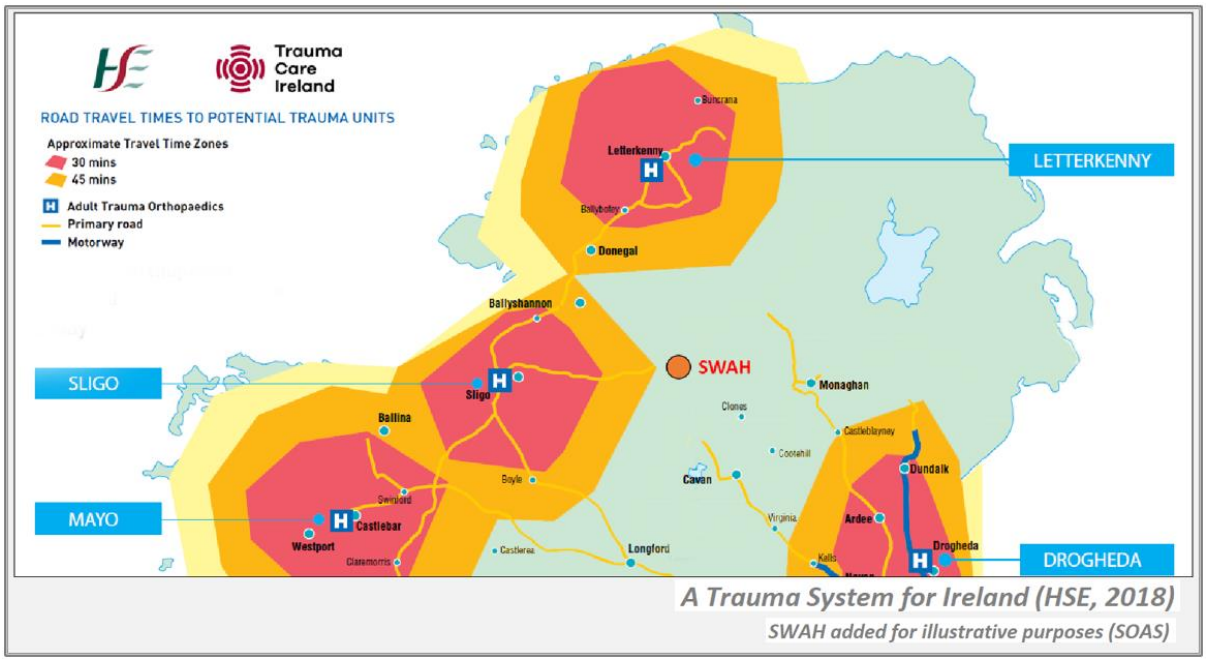
Experience of recent reconfigurations across Europe shows that there are benefits when consultant surgeons work on both emergency and elective surgery - ideally in high volume centres with separation of activity.
Medium and higher complexity elective procedures have a high rate of complications that frequently require emergency management, benefitting from co-location of elective and emergency.

Elective and emergency can be separated across the same hospital – as confirmed by RCS (Royal College of Surgeons). Taking steps to ensure all 5 theatres in SWAH are commissioned facilitates this separation. The development of a PACU (post anaesthetic care unit) - as recommended by the Elective Care Framework - in SWAH ensures sufficient support for elective procedures through the EOSC (elective overnight stay centre).

New surgical specialities to be introduced with emphasis on key areas (e.g. bariatric, colorectal, breast, ENT). CAWT has already invested significantly in bariatric equipment in place in SWAH giving it the potential to become the premier location in all of Ireland for bariatric surgery. SWAH has also been equipped for Vascular Work.

[5.3] STRAND 3 – NORTH-SOUTH

Political co-operation through the North-South Ministerial Council enables opportunities for cross border collaboration in central border areas.
We can increase all hospital activity in SWAH through increased North-South co-operation.



- North-South co-operation was integral to the original SWAH design.
- SWAH ED can receive HSE emergency patients from the central border area.
- Major Trauma patients from Cavan/Monaghan corridor can be stabilised and treated at SWAH.
- Developing complimentary elective specialities with HSE partner hospitals.
- Encourage shared work – both in policy areas and by clinicians.
- SWAH can facilitate External Work conducted by HSE Consultants.

OUTCOMES:

The 60-minute target to treatment for emergency care from SWAH extends to Ballybofey, Donegal town, Manorhamilton, Drumshambo, Cavan town and Monaghan town

The Centre for Cross Border Studies (2011) identified a possible catchment population of 200,000 to 250,000 in the adjoining 5 counties (Donegal, Sligo, Leitrim, Cavan, Monaghan).

[5.4] ROADMAP - INTEGRATION

A sustainable integrated surgical network for the Western Trust ensures equitable and fair access to emergency and elective services across the Northern and Southern sector. The potential of the infrastructure and staff in SWAH is unlocked by utilising all 5 theatres and using all 312 beds.

SWAH-based surgical consultants can deliver an accelerated elective programme as part of overall regional transformation and increased North-South activity. Sessional work in Omagh for elective specialities will further ensure consultants have sufficient caseloads and case mix to develop and maintain experience and skills.

This increased level of elective activity in turn supports the return of emergency surgery to SWAH. The network will enable timely treatment for emergency patients at the most appropriate hospital depending on the complexity of the case.

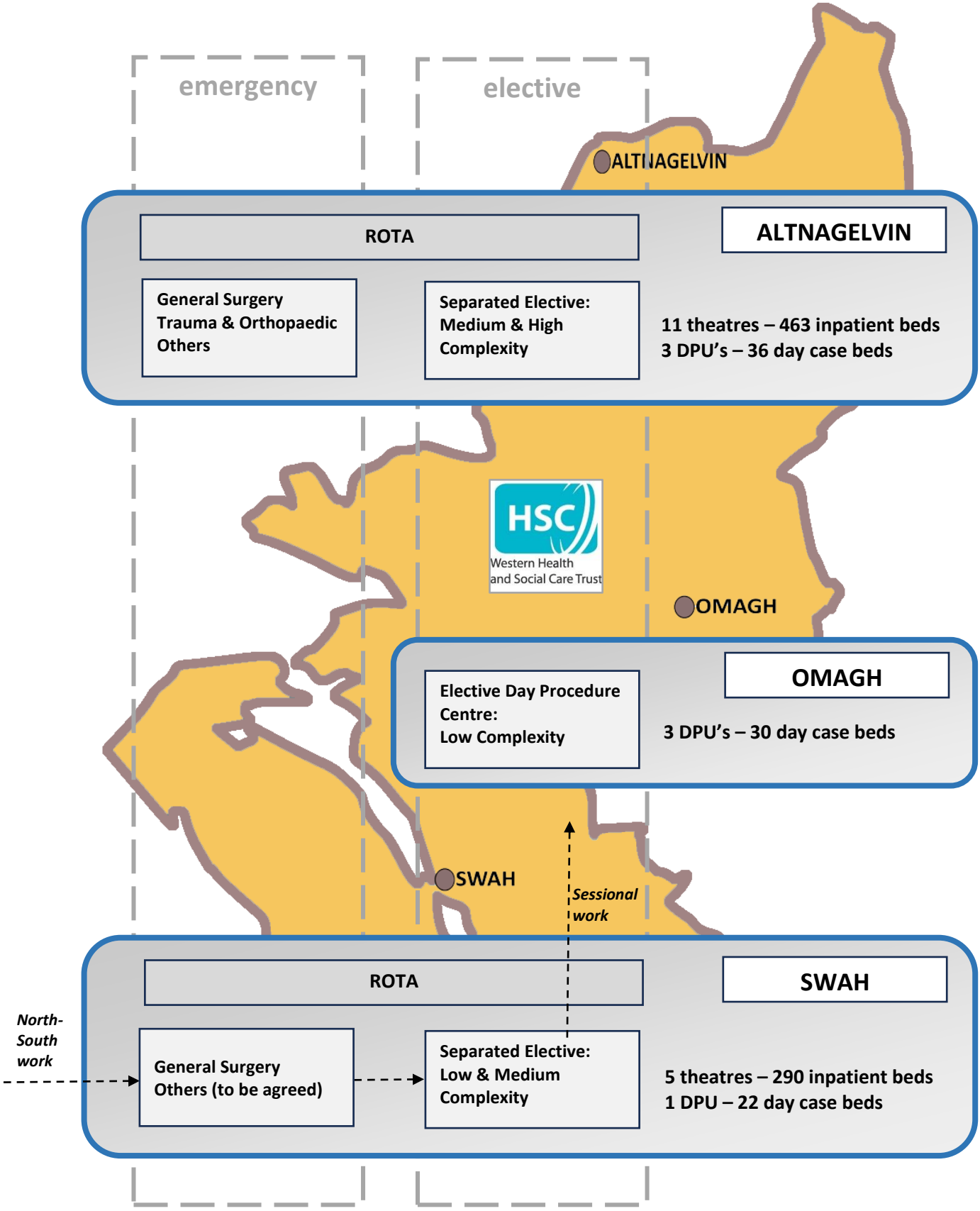
Incentivised financial packages that reflect SWAH's status as a Rural Area Hospital along with genuine organisational commitment to recruitment will see consultant surgeons return to the South West region. Recruitment will be enhanced through the development of a community support network managed by FODC - this is essential to help attract consultants and their families to settle in the South West region.

Surgery is provided on a networked basis - using all hospitals across the Western Trust. This will enable collaborative working, the development of common standards of care, flexible movement for clinical staff and safe patient transfer arrangements according to clinical need:

- Reflecting reality of local infrastructure, rurality and deprivation
- Emergency care within target treatment time available to entire population
- SWAH will return to Major Trauma Network in NI
- Accelerated elective development with mix of low, medium and high complexity appropriately spread across Trust-wide network
- Target rotas for surgeons in Altnagelvin and SWAH of at least 1 in 6
- Sessional work in Omagh HPCC by consultants from SWAH for both outpatient clinics and procedures
- Development of North-South collaboration for both emergency care and elective care - supplementing surgical activity in SWAH

The following diagram illustrates what we believe can be a genuine integrated surgical network that enables appropriate sustainable surgical activity across both the Northern and Southern sector into the long-term.

AN 'INTEGRATED SURGICAL NETWORK' – WESTERN TRUST



[6] ROADMAP - CONCLUSION

The exclusive focus on Elective Care (waiting lists) is currently driving decisions – by both WHSCT and DoH – that fail to assess adequately the impact of excessive 'time to treatment' for unplanned surgeries on our affected population. We do acknowledge that waiting lists are excessive and urgent action is needed to address these and the roadmap makes provision for this.

We believe that the notion of '**equal access**' in the Review of Urgent and Emergency Care is fundamental. We can see from changes to pathways, mitigations and protocols (e.g. Major Trauma Triage Tool) that many urgent and emergency surgical patients are bypassing SWAH.

Patient safety must be the primary driver when deciding on changes to the configuration of the Hospitals network in NI.

We must:
- restore emergency surgery to SWAH.

We can:
- start using the unused capacity in SWAH (theatres, beds, staff).
- accelerate elective activity in SWAH – helping to reduce Waiting Lists.
- improve North-South collaboration for both emergency and elective care.

This Consultation Response is of great significance to the community served by the South West Acute Hospital.
It presents a detailed proposal that genuinely can lead to a sustainable long-term secure future for all acute services in SWAH.

We are only 4.4% of the population of Northern Ireland.
The fact that we are in such a minority is not sufficient reason to subject us to unfair treatment and unjustified, untested risk.
The gross inequality and unfairness that is baked into any potential decision to make permanent the suspension of emergency general surgery is not the only reason that surgery should be returned.
There is also a genuine opportunity within the untapped potential of SWAH that can ensure we can significantly contribute to reducing the intolerable waiting lists in Northern Ireland.

The return of Emergency General Surgery complements an accelerated Elective activity program.

This roadmap evidences what seems obvious to us. We hope you agree.

[7] PUBLIC CONSULTATION – IMPACT ASSESSMENTS

The documentation provided by the Dept of Health for this Public Consultation includes an Equality Impact Assessment (EQIA) under a Rural Needs Impact Assessment (RNIA).

This consultation response is an organisational response from SOAS. We are focused on the South West region of Northern Ireland. It is effectively an area that aligns very closely with that of Fermanagh and Omagh District Council (FODC).
The following subsections will go through both the EQIA and the RNIA. We will also include a section on the human rights aspects of the impact potentially deriving from this public consultation.

It has been stated previously that SOAS Support fully the Discussion Paper 'SWAH – an integrated Roadmap'.
This includes supporting its 20 recommendations which – if implemented – should help to minimise the equality, rural and human rights disadvantages that will otherwise apply to our community.

In this context, we continue to support the designation of SWAH as a 'Rural Area Hospital – using the definition given in the Discussion Paper:

> "Rural Area Hospitals: delivering a range of essential secondary care services, both unscheduled and elective, geared to sustaining full acute and emergency surgical and medical services in isolated and deprived locations."

In general, there are very significant issues with regard to equality, rurality and human rights that attach to the potential implications of this public consultation on the South West region.

The suspension of Emergency General Surgery (EGS) at South West Acute Hospital (SWAH) has created significant healthcare disparities for the rural population of County Fermanagh and South Tyrone. This consultation response challenges the Department of Health's Equality Impact Assessment (EQIA) and Rural Needs Impact Assessment (RNIA) for failing to account for SWAH's unique geographical isolation, high deprivation levels, and systemic risks to patient safety. By amalgamating evidence from community campaigns, clinical reviews, and human rights frameworks, this analysis calls for the restoration of EGS at SWAH as a necessary step to uphold equality, rural sustainability, and fundamental rights to healthcare access.

[7.1] EQIA – EQUALITY IMPACT ASSESSMENT

The Equality Impact Assessment (EQIA) fails to acknowledge the effect of loss of key emergency services on the population of the South West region. The removal of emergency general surgery causes great inequality in the South West region.
The Western Trust have confirmed at the public consultation meeting in Omagh on 15th January 2025 that they are going ahead with a public consultation to permanently close this service.
In general, the EQIA is focused exclusively on elective care which has its own section on Page 7. There is no mention of the word 'emergency' at all.

TRANSPORT:
Transport is a recurring theme in the EQIA. The EQIA points out in its Impact Analysis that various Section 75 categories, most notably women, older people, carers and people with disabilities are likely to have difficulties in travelling to access services under the proposed reconfiguration of hospital services.
However, the document is silent on the effects of needing immediate treatment for emergency life-threatening conditions. All the mitigations listed refer to long-term changes to transport infrastructure which are of no use at all - either now or after they are implemented - to an emergency patient needing emergency care.

TRAVEL TIMES – LEADING TO POORER OUTCOMES
It is well established that increases in Travel Times leads to poorer outcomes for patients. There is a significant body of peer-reviewed research that relates extra distance travelled to poorer outcomes with increased mortality and morbidity rates. There is a common consensus in these articles that the longer the distance travelled to the nearest Type 1 Hospital for emergency admission the poorer the outcome. This poorer outcome can be reflected in either increased mortality or morbidity.

It is of interest to note that what is classified as ‘rural’ or ‘very rural’ in the key research articles do not result in emergency ambulances travelling distances of more than 40 miles.
SOAS analysis shows that the <u>average</u> distance travelled for the 64,278 affected Fermanagh people from the SWAH catchment area to Altnagelvin is 58 miles. It is 43 miles for the affected 19,065 Tyrone people.
This emphasises the exceptional nature of the distances that Fermanagh people are being told to travel.

Nicholl et al (2007) found that increased journey distance to hospital for emergencies appears to be associated with increased risk of mortality. The study suggests that a 10km increase in straight-line distance is associated with an approximate 1%

absolute increase in mortality.[28] Nicholl states "This means that, other things being equal, closing local EDs could result in an increase in mortality for a small number of patients with life-threatening emergencies, who have to travel further as a result."

SOAS applied the information gathered in this section to the scenario where SWAH is no longer a receiving hospital for emergencies and patients travel by ambulance instead to Altnagelvin.

For FERMANAGH:	'straight line' distance (KMs)				
Area	To SWAH	To Altnagelvin	EXTRA KMs	Increase in 'blue light' deaths	
Ballinamallard	7	70	63	6.3%	1 in 16
Belcoo and Garrison	26	84	58	5.8%	1 in 17
Belleek and Boa	31	72	41	4.1%	1 in 24
Boho Cleenish and Letterbreen	10	83	73	7.3%	1 in 14
Brookeborough	17	77	60	6.0%	1 in 17
Derrygonnelly	12	75	63	6.3%	1 in 16
Derrylin	24	96	72	7.2%	1 in 14
Donagh	22	88	66	6.6%	1 in 15
Enniskillen	2	77	75	7.5%	1 in 13
Florence Court and Kinawley	19	93	74	7.4%	1 in 13
Irvinestown	11	62	51	5.0%	1 in 20
Kesh Ederney and Lack	16	59	43	4.3%	1 in 23
Lisbellaw	7	79	72	7.2%	1 in 14
Lisnarrick	7	69	62	6.2%	1 in 16
Lisnaskea	18	85	67	6.7%	1 in 15
Maguiresbridge	14	82	68	6.8%	1 in 15
Newtownbutler	32	96	64	6.4%	1 in 16
Rosslea	32	88	56	5.6%	1 in 18
Tempo	11	70	59	5.9%	1 in 17
Total	14 kms	79 kms	65 kms	**6.5%**	**1 in 15**

Table: Increase in Mortality for all Fermanagh population – for life-threatening Emergencies ONLY to AAH (Source: SOAS Research Group). Weighted averages used.

[28] The relationship between distance to hospital and patient mortality in emergencies: An observational study (By Jon Nicholl et al, University of Sheffield, 2007) https://pubmed.ncbi.nlm.nih.gov/17711952/

For TYRONE	'straight line' distance (KMs)				
Area	To SWAH	To Altnagelvin	EXTRA KMs	Increase in 'blue light' deaths	
Beragh	35	52	17	1.7%	1 in 59
Clanabogan	26	51	25	2.6%	1 in 38
Dromore	18	57	39	3.9%	1 in 26
Drumquin	25	48	23	2.3%	1 in 43
Fintona	24	56	32	3.2%	1 in 31
Newtownsaville	30	57	27	2.7%	1 in 37
Sixmilecross	38	52	14	1.5%	1 in 67
Trillick	15	64	49	4.9%	1 in 20
Total	26 kms	55 kms	29 kms	**2.9%**	**1 in 34**

Table: Increase in Mortality for affected Tyrone population – for life-threatening Emergencies ONLY to AAH (Source: SOAS Research Group). Weighted averages used.

There is an average increase of 65 kms for all Fermanagh people in 'straight line' distance in travelling to Altnagelvin rather than to SWAH. This increase is 29 kms for the affected Tyrone people.
For emergency ambulance travel – this analysis suggests a 6.5% increase in the mortality rate for all Fermanagh people based on the extra distance that an emergency ambulance will need to travel to get to Altnagelvin. The increase in mortality for the affected Tyrone people is 2.9%.
On average - 1 out of every 15 'blue light' emergencies for all Fermanagh people will result in one unnecessary death due to the extra distance. This figure is 1 in 34 for the affected Tyrone population.

EQIA - ISSUES
The EQIA's claim of "efficiency gains" ignores evidence from NHS England, where rural hospitals with SWAH's profile receive on average £4.9M annually under the "Unavoidable Costs of Remoteness" policy. No equivalent exists in NI, thus institutionalizing inequality.

Age:
The EQIA fails to identify that both adults aged over 55 and children aged under 5 will be subjected automatically (through bypass arrangements) to much longer travel times for emergency care in comparison with people in the 5-to-55 age bracket.

Gender:
Pregnant women with higher risk pregnancies are already advised to birth in Altnagelvin – leading to access to service inequality relating to maternity.

Dependents:
Extra unfair and unjust pressure will be put on carers due to increased unreasonable travel times for emergency care.

Disabilities:
Again, people with disabilities will be forced to endure longer travel times than people with disabilities in other parts of Northern Ireland creating obvious inequality.

GIS DATA – NEED FOR REGIONAL ANALYSIS

We are very concerned that only generalized data is presented for each of the S75 groups on a Northern Ireland wide basis. It is therefore impossible to assess on this data alone what the specific impacts for groups in particular areas, hospitals or regions will result from the proposals.
This is a key weakness.

Despite two of the stated aims of the reconfiguration proposals being to *'Deliver safe and better health and social care services, supported by best practice standards'* and *'Ensure equal access to healthcare across Northern Ireland and reduce health inequalities'* we believe there is a substantive risk that the measures proposed will substantively increase inequalities in the South West region in accessing healthcare and reduce the quality of services available.

We would consider it is essential that disaggregated 'Geographic Information System' (GIS) data is employed to identify specific impacts of the proposals on Section 75 category groups at a localised level across Northern Ireland. This could include the use of GIS systems to physically map the impact of the proposals against access to services for S75 groups.

SOAS commissioned Ulster University to complete such GIS analysis related specifically to impacts resulting from removal of key emergency services from SWAH in November 2022. This is included in this document as:

Appendix 1 'Accessibility to Type 1 EDs across Northern Ireland – a GIS analysis'.

This was completed by Dr Paul McKenzie at Ulster University in 2022 goes some way to explaining and visualising the type of geographic inequalities that will be created for access to emergency surgery by the current proposals – showing clearly how Fermanagh and parts of Tyrone being significantly disadvantaged in their physical distance from emergency general surgery when compared with other parts of Northern Ireland. A detailed analysis by the Department across all of Northern Ireland could reveal other specific impacts.

The EQIA identifies that people living in the most deprived and rural areas experience worse health outcomes, including higher rates of chronic illness and lower life expectancy. The reconfiguration states that it aims to reduce these inequalities by ensuring equal access to high-quality healthcare services across the region. Yet the proposals, particularly the reconfiguration of emergency surgery, looks set to actually increase the levels of inequalities experienced by some groups when accessing healthcare services.
This contradictory position concerns us.

The mitigations suggested for the impacts on Section 75 groups are general at best and in the case of emergency surgery reconfiguration, do not actually seem to address the inequalities created at all.
An assessment of travel support or a review of the transport strategy will be incapable of addressing the fact that ambulance journeys for emergency surgery are going to be physically further away from their final destination under these proposals. They will do nothing to decrease the distance between Fermanagh and Altnagelvin hospital.

SOAS does not agree that the contents of the draft EQIA reflects the effects of the Hospitals Framework on the entire population of the South West region.

[7.2] RNIA – RURAL NEEDS IMPACT ASSESSMENT

The Rural Needs Impact Assessment (RNIA) states that the issues identified for rural dwellers have been integrated into the policy development and have influenced how the Hospitals Framework document has been written.

It is reassuring to note the statement in Section (4A):
"The limitations of healthcare facilities and the resulting longer travel times for essential services are being recognised as barriers to health outcomes."

However, this statement is not reflected in any way throughout the actual Hospital Frameworks document which fails to address the very significant impacts on the South West region in regard to loss of key emergency services.

The RNIA attached to this document is disappointing. It makes reference to travel to access services and focuses very much on elective care, the cost of fuel and the rural premium cost of accessing services. This is of course not disputed, but there is much

more to consider in terms of rural needs impact. This is especially so when appropriate access to emergency services is considered.

We ask you to consider the following:

- The sheer journey length to access Altnagelvin from the South West region in an emergency. The entire population of Fermanagh and 10% of the population in Tyrone (83,343 in total) are very significantly outside the clinically documented travel time targets to access appropriate emergency and trauma services.
- NIAS capacity and staffing have difficulties covering large rural geographical areas in an emergency – this has been confirmed by their Medical Director who has stated there is an increased risk to ambulance availability in rural areas.
- There is an inherent risk to patient safety in the increasing use of non-emergency ambulances (both NIAS and private) with no paramedics on board transporting emergency patients from SWAH to Altnagelvin.
- The fact the Air Ambulance (HEMS) is a charity and that it is dependent on the fundraising that goes into the maintenance of this lifeline. In addition, consideration needs to be given to the length of time it takes to reach rural areas, the fact it cannot operate at night time and in poor weather, when accidents are more likely
- We note references to Rural Transport in the RQIA and point out that all Rural Transport Organisations are charities whose funding remains continuously limited. Again, they are not medically trained should something happen.
- Broadband and 4G/5G connectivity in rural areas is poorer than in urban areas should an emergency occur
- Rural Road infrastructure in an emergency is not conducive to timely and safe access
- The current issues outlined in RQIA Report into pathways associated with removal of EGS at SWAH including the fact that the data systems of the Western Trust are not fit for purpose, the 'double ED' practice continuing and patients having to drive themselves in emergency situations which is not safe
- TARN (Trauma Audit Research Network) which recorded data for trauma care in the UK and ROI, hosted by Manchester University, came under a cyber-attack in July 2023 and has not yet been replaced. This has resulted in Trusts in NI having to collate this data in individual spreadsheets with no regional or local analysis available. This points to a serious lack of up-to-date analysis that undermines the ability of assessing the impacts on those that have to travel further in major trauma incidents
- Lack of rural services including Hospital/Acute Care at Home
- Failjure to rural proof your recruitment and retention policies including attractive packages with premiums, housing support, etc if needed to hire into rural areas

- Rural Proofing your student training and guidance to students moving into the field encouraging areas of work where expertise is currently needed
- High Risk Jobs in Rural Areas such as farming and engineering. The Ulster Farmers Union advise that you are 20% more likely to have an accident on a farm than any other industry
- Tourism – people may not wish to travel to beautiful areas of Northern Ireland such as Lough Erne if they believe they could not safely access services in an emergency

The Rural Community Network (a regional organisation based in Cookstown) have a Rual Health Toolkit which can be referred to should you decide to make rural proofing a priority. We are very aware that the Rural Needs Act (NI) 2016 imposes a statutory duty on you to give due regard to rurality. We ask why it seems that our neighbours in ROI and in England have done more in their hospital reconfigurations to protect rural and geographically isolated communities, we urge you to consider doing the same.

SOAS does not agree that the draft RNIA reflects appropriately the impacts on the population of the south region.

[7.3] HUMAN RIGHTS - IMPACTS

The Equality Impact Assessment (EQIA) rightly identifies that some of the proposals may have an impact on rights within the Human Rights Act and by extension enjoyment of rights within the European Convention of Human Rights (ECHR).

The EQIA highlighted that some of the proposals may have a potential impact on:

> **Article 2: Right to Life** - Ensures access to timely medical treatment. Changes in hospital services could affect life-saving care availability.
>
> **Article 8: Right to Respect for Private and Family Life** - Considers the impact on family dynamics and care coordination, especially for those with dependents, due to changes in healthcare services.
>
> **Article 14: Prohibition of Discrimination** - Ensures equitable access to healthcare, preventing disproportionate impacts on certain groups based on race, gender, disability, or socio-economic status

The mitigations for potential Article 2 violations focus on enhancing travel support. For Article 8 there are vague commitments to adapting '*local hospitals to community*

needs' and for Article 14 the aim is to *'strategically allocate resources across Area Hospitals to minimize access inequities. Designating hospitals as an elective care centre and reallocating activities supports fair resource distribution*.'

We have serious concerns that Article 2 may be violated if policies are implemented that knowingly deprive or limit access to critical care or emergency services for certain sections of the population. Emergency surgery has been removed temporarily from SWAH and these proposals look set to make that change permanent. Under Article 2 the Government have legal duties to assess any risk to life and design systems that reduce that risk.

The pathways that have been designed for emergency surgery place ambulance journeys for those in need of emergency surgery in places like Fermanagh far outside the clinical guidance in terms of response times (refer Section 4.1). A downgrading of services of this importance may likely constitute a risk to life and represent an Article 2 violation if the risks of the proposals were already known and were applied as part of a wider system that impacted not just one person but broader communities. It may also lead to Article 8 and 14 violations if the proposals prevent individuals from accessing timely and adequate care and create further inequalities in the availability of medical services.

We believe that purposefully designing a medical system in a manner that leads to delays in accessing Emergency General Surgery (EGS) for certain rural populations could engage Article 2 (Right to Life) of the Human Rights Act 1998, particularly under the concept of systemic failure if the implementation of the current proposals were to lead to avoidable deaths.

Systemic Failure under Article 2: The European Court of Human Rights (ECtHR) and UK courts recognize that systemic deficiencies in healthcare can engage Article 2 if they result in avoidable deaths.[29] If a conscious decision is made to design a system knowing it would delay life-saving emergency surgery for certain populations, this may amount to a structural/systemic failure rather than an individual act of negligence. Previous court judgments have clarified that a breach occurs when the failure is sufficiently serious and linked to an avoidable loss of life.[30]

Equivalent to Denial of Treatment: If the system deliberately places patients outside clinical guidelines for receiving emergency care, we believe that this is functionally equivalent to a de facto denial of treatment, especially if the delays result in avoidable deaths. UK and ECtHR case law emphasize that state responsibility arises

[29] Asiye Genc v. Turkey https://hudoc.echr.coe.int/eng#{%22itemid%22:[%22001-151025%22]}
[30] R (on the application of Maguire) (Appellant) v His Majesty's Senior Coroner for Blackpool & Fylde and another (Respondents) [2023] UKSC 20 https://www.supremecourt.uk/cases/uksc-2021-0038

where authorities know that their policies will result in life-threatening delays and fail to properly mitigate the risk.

Personal Autonomy and Dignity: Article 8 protects the individual's right to make decisions about their own health and well-being, including access to necessary medical care. Unequal or inadequate provision of emergency services could interfere with this right if it prevents individuals from accessing timely or adequate care.

Discriminatory Impact & Access to Healthcare: As the proposals will disproportionately affect rural populations, we also believe that there may be an additional violation under Article 14 (Prohibition of Discrimination), particularly if urban populations receive timely emergency surgery while rural populations face dangerous delays. Geographic disparities in emergency services may be challenged if they disproportionately affect certain individuals or groups.

Avoidable Deaths & Mitigations: The Department of Health may argue that healthcare inequalities only amount to an Article 2 breach if there is clear evidence of avoidable deaths as a result of these proposals. We believe that increased mortality rates may unfortunately be a possible consequence of the proposed reconfiguration of emergency surgery and we would urge the Department to avoid this outcome by amending these proposals. If reasonable steps were taken to mitigate the risks outlined above this may ensure that a violation under the HRA/ECHR was avoided. However, we see no evidence of mitigations directed towards avoiding delays in accessing emergency surgery in the Departments proposals.

Summary: If evidence eventually shows that the system of accessing emergency surgery was knowingly designed in a manner that delays life-saving treatment for certain populations, causing preventable deaths, this could:

- Engage Article 2 due to systemic failure
- Be equivalent to denial of treatment in practice
- Potentially also breach Article 8 (private and family life) and Article14 (discrimination)

The suspension of EGS at SWAH represents the systemic neglect of rural healthcare needs. By restoring SWAH's surgical capacity and designating it a Rural Area Hospital, the Department of Health can rectify equality gaps, fulfil rural obligations, and align with human rights law. Failure to act embeds a two-tier health system, disproportionately harming Fermanagh and South Tyrone's vulnerable populations.

[8] CONSULTATION QUESTIONNAIRE – COMPLETED

Personal details		
Q1	**Name:**	**SOAS – Save Our Acute Services (CIC# NI694537)**
Q2	**Email address:**	**SOAS.swah@gmail.com**
Q3	**Are you responding as an individual or on behalf of an organisation, please highlight the most relevant option:**	
	Member of the general public ☐ Service user ☐ Family carer ☐ Social care worker ☐ Social worker ☐ Voluntary & Community sector ☐ Health & Social Care Trust ☐ HSC organisation ☐ Local or district council ☐ Other public organisation ☐ Independent social care provider ☐ Trade union ☐ Regulatory authority ☐ Professional body ☐ Advocacy organisation ☑ Academic body ☐ Another NICS Department ☐ Arms Length Body ☐ Other ☐	
Q4	**If you selected 'Other' Please specify the name of the Organisation, Voluntary & Community sector, Private Company or Public Body:**	
	Not Applicable	

Questions	
Q5	**To what extent do you agree or disagree with the explanation within the framework of why we need to change how our hospitals function?**
	Strongly Agree ☐ Agree ☐ Neither Agree nor Disagree ☐ Disagree ☐ Strongly Disagree ☑
Q6	**To what extent do you agree or disagree with the description of the type of Northern Ireland hospitals as presented in the framework that build towards a Hospital Network? These are: Local Hospitals, Area Hospitals, General Hospitals and Regional Centres.** **Note:** ***The detailed description each type of hospital is on page 4 of the consultation document.***
	Strongly Agree ☐ Agree ☐ Neither Agree nor Disagree ☐ Disagree ☐ Strongly Disagree ☑
Q7	**To what extent do you agree or disagree with the 'core services' identified for the different types of hospitals, especially for the area hospitals and three general hospitals?** **Note:** ***These appear on; local hospitals (pages 30-31), general hospitals (page 32) area hospitals (pages 35-41), special regional services (pages 42-45) of the main consultation document.***
	Strongly Agree ☐ Agree ☐ Neither Agree nor Disagree ☐ Disagree ☐ Strongly Disagree ☑

Q8	**To what extent do you agree or disagree that the proposed list of actions identified in the framework are the correct ones to create a more sustainable hospital network in Northern Ireland?** **Note:** ***A summary of the proposed actions is on page 55 & 56 of the main consultation document.***
	Strongly Agree ☐ Agree ☐ Neither Agree nor Disagree ☐ Disagree ☐ Strongly Disagree ☑
Q9	**Taking into account the proposals set out in the framework and the answers you have provided above; do you think there is anything we have missed?**
	Yes ☑ No ☐ Not sure ☐
	If your answer is **Yes**, please provide further detail and explanation below:
	The following items are <u>some</u> of what has been missed: - There is no evidence base at all in the framework - There is no reference to other countries experiences of reconfiguration and how these are currently being evaluated - There is no list of the 'defined' services that will be associated with the proposed general hospitals - The framework is silent on detail around possible key changes to the commissioning process for services - There is no appropriate proposal for treatment of hospitals in isolated and deprived locations **These and other missed items are detailed in the SOAS Discussion Paper 'SWAH – an integrated Roadmap' available at <u>https://bit.ly/3BYflgL</u> and reflect SOAS's consultation response.**
Q10	**To what extent to do you agree or disagree that the proposed list of actions in the framework will improve the experience and outcomes for service users in Northern Ireland?**
	Strongly Agree ☐ Agree ☐ Neither Agree nor Disagree ☐

	Disagree ☐ Strongly Disagree ☑
Q11	**To what extent to do you agree or disagree that the framework explains how reconfiguration decisions are taken?**
	Strongly Agree ☐ Agree ☐ Neither Agree nor Disagree ☐ Disagree ☐ Strongly Disagree ☑
Q12	**To what extent do you agree or disagree that the framework explains how you will be engaged as part of the decision making process?**
	Strongly Agree ☐ Agree ☐ Neither Agree nor Disagree ☐ Disagree ☐ Strongly Disagree ☑
	Please explain the reason for your answer and provide any additional comments below
	There is very little mention of the public in your suggested actions. It does not tell me how actual decisions will be taken. There are no dates given for these actions. **In summary – SOAS strongly disagrees that you have explained how our community will be engaged as part of the decision-making process**.
Q13	**Taking into account the answers you have provided; if you have any further comments on any aspect of this framework or the proposed actions please include below.**
	My previous answers in this consultation response show how this framework cannot meet its key outcomes in its Executive Summary. Repeated attempts over the last 25 years at health reform have not shown that improved outcomes can be anticipated. In fact – statements in the recent past from the Department of Health have confirmed that the health system is nearer to collapse than ever.

The lack of any evidence base in the framework document fundamentally undermines the entire framework.

The SOAS Discussion Paper 'SWAH – an integrated Roadmap' is focused on this proposed hospital framework.

SOAS's overall response to this consultation is that implementation of all 20 recommendations in the SOAS Discussion Paper will ensure that SWAH is part of a hospital network that is appropriate for the South West region. This Discussion Paper is available in full at https://bit.ly/3BYflgL. In particular, SWAH must be categorised as a 'Rural Area Hospital' – details are in the Discussion Paper.

The Discussion Paper also contains detailed proposals that can help develop an overall integrated hospital network across the region and should form part of our response.

The Recommendations are listed below and should be implemented:

RECOMMENDATIONS

1 Commit to restoring Emergency General Surgery to SWAH
2 Return SWAH to Major Trauma network
3 Develop separated emergency & elective surgery in SWAH
4 Develop PACU (Post Anaesthetic Care Unit) in SWAH
5 Implement incentivised pay and conditions for surgeons in SWAH
6 FODC to develop community involvement network to assist in attracting surgeons to the South West region
7 Commission the 2 unused theatres in SWAH
8 Commission the 92 unused beds in SWAH
9 Re-open 22 emergency surgical beds and restore staffing
10 Develop appropriate sub-specialities for consultant surgeons in SWAH
11 Agree accelerated elective programme for SWAH with appropriate new specialities
12 Develop SWAH-Omagh HPCC links for SWAH-based consultant's sessional work
13 North-South Ministerial Council to pursue opportunities for cross border collaboration in central border areas
14 Central border councils, including FODC, to identify and develop areas of potential hospital-based co-operation
15 SWAH to receive emergency cases along North-South corridor
16 SWAH to operate as a receiving trauma centre for gaps in HSE trauma network
17 Build elective capacity for agreed North-South shared specialities
18 Agree an Integrated Surgical Network across Western Trust
19 Develop comprehensive integrated funding plan
20 SWAH is categorised as a 'Rural Area Hospital'

Equality and Rural Needs Assessments	
Q14	a) Do you agree or disagree with the Draft Equality Impact Assessment (EQIA)?
	Fully Agree ☐ Mostly Agree ☐ Neither Agree nor Disagree ☐ Mostly Disagree ☐ Fully Disagree ☑
	Please provide comments below:
	The Equality Impact Assessment (EQIA) fails to acknowledge the effect of loss of key emergency services on the population of the South West region. The removal of emergency general surgery causes great inequality in the South West region. The Western Trust have confirmed at the public consultation meeting in Omagh on 15th January 2025 that they are going ahead with a public consultation to permanently close this service. In general, the EQIA is focused exclusively on elective care which has its own section on Page 7. **There is no mention of the word 'emergency' at all**. Transport is a recurring theme in the EQIA. However, the document is silent on the effects of needing immediate treatment for emergency life-threatening conditions. All the mitigations listed refer to long-term changes to transport infrastructure which are of no use at all - either now or after they are implemented - to an emergency patient needing emergency care. Age: the EQIA feels to identify that both adults aged over 55 and children aged under 5 will be subjected automatically (through bypass arrangements) to much longer travel times for emergency care in comparison with people in the 5-to-55 age bracket. Gender: pregnant women with higher risk pregnancies are already advised to birth in Altnagelvin – leading to access to service inequality relating to maternity. Dependents: extra unfair and unjust pressure will be put on carers due to increased unreasonable travel times for emergency care. Disabilities: again, people with disabilities will be forced to endure longer travel times than people with disabilities in other parts of Northern Ireland creating obvious inequality. Human Rights:

	The focus on addressing travel support and other issues relates to elective care only. The population of the South West will be unfairly discriminated against with regard to Article 2 as timely medical emergency treatment will simply not be available - while it will be for the rest of Northern Ireland. SOAS has developed its own analysis of their human rights implications of the suspension of emergency general surgery at SWAH. This file can be accessed at **https://bit.ly/4hmzsE9**. **SOAS does not agree that the contents of the draft EQIA reflects the effects of the Hospitals Framework on the entire population of the South West region.**
Q15	b) Do you agree or disagree with the Draft Rural Needs Impact Assessment?

Fully Agree	☐
Mostly Agree	☐
Neither Agree nor Disagree	☐
Mostly Disagree	☐
Fully Disagree	☑

Please provide comments below:

The Rural Needs Impact Assessment (RNIA) states that the issues identified for rural dwellers have been integrated into the policy development and have influenced how the Hospitals Framework document has been written.

It is reassuring to note the statement in Section (4A):
"The limitations of healthcare facilities and the resulting longer travel times for essential services are being recognised as barriers to health outcomes."

However, this statement is not reflected in any way throughout the actual Hospital Frameworks document which fails to address the very significant impacts on the South West region in regard to loss of key emergency services.

SOAS does not agree that the draft RNIA reflects appropriately the impacts on the population of the south region.

Thank you for your comments.

APPENDIX 1 follows

Accessibility to Type 1 EDs across Northern Ireland – a GIS analysis

(Ulster University)

Dr Paul McKenzie
Senior Lecturer in Geography
School of Geography & Environmental Sciences,
Ulster University,
Cromore Road,
Coleraine,
BT52 1SA

23rd November 2022

Accessibility to Type 1 EDs across Northern Ireland – a GIS analysis

Dr Paul McKenzie
Senior Lecturer in Geography
School of Geography & Environmental Sciences,
Ulster University,
Cromore Road,
Coleraine,
BT52 1SA

23rd November 2022

Geographic Information Systems (GIS) are used to map, manage, analyse and visualise spatial data across a range of spatial scales. A GIS can integrate spatial data to identify distance to services or plan new facilities based on accessibility. Network Analysis enables analysis of accessibility and distance to services based on an underlying road network. Network Analysis uses a base layer of facilities (e.g., hospital locations) and the underlying road network to calculate distance bands or service areas. These service areas can be determined based on time or distance travelled along the road network. In this report, service areas are demonstrated for Type 1 Emergency Department hospitals across Northern Ireland.

There are currently 10 Type 1 Hospitals in Northern Ireland according to the Department of Health. A Type 1 Hospital is defined as:

> *A consultant-led service with designated accommodation for the reception of emergency care patients, providing both emergency medicine and emergency surgical services 24 hours a day.*

Figure 1 shows the location of each Type 1 ED based on locational data from NINIS.

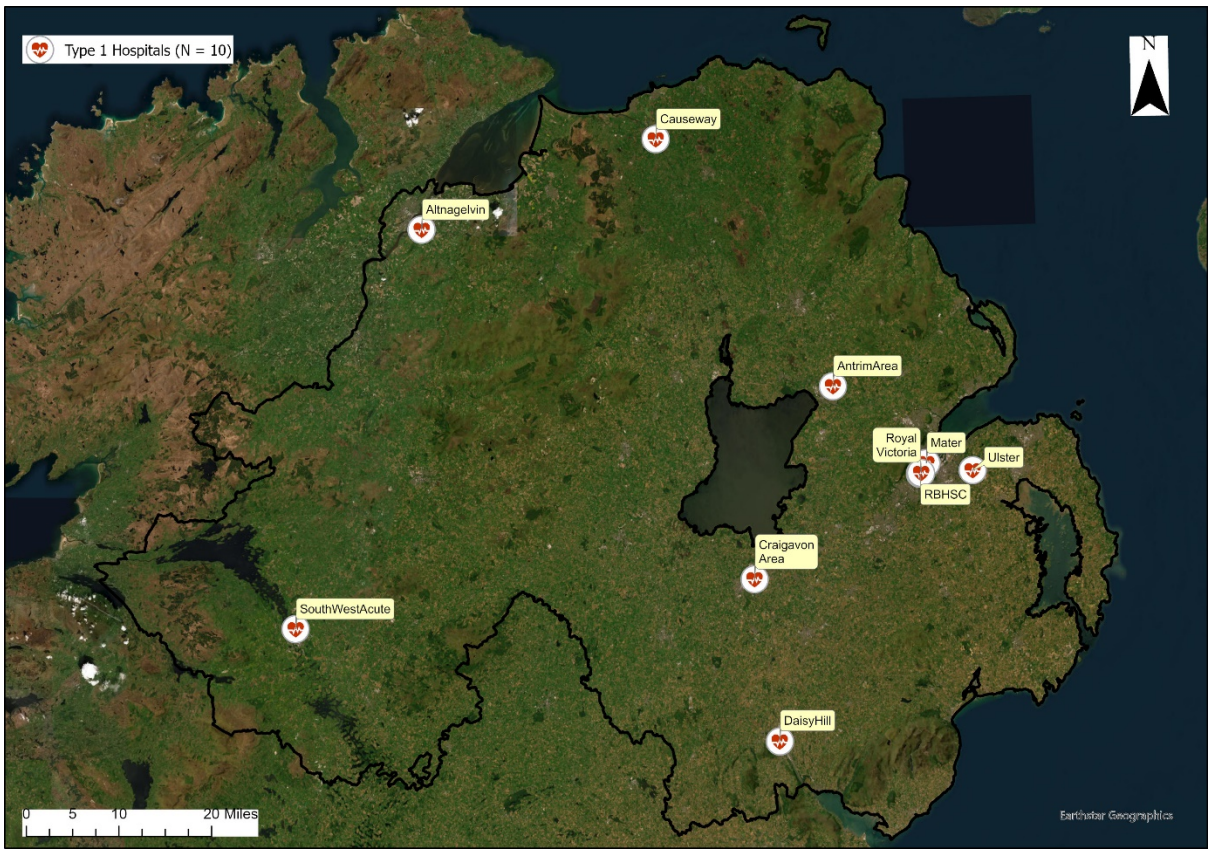


Figure 1: Type 1 Hospital locations across Northern Ireland

The Ordnance Survey Road Network was used as the network layer on which the service areas were calculated. Average times to travel along each road were calculated according to figures below:

- Motorways = 58.1 mph
- A Class = 49.1 mph
- B Class = 47.6 mph
- C Class = 28.1 mph
- Other road types = 17.5 mph

Travel times vary based on a range of variables such as traffic and weather conditions therefore the model is generic and may alter based on additional factors.

Network Service Areas were generated for each Type 1 Hospital based on 10-minute travel bands. Figure 2 below shows the travel times for each of the 10 Type 1 EDs currently in operation across Northern Ireland.

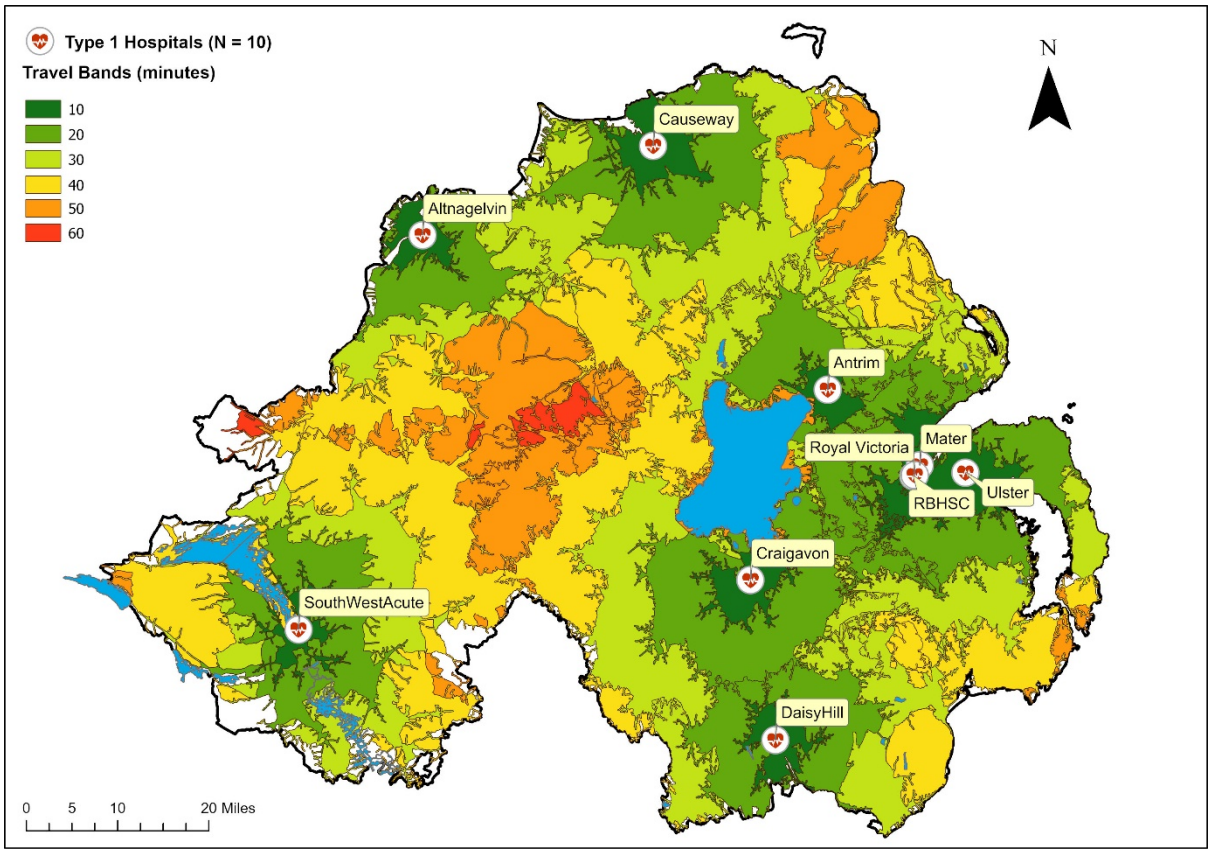


Figure 2: Travel Time (minutes) from 10 Type 1 EDs in NI.

This analysis allows individual Type 1 ED facilities to be analysed for accessibility. Figure 3 shows the travel time from the South West Acute Hospital in Enniskillen.

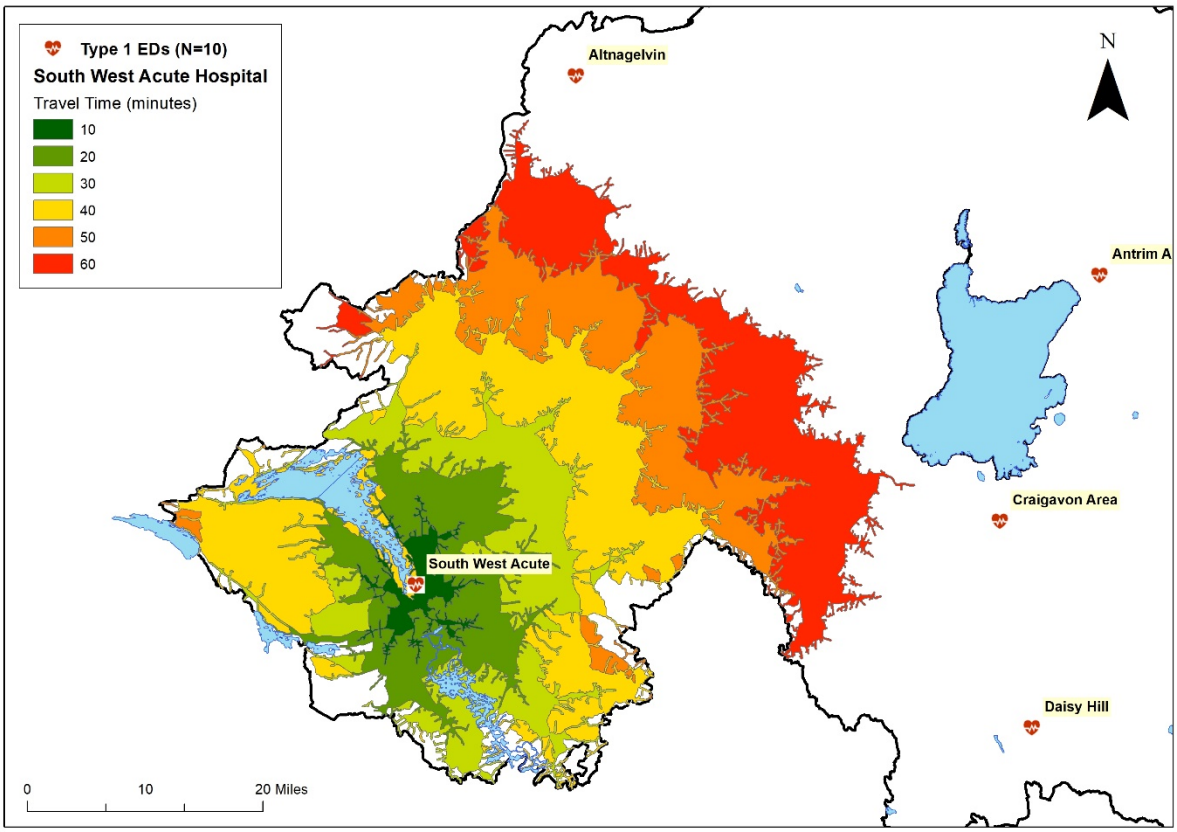


Figure 3: Travel Time (minutes) from South West Acute Hospital

Figure 4 represents the analysis based on the omission of the South West Acute Hospital as a Type 1 service.

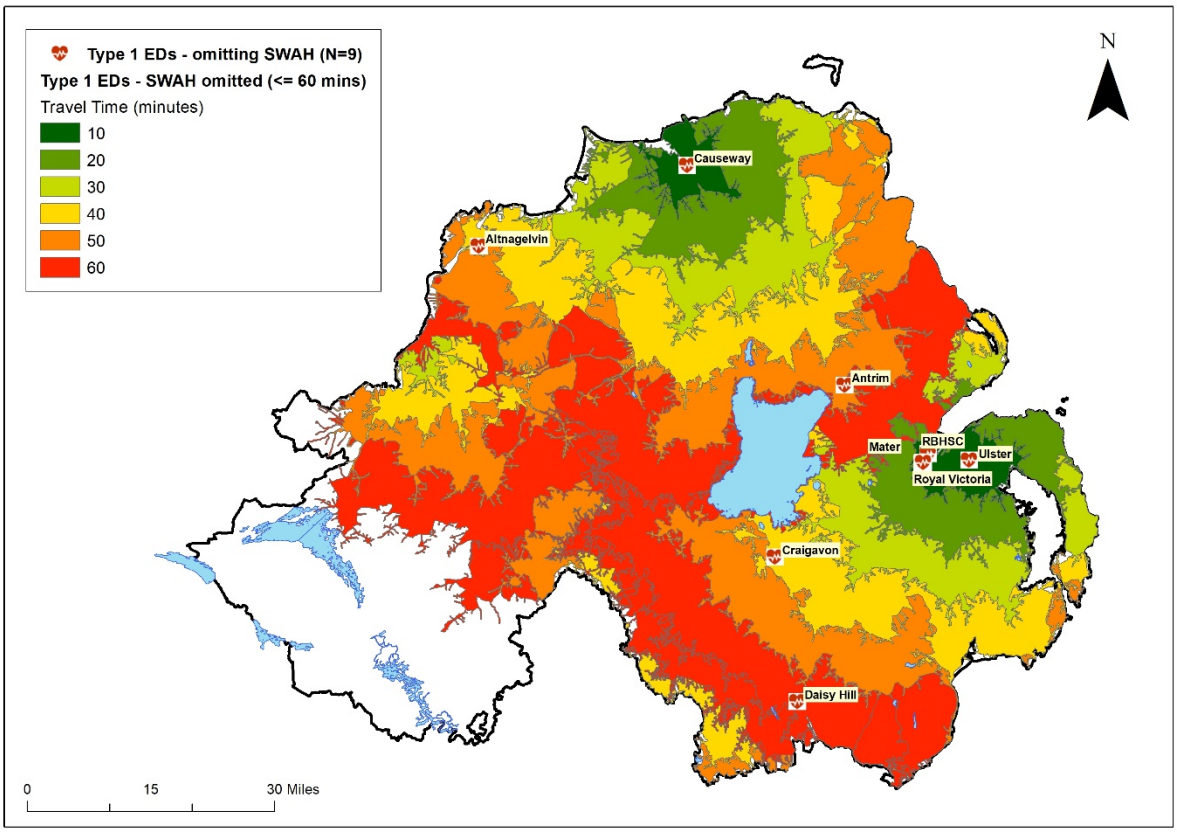


Figure 4: Travel time based on omission of the Type 1 ED at the South West Acute Hospital

Figures 5 and 6 show the travel time based on travel time from both Altnagelvin and Craigavon Type 1 hospitals respectively.

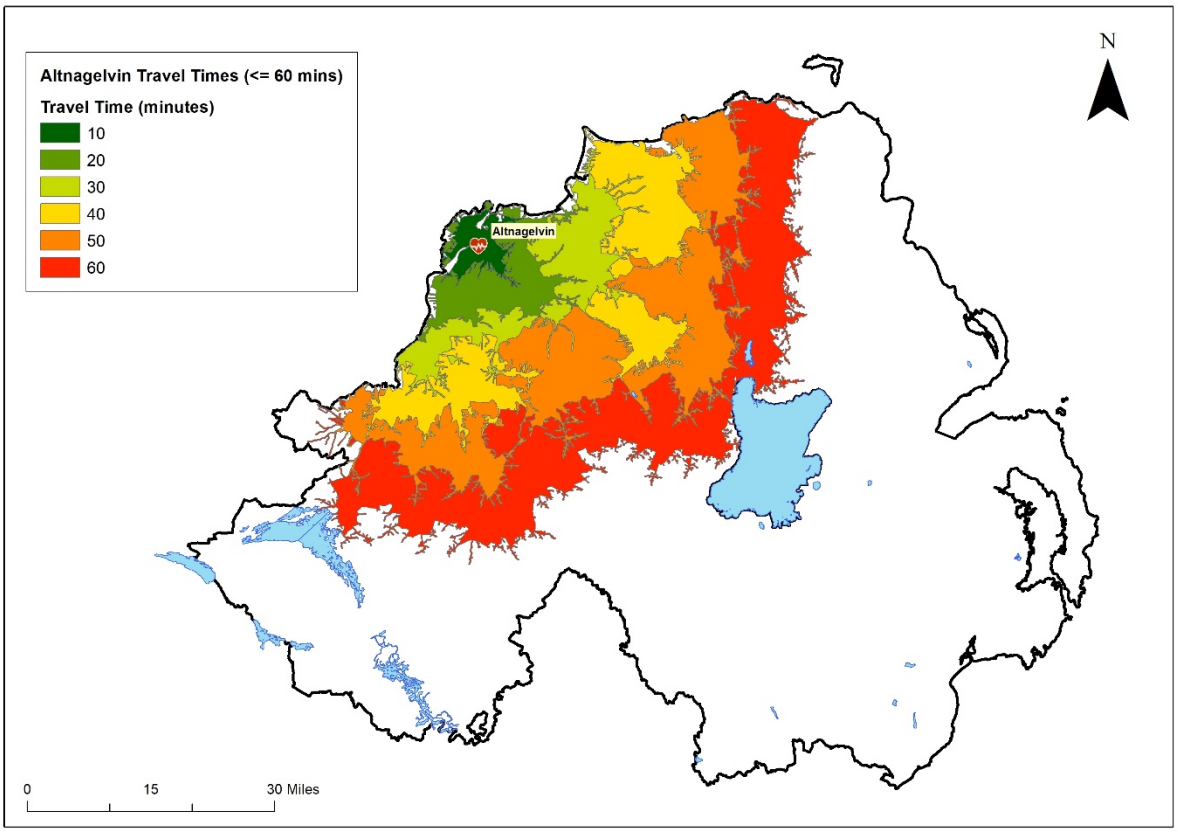


Figure 5: Travel time (minutes) from Altnagelvin Type 1 Hospital

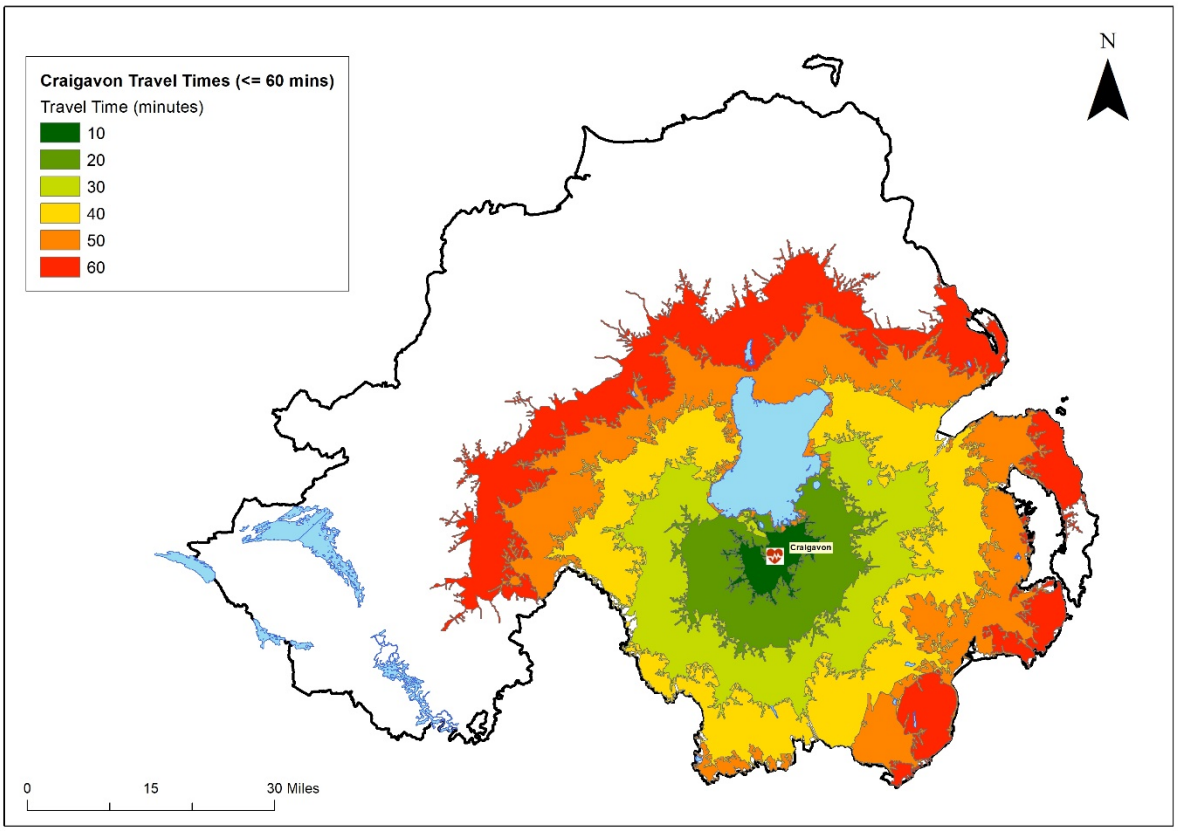


Figure 6: Travel time (minutes) from Craigavon Type 1 Hospital

A layer of population weighted centroids was sourced from NISRA. This layer can be used to identify any Small Areas with a centroid within 60 minutes travel time from a Type 1 Hospital. If the South West Acute Hospital were removed, 142 population weighted centroids do not intersect the travel bands from Type 1 EDs with SWAH omitted (Figure 7).

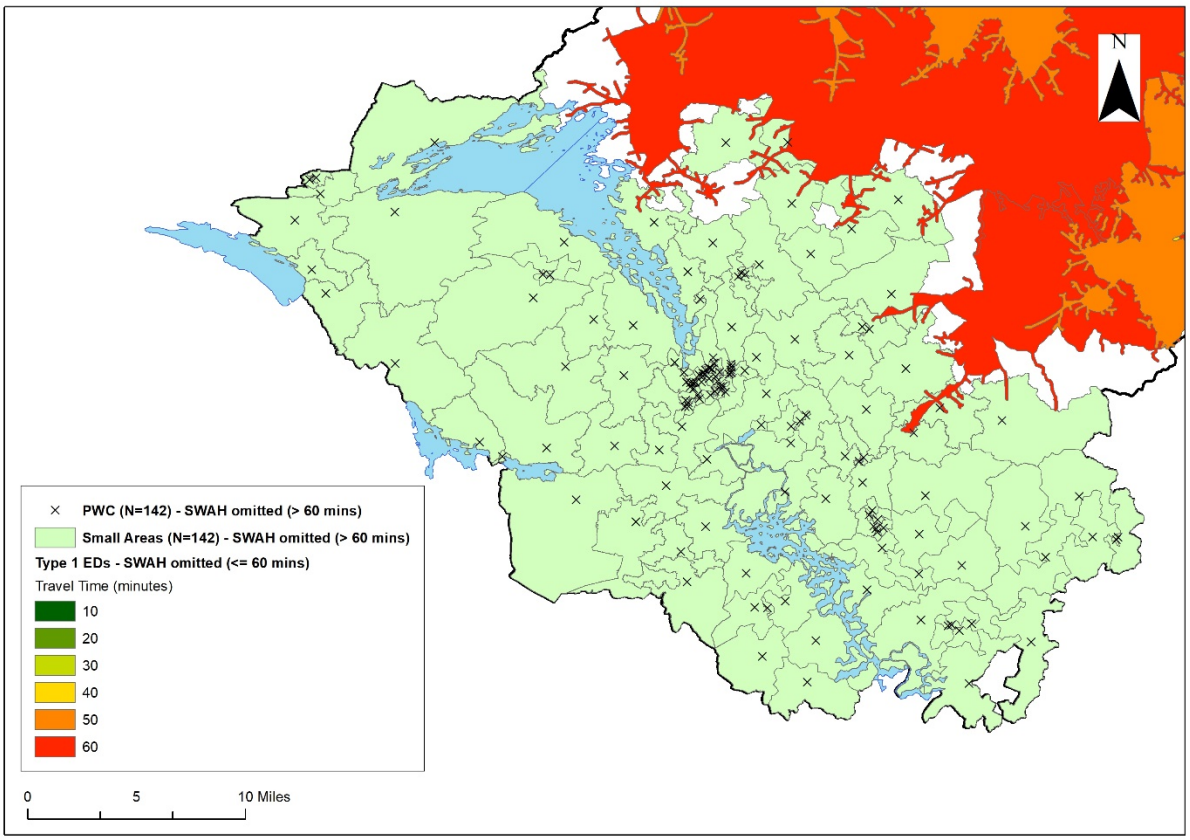


Figure 7: Population Weighted Centroids outside 60-minute travel time from Type 1 EDs, omitting SWAH.

The 142 Small Areas shown in Figure 7 represent 3.1% of all Small Areas in NI (N=4537). The population of these Small Areas in 2020 was 58,607 which was 3.1% of the population in NI in 2020 (1,895,509). Table 1 in the Appendix provides a list of the 142 Small Area Population Weighted Centroids.

As can be seen from Figure 7, several Small Areas intersect the travel bands from the nine Type 1 EDs (omitting SWAH). There were 130 Small Areas that had no part of their boundary intersecting the travel bands from the existing nine Type 1 EDs (omitting SWAH). These 130 Small Areas had a total population in 2020 of 52,425 people (Figure 8). Table 2 in the Appendix provides a list of the 130 Small Area boundaries.

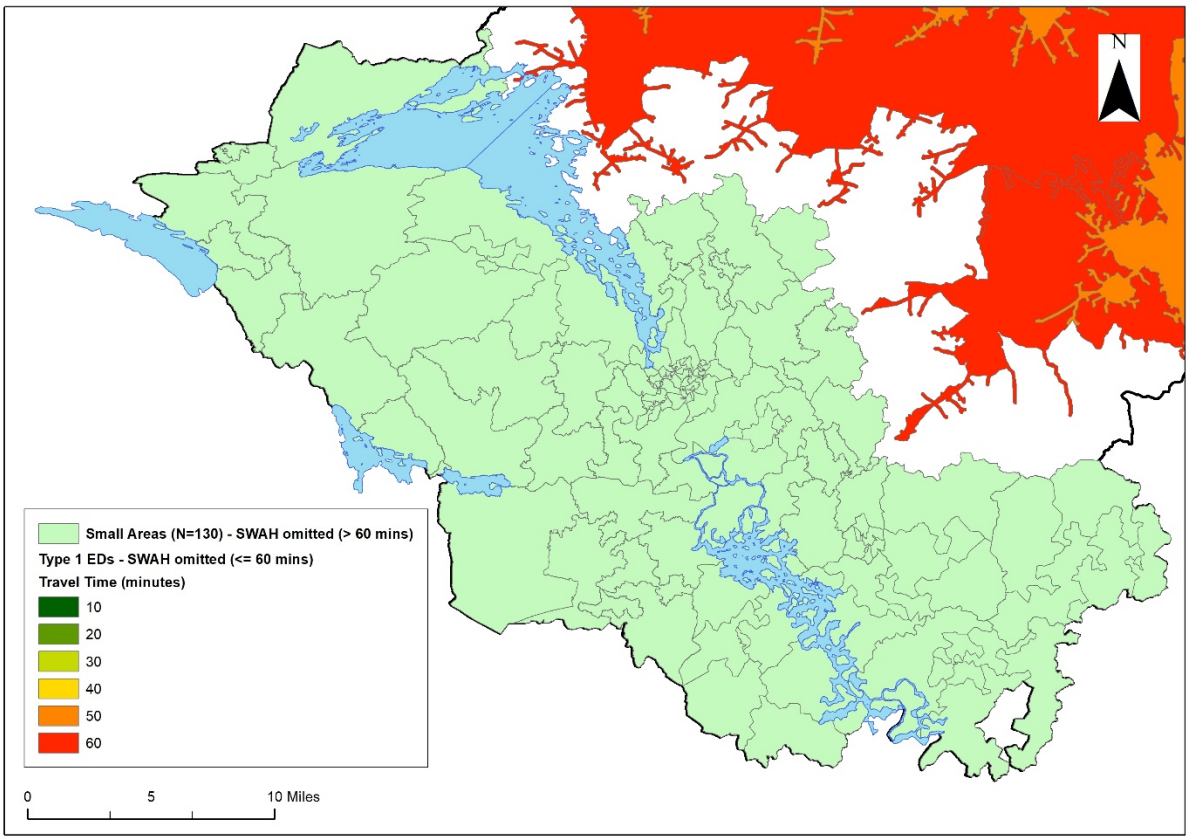


Figure 8: Small Areas with no part intersecting 60-minute travel time from Type 1 EDs, omitting SWAH

Figure 9 illustrates the population per Small Area for the 142 zones outside 60 minutes from Type 1 EDs, omitting SWAH.

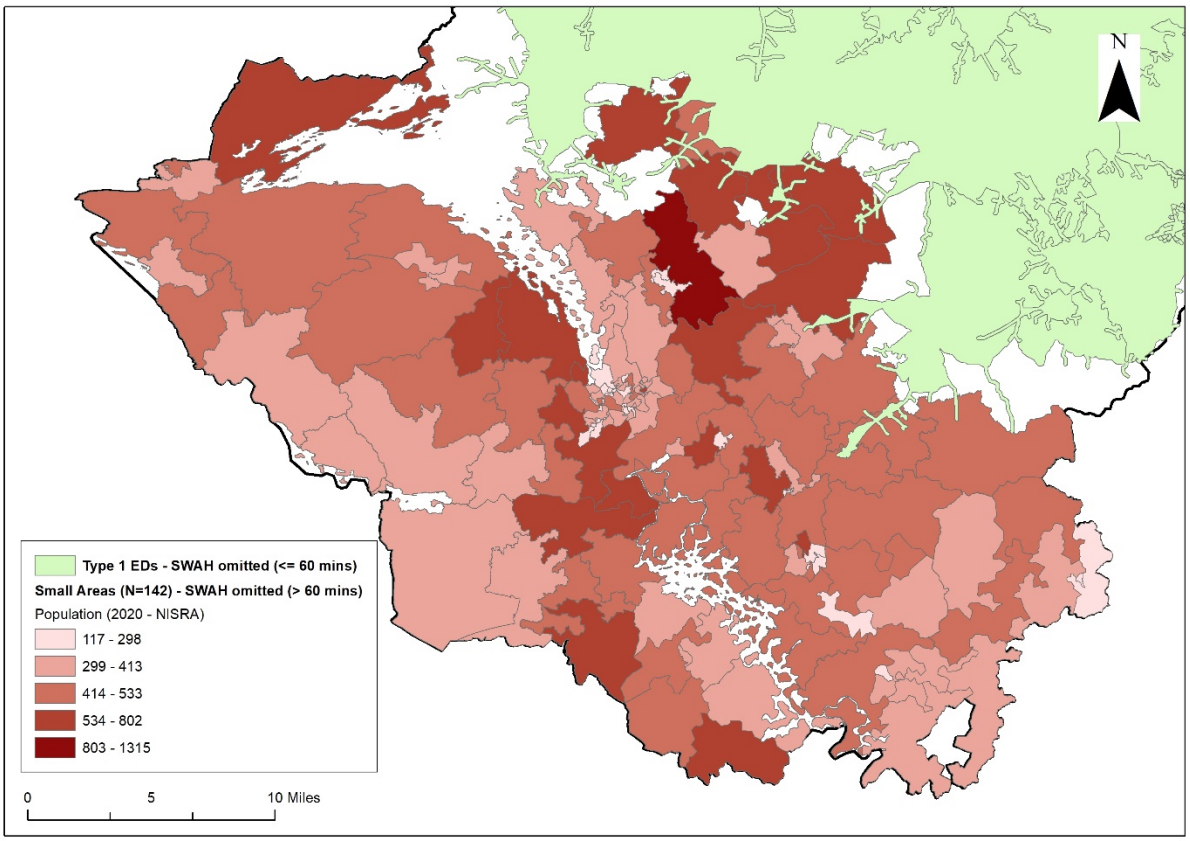


Figure 9: Population per Small Area (2020: NINIS)

Network Analysis can be used to indicate the length of travel along road segments. Figures 10 and 11 indicate 10 kilometre road travel from both Altnagelvin and Craigavon hospitals.

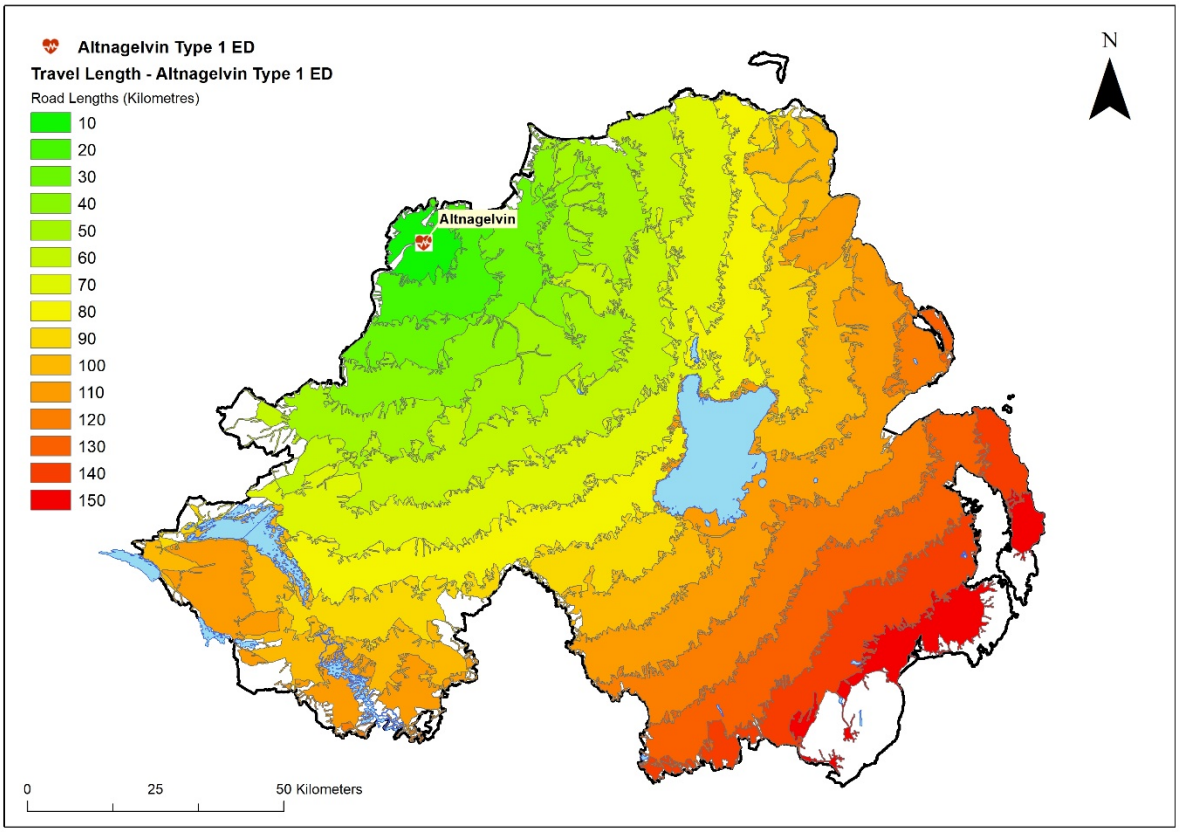


Figure 10: 10-kilometre travel bands from Altnagelvin Hospital

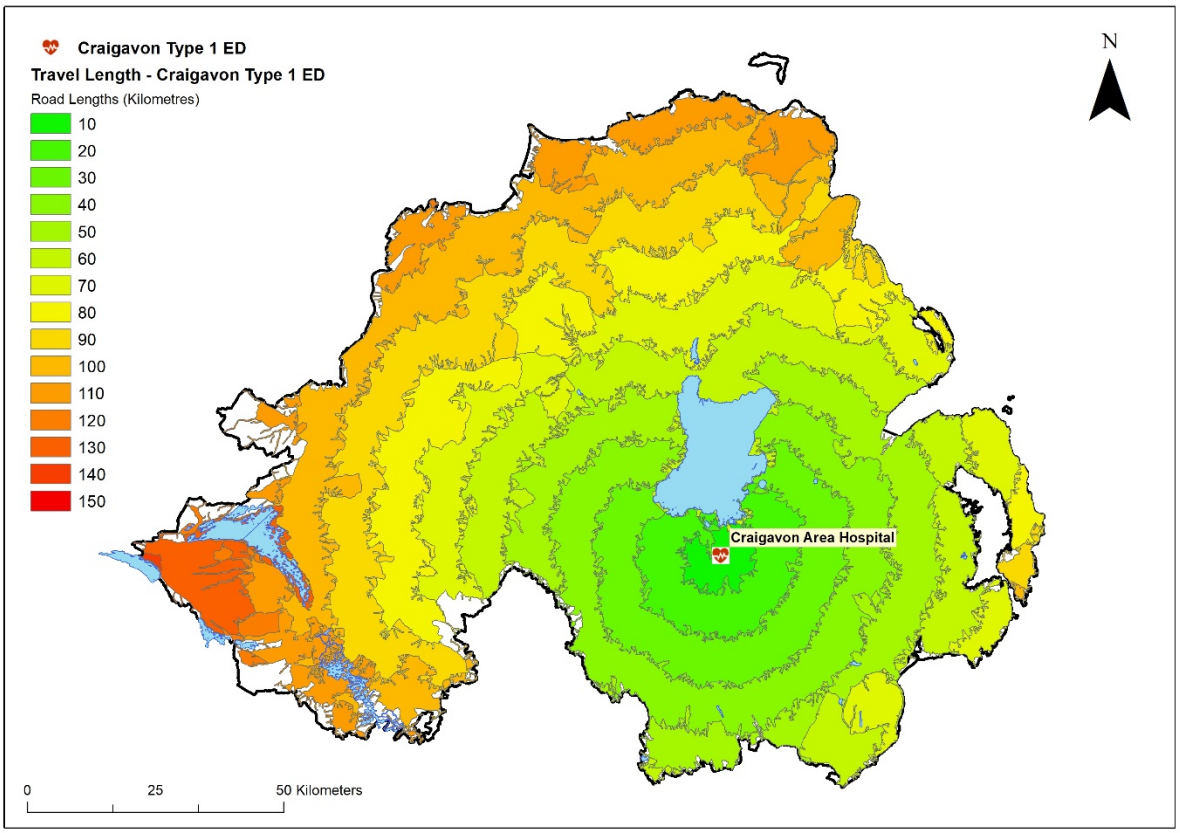


Figure 11: 10 kilometre travel bands from Craigavon Hospital

Figure 12 shows the travel time from all current (N=10) Type 1 EDs up to 60 minutes.

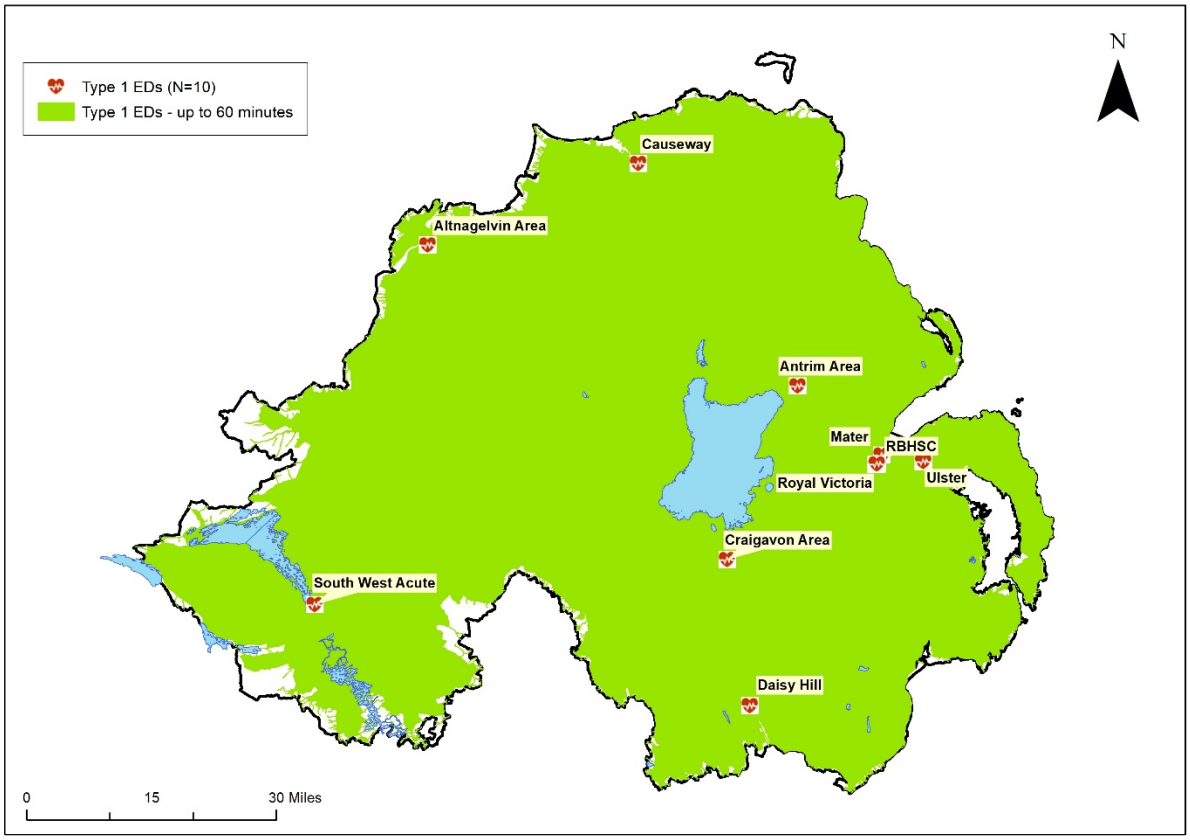


Figure 12: Travel Time (minutes) from current Type 1 EDs.

Figure 13 shows the travel time from Type 1 EDs with the South West Acute Hospital removed from the model

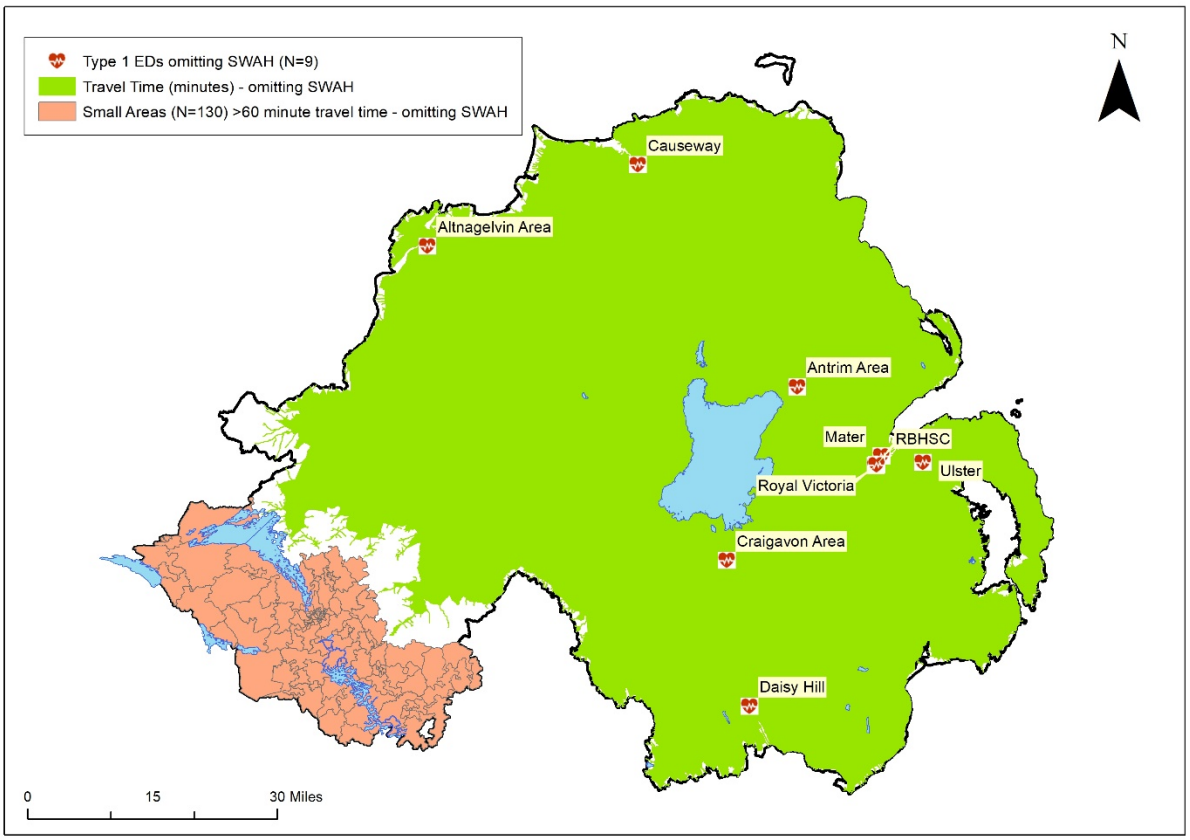


Figure 13: Travel Time (minutes) from Type 1 EDs with South West Acute Hospital omitted.

Source of data

OSNI Road Network: Ulster University is a participant of the Northern Ireland Mapping Agreement (NIMA) which provides Ordnance Survey data for use in education and research (NIMA S&LA 577.319).

NISRA Small Area Boundaries:
https://www.nisra.gov.uk/support/geography/northern-ireland-small-areas

NISRA Population Counts (2020):
https://www.ninis2.nisra.gov.uk/Download/Population/Population%20Totals%20(statistical%20geographies).ods

Hospital locations:
https://www.ninis2.nisra.gov.uk/Download/People%20and%20Places/Hospitals.ods

Lake outlines: https://www.daera-ni.gov.uk/publications/lakes-digital-datasets