

Feedback Report



South Eastern Health
and Social Care Trust

Public Consultation on the Future Provision of Urgent and Emergency Care services in the Ards and North Down area

June 2023

Alternative formats

This document can be made available, upon request, in other formats including Braille, large print, computer disk, audio tape or in another language for anyone not fluent in English. For alternative formats please contact:

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Glossary of Terms

Term	Meaning
Acute Hospital	An acute hospital provides services such as emergency care and inpatient and outpatient medicine and surgery. It also provides very specialist care, such as intensive care.
Community Hospital	Community hospitals are an extension to primary care. The hospital can include a range of social services like rehabilitation, palliative care, intermediate care, maternity facilities as well as a Minor Injuries unit.
Emergency Care	Emergency services are for life threatening illnesses or accidents which require immediate, specialist treatment.
Emergency Nurse Practitioner	Emergency Nurse Practitioners are experienced emergency nurses with additional training in assessment, diagnosis and treatment of a range of conditions.
Enhanced Care at Home	Enhanced Care at Home is an unscheduled care service alternative to hospital admission which provides tailored treatment and care by a multi-disciplinary team to acutely unwell older people in their own home. The service facilitates earlier discharge from hospital. The majority of care is provided by GPs with some Care of the Elderly Consultant support.
Intermediate Care	Intermediate care is a range of integrated services to prevent unnecessary hospital admission, promote faster recovery from illness, support timely discharge and maximise independent living.
Minor Injury	These include minor injuries to upper and lower limbs; broken bones, sprains, bruises and wounds; bites – human, animal and insect; burns and scalds; abscesses and wound infections; minor head injuries between the ages of 16 and 65; broken noses and nosebleeds; and, foreign bodies in the eyes and nose. Certain exclusions apply such as hip, back, neck and head injuries cannot be treated and children under five cannot be x-rayed.

Term	Meaning
Minor Injury Unit	A Minor Injuries Unit can treat injuries that are not critical or life-threatening. It is staffed by specialist nurses such as Emergency Nurse Practitioners.
'No More Silos'	'No More Silos' is a plan, published by Health Minister Robin Swann in October 2020, to maintain and improve urgent and emergency care services across Northern Ireland.
'Phone First' Model	A 'Phone First' Model means that the patient is required to phone before attending. Patients who telephone are assessed and advised where and when they should attend services, such as their local pharmacy, Consultant-led Urgent Care Centre or Emergency Department. This prevents unnecessary delays in access to care.
Primary Care and Community Centres	A facility with GPs and a wide range of community services (e.g. pharmacists, nurses and social care).
Review of Urgent and Emergency Care	<p>A review of urgent and emergency care across Northern Ireland's hospitals was announced by the Department of Health in 2018.</p> <p>In March 2022, the Department of Health (DoH) published the Review of Urgent and Emergency Care for public consultation. The purpose of the Review was to set out and consult on a new approach to urgent and emergency care services across Northern Ireland.</p>
Stand-alone Minor Injury Unit	A stand-alone Minor Injury Unit can treat injuries that are not critical or life-threatening. It is staffed by specialist nurses. It is 'stand-alone' because it is not provided beside an Emergency Department.
Type 1 Emergency Care Department	A consultant-led service with full resuscitation facilities designated accommodation for the reception of emergency care patients, providing both emergency medicine and emergency surgical services 24 hours a day, 7 days a week.

Term	Meaning
Urgent Care	Urgent services for patients with an illness or injury that requires urgent attention but is not a life-threatening situation.
Urgent Care Centre	These Centres are designed to assess and treat patients who present with illnesses and injuries which require urgent attention but are not life threatening. The staff in Urgent Care Centre consist of medical staffing and Emergency Department consultants and will have access to advanced diagnostics and inpatient facilities.

BACKGROUND

Urgent and Emergency care services in Northern Ireland have experienced significant and growing pressures for a number of years, which have been further compounded by the COVID-19 pandemic. Increasing demand, an ageing population and workforce challenges continue to have a significant impact, and have resulted in overcrowded Emergency Departments and long waits for patients to be seen, treated and admitted to hospital.

The South Eastern Health and Social Care Trust (South Eastern Trust) continues to face these challenges and it is clear that changes are required to our existing model of urgent and emergency care to deliver better services for the population we serve.

Since 2018, significant focus has been given to reviewing and progressing plans to improve urgent and emergency care in Northern Ireland. The Department of Health launched a regional review of urgent and emergency care services in 2018. Whilst work on the review was paused temporarily due to the COVID-19 pandemic, a 'No More Silos' Action Plan and Intermediate Care Project were established to allow some of the early findings from the review to be implemented.

In 2022, the Department of Health publicly consulted on the Review of Urgent and Emergency Care Services in Northern Ireland, and the consultation report concluded that there was broad support for the proposals outlined which included three strategic priorities as follows:

1. Creating an integrated urgent and emergency care service.
2. Capacity, Co-ordination and Performance.
3. Intermediate Care, a Regionalised Approach.

Taking cognisance of the strategic priorities from the Regional review, the Trust recognises that it is of key importance that the significant urgent and emergency care challenges experienced in the Ards and North Down area are addressed in order to deliver safe, sustainable and appropriate urgent and emergency care services.

The Ards and North Down community currently receives emergency care from the Type 1 Emergency Department at the Ulster Hospital. The Emergency Department is open 24 hours, 7 days per week (24/7). Urgent care is also provided within the existing Ulster Hospital Emergency Department including the treatment of minor injuries. In addition, there is currently one consolidated, stand-alone Minor Injuries Unit in Ards Community Hospital (the Bangor Minor Injuries Unit temporarily closed and moved to Ards Community Hospital in March 2020).

The stand-alone Minor Injuries Unit at Ards Community Hospital is led by Emergency Nurse Practitioners and this highly skilled team provides an excellent standard of care to those who currently attend for treatment. However, there are significant challenges in delivering this service for the local community sustainably into the future.

The Minor Injuries Unit in Ards Community Hospital is limited in its scope of service due to there not being any doctors present, as well as a lack of access to enhanced diagnostics such as CT scanning or blood testing which are not available.

Emergency Nurse Practitioner (ENP) recruitment to the standalone Minor Injuries service has also been challenging, even though there have been numerous attempts to recruit over a number of years. Despite the temporary consolidation of the service from Bangor Minor Injuries Unit to Ards Community Hospital in March 2020, having sufficient staff available presents daily challenges.

In addition, a significant challenge in delivering the Ards Minor Injuries service is the condition of the estate in which the service operates. The building where the service is located is in need of major investment or replacement.

Providing a safe, sustainable and appropriate urgent and emergency care service is our priority. We want to ensure that patients have access to the care they need, at the time they need it and in the right place, in order to achieve the best possible outcomes.

A list of options was developed for the future of urgent and emergency care services in the Ards and North Down area. Nine options were identified as outlined in the Trust's main consultation

document. These options were considered against a range of key factors, including improving patient safety and quality, accessibility, deliverability, sustainability and effective use of resources; speed and ease of implementation and compatibility with strategic direction.

Only one option (Option 4) was considered to be clinically deliverable within the current and foreseeable financial and resource climate. The Trust believes this option will provide safe, sustainable and appropriate urgent and emergency care services in the Ards and North Down area, with improved outcomes and quality of care for the local population. This option is as follows:

Implement a co-located and enhanced Urgent and Emergency Care service at the Ulster Hospital.

The Trust recognises that it will take time and investment to develop the above model and therefore this proposal would be implemented in a phased way, through a number of stages.

Stage 1

Initially, this proposal would provide an enhanced minor injuries service operating from the existing Emergency Department at the Ulster Hospital (this space is soon to be vacated by the Emergency Department when it relocates to the Acute Services Block, Ulster Hospital). The Trust would operate this service from 8am-6pm, 7 days per week. The Level-1 Emergency Department will continue to operate 24 hours per day, 7 days per week.

Under this proposal, the existing standalone, Nurse-led Minor Injuries services in Ards and North Down (at Ards Community Hospital and Bangor Community Hospital) would be re-located and provided within the existing Minor Injuries stream at the Ulster Hospital. The Trust will continue to work regionally with the Department of Health on the development of Urgent Care Centres, in line with the regional Review of Urgent and Emergency Care.

Stage 2

As investment becomes available, the Trust would further develop this service into a Consultant-led Urgent Care Centre at the Ulster Hospital co-located alongside the new Level 1 Emergency Department, Acute Services Block, in its own physical space. Pending the outcome of the

consultation and subject to Department of Health approval, the Trust would plan to open a new Urgent Care Centre within new physical infrastructure at the Ulster Hospital in 2025.

It is the Trust's vision that the Urgent Care Centre would operate initially from 8am – 6pm, 7 days a week. Subject to future resourcing, the Trust's plan would be to operate the Urgent Care Centre from 8am – 8pm, 7 days per week. The Emergency Department will continue to operate 24 hours per day, seven days per week. Further detail is provided in relation to resourcing of this phase later in this report.

This model would see the existing standalone, Nurse-led Minor Injuries services in Ards and North Down (at Ards Community Hospital and Bangor Community Hospital) re-located and provided within the existing Minor Injuries stream at the Ulster Hospital. This would provide urgent care services, including minor injuries, as well as existing emergency care from the Ulster Hospital, to the population of the Ards and North Down area.

The key reasons supporting the proposal include:

- The Trust believes that this model, through the phased development of an enhanced minor injuries service and Urgent Care Centre, will provide a more comprehensive service for our communities in a safe and sustainable way. Access to the service would increase as a result of the proposed longer opening hours, both in terms of hours per day and weekend opening.
- The Trust believes that this service would be safe and sustainable due to the dedicated clinical space and staffing this proposal would provide in both an enhanced minor injuries service at Stage 1 and a new Urgent Care Centre at Stage 2.
- This proposal would enable the clinical needs of all those requiring care to be seen on one acute hospital site, regardless of their condition. It would also mean patients with more complex care needs would not need to travel to an additional site to complete their care, ensuring a more seamless service for the patient while receiving treatment. An example of this would be, patients attending with a dislocated shoulder joint or displaced fracture. Currently these patients receive part of their treatment in Ards Minor Injuries Unit and then are required to travel to the Ulster Hospital Emergency Department for a joint reduction or fracture manipulation carried out by an Emergency Nurse Practitioner under medical supervision.

- The enhanced Minor Injuries service and Urgent Care Centre would be staffed by highly skilled clinicians from a Multi-Disciplinary Team, including Emergency Nurse Practitioners, Advanced Nurse Practitioners, First Contact Physiotherapists and medical staff. This would enable the Trust to provide an enhanced and more comprehensive service with the ability to assess, investigate and treat more patients than standalone Minor Injuries services. There would be no age restriction for those people presenting to the enhanced Minor Injuries service or new Urgent Care Centre.
- Stage 1 of this proposed model would offer wider access to both urgent and emergency care, through the provision of 24/7 access to emergency care; supported by 8am-6pm access to urgent care, including Minor Injuries, 7 days per week (this would include access to enhanced services at weekends and bank holidays). The new Urgent Care Centre delivered at Stage 2 of this proposal would be co-located in a new dedicated space alongside the Emergency Department, with opening hours of 8am-8pm.
- Both stages of the proposed new model of care would allow for the role of the Emergency Nurse Practitioner to be optimised, enabling them to treat a greater range of patients which would significantly help with resourcing issues and also enable more patients to be seen by Emergency Nurse Practitioners who are highly qualified specialist nurses. Emergency Nurse Practitioners work autonomously, within an agreed scope, treating patients with some minor injuries and illnesses. Emergency Nurse Practitioners are continually expanding their role and capability supported by ongoing education programmes and medical support. The scope and role of the Emergency Nurse Practitioner can further be developed when working alongside medical support.
- This proposal would allow access to a wider range of diagnostics and clinical specialty care, further supporting the expansion of the existing Emergency Nurse Practitioner role. In addition, staff nurses working in an enhanced Minor Injuries service and Urgent Care Centre environment would be exposed to the Emergency Nurse Practitioner role and have opportunities to work alongside these teams creating opportunities for interest in this specialist career pathway.

A formal public consultation was held over a period of 12 weeks between 8 February and 3 May 2023 to seek public views on this proposed future model of urgent and emergency care services within the Ards and North Down area.

This report provides a summary of the feedback received during the consultation period and the Trust's response to this feedback and should be read in conjunction with the associated consultation document available at www.setrust.hscni.net or by contacting the Trust on 028 90 550434 or at consultation@setrust.hscni.net.

Acknowledgement

The Trust wishes to extend its thanks and appreciation to all those individuals, elected representatives, groups and organisations who responded to the consultation process. The Trust also wishes to thank all individuals and organisations who took the time to attend the public engagement events and/or to meet with or contact the Trust to express their views.

THE CONSULTATION PROCESS

The Future Provision of Urgent & Emergency Care in Ards & North Down Consultation Breakdown

**8 February -
3 May 2023** 
Consultation Period

460 
Regional
Organisations and
Representative Groups
were informed

642 
Local Group and
Organisations were
informed

3 
Public
Engagement Events –
121 attendees

388 
Responses
Received

1 
Public Petition
19,033 signatories

The Consultation Process

The public consultation on ‘The Future Provision of Urgent and Emergency Care Services – Ards and North Down area’ was an opportunity for interested parties and members of the public to comment on the proposed option being considered and to share experiences, knowledge or suggestions that would help to inform decision-making.

In an attempt to ensure that the consultation document was easy to understand, an Easy Read format was provided. The Trust also included an Equality Impact Assessment and Rural Needs Impact Assessment, which examined how the proposed option may have an impact on equality groups and those who live rurally.

The consultation document outlined a range of possible options for the delivery of the future vision for urgent and emergency care in the Ards and North Down area and the key factors

which each of the options were considered against. The consultation document outlined why other options were discounted.

We used several different methods of engagement, detailed below, to encourage interested groups and individuals to provide feedback.

Meetings with Staff

We recognise the importance of involving our staff in any changes to services. We have met with staff and Trade Unions over the last months and have established processes to make sure that staff can raise any issues or queries in relation to the consultation or the proposed changes. A meeting with staff was held on 24 January 2023 to discuss service challenges and plans to address these through the launch of a public consultation. Additional meetings with staff also took place on 3 February 2023 and during the consultation period on 24 February and 19 April 2023. Trade Unions were invited to and attended these sessions.

Requesting Responses from individuals and representative organisations

To raise awareness of the consultation process, we publicised information about the consultation through our local and regional consultation lists, made up of 642 local groups and organisations and 460 organisations and representative groups. We sent local Members of Parliament (MPs), Members of the Legislative Assembly (MLAs), Councils, political parties and General Practitioners (GPs) information about the consultation. The consultation was posted on the home page of the Trust's website, Trust social media and internally on the Trust's intranet.

The consultation was promoted through local media via press releases and two newspaper advertisements in both the County Down Spectator and Newtownards Chronicle newspapers on 23 February 2023.

As well as consultation documents being available on the Trust's website, they were also available in hard copy or in different formats upon request.

An online pro forma, hosted on 'Citizen Space' was available to complete. The Trust is mindful that to engage through Citizen Space individuals need to have access to a suitable device, broadband, and knowledge to complete an online pro forma. We have therefore accepted

responses in other formats including hard copies of written responses, sent in by post, or email and we welcomed responses provided over the telephone.

Public Engagement Events

The Trust held three public engagement events throughout the consultation period. One of these was held in person on 6 March 2023 (19.00 – 21.00) in Ards Blair Mayne Leisure and Wellbeing Complex, Newtownards. Mindful that online engagement also has the power to reach new audiences, two online listening events were held on 30 March 2023 (19:00 – 21:00) and 4 April 2023 (13.30-15.30). The online listening events were organised in partnership with the Patient and Client Council (PCC).

121 members of the public attended the public engagement events.

All of the public engagement events followed the same format and gave the public an opportunity to learn more about why change is needed and the factors that need to be taken into account when considering the future provision of services.

The events also gave the public an opportunity to take part in discussions with the Trust, including senior clinicians, and to give their feedback. The events were hosted by independent facilitators to ensure transparency and encourage open discussions.

The events were promoted in local newspapers (County Down Spectator and Newtownards Chronicle), on the Trust's website and social media and through the Patient and Client Council.

Feedback received at public engagement events has been included in this report and considered by key decision makers. The Trust would like to thank everyone who attended these events.

Individual meetings

The Trust hosted a virtual all-party meeting with local elected representatives on 16 February 2023 to discuss the consultation, the proposed option and to listen and respond to the concerns, queries and feedback of local elected representatives.

The Trust also attended and participated in a number of additional requested meetings during the consultation process – details are provided overleaf. This provided the opportunity for the Trust to talk about its proposal and gather feedback.

2 February 2023	South Eastern Local Commissioning Group
15 March 2023	Ards and North Down Borough Council – Strategic Community Planning Partnership
29 March 2023	Ards and North Down Borough Council – Full Council Meeting
3 April 2023	Ards and North Down Borough Council – Cross Party Working Group on Health and Social Care

In addition, the Trust engaged in discussions with a number of organisations in relation to the consultation including:

- Trade Unions
- Department of Health
- Public Health Agency
- Patient and Client Council.

Feedback received

This consultation process has provided us with feedback on the broad range of views that exist on the future provision of urgent and emergency care services in the Ards and North Down area. The consultation gave the opportunity for interested parties to comment on the proposed option – telling us what aspects are of most importance to them, letting us know if they have concerns or what the benefits might be.

It is important to note that the feedback received should not be taken to represent the views of the population as a whole.

Consultees have contributed their valuable time to respond to our consultation process. The Trust held a consultation feedback session on 20 June 2023 to make sure that key decision makers could consider the feedback in full.

All feedback received during the public consultation, including from public engagement events with stakeholders and engagement with staff is also included within this report.

PROMOTING EQUALITY, GOOD RELATIONS AND RURAL NEEDS

The Trust is committed to promoting equality, good relations, human rights and rural needs. As part of the consultation, we carried out an Equality, Good Relations and Human Rights Screening and Rural Needs Impact Assessment, both of which were made available on the Trust's website (<https://setrust.hscni.net/getinvolved/consultations/>). Feedback was sought from the public on our Equality and Rural Needs screenings as part of the consultation process.

SUMMARY OF FEEDBACK

There were 388 responses to the public consultation, 353 of which were submitted via online questionnaire and 34 via email (see list of respondents in Appendix 2) one response was received via letter.

Some of the questions in the online survey required respondents to choose from a fixed set of options. For the questions which also invited a free-text response and for feedback received during engagement events, we used a qualitative analysis approach to identify, analyse and interpret patterns of meaning ('or themes').

Consultees were asked if they agreed with the reasons and the need for change outlined in the document. 62 said yes, 287 said no and 4 said neither yes or no.

Consultees were asked if they agreed the proposal would enable the future provision of safe and sustainable urgent and emergency care services. 54 said yes, 293 said no and 6 said neither yes or no.

A public petition was presented to the Trust with 19,033 signatories. The petition presented to the Trust in two formats, with two separate narratives as follows:

"STOP THE CLOSURE OF ARDS & BANGOR MINOR INJURIES SERVICES

The proposal is to consolidate this service to the ULSTER HOSPITAL SITE this summer
THIS WILL IMPACT YOU!

- Traffic Congestion
- Queuing for inadequate parking spaces
- Increased waiting times
- Ulster Hospital already over-stretched
- Infrastructure currently unsuitable

HAVE YOUR VOICE HEARD!”

The additional narrative below outlined was also included with the petition documents presented:

“We the undersigned object to the proposal by the SE Trust to close the Bangor and Newtownards Minor Injury Units. We call on the SE Trust to immediately withdraw their consultation and proposals which are not patient focused or patient centered, and call on the SE Trust to re-open the Bangor Minor Injuries Unit and keep the existing Newtownards Minor Injury Unit open. Failure to do so will add further pressures to the already overstretched Ulster Hospital site with lack of proper Infrastructure in place, and GP services being affected across Ards and North Down, which will lead to further increased waiting times for patients and pressure on staff.”

The petition has been considered by key decision makers as part of this consultation.

Given the different forms of responses (questionnaires, narrative responses, engagement events, a petition etc.), we have categorised the feedback we have received into themes, as summarised in Figure 1. Comments received within each theme and Trust responses are discussed overleaf.



Figure 1: Summary of common themes from public consultation responses.

Increased travel time and impact on patient safety

Concern was expressed that increased journey times associated with travelling to the Ulster Hospital site could pose a patient safety risk in relation to potentially delaying treatment and reducing successful outcomes and recovery.

The need to travel increased distances to the Ulster Hospital site as a result of the changes was also mentioned in relation to those who do not have access to a car, the expense of travelling via taxi and the availability of public transport.

It was requested that the Trust should give more details on the mitigating measures or alternative policies which will be put in place to address these issues.

Trust response:

Through the phased development of an Urgent Care Centre, co-located but separate from the Emergency Department, the Trust believes that the proposal outlined within the consultation will address current matters of patient safety and delays for urgent and emergency care, improving outcomes and recovery for all, not just Minor Injuries. The key reasons for change are set out at pages 7 and 8 of this report. Having dedicated clinical spaces and staffing for patients requiring urgent and emergency care will help to reduce delays to treatment, particularly for those attending with higher risk conditions.

The Trust acknowledges that the proposal outlined within the consultation document would mean increased travel time for people who would attend standalone Minor Injuries Units and that those who currently do attend this service receive an excellent standard of care from a highly skilled team. The increased travel time is unfortunately unavoidable if the Trust is to address the safety and sustainability of urgent and emergency care services as outlined in the consultation document. The Trust is committed to monitoring any adverse impact. The nature of people who require treatment for minor injuries also means that the patient safety risk associated with additional travel time is not significant.

It is recognised though, that not all patients with minor injuries can be seen and treated at standalone Minor Injuries Units. The Minor Injuries Unit in Ards Community Hospital is open Monday-Friday from 9am – 5pm. It is limited in its scope of service due to there not being any doctors located on site, as well as a lack of access to enhanced diagnostics such as CT scanning or blood testing which are not available. This means there are strict criteria that excludes some people being able to be treated at the stand-alone Minor Injuries Unit in Ards Community Hospital. This is to ensure patient safety. For example, people with more complex injuries and very young children are required to attend an Emergency Department to access or complete their care. On average 21 patients per month who attend Ards Minor Injuries service are referred to the Ulster Hospital. This is primarily to access medical examination and appropriate investigations to deal with more complex minor injuries, such as ultra-sound or CT scanning or blood testing.

One example of this is patients attending with a dislocated shoulder joint or displaced fracture. Currently these patients receive part of their treatment in Ards Minor Injuries and

are required to travel to the Ulster Hospital Emergency Department for a joint reduction or fracture manipulation carried out by an Emergency Nurse Practitioner under medical supervision. In addition, currently children over the age of five with limited conditions can be seen by an Emergency Nurse Practitioner in a standalone Minor Injuries Unit and only people between the ages of 16 and 65 who have suffered a head injury and who are not presenting with any significant symptoms can be assessed and treated at a standalone Minor Injuries Unit.

The proposal, through the phased development of an enhanced minor injuries service and Urgent Care Centre on the Ulster Hospital site, would enable the clinical needs of all those requiring care to be seen on one acute hospital site, regardless of their condition. It would also mean patients with more complex care needs would not need to travel to an additional site to complete their care, ensuring a more seamless service for the patient while receiving treatment.

This proposal increases the clinical space available for urgent and emergency care for the Ards and North Down population. This will improve access and patient safety for those in the community who need urgent and emergency care.

The Hospital Travel Costs Scheme helps people on a low income or income-based benefits who may be entitled to reclaim travel expenses for hospital treatment. Eligible service users can avail of this scheme if the reason for their attendance is in relation to a pre-existing condition for which they are under the care of a consultant. The Trust will aim to communicate this to patients through literature and the Trust's website.

An Equality Impact Assessment (EQIA) was completed for this proposed service reform in line with the relevant law, section 75 of the Northern Ireland Act 1998. This says we must properly consider the need to promote equality of opportunity between:

- people of different religious belief, political opinion, racial group, age, marital status or sexual orientation
- men and women generally
- people with a disability and people without one, and
- people with dependents and people without dependents.

The Trust will continue to make sure that the needs of each service user are fully assessed and that any special requirements are identified and will be taken fully into account when meeting their future needs.

The Trust recognises that the relocation of minor injuries services from Ards and Bangor to the Ulster Hospital would mean that some of our populations would have to travel further to access the service. This may present difficulties for people with reduced mobility. The Trust is committed to monitoring for any adverse impact. The Trust is currently exploring the implementation of the AccessAble mobile application (App) which allows patients to research and plan their visit to the Hospital.

In keeping with the Equality Commission's guidance, the Trust will put in place a process to monitor the impact of this proposed future provision of services on the relevant groups.

If, as a result of this monitoring, the Trust finds that the impact of this proposal results in a greater adverse impact than predicted, or if the opportunities arise which would allow for greater equality of opportunity to be promoted, the Trust will make sure that measures are taken to achieve better outcomes for the equality groups.

Staffing

Concern was raised that the existing service in Newtownards already depends heavily on bank staff, and as a result respondents required further information from the Trust in relation to how it intends to staff the proposed new Urgent Care Centre at the Ulster Hospital with sufficient Consultant and medical staff alongside the nursing staff and wider staff team that will be required.

Many respondents were concerned about the impact these changes would have in relation to staffing pressures across our hospitals and within Primary Care / Community services.

With regards to redeployment of staff, queries were raised whether the 'bank' staff currently working in the Minor Injuries Unit in Newtownards would be sought to work within a relocated service at the Ulster Hospital.

Some staff raised concerns about the availability of staff car parking at the Ulster Hospital site.

Trust response:

It is proposed that current staff from within the existing workforce would work in the proposed enhanced minor injuries service and Urgent Care Centre. Through integration of staff, including a range of multi-disciplinary teams, the Trust is confident that a robust staffing model would be in place. The Trust has also been working with the Department of Health and has secured additional funding to support the Ulster Hospital's new Emergency Department, which would in turn support a more improved, expanded service and a co-located Urgent Care Centre as outlined in Stage 2 of this proposal.

The Trust recognises and appreciates the extreme challenges that our staff face on a daily basis as they work to provide the highest possible quality of care to patients. The Trust believes that proposals would not increase pressure on staff teams working in our hospitals or community settings. As proposals would increase clinical space and capacity, this would have a positive impact in relation to reducing clinical risk, Emergency Department overcrowding and improving ambulance turnaround times at the Emergency Department.

A co-located Urgent Care Centre, with access to advanced diagnostics, supported by a broad range of medical and nursing staff alongside a multi-disciplinary team also allows for a more optimised working environment, with staff supported to see and treat more patients, ensuring they have access to the care they need, at the time they need it and in the right place in order to achieve the best possible outcomes.

The wellbeing of our staff is of utmost importance and the Trust is continually working to implement our 'People Plan'. Our People Plan is a plan for everyone who works here. It sets out our commitment to each other and how we can work together to continue to deliver the best possible experience and outcomes for our patients, clients and carers.

At individual, directorate and trust-wide level, our People Plan supports us to be our best, provides opportunity for recovery and renewal and enables us to feel connected, valued and

respected, making the South Eastern Trust 'A great place to work.' Further details of the People Plan can be found by clicking [here](#).

Staff currently registered on the Trust's corporate 'bank' are not assigned to specific locations of work and shifts are advertised on a Trust-wide basis. This could include a relocated service at the Ulster Hospital.

The Trust is committed to considering staff parking as part of any management of change process.

In the event of staff redeployment, the Trust will put robust mitigating measures in place, adopting the principles of the Trust's Management of Change Human Resource Framework. Staff's individual and specific circumstances will be considered and, where adverse impact is identified, the Trust will take steps to mitigate its effects. The Trust has identified the following additional mitigation for the proposed option:

- The Trust's Management of Change Human Resource Framework provides a robust and transparent process for decisions relating to affected staff.
- Staff's individual and specific circumstances will be considered.
- There is the opportunity for the Emergency Nurse Practitioner role and responsibilities to be expanded due to medical cover on site.

Ulster Hospital Emergency Department Capacity

Some respondents noted that the development of an Urgent Care Centre at the Ulster Hospital site will enable easy re-direction of cases which are not emergencies away from the Emergency Department, thus reducing pressure. However, others felt that diverting patients to the Ulster Hospital site will have a detrimental impact on patients and a knock on effect on the delivery of services at the Ulster Hospital.

A number of queries were raised in relation to how the Trust would deal with the increasing number of patients required to attend the Ulster Hospital site, particularly with people who walk-

in during peak times. Further to this, some respondents queried how overcrowding will be mitigated to avoid the risk of infection exposure.

As well as the Ulster Hospital Emergency Department, some respondents highlighted the potential additional burden these proposals might have on the Northern Ireland Ambulance Service (NIAS).

Trust response:

The Ulster Hospital Emergency Department is the busiest in the region with significant demand on the service. Approximately 115,000 patients attended in the past year (2022-23). Around 25,000 patients (22%) require admission to hospital for further investigation and treatment whilst the majority of patients are able to be seen, treated and either discharged or referred to a suitable ambulatory or out-patient service.

Currently, Health and Social Care in Northern Ireland is facing significant pressures across the system. This often results in those patients who require their care to continue in an inpatient setting, waiting for longer than they should in the Emergency Department. This is the main cause of over-crowding. This reduces space to see patients in the Emergency Department and results in longer waits for patients who walk-in or arrive via ambulance.

Stage 1 of this proposal is the utilisation of a large section of the existing Emergency Department (which will be vacated later this year when the Emergency Department moves to the new Acute Services Block), as a new enhanced Minor Injuries Service, open from 8am - 6pm, seven days a week. This would be an amalgamation of the Minor Injuries service at Ards Community Hospital and the temporarily closed Minor Injuries service at Bangor Community Hospital, with the Minor Injury stream currently operating within the Ulster Hospital's Emergency Department footprint. This large clinical space would be staffed with specialist nurses, medical staff and Allied Health Professionals. This service would have access to advanced diagnostics (such as laboratories and enhanced imaging) on an acute hospital site as well as specialist input (such as plastic surgery and orthopaedics). The service would also have access to ambulatory hubs on site, which offer patients rapid access to specialist services for diagnosis or management of conditions as an alternative to hospital admission.

The model proposed in Stage 1 would be capable of assessing, investigating and treating those that currently attend the standalone Minor Injuries service in Ards and North Down as well as those that attend the Emergency Department. Around 20,000 patients who currently attend the Emergency Department in the Ulster Hospital every year would be seen in this new service. This will significantly reduce the demand on the Emergency Department staff and clinical spaces, allowing that resource to be focused on those that are acutely unwell.

In Stage 2, a new Urgent Care Centre with new physical infrastructure would be developed. This would be co-located, but separate to the Ulster Hospital Emergency Department. This service would be designed to share a common entry point with the Emergency Department and would enhance the service offered by a Minor Injury Unit further by safely assessing, investigating and treating patients with urgent care needs. This will further reduce demand on the Emergency Department by around 40,000 patients per annum, that is around 35% of current attendances. This will deliver a further reduction on the demand on Emergency Department staff and clinical spaces allowing that resource to be focused on those that are acutely unwell, often with conditions where timely care affects the outcome.

The Trust has considered the impact of this option in relation to the number of additional patients who would attend the Ulster Hospital under this proposal. Around 45 patients per day are currently seen in the Ards Minor Injury Unit between 9am and 5pm Monday to Friday. The Trust anticipates that this proposal would have minimal impact with around 5 patients per hour attending with Minor Injuries at the Ulster Hospital. Patients would be attending a new service with dedicated space and adequate staffing, as well as increased hours of opening across 7 days of the week. The Trust believes that this would be a safe and sustainable service and that the dedicated clinical space and staffing model in these proposals would reduce crowding and infection risk.

In 2022, the Northern Ireland Ambulance Service (NIAS) brought one person to the Ards Minor Injuries Unit. The Trust does not believe the proposal would cause additional burden on NIAS. NIAS will continue to clinically prioritise all calls received on the basis of clinical need. The Trust believes that reducing demand on the clinical spaces at the Ulster Hospital's Emergency Department through the development of an enhanced minor injuries service in Stage 1 or co-located Urgent Care Centre in stage 2 will have a positive impact on ambulance

turnaround times and importantly, timely care for those acutely unwell. This would improve subsequent response times for those in the community who need them.

Impact on Primary Care Services

Concern was raised in relation to difficulties experienced accessing GP services across the Trust area. It was raised that a large proportion of patients located outside the vicinity of the Ulster Hospital may contact their local GP practice in the hope of accessing more appropriately located care – this would result in further strain on local GP practices.

Respondents felt that a properly funded and adequately staffed Minor Injuries Unit in Newtownards would reduce impact on under-pressure GP practices in the town. Further information about the proposal of “wellbeing centres” in Bangor and Newtownards to maintain primary care services would be welcomed.

Trust response:

Minor injuries and complex minor injuries are not treated by GPs and are currently seen in one consolidated stand-alone Minor Injuries Unit which is nurse-led in Ards Community Hospital and the Minor Injuries service at the Ulster Hospital.

The Trust recognises that primary care services are experiencing sustained pressure. The Trust would continue to work with primary care colleagues and the public to ensure that clear communication was provided in relation to accessing care for the treatment of minor injuries to mitigate against any potential impact on primary care services.

Plans to develop a new Primary and Community Care Centre in the Ards and North Down area are included in the regional Primary Care Infrastructure Development Strategic Implementation Plan. This project has also been identified as a key priority in the Trust’s Capital Plan which has been submitted to the Department of Health.

The Trust awaits the outcome of the Department of Health’s Regional 10-year Capital Plan, which will identify when funding may be available to enable this project to commence. In advance of this, a Business Case will be developed by the Trust, which will require approval

by the Department of Health. Following approval, the Trust can then progress to procure and appoint a design team for the project.

The Trust continues to work with the Department of Health to progress new primary and community care infrastructure for the Ards and North Down population.

Impact on people with disabilities, living in rural areas and on low incomes

Concern was also raised about the impact on people living in rural areas (particular references made to the Ards Peninsula), including elderly and vulnerable residents, and their ability to access the Ulster Hospital site which is further from their homes. Concern was raised that this would include those who would may have to use complicated public transport routes to get to the Ulster Hospital site.

It was highlighted that the proposals may also have an adverse impact on people with disabilities who will have to travel further as well as the availability of suitable, safe transport.

The impact of the changes on people on low incomes was highlighted in terms of affordability of transport to the Ulster Hospital site which is further away from their homes. The cost of car parking was also raised as a barrier for patients required to attend the site.

Trust response:

The Trust is committed to understanding the impact the option is likely to have on people in rural areas. In line with this, the Trust has completed an Equality Impact Assessment and Rural Needs Impact Assessment in relation to the proposed options for the future provision of urgent and emergency care in the Ards and North Down area. A copy of the Rural Needs Impact Assessment can be found on the Trust's website at:

<https://setrust.hscni.net/getinvolved/consultations/>.

An assessment of sample data indicates that approximately 11% of attendances to the Ards Minor Injuries Unit are from the Ards Peninsula postcode (based on attendances from January – December 2022).

An assessment of sample data indicates that the majority of patients attending Ards Minor Injuries Unit are under the age of 55. Approximately 8% of weekly attendances to Ards Minor Injuries Unit are aged 75-84 and 2% of attendances were aged over 85 (based on average weekly attendances from January – December 2022).

The Trust acknowledges that the proposed option, which would see the relocation of minor injuries services from Ards and from Bangor Community Hospitals to the Ulster Hospital, will mean that some of our population will have to travel further to access the service. This may present difficulties for people with reduced mobility. This is unfortunately unavoidable if the Trust is to address the safety and sustainability of urgent and emergency care services as outlined in the consultation document. The Trust is committed to monitoring for any adverse impact.

The Trust is currently exploring the implementation of the AccessAble mobile application (App) which offers patients assistance with their visit to the Hospital.

The Hospital Travel Costs Scheme helps people on a low income or income-based benefits who may be entitled to reclaim travel expenses for hospital treatment. Eligible service users can avail of this scheme if the reason for their attendance is in relation to a pre-existing condition for which they are under the care of a consultant. The Trust will aim to communicate this to patients through literature and the Trust's website.

In relation to the cost of car parking, from May 2024, under the Hospital Car Parking Charges Act (2022), car parking charges will not be imposed for people attending or visiting a hospital site in Northern Ireland in a relevant capacity. This includes for example, patients receiving care or treatment or people visiting someone in receipt of hospital care. The Trust is working alongside the Department of Health in relation to the implementation and ongoing management requirements of this Act.

Car Parking/Access

It was highlighted that availability of car parking facilities at the Ulster Hospital has been a concern for a long time and that the current proposal would only exacerbate the problem for service users. It was pointed out that the practical infrastructure issues including parking facilities for both staff and patients should be addressed as a priority when relocating the service.

Queries were raised as to what “consideration is being given to the provision of additional car parking spaces” means, and also the practicality of creating further multi-storey provision and the timeframe for such a development.

Some responses stated that the bus stop outside the Ulster Hospital site is not suitable for wheelchair users and people with limited mobility due to the gradient of the hill.

Trust response:

The Trust is continuing to look at the development of the Ulster Hospital site through master-planning and the Trust’s Travel Plan. This includes consideration of access to the site, vehicle flow and the provision of car parking spaces including potential expansion of multi-storey parking provision. 140 additional spaces have been provided at the new Emergency Department at the Acute Services Block. These spaces will be available for patients and relatives and will be launched in Summer 2023.

The Trust is aware that the relocation of minor injuries services from Ards and Bangor Community Hospitals to the Ulster Hospital would mean that some of our populations would have to travel further to access the service. This may present difficulties for people with reduced mobility.

The Trust currently supports the ‘Shopmobility Belfast’ scheme, which provides free assistance with access to the Ulster Hospital site for people with disabilities, including those arriving by bus. Further detail can be found by visiting www.shopmobilitybelfast.co.uk

The Trust actively participates in a multi-agency travel forum and remains committed to working closely with Translink and other agencies to consider available public and community transport options to support those who have to use these methods of transport to access services. The Trust is committed to monitoring for any adverse impact.

Consultation process

There was concern that the consultation exercise was a 'tick box exercise' and a 'foregone conclusion.' Some respondents expressed concern that the consultation process was not genuine.

Criticism was received in relation to the Trust's consultation documentation, including the volume and complexity of documents and narrative of the consultation's questionnaire. It was raised that the documentation shared as part of this consultation process was not clear or accessible and that the online survey was not accessible for many people.

Queries were raised whether enough consultation was done with staff throughout the process, and if so, how was this carried out.

It was raised that the consultation paper should make greater reference to the reviews conducted by Professor Bengoa, as well as 'No More Silos' to highlight how the proposal fulfils the direction of travel recommended by these documents.

It was raised that a statement within the regional Review of Urgent and Emergency Care that the development of Urgent Care Centres should not replace existing minor injuries units.

Some respondents felt that further distinction was needed in the difference between emergency care and urgent care, and felt that this caused confusion among the public.

Criticism was received that the consultation document stated that Ards Minor Injuries Unit is closed on bank holidays, which is inaccurate.

More information was required in the consultation documentation around the success of the Urgent Care Centres in Downpatrick and Lisburn, particularly if there has been any learning from their early period of operation.

Clarity has been requested on how these proposals will benefit the service users, as some respondents felt it wasn't particularly obvious in the consultation documentation.

Trust response:

The Trust would like to emphasise that this consultation was launched to listen to the public and ensure they have a say on how we provide future urgent and emergency care services in the Ards and North Down area. The purpose of this consultation has been to establish a dialogue, based on a genuine exchange of views. Consultation is an opportunity for the public and stakeholders to give feedback on proposals and to be conscientiously taken into account by decision makers alongside all other evidence. The feedback received often reflects widely varied views, and it is important to report these concerns and alternative views robustly, in order for decision makers to be able to take into account the issues raised.

The Trust understands that public consultation processes which include proposed changes to public services can be complex. The nature of information which is required to outline proposals and the need for change, and ensure that 'due process' is considered, such as completing Equality Impact Assessments and Rural Needs Impact Assessments are a statutory requirement.

In accordance with its statutory commitments as outlined in its Equality Scheme, the Trust offered to produce the information in alternative formats. The Trust considered the accessibility and format of each method of consultation to remove barriers to the consultation process. Paper copies were available on request and a number were provided to consultees.

The Trust developed and provided an EasyRead version of the consultation document in an attempt to increase accessibility for stakeholders and consultees.

The survey was one way in which the public could provide feedback. As advertised on the Trust's website and in local media, Consultees were encouraged to use a range of methods to share their comments with us including public meetings in person and online. Consultee

groups were also offered the opportunity to have a meeting with the Trust upon request. Postal address, email, telephone and text phone options were also included.

A dedicated telephone line was also implemented to receive feedback, answer queries and provide assistance with either accessing consultation literature or completing the consultation questionnaire.

We recognise the importance of involving our staff in any changes to services. We have met with staff and Trade Unions over the last months and have established processes to make sure that staff can raise any issues or queries in relation to the consultation or the proposed changes. A meeting with staff was held on 24 January 2023 to discuss service challenges and plans to launch a public consultation. Additional meetings with staff also took place on 3 February 2023 and during the consultation period on 24 February and 19 April 2023. Trade Unions were invited to and attended these sessions.

In November 2015, the then Minister for Health, announced he would appoint an expert, clinically led panel to consider and lead an informed debate on the best configuration of Health and Social Care services in Northern Ireland. An Expert Panel chaired by Professor Rafael Bengoa was appointed in January 2016 to debate a sustainable way forward for the future provision of health and social care in Northern Ireland. The Expert Panel delivered their Report “System, Not Structures: Changing Health and Social Care” in October 2016 laying the foundation for the 10-year approach to transforming health and social care outlined in “Health and Wellbeing 2026: Delivering Together”.

The Trust believes this proposal is in line with the direction of travel and recommendations outlined by the Bengoa report, including the need for transformation, rationalisation and stabilisation.

In particular, the Bengoa report states that if the model proposed is to be successfully implemented, then it is inevitable that the way services are currently provided will need to change. The evidence outlined in the report shows the clear impact of inaction. The report states that “The choice is not whether to keep services as they are or change to a new model. Put bluntly, there is no meaningful choice to make. The alternatives are either planned

change or change prompted by crisis.” The Trust is committed to making changes in a planned way to address challenges, sustainability of services and avoid service collapse.

The Bengoa report highlights a number of benefits in focusing resources on specialist sites, including:

- Patients are seen in the right place and by the right person as soon as possible. Evidence shows that having all the services available on the same site improves the care delivered to the patient and the clinical outcomes
- Staff have the necessary support and equipment to allow them to deliver the highest quality care to patients
- It is possible to attract and recruit sufficient staff to deliver a safe, high quality, 24/7 service
- The services are more stable and there is a better environment for patients and staff
- There are the right conditions for professional development, quality improvement, leadership, teaching and other activities that are essential to a vibrant workforce expert in delivering care to acutely unwell patients.

The proposal supports the ‘No More Silos’ Action Plan including 10 actions to ensure that urgent and emergency care services could be improved across primary and secondary care. The proposal is also in line with the strategic priorities outlined by the Department of Health in the Review of Urgent and Emergency Care Services Consultation Outcome Report 2022.

The Trust acknowledges the statement within the regional Review of Urgent and Emergency Care that the development of Urgent Care Centres should not replace existing minor injuries units, though also recognises that the ‘No More Silos’ Framework is focused on increasing capacity for urgent care services. The Trust believes that this proposal outlines the only viable, deliverable way to provide the clinical capacity required to provide urgent and emergency care for the patients within the South Eastern Trust area.

The Trust would like to re-emphasise, that the proposals outlined within the consultation are to address challenges across both emergency care and urgent care. The Trust is continuing to work on wider communications to the public in relation to the distinction between urgent and emergency care and a communications plan would be developed for any implementation

of changes to services as a result of consultation. The Trust understands that there can be confusion between urgent and emergency care as many conditions can overlap. The hallmark of the Trust's proposed Urgent Care Centre would be a common entrance to access both urgent and emergency care, where staff would navigate patients to the most appropriate area for their care.

The Trust would like to recognise and correct the inaccuracy regarding the opening of Ards Minor Injuries Unit on bank holidays and wishes to clarify that the service is currently open on bank holidays. However, the service provided at the Minor Injuries Unit on bank holidays can be at a reduced capacity, due to difficulties with provision of radiology cover. The Trust continues to maximise all options for bank holiday cover, though the stability of staffing bank holiday rotas remains challenging.

Both Downe and Lagan Valley Urgent Care Centres are unique in their offering. They run a 'Phone First' model, answered mostly by senior clinicians, which ensures that the right patient goes to the right place first time, with the knowledge that all services are not available on those hospital sites and some conditions, for example stroke, get better outcomes in specialist centres. The Trust is continuing to work regionally with the Department of Health on the implementation of the 'Phone First' model.

The Trust regularly monitors patient experience and satisfaction of those using the Urgent Care Centres in both Downe and Lagan Valley Hospitals, with both Urgent Care Centres receiving an overall satisfaction rate of over 95%. Positive feedback has been received in relation to a number of areas including communication, quality of care and speed of service. For example, 97% of service users surveyed who used the Urgent Care Centre at Lagan Valley Hospital reported they were satisfied with the speed of service and a short wait with a more 'manageable visit' than attending an Emergency Department.

Key learning for the Trust has been that in order to deliver timely, high quality care with high staff and patient satisfaction it is essential to ensure that data is consistently analysed to maximise the efficiency and the benefit to patients. In addition, the Trust has recognised that effective communication of the service is key to public understanding and that involving stakeholders is vitally important.

Benefits of this proposal

The Trust believes that this proposal, as outlined within the consultation document, will have significant benefits to all patients in need of urgent and emergency care, including minor injuries. Key benefits to this proposal are as follows:

- The proposal would provide access to a more comprehensive service in a safe and sustainable way
- Increased access to the service would be provided with proposed longer opening hours
- All patient care needs could be met on one hospital site and patients with more complex care needs would not need to travel to an additional hospital site to complete their care
- The proposed enhanced service would be staffed by highly-skilled professional staff from a Multi-Disciplinary Team, with access to a wider range of diagnostics and specialty care
- Dedicated clinical spaces with adequate staffing will significantly reduce demand on the Emergency Department, allowing resources to be focused on those that are acutely unwell. Dedicated spaces to focus on these patients will ensure timely, high quality care for all who attend. The Trust believes that this would be a safe and sustainable service and that the dedicated clinical space and staffing model in these proposals would reduce crowding.
- A co-located, enhanced service, with access to advanced diagnostics, supported by a broad range of medical and nursing staff, alongside a Multi-Disciplinary team allows for a more optimised working environment, with staff supported to see and treat more patients, ensuring they have access to the care they need, at the time they need it and in the right place in order to achieve the best possible outcomes.

Further detail on why change is needed and the key reasons supporting this proposal are outlined on pages 10 and 11 of this report.

Funding

Some respondents commented that an Urgent Care Centre would not be operational until funding becomes available, and would like further confirmation that these changes to provision will be fully executed to provide enhanced urgent treatment, rather than depending on conditionality. Linked to this, some of the responses indicated that more funding is required to sufficiently take forward these proposals.

Clarification has been sought from the Trust in relation to the level of investment required for Stage 2 of the proposal, particularly the capital investment required to develop the Urgent Care Centre, and the ongoing recurrent resources which would be required to operate the Urgent Care Centre. Some respondents queried the Trust's ability to build the Urgent Care Centre before closing the Minor Injury Unit in Newtownards.

A few of the responses received indicated that these proposals are focussed on saving money and not on improving outcomes for patients.

Trust response:

The Trust recognises that proposals would take time and investment to fully implement. Therefore, as part of this consultation, the Trust is proposing a phased implementation for this model which would initially provide an enhanced Minor Injuries service operating from the existing Emergency Department facility at the Ulster Hospital, which will be vacated later this year when the Type-1 Emergency Department relocates to the new Acute Services Block on site. The Trust has assessed that this stage of the proposal would be cost neutral and would not require additional funding.

The Trust would plan to open a new Urgent Care Centre at the Ulster Hospital in 2025. The Trust anticipates that this would require capital funding of approximately £4 million. This would be funded through the Trust's allocated capital budgets. The Trust believes that in order to improve the safety and sustainability of our urgent and emergency care services, it must progress with plans to address the significant challenges outlined as soon as possible.

The report from the public consultation on the regional Review of Urgent and Emergency Care Services in Northern Ireland concluded that a high-level, multi-year implementation and funding plan will be developed to progress the establishment of Urgent Care Centres and rapid assessment services across all Trusts. The Trust is continuing to work closely with the Department of Health and has secured funding in relation to urgent and emergency care through the regional 'No More Silos' programme. The Trust does not foresee any additional revenue requirements to proceed to implementation of the proposed Urgent Care Centre.

The Trust would like to emphasise that proposed changes are not about saving money as the Trust does not anticipate that any financial savings would be generated in either stage of implementation. Providing a safe, sustainable and appropriate urgent and emergency care service is the Trust's priority. We want to ensure that patients have access to the care they need, at the time they need it and in the right place, in order to achieve the best possible outcomes.

Equality Impact Assessment (EQIA)

It was noted that the EQIA stated that the proposed option may have a potential minor impact on service users.

The principal concern expressed by consultees was around additional travel distance and time to the proposed new location at the Ulster Hospital. This was highlighted especially for older service users or those who may have may have a disability.

Concern was raised about the potential negative impacts mainly because of increased travel distances and journey time, complexity and cost. This was highlighted for those with a disability, those with young children, those who may not be able to afford additional public transport or a taxi.

It was noted that many service users do not have access to a private vehicle and that public transport was either unavailable or unsuitable.

Trust response:

An Equality Impact Assessment (EQIA) was completed for this proposed service reform in line with the relevant law, section 75 of the Northern Ireland Act 1998.

This says we must properly consider the need to promote equality of opportunity between:

- people of different religious belief, political opinion, racial group, age, marital status or sexual orientation
- men and women generally
- people with a disability and people without one, and
- people with dependents and people without dependents.

In order to consider equality of opportunity it is important to utilise available datasets covering the Section 75 categories so that meaningful analysis can be completed and reflected upon.

In line with the Equality Commission for Northern Ireland Guide to the Statutory Duties and EQIA Guidelines, we drew data from a number of sources to help us prepare the EQIA.

In preparing the EQIA, we took into account data and research findings from a range of sources. Statistical information was available from Northern Ireland Statistics and Research Agency (NISRA) and the Census information from 2011, the most recent census for which detailed analysis is available.

An assessment of sample data indicates that the majority of patients attending Ards Minor Injuries Unit are under the age of 55. Approximately 8% of weekly attendances to Ards Minor Injuries Unit are aged 75-84 and 2% of attendances were aged over 85 (based on average weekly attendances from January – December 2022).

The Trust will continue to make sure that the needs of each service user are fully assessed and that any special requirements are identified and will be taken fully into account when meeting their future needs.

The Trust recognises that the relocation of minor injuries services from Ards and Bangor to the Ulster Hospital would mean that some of our population would have to travel further to access the service and that this may present difficulties for people with reduced mobility.

This is unfortunately unavoidable if the Trust is to address the safety and sustainability of urgent and emergency care services as outlined in the consultation document. The Trust is committed to monitoring for any adverse impact. The Trust is currently exploring the implementation of the AccessAble mobile application (App) which allows patients to research and plan their visit to the Hospital.

In keeping with the Equality Commission's guidance, the Trust will put in place a process to monitor the impact of the proposed future provision of services on the relevant groups.

If, as a result of this monitoring, the Trust finds that the impact of this proposal results in a greater adverse impact than predicted, or if the opportunities arise which would allow for greater equality of opportunity to be promoted, the Trust will make sure that measures are taken to achieve better outcomes for the equality groups.

Rural Needs Assessment

It was suggested that the healthcare needs of those living in rural areas of the Trust are best met by investing in community healthcare. This includes provision by GP surgeries, district nursing and other allied healthcare professionals, carers, care homes and enhanced care/acute care at home model. It was recognised that there needs to be more investment in community care, which is in keeping with the Bengoa Report, which has not yet been delivered.

It was suggested that the Trust continue to develop a close working relationship with Translink and consider available public and community transport options to support those who have to use these methods of transport to access services.

Trust response:

The Rural Needs Assessment notes that mitigating measures may be required to ensure that those in rural areas are not adversely affected with additional travel distances, times and costs.

It is the Trust's vision that in addition to the Urgent Care Centre, the proposed model for the population of Ards and North Down would include and be supported by existing urgent care

services across primary and secondary care including Rapid Access Assessment and Treatment Centres, Enhanced Care at Home (ECAH), GPs (including multi-disciplinary teams), GP Out of Hours service and community pharmacy. These services will continue to be reviewed in line with strategic direction for urgent and community care.

The Trust actively participates in a multi-agency travel forum and remains committed to working closely with Translink and other agencies to consider available public and community transport options to support those who have to use these methods of transport to access services.

NEXT STEPS

The feedback received during the consultation process as documented within this consultation report is subject to consideration by Trust Board. A decision will be considered at Trust Board on Wednesday 28 June 2023.

Any final decisions relating to proposed changes will be subject to Department of Health approval. If there is no Minister of Health in post at the time, the Permanent Secretary will take a view as to whether he can make a final decision on the proposed change in line with guidance published by the Secretary of State.

All those who participated in the consultation will receive a copy of the final consultation feedback report which includes a detailed response from the Trust.

The Trust is very grateful to all individuals and organisations who took the time to attend meetings and/or to respond to the consultation.

APPENDIX 1: Consultation Questionnaire

Consultation Questionnaire

The aim of this consultation is to obtain views from stakeholders. The Trust would be grateful if you could submit your feedback using the following questionnaire. The questionnaire is also available to complete online (<https://setrust.hscni.net/getinvolved/consultations/>), and in easy read and alternative formats (on request). The closing date for this consultation is 03 May 2023.

Please return your questionnaire using the contact details below. Alternatively, you may also wish to give feedback to the Trust via letter, email or telephone:

Strategic & Capital Development Department
South Eastern Health and Social Care Trust
Kelly House, Ulster Hospital
Dundonald
BT16 1RH

Tel: 028 9055 0434

Text phone: 028 9151 0137

Email: consultation@setrust.hscni.net

1. **What is your name? (If you wish to provide your name & email address, we can forward a receipt of your response)**

2. **What is your email address? (If you wish to provide your name & email address, we can forward a receipt of your response)**

3. **I am responding as:**

An individual

On behalf of an individual

On behalf of an organisation/group

Please insert name of organisation/group (if applicable) and position (optional)

4. The consultation document outlines the reasons why the Trust believes change is needed to address the challenges facing Urgent and Emergency Care Services in the Ards and North Down area.

Question: Do you agree with the reasons and the need for change outlined in the document?

Yes

No

Please provide any further comments below:

5. The consultation document outlines a proposal in relation to the future provision of Urgent and Emergency Care Services in the Ards and North Down area.

Question: Do you agree that the proposal would enable the future provision of safe and sustainable urgent and emergency services?

Yes

No

Please provide any further comments below:

Q6. The outcome of initial equality screening considerations is available on the Trust website at <https://setrust.hscni.net/getinvolved/consultations/>.

Question: Do you have any further views on the assessed impact of the proposal and any other potential impacts you feel we should consider?

Please provide any comments below:

Q7. The Trust's Rural Needs Assessment for this consultation is available on the Trust website at <https://setrust.hscni.net/getinvolved/consultations/>.

Question: Do you have any further views on the assessed impact of the proposal and any other potential impacts you feel we should consider?

Please provide any comments below:

Before you submit your response, please read the following section on Freedom of Information Act 2000 and the confidentiality of responses to public consultation exercises.

Trust Response and Freedom of Information Act (2000)

The South Eastern Health and Social Care Trust will publish an anonymised summary of the responses received to our consultation process. However, under the Freedom of Information Act (FOIA) 2000, particular responses may be disclosed on request, unless an exemption(s) under the legislation applies.

Under the FOIA anyone has the right to request access to information held by public authorities; the South Eastern Health and Social Care Trust is such a public body. Trust decisions in relation to the release of information that the Trust holds are governed by various pieces of legislation, and as such the Trust cannot automatically consider responses received as part of any consultation process as exempt. However, confidentiality issues will be carefully considered before any disclosures are made.

We welcome your views.

APPENDIX 2: WRITTEN RESPONSES TO THE CONSULTATION

Name:	Responded as:
Aaron Savage	Individual
Adele Galashan	Individual
Agnieszka Sakowska	Individual
Alan Chambers	MLA
Alan Chambers	MLA - on behalf of the Ulster Unionist Party
Alan Crowley	Individual
Alan McGimpsey	Individual
Alan Patterson	Individual
Alan Peek	Individual
Alan Phillips	Individual
Alan Preston	Individual
Alan Reid	Individual
Alex	Individual
Alex Easton	MLA
Alexander Easton	Individual
Alexandra martin	Individual
Alison Beatty	Individual
Alison Boyd	Individual
Alison Cudmore	Individual
Alison McCormick	Individual
Alison McQueen	Individual
Alison McWhinney	Individual
Alison Shortt	Individual
Alistair Cathcart	Local Councillor
Andrew McClean	Individual
Anna Savarese	Individual
Anne Johnston	Individual
Anne Matthews	Individual
Anne Paul	Individual
Anne Rea	Individual
Anne Russell	Individual
Anne Simpson	Individual
Annie Tully	Individual
Anthony Orr	Individual
Antony Sharp	Individual
Arlene Angus	Individual
Avril Henderson	Individual
Avril Marshall	Individual
B Crosbie	Individual

Barbara Cunningham	Individual
Barbara Morrow	Individual
Bernadette Black	Individual
Beverley Close	Individual
Bill Turner	Individual
Bob Granger	Individual
Bobby	Individual
Bonnie Hoffmann	Individual
Brian Beatty	Individual
Brian Gracey	Individual
C Doran	Individual
C McC	Individual
Carissa Wilgar	Individual
Carol McLernon	Individual
Carol Mitchell	Individual
Carol Topping	Individual
Carole Taylor	Individual
Caroline Mawhinney	Individual
Caroline Montgomery	Individual
Catherine Abbas	Individual
Catherine Brotherston	Individual
Catherine Smith	Individual
Charles Samuel Reid	Individual
Chloe	Individual
Chris Emmett	Individual
Chris Stringer	Individual
Christine Goodwin	Individual
Christine Lyttle	Individual
Ciara Catchpole	Individual
Claire McCullough	Individual
Claire Murnin	Individual
Claire Newell	Individual
Clive O'Neill	Individual
CM	Individual
Colin Dunn	Individual
Connie Hakin	Individual
Conor	Individual
Cynthia Boyle	Individual
Daryl	Individual
David	Individual
David Cherry	Individual
David Henning	Individual
David Howard	Individual
David Kelly	Individual
David Kernaghan	Individual

David McAllister	Individual
David McIlrath	Individual
Dawn Beck	Individual
Deborah	Individual
Deborah Hopkins	Individual
Deborah Nield	Individual
Denis Thurley	Individual
Denise Hill	Individual
Diana Hodgson	Individual
Donna Gordon	Individual
Dorothy Bond	Individual
Dr Edina Garrett	Individual
Dr Gareth Hiscocks	Individual
Dr Gwyneth Brow	Individual
Dympna Boal	Individual
Eileen Reid	Individual
Elaine Hamilton	Individual
Elaine Taylor	Individual
Elizabeth Noeline Hamilton	Individual
Elma Greer	Individual
Eloise Ervine	Individual
Emma Bell	Individual
Emma Mcmeekin	Individual
Emma Parsons	Individual
Estelle Reynolds	Individual
Fiona Barton	Individual
Fionnuala Wykes	Individual
Francis Jones	Individual
Frank Gordon	Individual
Gareth Burns	Individual
Gavin mclean	Individual
Gemma Russell	Individual
George Cather	Individual
George Hamilton	Individual
Gerry Mulholland	Individual
Gillian Gregg	Individual
Gillian Jordan	Individual
Gillian Kinnier	Individual
Gillian McGouran	Individual
Gillian Middlemiss	Individual
Gillian Wilson	Individual
Gina McNeill	Individual
Grace Atwell	Individual
Grace Kernaghan	Individual
Graeme Henderson	Individual

Graham White	Individual
Greg Murray	Individual
Hazel Gilliland	Individual
Heather Davidson	Individual
Heather Johnston	Individual
Heather McFarlane	Individual
Heather Ramsey	Individual
Heather Rowan	Individual
Heather Sleator	Independent Health & Care Providers
Helen Mary Phillips	Individual
Helen Nelson	Individual
Helen Todd	Individual
Henry McCracken	Individual
I Henderson	Individual
Ian Culbert	Individual
Ian Doherty	Individual
Ian Graham	Individual
Ian James Parsley	Alliance Party
Ian Parsley	Individual
Irene	Individual
Ivan Greenfield	Individual
Ivor James Abernethy	Individual
J F	Individual
Jacqueline Creighton	Individual
Jacqui Miller	Individual
James Hughes	Individual
James Leeman	Individual
James Robb	Individual
James Wallace	Individual
James Wellwood	Individual
Jane Atkinson	Individual
Janice MacArthur	Local Councillor
Janice Williams	Individual
Jannina Culpeper	Individual
Jennifer Gilmour	Individual
Jennifer Kernohan	Individual
Jennifer Moran	Individual
Jenny	Individual
Jenny Palmer	Individual
Jenny Wark	Individual
Jim Coffey	Individual
Jo Farrell	Individual
Joan Cochrane	Individual
Joan Gregg	Individual
Joan Wellwood	Individual

Joanne Bell	Individual
Johanna Logan	Individual
John Boal	Individual
John Campbell	Individual
John Chambers	Individual
John Clarke Johnston	Individual
John Patrick Clayton	UNISON Northern Ireland
John McBurney	Individual
John Meritt	Individual
John Neill	Individual
John Steele	Individual
Jonathan Kelly	Individual
Jonathan Marsh	Individual
Josephine Murray	Individual
Julie Bickerstaff	Individual
Julie Elliott	Individual
Julie Galloway	Individual
Julie Mccullough	Individual
Julie Wilson	Individual
Julieann Hartley	Individual
Julie-Ann Skinner	Individual
Julie-Ann Skinner	North Down YMCA - Harbour Renewal Project
June Hamilton	Individual
Karen Campbell	Individual
Karen Cousins	Individual
Karen Ferris	Individual
Karin McMahan	Individual
Kate	Individual
Kathy	Individual
Kathy Smith	Individual
Katie Graden	Individual
Kellie Armstrong	MLA
Kelvin McClean	Individual
Ken Griffin	Individual
Kerry Love	Individual
Kerry Lynn O'Neill	Individual
Kevin Church	Individual
Lauran Hamilton	Individual
Lauren Buchanan	Individual
Lauren Pyper	Individual
Leah	Individual
Leanne Brown	Individual
Lesley	Individual
Lesley Chan	Individual
Lesley Davidson	Individual

Linda Booth	Individual
Linda Wilson	Individual
Lisa	Individual
Lisa Close	Individual
Lisa Stevenson	Individual
Liz Adair	Individual
Lois Allister	Individual
Lorna Bennett	Individual
Lorna McAlpine	Individual
Louise McCartney	Individual
Lynda McMullin	Individual
Lynn Wiggill	Individual
Lynne Ashpitel	Individual
Lynne Gibb	Individual
Maija Carrigan	Member of NHS Staff
Malcolm Buck	Individual
Mandy Drake	Individual
Marc Foster	Individual
Margaret Elizabeth	Individual
Margaret Roberts	Individual
Maria Lourenco	Individual
Marie McGarvey	Individual
Marie-Theresa Davis-Hanson	Individual
Marion Camlin	Individual
Marion Palmer	Individual
Marion Wilson	Individual
Mark Ashe	Individual
Mark Atkinson	Individual
Mark Johnston	Individual
Mark Trimble	Individual
Matthew N	Individual
Maxine Jones	Individual
Michelle McCracken	Individual
Mike Kirkpatrick	Individual
Mike Neill	Individual
Minnie Daisy	Individual
Moira Atcheson	Individual
Mr Evans	Individual
Mr I Gill	Individual
Mr K P Handforth	Individual
Mr Tom Gamble	Individual
Ms Claire Mulvenna	Individual
Ms Ethel Gawley	Individual
Nadia Stewart	Individual
Nichola Barber	Individual

Nicola McCreedy	Individual
Nicola Simpson	Individual
Nigel Irwin	Individual
Norah O'Brien	Individual
Norman Haller	Individual
Norman Willis	Individual
Olive Patterson	Individual
Orla Thornton	Individual
Owen Ferguson	Individual
Pamela Bicker	Individual
Pamela Reed	Individual
Parker Judy	Individual
Pat Cuming	Individual
Patricia	Individual
Patricia Hanna	Individual
Patricia Jones	Individual
Patricia Kyle	Individual
Patricia Mackey	Individual
Patricia Neill	Individual
Patrick Brady	Individual
Patrick Heron	Individual
Paul Adamson	Individual
Paul Thompson	Individual
Paula Bradshaw	MLA - on behalf of the Alliance Party
Paula Laird	Individual
Peter	Individual
Phillip Ellis	Individual
Rab	Individual
Ray McKimm	Local Councillor
Rob Aiken	Individual
Rob Barclay	Individual
Robert Campbell	Individual
Robert Gamble	Individual
Roberta McCrum	Individual
Rod	Individual
Roger Denton	Individual
Roisin	Individual
Roisin McCaul	Individual
Ronnie Baird	Individual
Ronnie Matthews	Individual
Ros Nevin	Individual
Rosalind McMinn	Individual
Rosemary Thompson	Individual
Roy French	Individual
Ruth Ewing	Individual

Ruth Mulligan	Individual
Ruth Rennie	Individual
Ruth Walton	Individual
Ryan	Individual
Samuel Magill	Individual
Sarah	Member of Staff
Sarah McVeagh	Individual
Sarah Mount	Individual
Saz	Individual
Shane Rosser	Individual
Sharon Bolger	Individual
Shirley Davidson	Individual
Shirley Morrow	Individual
Simon Coey	Individual
Simon Cox	Individual
Sonia Martin	Individual
Sonya Dunn	Individual
Sonya Knightbridge	Individual
Sophie Pollock	Individual
Stephanie Blayney	Individual
Stephen Cash	Individual
Stephen Dunne	MLA
Stephen Grieve	Individual
Stephen Macartney	Individual
Stephen Martin McDermott	Individual
Stephen McDermott	Individual
Stephen McIlveen	Individual
Stephen Reid	Ards & North Down Borough Council
Steven Hunter	Individual
Susan Gartland	Individual
Susan Nelson	Individual
Susan Stevenson	Individual
Susie Harris	Individual
Suzanne Martin	Individual
Sylvia Anderson	Individual
Tanya Beatty	Individual
Tanya Harrison	Individual
Tanya Oram	Individual
Tasha	Individual
Terri McCullough	Individual
Thomas Norman Nash	Individual
Thomas Watterson	Individual
Tim Cobain	Individual
Tom Smith	Local Councillor
Tracey Cartwright	Individual

Tracey Wray	Individual
Tracy Sloan	Individual
Trevor Bower	Individual
Valerie	Individual
Valerie McKibbin	Individual
Vanessa McAdam	Individual
Veyonne	Individual
Vivienne Beck	Individual
Wayne Campbell	Individual
Wesley Irvine	Local Councillor
Whitney	Individual
William J Craig	Individual
Wilma McCahon	Individual
W.R. Sloan	Individual