

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:

The Future Provision of Trust Urgent and Emergency Care Services:
Ards and North Down Area

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 reviewing the provision of Urgent and Emergency Care Services in the Ards and North Down Area

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

There are significant and increasing challenges with providing safe and sustainable urgent and emergency care services across the region of Northern Ireland and the South Eastern Trust continues to face extreme pressures.

It is clear that changes will be required to our existing model of urgent and emergency care to address these challenges and to deliver better urgent and emergency care services for the populations we serve. It is the Trust's ambition to address these changes, taking into consideration the most critical pressures that our services are facing whilst also ensuring that we continue to provide timely and appropriate access to urgent and emergency care services.

In considering the wider urgent and emergency care model for the South Eastern Trust, the Trust wishes to first address significant challenges facing urgent and emergency care services in the Ards and North Down area. This is because providing safe, sustainable and appropriate urgent and emergency care services to this area is becoming increasingly difficult. The Trust wishes to consider the future sustainability of urgent and emergency care services for the local community to ensure that our 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. It is the Trust's intention to consult on the future model of urgent and emergency care services.

The Trust has engaged with our internal stakeholders to consider a number of options for the future of urgent and emergency care services in the Ards and North Down area. Involving and listening to staff has been important when considering options for consultation.

In looking at options for the future provision of urgent and emergency care services in the Ards and North Down area, a range of factors including improving patient safety and clinical quality, accessibility, deliverability and resources have been considered.

The long list of options is detailed in the consultation document 'Future Provision of Trust Urgent and Emergency Care Services: Ards and North Down Area'

Whilst initially there were an extensive number of options considered for the future provision of urgent and emergency care, upon consideration of the key factors outlined, the Trust has concluded that there is only one option which could be clinically deliverable and viable. This is the option on which, through this consultation process, we are now seeking your views.

Option 4. Implement a co-located and enhanced Urgent and Emergency Care service at the Ulster Hospital. Under this option, the existing stand-alone Nurse-Led MIU services in Ards and North Down would be relocated and consolidated with the existing minor injuries stream at the Ulster Hospital

Under this option, the existing minor injuries services in Ards and North Down would be consolidated and re-located with the existing minor injuries stream at the Ulster Hospital, which will be vacant when the Type 1 Emergency Department Service relocates to the new Emergency Department in the Acute Services Block, Ulster Hospital.

The Public Consultation will commence on 8 February 2023 and will finish on 3 May 2023.

The Trust has completed an Equality Screening and Equality Impact Assessment (EQIA) to assess the potential impact of the Trust's proposed service changes to achieve the Trust's vision for the safe and sustainable provision of Urgent and Emergency Care. The outcome from the equality screening was to progress to a full EQIA. The Trust is committed to its legal duties and fundamental principles under Section 75 of the Northern Ireland Act 1998. The Trust intends to fully engage and consult on this proposal and the future of safe and sustainable emergency care provision.

In keeping with the commitment in its Equality Scheme the Trust, in making any final decision(s), will take into account any assessment and consultation carried out in relation to its plans for change.

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, Lisburn and Bangor 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 the Option identified through the shortlisting process and outlined in section 1C, may be likely to have an impact on people residing in rural areas within the SEHSCT area.

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

The Trust has carried out an EQIA on the proposed option and identified that there may be a potential impact on service users. In particular, the potential additional distance which service users may have to travel, as noted in the table below:

Data on distance and travel time to potential alternative location

Location	Distance	Travel Time
Bangor MIU – Ulster Hospital Dundonald	8.4 miles	14 minutes
Newtownards MIU– Ulster Hospital Dundonald	4.7miles	8 minutes

Please note that it would not be possible to predict the starting location or route our service users may take to the Ulster Hospital Dundonald. Distances and travel time for the purpose of this document have been calculated using www.mapquest.co.uk

However, the modernisation of our Urgent and Emergency Care Services will ensure that services continue to be person centred, fit for purpose and in the right place at the right time. Our service improvement and modernisation will be based on best practice and we are committed to planning our services in partnership with service users and carers.

It is the Trust' vision that the Urgent Care Centre would operate initially from 8am – 6pm, 7 days a week. Subject to future resourcing, the Trust will be aiming to operate the Urgent Care Centre from 8am – 8pm, 7 days per week. The Level-1 ED would remain open 24 hours per day, 7 days per week.

In addition to an Urgent Care Centre, the proposed model of urgent and emergency care services for the population of Ards and North Down would also 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, 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 emergency care.

The proposed model would offer enhanced access to both urgent and emergency care, through the remaining provision of 24/7 access to emergency care supported by 8am-6pm access to urgent care, including minor injuries, 7 days per week. The Trust would be aiming to extend the opening hours of the Urgent Care Centre in the future to 8am-8pm, 7 days per week, subject to adequate resources.

The Trust believes that this model of care will provide better care for our communities in a safe and sustainable way, providing access to the right level of care, in the appropriate setting first time, whilst ensuring the Level 1 Emergency Department (ED) at the Ulster Hospital can provide care for the sickest in our 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 and Staff who live in rural areas:
 - The economic cost of travel to services with longer opening hours which are based in an alternative Trust location
 - 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 which may impact on raising awareness of proposal and communication with stakeholders

- For staff who may be potentially redeployed, the availability of public or community transportation plus potential changes to child care arrangements may have an impact. The Trust will put robust mitigating measures in place, adopting the principles of the Trust's Management of Change Human Resource Framework.

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 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			
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 internal meetings with Trust Staff to discuss why change is needed for the service. The Trust has also engaged with SPPG, the Patient Client Council, Trade Unions, local media outlets and local political 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
- The Interim UCC at the Downe and LVH sites ensure patients are seen at that right place at the right time, first time. We continue to have fewer ambulances transfers whilst maintaining local admissions. Numbers seen at both sites continue to increase with patient user feedback remaining high monitored via patient user surveys for both Downe and LVH sites.
- Stakeholders will also have a further opportunity to raise any matters of concern during the formal Consultation phase and to seek clarification. The Trust will prepare a Themed Consultation Outcome Report setting out the views of all consultees. The views of consultees will be taken into account in making any final recommendation(s) to the Trust Board.

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 analysis 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?

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

The Trust is cognisant of the need to consider and mitigate any potential adverse impact. The Trust's proposal will be kept continually under review. This approach has been assessed as an on-going assessment to monitor the impact of proposed option 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 will engage with frontline staff as well as key partners, service users and carers to ensure that the proposal is representative of and includes the valuable input of those who use its services as part of its communication strategy.
- The proposal provides an integrated and emergency care model that is in line with strategic direction.
- The proposal will create an Urgent Care Centre on the Ulster Hospital site, co-located with the Emergency Department
- As a consolidated service, the service would have extended opening hours and be more sustainable.
- The Urgent Care Centre would be staff by highly skilled clinicians from a Multi-Disciplinary team, including ENPs, Autonomous Nurse Practitioners, First Contact Physiotherapists, and Senior Medical staff.
- Consolidation of all three services on one site would enable the service to meet demand for minor injuries due to enhanced capacity.
- Enhanced diagnostic and imaging capabilities enable no restrictions on criteria by age for example more complex cases and very young children will not be required to attend another site to access or complete their care
- Model would provide an alternative pathway for service users with urgent but non-life threatening conditions.
- The Trust continues to develop its Travel Plan to try to meet the challenges of vehicle flow, access and car parking. This includes consideration of the provision of additional car parking spaces.
- The Trust recognises that this service proposal may impact on staff in terms of relocation to a new work site. 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, such as the availability of retraining opportunities and eligibility for excess travel allowance payments.

The Trust's proposal will be kept continually under review following potential implementation. Monitoring will be via monitoring of Urgent and Emergency Care Centre/MI service and ED activity e.g. number of patients accessing the service, referral pathways utilized from service, ongoing recruitment, ongoing discussions with staff regarding career progression opportunities, expansion of current scope of practice for specialist nurses and work life balance considerations.

Also, patient and staff experience satisfaction questionnaires, complaints and compliments will be reviewed and monitored. The Trust will also consider the feedback from SEHSCT Communication and Engagement Plans around the proposal, including potential service user /public engagement and consultation events.

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 proposal in respect of persons in rural areas who need to use our services. See mitigations as detailed above in Section 4A. The Trust is mindful of the mix of urban and rural service users / families and carers within the Trust.

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

Rural Needs Impact Assessment undertaken by:	Susan Thompson		
Job Title/Directorate	Equality Manager		
Signature:		Date:	
Approved by:	David Robinson		
Job Title/Directorate	Director of Hospital Services		
Signature:		Date:	
Approved by:	Claire Smyth		
Job Title/Directorate	Interim Director of Human Resources and Corporate Affairs		
Signature:		Date:	