

Rural Needs Screening Template

Section 1: Define activity subject to Section 1(1) of Rural Needs Act (NI) 2016

1A. Short title describing activity being undertaken that is subject to Section 1(1) of the Rural Needs Act (NI) 2016:

Temporary Changes to Urgent and Emergency Care Services at Lagan Valley Hospital, Lisburn

1B. Are you Developing, Adopting, Implementing or Revising a Policy a Strategy or a Plan? (Underline or Circle) Or are you delivering or designing a public service? (Underline or Circle) What is official title of this Policy, Strategy, Plan or Public service (if any)?

The Trust is implementing Temporary Changes to Urgent and Emergency Care Services at Lagan Valley Hospital

1C. Give details of the aims and/or objectives of the Policy, Strategy, Plan or Public Service:

From 18 October 2021, the Trust temporarily reduced the opening hours at LVH ED, in response to extreme workforce challenges. The Trust was no longer able to maintain the existing hours of operation across Urgent and Emergency Care Services in Lagan Valley Hospital due to insufficient medical staffing.

One of the most significant challenges facing the Trust in relation to LVH ED is a shortage of suitably trained medical staff equipped to act as senior decision makers to treat and care for patients who choose to attend the department. This workforce challenge is not unique to South Eastern Health and Social Care Trust (SEHSC), or Northern Ireland – it is a challenge echoed across Urgent and Emergency Care Service providers throughout the UK.

The Trust exhausted various options in an attempt to secure additional suitably trained doctors to cover shifts, but was unsuccessful.

The Trust's priority has always been, and continues to be, patient safety. In response to the challenges described above and in the interests of patient safety, the Trust took a decision to temporarily reduce the opening hours of LVH ED by two hours a day. From Monday 18 October 2021, the LVH ED has been open from 8am to 6pm, Monday – Friday. The fundamental reason for this temporary change was the lack of available suitably qualified middle grade doctors.

Temporary reduction in opening hours

The Trust's aim is to continue to provide a service in LVH ED from 8am – 8pm. However, this is not possible at present with the current staff we have available, despite continued attempts to secure additional cover through ongoing recruitment exercises and agency locum doctor requests. To provide a service that remains open until 8pm requires cover from two appropriately trained medical staff until at least 11pm. This is to enable the follow-up of patients waiting for blood results or waiting for transfer to another hospital site, for example.

Reducing the opening hours from 8am – 6pm reduces the cover required by two hours from 11pm to 9pm. This increases the likelihood of the Trust being able to cover these shifts. If the Trust was unable to fill the two shifts until 9pm it is expected, that on an ad hoc occasion, the more senior Consultant staff on the rota from 8am – 4pm will be able to provide additional support up to the new closing time of 6pm to ensure all patients are seen and are safely cared for.

The medical shifts ending at 11pm are the most difficult to recruit to and secure suitable agency locum doctors. Therefore, the Trust's dependency on agency locum doctors will significantly decrease as a result of temporarily reducing the opening hours.

Introducing a 'Phone First' model within an Urgent Care Centre

In response to the workforce challenges and to further reduce the Trust's dependency on the inconsistent level of cover provided by agency locum doctors in LVH ED, the Trust temporarily adopted the 'Phone First' system from October 2021. This system is being implemented across the region and is already operating successfully in two of the Trust's other hospitals - Downe and Ards Minor Injury Unit. Over 89% of patients who have used the 'Phone First' service in Downe and Ards would recommend it to family and friends. Medical staff who work in these units are reporting that being able to redirect those who require care to a place where they can receive their definitive care has been very beneficial in reducing patient waiting times, and increasing patient safety.

The 'Phone First' model is consistent with the strategic direction for Urgent and Emergency Care as set out in the Department of Health's No More Silos (NMS) proposal published in July 2020 and is expected to be outlined in the Urgent and Emergency Care Review, which is due for imminent publication by the Department of Health.

Importantly, this service has ensured patients that are assessed by a senior doctor over the phone; receive the right care, first time. Following a review of the attendances to the ED at LVH over the period January – July 2021, the Trust anticipates that 90% of those who call will be seen in LVH or given appropriate clinical advice over the telephone. For the remaining 10% (approximately 1330 patients) where it is not appropriate to attend LVH ED, they will be directed to their local Pharmacy, GP, GP out of hours service or to a more appropriate alternative hospital ED. This service will ensure the safety of our patients by reducing the number of patients who transfer to an alternative hospital for care, thereby reducing delays in patient care.

The Trust is also proposing to temporarily rename the department as an Urgent Care Centre (UCC). The Trust is making this proposal to better reflect the services delivered at present, and we want to be open and transparent with our patients regarding the service we are currently providing. We believe that this change facilitates patients in receiving their treatment in a suitable and safe environment based on their clinical need.

The Trust believes that by implementing these combined measures of reducing our opening hours and operating a 'Phone First' system within an Urgent Care Centre environment, that we will be able to safely and sustainably provide the best care and support to the local community

1D. What definition of 'rural' is the Trust using in respect of the Policy, Strategy, Plan or Public Service:

Population Settlements of less than 5,000

Section 2 - Understanding impact of Policy, Strategy, Plan or Public Service

2A. Is the Policy, Strategy, Plan or Public Service likely to impact on people in rural areas?

Yes No If response is NO Go To Section 2E.

Northern Ireland is a region that is composed of a range of settlement structures. These range from cities such as Belfast and Lisburn through too much smaller settlements of less than 5,000 people, the level that is relevant for consideration under Rural Needs Impact Assessment (RNIA) screening (Band F, intermediate settlements, Band G, villages and Band H, open countryside). According to the most recent population census taken in 2011, 644,087 people lived in rural areas in Northern Ireland, which equated to 36% of the population, and a further 79,052 resided in mixed urban/rural areas (approximately 4% of the population in 2011).

The census findings also show that 14% of rural areas are more than 20 minutes from a settlement with a population of 10,000 or more, and 13% are more than 60 minutes from Belfast.

These statistics, alongside the fact that SEHSCT serves several rural areas (see section 3C), demonstrate that some of the actions taken as part of the Temporary Changes to Urgent and Emergency Care Services at Lagan Valley Hospital, outlined in section 1C, are likely to have an impact on

people residing in rural areas within the SEHSCT area.

Source: <https://www.daera-ni.gov.uk/topics/statistics/rural-statistics>

2B. How is it likely to impact on people in rural areas?

'Phone First' model, the first point of contact and triage which will have direct access to direct and book appropriate patients into alternative pathways including secondary care services and minor injuries, will be dependent on patients/service users having access to adequate landline/mobile phone technology.

The Temporary change to the opening hours may necessitate service users travelling further to access services

Transport considerations - scheduling of patients coming from a distance. Public transport accessibility very limited at certain times of the day.

Trust Initiatives to mitigate the potential impact on patients from rural areas (as part of the No More Silos Business Case):

- Enhancing Enhanced Care at Home – will provide a local service and allow patients who are acutely unwell to be cared for at home avoiding unnecessary ED and hospital admission.
- Rapid Access services- Patients will have direct access via GP referral to specialty specific services when unwell within the hub referral criteria conditions. This will avoid unnecessary ED admissions
- The anticipatory care / enhanced clinical care to care homes will both have a positive impact where every care home resident has an anticipatory care plan and there is improved access and advice from consultants and the MDT team
- The roll out of the Short Term Assessment Team model of Intermediate care Trust wide will ensure those service users living in more rural areas in the Trust will be able to access a multidisciplinary team response at the point when they require intervention in the community.

2C. If the Policy, Strategy, Plan or Public Service is likely to impact on people in rural areas differently from people in urban areas, please explain how it is likely to impact on people in rural areas differently?

Potential impact on Patients who live in rural areas:

- The economic cost of travel to services with longer opening hours which are based in urban areas in the Trust area
- The ability of individuals in rural areas to travel to services with longer opening hours which are based in urban areas, including the availability and timing of public/community transportation
- Access to adequate Broadband and mobile communication in rural areas for remote access to services and the Phone First service

The Trust continues to consider the needs of people living in rural areas and to implement mitigating measures where possible. Please refer to Section 4A for more detail. Mindful of its obligations under Section 1(1) of the Rural Needs Act (NI) 2016 the Trust has completed this rural needs screening template. The Temporary changes to Urgent and Emergency Care Services at Lagan Valley Hospital remain under review and the Trust commits to monitoring for any potential adverse impact on our Service Users. The Trust will also continue to engage with stakeholders as part the formal and informal consultation.

2D. Please indicate which of the following rural policy areas the Policy, Strategy, Plan or Public Service is likely to primarily impact on.

Jobs or Employment in Rural Areas		Community Safety or Rural Crime		Agriculture-Environment	
Education or Training in Rural Areas		Health or Social Care Services in Rural Areas	X	Other, please state below;	
Rural Development		Broadband/Mobile Communications in Rural Areas	X		
Poverty or Deprivation in Rural Areas		Rural Business, Tourism or Housing			

2E. Please explain why the Policy, Strategy, Plan or Public Service is NOT likely to impact on people in rural areas.

N/A

If you completed 2E above GO TO Section 6

SECTION 3 - Identifying Social and Economic Needs of Persons in Rural Areas

3A. Has the Trust taken steps to identify the social and economic needs of people in rural areas, relevant to the Policy, Strategy, Plan or Public Service? Yes No if the response is NO, GO TO Section 3D

3B. Which of following methods or information sources were used by the Trust to identify these needs?

**Consultation with relevant stakeholders / Survey or Questionnaire / Research / Statistics / Publications / Other methods.
Please provide details:**

The Trust has carried out consultation with relevant stakeholders including regular internal meetings with Trust Staff to discuss the urgent rationale behind the proposal for the temporary changes to LVH ED. The Trust has also engaged with DoH, Fellow Trusts, the Patient Client Council, Trade Unions, GP's and local representatives.

Regional publications, research and statistics highlighting the social and economic needs of rural areas in Northern Ireland were considered including for example;

- Rural Statistics on DAERA website including statistics on employment and income, access to services, transport and telecommunications
- NISRA Rural Statistics – NI multiple deprivation measure 2017 as a combination of the aggregate results of 7 domains, plus specifically the domains of 'Health Deprivation and Disability' and 'Access to services'
- Northern Ireland Census – high level information about the extent of potential impact based on 2011 census information available from NISRA –

Northern Ireland Neighbourhood Information Service (NINIS)

- NISRA – dataset on Home Internet and Broadband Access
- OFCOM – Connected Nations Report
- Downe Interim Urgent Care Centre (UCC) Model- engaged with significant feedback from those who have accessed care and acted on this feedback.
- The Downe UCC team continue to review and analyse activity to ensure all those who can receive the definitive care locally, do so.
- GP pilots in the rapid access hubs have been opened to GPs Trustwide in order to provide equity of opportunity to all areas to participate in the pilot

3C. What social and economic needs of the people in rural areas have been identified?

The publications listed in section 3B above highlight a number of social and economic needs of rural people in **Northern Ireland**, including for example:

Transport can present an issue for people living in rural areas due to geographical isolation. e.g. people living in rural areas may have to travel further to access public transport, there can sometimes be a lack of public transport, and timing of public transport may be an issue

Poverty/income – there are often additional costs of living in a rural area such higher fuel/transport costs. Earnings and household incomes are often lower in rural areas which can result in a higher risk of poverty.

Lack of information/communication of information – internet availability/quality can be an issue in rural areas. This can create issues surrounding connectedness, information and knowledge. Statistics published on DEARA website show that 67% and 98% of rural and urban areas respectively had coverage of superfast broadband in 2018. In addition, the OFCOM Connected Nations report (2019) acknowledges that more work is needed to improve services in rural areas where some customers who do have access to broadband experience slower speeds than in towns or cities.

Certain groups e.g. elderly/young people/disabled may experience increased difficulties accessing public transport or telecommunications

Greater risk of social isolation and loneliness due to the above issues e.g. transport, telecommunications

SEHSCT

For the SEHSCT area specifically, Northern Ireland Multiple Deprivation Measure (2017) findings illustrate that none of the rural areas served by SEHSCT rank amongst the top 100 most deprived Super Output Areas (SOAs). However, two mixed urban/rural SOAs ('Murlough' and 'Colin Glen 1') served by SEHSCT are ranked 89 and 63 respectively.

Statistics published by NISRA show the most deprived rural SOAs within Northern Ireland within seven domains. Two domains that are particularly relevant

to the current rural needs impact assessment are 'Health Deprivation and Disability' and 'Access to Services'. With regards to the 'Health Deprivation and Disability' domain, none of the 100 most deprived areas in Northern Ireland were rural in nature. However, three SOAs served by SEHSCT fall within the top 10 ranked most deprived in a separate analyses of rural only SOAs within 'Health Deprivation & Disability'.

In terms of the 'Access to Services' domain, 95 out of the top 100 most deprived areas across Northern Ireland were rural in nature. This is in line with anticipated findings as transport availability and cost of transport can make access to services difficult for those who reside in rural areas.

Alongside this, access to adequate Broadband or mobile communication is required for people living in rural areas when accessing services remotely. Ten of these 95 most deprived rural areas fall within the SEHSCT area, however, none are ranked within the top 10 most deprived rural SOAs when rural SOAs only are considered within the 'Access to Services' domain.

This information will be relevant for any further analysis or screening carried on any measures proposed to be taken forward on a permanent basis.

Source: https://www.ninis2.nisra.gov.uk/InteractiveMaps/Deprivation/Deprivation%202017/SOA_Deprivation_Map/atlas.html

3D Please explain why no steps were taken by the Trust to identify the social and economic needs of people in rural areas?

N/A

SECTION 4 - Considering Social and Economic Needs of Persons in Rural Areas

4A. What issues were considered in relation to the social and economic needs of people in rural areas?

Consideration has been given to the social and economic needs of people in rural areas including, for example, access to services in terms of economic cost, availability of public transport and broadband/internet/mobile communication access.

The Trust is cognisant of the need to consider and mitigate any potential adverse impact. The Trust's temporary change will be kept continually under review. This approach has been assessed as an on-going assessment to monitor the impact of the temporary change on an on-going basis to ensure that the impact is not more significant than initially anticipated. See consideration and mitigating measures for potential impact on people in rural areas below:

- The Trust continues to offer service users alternatives depending on access to technology/broadband e.g. telephone calls, accessing 'Phone First' for those who are deaf, through the provision of the remote interpreting service SignVideo, or for deaf, hard-of-hearing or speech impaired service users via text relay (note that these options are dependent on internet availability and connection).
- The Trust is continuing to engage with frontline staff as well as key partners, service users and carers to ensure that the temporary changes are representative of and include the valuable input of those who use its services.
- Eligible service users can avail of the Hospital Travel Costs Scheme, a scheme which helps people on a low income or income-based benefits who may be entitled to reclaim travel expenses for hospital treatment.

As stated above, the Trust's temporary changes will be kept continually under review six months following the October 2021 implementation and at the end of the consultation period. Monitoring will be via monitoring ED activity e.g. number of patients using 'Phone First', number of patients who need to be admitted to hospital, number of patients transferred from LVH ED to other hospitals, duration of patient's time spent in ED, ongoing recruitment, ongoing discussions with staff regarding, career progression opportunities, potential redeployments and work life balance considerations. Also, patient and staff experience, satisfaction questionnaires, complaints and compliments. The Trust will also consider the feedback from SEHSCT Communication and Engagement Plans around the temporary change, including potential service user /public engagement and consultation events.

At this time, the reduction in the LVH ED hours of operation is a temporary change.

SECTION 5 - Influencing the Policy, Strategy, Plan or Public Service

5A. Has the policy, strategy, plan or public service been changed by consideration of the rural needs identified?

Yes No if the response is NO, GO TO Section 5C

5B. If yes, how have rural needs influenced the policy, strategy plan or public service?

Mitigation has been built into the change in respect of persons who cannot access 'Phone First'. Service users who are deaf will be accommodated through the remote interpreting service SignVideo and those who are deaf, hard-of-hearing or speech impaired can access the service via text relay. Note that these options are dependent on internet availability and connection.

The Trust is conscious that consideration of service users in rural areas, with not all members of society online or on social media, requires a more varied approach and this will be kept under review.

5C. If no, why have the rural needs identified not influenced the policy, strategy, plan or public service?

N/A

Section 6: Documentation:

6A. Please tick below to confirm that the RNIA Template will be retained by the Trust and relevant information on the Section 1 activity compiled in accordance with paragraph 6.7 of the guidance.

I confirm that the RNIA Template will be retained and relevant information compiled



Approved by:

Trust Board

Date:

23rd February 2022