

WESTERN TRUST CONSULTATION ON EMERGENCY AND GENERAL SURGERY AT SOUTH WEST ACUTE HOSPITAL IN ENNISKILLEN

RESPONSE FROM THE FERMANAGH TRUST

Fermanagh House
Broadmeadow Place
Enniskillen
Co Fermanagh
BT74 7HR

6th April 2023

The Fermanagh Trust

The Fermanagh Trust was established in 1995 to support initiatives which lead to social and community development, and to improve the conditions of life for the people in County Fermanagh and its immediate hinterland. Since 1995 the Trust has supported hundreds of community based projects in Fermanagh. The Trust established a community foundation, building an endowment from which grants are made. The Trust also administers a number of named funds on behalf of communities and organisations.

The Trust provides training and support to the not-for-profit sector in the County. It has pioneered innovative approaches to social and economic issues, for example, influencing policy and legislation at regional level on shared education and community renewable energy.

The Trust also convenes conversations around local issues, needs and ideas and has developed a network of links regionally, within Northern Ireland and beyond in the Republic of Ireland and Britain.

The Trust owns and manages Fermanagh House, located in the centre of Enniskillen which is an extensively used meeting place and base for a wide range of social enterprises and voluntary organisations. Through Fermanagh House and its contact with the local community the Trust has many links and connections at grass roots level with groups, neighbourhoods, and organisations working in Fermanagh and the surrounding areas.

Context

Fermanagh is the most westerly part of NI with its most peripheral districts among the 20% most deprived areas. It has the fastest ageing population and outside the Highlands and Islands of Scotland Fermanagh has the UK's lowest population density with 75% of our community living in rural areas [2]. Of particular concern in this context, is the fact that our health outcomes are ten times worse than the NI average most notably in terms of elective inpatient and emergency admissions [2]. The issue of accessibility in all services is critical but none more-so than access to emergency health services. South and west Tyrone face similar challenges. The inverse care law suggests people with the greatest health care needs are the least likely to receive the care and interventions they require and that primary healthcare practices in deprived rural areas are more likely to be underfunded, under doctored and under resourced to respond to widening health inequalities [9].

Against this backdrop The Fermanagh Trust is acutely aware that the recent decisions regarding the temporary suspension of Emergency and General Surgery at the South West Acute Hospital is a matter of utmost concern for local people and their families. The Trust has taken extensive soundings to inform itself of the issues and has followed closely the public coverage and debate on the service decision and its implications. It has also reviewed relevant background and policy reports to inform this response.

Whilst the focus here is on acute services, the Fermanagh Trust also draws attention to other key yet struggling parts of the health and social care system, which have a direct bearing on the functioning of SWAH - in particular the instability of general medical practice services and the challenges faced by social care.

The Fermanagh Trust has deliberated widely on this issue and we have taken the approach to use the terminology Emergency and General Surgery throughout our response to the questions, etc because we believe these are fundamentally interlinked and do not sit in isolation.

The Concerns of our local community regarding the cessation of Emergency General Surgery at SWAH

The collapse of emergency and general surgery with the known and yet to be determined implications for the hospital as a whole, is of the utmost concern to the population of Fermanagh and Tyrone. The community's concerns can be summarised as follows:

- a. Concern that the loss of Emergency and General Surgery services even though it is framed as temporary - once lost will never be restored.
- b. Deep disappointment that the political and civic promises made and secured when SWAH was being developed and opened in June 2012 are being broken.

- c. Concerns over the effectiveness of the alternative pathways provision, in particular the access to critical services for time critical emergencies and the capacity of the Ambulance Service to respond.
- d. Concerns that the loss of Emergency and General surgery will trigger the collapse of other services in SWAH that are vital to the local population.
- e. Concerns that the uncertainty created will lead to a lack of confidence amongst key staff in other departments and specialties at SWAH whose presence and contribution is critical to the sustainability of SWAH and its overall stability.
- f. Wider concerns at the social, economic and psychological impacts in the community of the loss of key acute services and the knock-on effects on the self-esteem and confidence of the community at large.
- g. Many believe that the needs of the rural community of Fermanagh, and south and west Tyrone - especially regarding service requirements and access - come below the interests of those institutions and systems that make the policy and funding decisions and which appear to be remote and detached from the realities on the ground and the pragmatic necessities of serving a rural community on the fringe of a larger populace.
- h. Concern that there is a gross inequality in the funding of primary care between the northern and southern sectors of the Western Trust which is unacceptable.
- i. Concerns that the collapse of, or risk to, services at SWAH will increase health inequalities - rather than be neutral or mitigate them.

The anxieties of the local community have been expressed loudly and over a lengthy period. They relate to the loss of critical services, to the risk to other services, to the destabilisation of SWAH and to the beliefs and fears that the concerns of the local community are, or will not be taken seriously and that its worst fears will materialise.

To address these concerns, it is essential that the Western Trust both demonstrates to and reassures the public that lives and health are not and will not be put at risk as a result of the collapse of Emergency and General Surgery services -whilst measures are being considered that would restore or replace these services at SWAH. There is an important role here too for the Ambulance Service and the Southern Trust - as well as the wider health services system. The Department of Health has a key responsibility to reassure and update the local community about the additional investments and steps it is taking to provide equitable and accessible services for the community affected by the recent changes at SWAH and to maintain the current acute status of SWAH.

The loss of Emergency and General Surgery services - even if temporary - and the uncertainty over the future of these or alternative services at SWAH clearly gives rise to anxieties and practical uncertainties that are destabilising SWAH as an acute hospital. That instability needs to be addressed robustly and urgently so that confidence is restored in SWAH. In particular, it is essential and non-negotiable that a meaningful and deliverable assurance is given to the local population that the Level 1 Acute Hospital status of SWAH is maintained

Fermanagh Trust's responses to the questions posed by the consultation

First Question:

THIS DOCUMENT OUTLINES THE REASONS WHY THE TRUST HAS MADE THE DECISION TO TEMPORARILY SUSPEND EMERGENCY GENERAL SURGERY SERVICES IN THE SOUTH WEST ACUTE HOSPITAL.

Do you consider the temporary suspension of Emergency General Surgery Services a reasonable response to the patient safety concerns outlined in the document? (If not, please identify alternative proposals).

Response:

On actions taken in the wake of the collapse of Emergency and General Surgery Services at SWAH

The Fermanagh Trust has deliberated widely on this issue and we have taken the approach to use the terminology Emergency and General Surgery throughout our response to the questions, etc because we believe these are fundamentally interlinked and do not sit in isolation.

In the light of the unintended collapse of services, the evidence provided in the document and through the consultation events, it appears that in the latter part of 2022 the Western Trust had no choice but to temporarily suspend Emergency and General Surgery services at SWAH. It is recognised that efforts were made on a number of occasions over a number of years to maintain services at SWAH. With the loss of surgeons, through resignation and retirement, and the inability to recruit or retain new surgeons, the suspension became inevitable in the interests of patient safety. In October 2021 the Western Trust identified the sustainability and continuing safe operation of the Emergency and General Surgery Service in the South West Acute Hospital as a key risk.

On the basis of the soundings it has taken, the Fermanagh Trust understands that Emergency and General Surgical service as provided up to the end of 2022 cannot be restored to SWAH under current arrangements. This is due largely to the policy direction and standards set and approved by the Department's review of general surgery in 2022 and the increasing specialisation of surgery throughout the UK and internationally. In reality, given this direction of travel in surgical services, how it is possible to restore Emergency and General Surgery services at SWAH with such forces acting against the delivery and maintenance of these services? It appears to the Fermanagh Trust therefore that this consultation is, in effect, about the future - temporary and permanent - of Emergency and General Surgery services at SWAH.

Given the point reached in 2022 with The Review of General Surgery in NI (2022) [3] and in the absence of a planned strategy for change, the collapse was foreseeable and inevitable on the grounds of patient outcomes and safety. The revised standards published in the Review were themselves the product of movements in surgery practice, education and training, and workforce developments. In the view of the Fermanagh Trust the developing standards and policies have not sufficiently take account of the pragmatic needs of a rural community such as Fermanagh, and south and west Tyrone, nor indeed of the realities of SWAH as a major acute hospital serving a relatively remote community. In some ways the standards reinforced the inability to provide Emergency and General Surgery at SWAH (and potentially in the future at other hospitals). It is thought that if unmanaged, there will most probably be similar adverse effects on interdependent services such as Obstetrics and Gynaecology.

The collapse of Emergency and General Surgical services at SWAH has given rise to instabilities at SWAH and anxieties within the community. Aspects of the management of the collapse have been unhelpful. The communication strategy employed has contributed to mistrust and fears among staff and the wider community.

The current situation is therefore highly challenging. It appears to the Fermanagh Trust that the restoration of accessible Emergency and General Surgery services to the population of Fermanagh and south and west Tyrone can only be achieved through urgent significant strategic and purposeful steps which, in view of the policy changes noted above, will also require new ways of working to be developed.

Interdependent vulnerabilities

Actions will be needed to stabilise the interdependent clinical services at SWAH and others affected by the loss of confidence by key staff who have resigned, or plan to do so.

Learning from the collapse of Emergency and General Surgery Services

Actions are required to ensure that other services at SWAH do not collapse in an unplanned way. This requires a regional response to include the earnest attention of the Western Trust, other Trusts - in particular the Southern Trust, the Ambulance Service, the Department, Royal Colleges, education and training bodies and regulatory bodies.

Mindful of the concerns of local populations affected by key service changes, a clear and effective communication strategy with the community and its representatives is essential if confidence is to be maintained in those organisations managing current and future changes, and their implications.

Concerns about patient safety

It is self-evident to the lay person, that some emergencies will require competent clinical interventions and resources well within an hour of the onset of a medical/surgical emergency. With most travel times from remoter parts of Fermanagh and south and west Tyrone to Altnagelvin or Craigavon well in excess of the current travel time to SWAH, it is therefore essential - in the interests of patient safety and to reassure the public - that there is a well-staffed, resourced and supported Level 1 Emergency Department at SWAH, together with the ambulance resources and staffing to enable assured transfer. Whilst helicopter transfer might be an option between 7am and 7pm in daylight in favourable weather it cannot be relied upon as the principal or indeed a significant method of urgent transfer.

This reality alone (i.e. that some emergencies will require competent clinical interventions and resources well within an hour of the onset of a medical/surgical emergency) makes the case for the presence of surgeons at SWAH capable of responding to emergency surgery situations. If this cannot be achieved then the alternative arrangements need to be sufficiently robust to secure comparable, if not better, provision and to be capable of securing the confidence of health and social care staff and the local community.

The wider threat to the stability of SWAH

Together, these concerns and realities highlight the urgent need for Northern Ireland's health system to seriously address the need to stabilise SWAH in the first instance - urgently - and in the short, medium and long term, to act to develop services there so that local people have access to sustainable acute services. This can be done in parallel with the development of networked provision that ensures local people also have access to specialist services at regional and sub-regional centres. This would lead to - as with the view expressed in the consultation document - SWAH having a key role to play in supporting the entire regional health and social care system through its development as a Regional elective overnight stay hub - more of which below.

Recommendations relating to the First Question

- It is essential that the current Level 1 Acute status and role of SWAH is urgently affirmed and in particular that its Emergency Department and associated support and diagnostic services are maintained at their current status level.
- It is vital that the interim alternative arrangements are made clear to the local community and to key services operating locally. Communications need to be ongoing as arrangements develop and change, and to be capable of listening to and responding to the practical and emotional concerns of the staff at SWAH and the local community.
- Regional and local Strategic and Operational Plans are urgently required to address the loss of Emergency and General Surgical services at SWAH.
- Workforce planning and development must be given urgent attention across all grades including support staff at SWAH - to maintain and develop its status as a Level 1 Acute Hospital. The Hospital must be viewed as part of a regional whole-systems approach to addressing the problems within general and specialist surgery across NI.
- Whilst the Western Trust clearly has a central role in managing these changes and processes, there are also key responsibilities and roles for the Department of Health, the other Trusts including the Ambulance Service, the Royal Colleges, the Northern Ireland Medical and Dental Training Agency (NIMDTA), Universities, workforce planning, along with other agencies and departments, to find a local solution at SWAH that will also have a positive and substantive regional impact.

Second Question:

THE TRUST HAS IMPLEMENTED PATIENT PATHWAYS, SOMETIMES REFERENCED AS 'BYPASS PROTOCOLS', TO MITIGATE THE RISK TO PATIENT SAFETY.

Do you consider these actions as reasonable, and do you believe they address some of the challenges faced by the service and will facilitate patients receiving treatment in a timely, suitable and safe environment based on their clinical need? (If not, please provide any comments or alternative actions that could be taken).

Response:

It is clearly vital that effective alternative arrangements are in place to address the impacts of the temporary and unplanned cessation of Emergency and General Surgery services at SWAH. The arrangements described, coupled with performance review and on-going refinements, are essential parts of these arrangements. However, it is not possible to say if they are enough. Also, it is not clear that the necessary capital and recurring investments are in place to ensure patient safety and the necessary services to achieve that.

There will inevitably be concerns about how effective all the moving parts will be in attending to the needs of individual patients - or groups of patients. It only takes one or two breaks in the chain of assessment, referral, transfer and treatment, for patients' care to be delayed and wellbeing imperiled. Dynamic systems to rapidly identify adverse incidents in the protocols (some of which are described in the consultation document), along with actions to learn from them and address identified problems, are therefore essential. Also, the public discussion over the pressures on all acute hospitals, and the associated pressures on the Ambulance Service inevitably give rise to questions as to the capacity of services to respond to the additional pressures created by the recent developments at SWAH.

Importantly, in the context of the temporary cessation of Emergency and General Surgery services it is more essential than ever that patients from the south west are regarded as patients of the whole Western Trust acute services system - and we would argue, of the whole Northern Ireland acute services system.

Inevitably there will be anxieties as to how patients are managed both for assessment and transfer to another hospital in the wake of the collapse of Emergency and General Surgery services at SWAH - at least until either the suspended services are restored to SWAH or, in an alternative situation, confidence has been developed in alternative arrangements.

There is a widely held perception that the population in the south of the Trust's area and the services located there have not been treated equitably in the past compared with investment and resourcing in the northern part of the Western Trust's area. This perceived inequity is magnified when put into a regional context. Also, there is a perception that parts of the regional system work in silos - rather than as parts of a unified whole - to the disadvantage of smaller hospitals. Locally, people think that the limitations and challenges resulting from the extensive rural nature of Fermanagh, and south and west Tyrone, are not fully appreciated centrally.

By-pass protocols have operated for some time in relation to specific conditions as described in the document, and given the collapse of Emergency and General Surgery services at SWAH, to minimise delay, the extension of by-pass protocols is appropriate in the interim. However, at a hearts and minds level in this rural community it feels like a further erosion of the role and status of SWAH. Furthermore, the consequential drop in activity relating to certain conditions means that staff, currently experienced and skilled in assessing and contributing to the treatment of emergency patients, can suffer a reduction in on-going emergency work (e.g. diagnostics) leading in time to the erosion of competence and the breakdown of otherwise effective teams at SWAH.

Ambulance Services

The suspension - temporary or permanent - will require significant investment in additional ambulance services and associated paramedic support to ensure there are available sufficient and timely resources to transfer patients in accord with alternative transfer protocols. A key contributor to a successful pathway service is the ability to be safely and urgently transferred for necessary treatment in a timely manner

The Northern Ireland Ambulance Service plays a key role in supporting the Emergency Departments and for several years the NIAS and the Ambulance Service of Ireland (Health Service Executive) have engaged under a memorandum of understanding to support each other in times of pressure. The commitment to non-urgent transfers to Altnagelvin or Craigavon (or elsewhere) from SWAH will surely adversely impact on the ability of independent services to respond - unless there is the capacity and resources to expand the availability of this service. It is essential to mitigate patient risk, and to ensure that such issues of access especially for time-critical care are urgently addressed.

The Fermanagh Trust understands that there has been no additional investment locally to date other than offers of overtime which is not always being taken up. If so, it is not sustainable to run a key service on this basis. An urgent review of ambulance provision in Fermanagh, and south and west Tyrone would be helpful so that all risks can be understood by the community and most importantly by those staff charged with their care.

We also understand that a business case is in the system for additional staffing across NI. We recognise that NIAS are doing their best with a limited resource and highly demanding circumstances, yet there are real concerns that the present arrangements cannot be relied upon and are not sustainable (even in the interim) - for the service itself or the people it supports. Furthermore, the new situation at SWAH must be confounding efforts to address the wider regional pressures on the Ambulance Service and receiving hospitals.

An EU funded pilot to train advanced community paramedics has been developed across the border region including two within the local area. These personnel have attained Masters level qualifications in para-medicine and can operate very independently under the scope of practice which is supervised by the Medical Directors of the respective ambulance services. This initiative could be widened to support rural areas such as Fermanagh, and south and west Tyrone - mindful in particular that farming and tourism - both with attendant risks - are key economic and social activities in the area.

Third Question:

THE OUTCOME OF INITIAL EQUALITY SCREENING CONSIDERATIONS IS AVAILABLE ON THE TRUST'S WEBSITE

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

Response:

The greatest risk and fear has to be the global risk to the sustainability of SWAH as an acute hospital. Whilst specific risks to specific groups might be able to be mitigated by piecemeal measures - such as the revised patient pathways described in the document - the strategic risk to the status of SWAH would impact on the local community for all the reasons set out in the section above, "Concerns of our local community". Consequently, we believe that the risks to SWAH will most likely give rise to risks both in terms of health and wellbeing, and in the social, economic and psychological confidence of the whole community.

We repeat our concern that the cessation of Emergency and General Surgery services is a preface to further cessations of other services - that is, unless strategic regional actions are taken to ensure the sustainability of the SWAH with the prospect of restoring access to Emergency and General Surgery.

As noted earlier, concerns have been expressed that the collapse of or risks to services at SWAH will increase inequalities (rather than be neutral or mitigate access) with implications for health and wellbeing. We think that this aspect of inequality needs to be further addressed as part of the consultation process.

As promised by the Western Trust SWAH must remain as a Level 1 Acute Hospital with the commitment, resources and support to sustain and develop its full potential. Access to key local services is most likely to be achieved by continuous development. Simultaneously, the consequential threat to other services provided under current arrangements at SWAH needs to be proactively and strategically addressed - with urgency. The inter-dependence of all existing services is a vital consideration in policy development and services changes.

We are concerned that with the impact of the collapse of Emergency and General Surgery much uncertainty has been caused among all staff groups and we have heard that some staff have left, are leaving or planning to leave. It is essential that the Trust and the Department act decisively and quickly to reassure the staff and public of the future of the Hospital by a robust commitment to developing the Hospital and further developing the elective overnight stay centre proposal highlighted in the Consultation. The leadership on the ground at SWAH has a key role to play here.

Fourth Question:

THE RURAL NEEDS ACT PLACES A DUTY ON PUBLIC AUTHORITIES, INCLUDING GOVERNMENT DEPARTMENTS, TO HAVE DUE REGARD TO RURAL NEEDS WHEN DEVELOPING, ADOPTING, IMPLEMENTING OR REVISING POLICIES, STRATEGIES AND PLANS, WHEN DESIGNING AND DELIVERING PUBLIC SERVICES.

Do you have any evidence to suggest that the actions taken by the Trust create a negative impact (in terms of rurality)?

Response:

It goes without saying that Fermanagh and surrounding areas are rural areas - indeed this is part of their charm to both locals and visitors who add considerably to our population in the holiday season. The issue of rurality is therefore and rightly a key consideration in the provision of services in Fermanagh, and south and west Tyrone. This is underpinned by the statutory obligation under section 3 (1)(a) of the Rural Needs Act NI, 2016 overseen by DAERA (The Department of Agriculture), which requires public authorities to:

“have due regard to the social and economic needs of people in rural areas when developing, adopting, implementing and revising policies, strategies and plans and when designing and delivering public services“ - the purpose being to deliver “better outcomes for people in rural areas and help make rural areas more sustainable”. [11]

The Trust response highlights a fundamental flaw in rural proofing and that the rural needs assessment (rural proofing) carried out does not address the needs of rural people in this district. How does the Trusts assessment, the actions flowing from this assessment underpinned by resources address the needs of rural people accessing Emergency and General Surgery?

A Rural Needs Impact Assessment that flows from the legislation is a six step process that must be used to ensure compliance and highlights that the amount of detail must be “proportionate to the potential impact and relevance of activity being undertaken“. The threat to services at SWAH and the Hospital itself is clearly a major issue and requires consideration under this legislation and policy that is proportionate to the impact and relevance of the functions played by SWAH and its services in this community.

Only 6 months ago (October 2022) the National Centre for Health and Social Care in partnership with Rural Community Network NI launched a Rural Needs Toolkit for Health and Social Care, [5] (adapting the U.K. Rural toolkit for health model - Rural England, December 2020). This recognised the importance with any service change to find appropriate solutions, mitigations and opportunities to ensure equitable outcomes for service users who live in rural areas. In our opinion this calls into question, on a number of fronts, the rural needs assessment which has been published by the Western Trust.

The Fermanagh Trust asks what consultation was undertaken with other government departments, especially DAERA? In particular, how has the assessment taken account of the aims of the Rural Policy Framework [4] which:

“... seeks to support a fair and inclusive rural society where rural dwellers enjoy the same quality of life and opportunities as everyone else in Northern Ireland. The aim is to create a rural community where people want to live, work and be active in a sustainable and environmentally responsible way. ... This Framework demonstrates DAERA’s ongoing commitment to ensuring that our rural communities continue to flourish and support the wider economic drivers to help Northern Ireland prosper.”

The Framework references in particular Thematic Pillar 3 which is, Health and Wellbeing, the aims of which are:

- To reduce loneliness and social exclusion in rural areas;
- To minimise the impacts of rural isolation, and
- To promote the health and wellbeing of rural dwellers.

We recommend that DAERA are fully involved with the Department of Health on this matter, to ensure that rural needs assessments are not just tick-box exercises whereby service changes are ‘proofed’ - but that the full application of the statutory duty is brought to bear on a matter of major significance - to inform policy, commissioning and service decisions and their intended outputs and outcomes. It was Marmott who stated that “National policies will not work without effective local delivery systems focused on health equity in all policies.” [16].

The impact goes beyond the local area and has regional impact. For example, we contend that the SWAH Rural Needs Assessment does not adequately consider the impact of the collapse of Emergency and General Surgery on the workload and capacity of the two main receiving hospitals - which also serve rural communities. Not infrequently, the Western Trust's own communication channels have highlighted the pressures at Altnagelvin's Emergency Department. Similarly, the Southern Trust's communications on the pressures at Craigavon. Do the communities of Derry/Londonderry and Craigavon understand the implications of this change in service - with increasing emergency work undermining their access to emergency and elective care in their local surgical services - that is, unless additional measures and resources mitigate the additional workload?

Nor does the assessment spell out sufficiently the logistical and resource implications for the Ambulance Service in delivering additional essential services to rural Fermanagh and west Tyrone. Pressures on ambulance services inevitably transfers the patient risk to family and friends who have to fall back on personal transport, which has been the case. How can these undoubted additional pressures be satisfactorily mitigated to facilitate equal access in a timely and efficient manner to alternative Emergency and General Surgery services? The lack of additional investment in infrastructure and staffing, including new fully equipped ambulance vehicles with additional paramedics (outside of short term voluntary overtime) inevitably will have an adverse impact on services and therefore on local people.

Twenty years ago the case for SWAH was grounded in evidence and therefore it seemed, assured by The Hayes Report [17]. With changing standards, patterns of medical training, changes in diagnostics and the move to super specialisation, the model has become unstable. The Fermanagh Trust struggles to understand how one part of the service delivery system can make changes (in this case a revision of surgical standards) which inevitably have knock-on effects on the sustainability of key services in specific locations, and yet sufficient earlier and preemptive actions have not been taken to mitigate such risks. Rurality in policy and service decision making needs to apply horizontally across systems and policy as changes are made and not just when problems emerge down the line (vertically). A whole systems approach needs to be deployed in terms of equity to avoid further collapse of services and increasing pressures across the system in the west and not just a post hoc analysis. If the contributions, service portfolio and futures of hospitals serving rural communities had been viewed in the first instance through the lens of rural needs, perhaps a very different outcome would have unfolded.

There is significant concern about whether the policy making and service commissioning processes have taken sufficient account of the realities of servicing a large thinly populated locality at the periphery of a highly centralised and specialised secondary and tertiary public medical system. The community perceive a lack of understanding on the part of those structures that make decisions about policies and services, of the realities of the distances, topographical obstacles and roads and transport networks of Fermanagh, and south and west Tyrone and that this has not been sufficiently factored into the development of policies, standards, service design and service commissioning.

It is interesting to note how the RNLI, another lifesaving service, responded to the geography of the district and specifically Lough Erne when developing and implementing their emergency service provision. The simple reality was investment was needed to ensure effective accessibility by locating service centres in both Upper and Lower Lough Erne to ensure effective and timely response rates. We pose the question as to what investments (capital and revenue, short and longer term) have our health agencies made in light of the collapse of the service at SWAH and the need to move patient's further distances in emergency situations to centres that are already working under pressure - both in relation to emergency and elective care?

The reality is patients from this part of the world are now much further from what was once an accessible and often lifesaving provision than they were before the collapse of the service. As already noted, the topography of the district and the road network means that people who will require emergency and general or specialist surgery will, in some cases, be well over 2 hours away from a hospital that provides that service. Reflecting on the NI Trauma Network Triage Tool (November 2022) which references guidance based around access within 45 minutes, it is difficult to understand how the decisions taken have been appropriately rural tested in both spirit and deed.

Whilst not directly the subject of this consultation the collapse of Emergency and General surgery at SWAH cannot be viewed in isolation from other pressures and risks to other parts of the health and wellbeing system - in particular, but not exclusively, the enormous pressures on GP and associated recruitment problems, and the challenges within primary care and social care, respite and step down services where rurality - with relatively thinly populated areas - places an additional burden. These constraints inevitably have an adverse impact on our acute services - added to by lengthening waiting lists, recruitment challenges and the long term implications of the Covid 19 pandemic.

In conclusion, If the Rural Needs Act NI (2016) [11] has any relevance for rural communities, we believe that the Rural Needs Assessment undertaken as part of this consultation needs to be wider and more ambitious in its scope and interpretation. The Dalton Report [12] concluded that "Organisational forms should develop to deliver the models of care which best suit local circumstances". Form follows function - not the other way round. Addressing the temporary loss of Emergency and General Surgery at SWAH provides the opportunity to do just that in a rural context.

Fermanagh Trust's analysis and conclusions

1. SWAH needs to be championed

It appears to the Fermanagh Trust that SWAH has for some time lacked a champion who can represent and articulate the interests of the local community and the community of the SWAH itself. The impression is of SWAH unloved, detached from regional systems and processes, coming last in the considerations of the interests of regional and sub-regional parts of the acute services system. This needs to change.

SWAH is regarded with great affection locally. Many, many people owe their lives - and the lives of family members and friends, their health and well-being - to its staff and services. The south west community strongly believes that SWAH and its services come second or worse still, can even be abandoned or sacrificed in the interests of other parts of the system. As noted above, there is a perceived inequality between the northern and southern sectors of the Western Trust's area in the commitment and deployment of resources. This too has to change and the view of SWAH out on the periphery has to change - so that it is viewed in a whole new light. SWAH has the capacity to significantly contribute to addressing the performance and quality issues that are plaguing the overall regional health system - in particular the immense and rising elective waiting lists.

We request that the Trust consider basing one of their Directors on the SWAH site to ensure local leadership and communication amongst staff and the community. It would be essential that this Director is given the authority, resources and organisational support to secure the future retention and security of acute services on the SWAH site within the context of Regional acute services across N. Ireland.

2. Maintaining Acute Level 1 Status

Critical to its status as an acute hospital and to ensure it maintains its key role in the provision of essential care to the rural community of Fermanagh, and south and west Tyrone, the Emergency Department at SWAH must be maintained at Level 1. This will require strategic action and support which pragmatically addresses the requirements of the ED and related services at SWAH i.e. developing bespoke solutions for the particular circumstances of this part of NI and the potential of SWAH as an acute hospital.

3. Stabilising services and capitalising on the capacity to deliver - “The Elective Centre Plus” model

As noted earlier, there is an urgent need to stabilise services in SWAH. The Consultation document indicates that Emergency and General Surgery are not the only areas in which there are vulnerabilities - with a number of interdependent services with insufficient clinicians to comply with Standards. Furthermore, the continuing erosion of confidence within the hospital in other disciplines is a serious cause for concern. It is imperative that immediate action is taken to address such risks and to take corrective action - regionally, and on an inter-Trust basis.

SWAH is a remarkable state of the art facility. This is not just in its infrastructure but in its staff who have shown themselves to be highly skilled, form highly competent clinical teams, are highly adaptable, collaborative, can-do and innovative and are committed to the local community. Together, this capability means SWAH has the immediate capacity to effectively service the local population and meet regional pressures. It can be key to the delivery of high-performance high-quality surgery regionally. So, rather than SWAH being treated as a problem for the health system, its capabilities and resources should be mobilised and capitalised in the interests of the local and regional population. The regional evidence of unmet need, of clinicians not having access to theatres throughout the region whilst theatres in SWAH remain under-used and not even commissioned, is an obscenity when viewed through the eyes of those waiting for life saving, pain relieving and life enhancing interventions.

It is recognised that the existing physical infrastructure and state-of-the-art operating theatres including modern electro medical equipment places SWAH in a very strong position to offer planned surgery to local, regional and cross-border patients. There is - we believe - the opportunity to commission substantial and sustained elective work at SWAH - by directing funding from the private sector, and by securing agreements with the Health Services Executive in Ireland. Further, to their frustration and the disadvantage of their patients, surgeons within NI (and beyond) are known to have limited theatre time and the availability of SWAH as an elective centre would go some way to solving this regional problem.

For this reason and because it becomes a means through which SWAH's position can be stabilised, we fully support the proposals to make SWAH one of the region's leading elective overnight stay hubs as outlined in the consultation process. We urge the Western Trust with the Department to be even more ambitious by developing an Elective Centre Plus Model - to include an overnight elective surgical service. This can improve the accessibility of elective surgical services for the local and regional populations. Such a development can make considerable inroads to Northern Ireland's alarming high and growing waiting lists - resulting from increasing detection, incidences of cancer, age related conditions and delays caused by the Covid pandemic.

The Elective Centre Plus Model would have full time elective activity extending over 7 days established, with the requirement for the surgeons operating on a given day to reside locally until handing over to their surgical colleague. As wide a range of selective surgical services as possible, including assessment and diagnostics, should be developed at the hospital, to take advantage of its excellent facilities and staff which could operate to this seven-day elective operation programme. Examples could include paediatric surgery, ophthalmology, gynaecology, paediatric and adult orthopaedics, ENT, plastics, renal and bariatric surgery.

To achieve this will require surgeons and sometimes their teams to travel to Enniskillen to be able to undertake surgery for their patients. The development of a multifaceted Elective Centre Plus centre would also support education, training, development and research opportunities for surgeons and other disciplines. Patients and their relatives who are not local will also have to travel from other parts of NI to Enniskillen. The evidence is that patients and their families are willing to travel to access relevant, timely and specialist services.

Recently, (February and March 2023) some leading clinicians have taken the initiative and undertaken sessions of elective work at SWAH, thereby very successfully demonstrating what can be achieved. This has brought to the wider clinical audience and patients the excellence of the facilities at SWAH - both buildings and staff. We very much welcome this development but need to see movement beyond occasional sessions interrupted by periods of under use.

An Elective Centre Plus Model can ensure that there is surgical cover for surgical emergencies when necessary. This could effectively ensure that SWAH has a de facto emergency surgery service - so long as there are constant and sustained levels of elective activity. As noted in the Western Trust's consultation document (page 30) *"There will be consultant general surgeons on or close to site to care for their elective patients and to offer support to clinical colleagues."*

This point is further reinforced and illustrated by a case study in the Department's Review of General Surgery, (page 31), whereby the elective surgical team is alerted to a patient in ED requiring urgent attention, and the elective list is paused to facilitate emergency surgery and the patient, once stable and if required, is transferred to a larger hospital.

Emergency cases could be handled with this new model working closely with ED consultants. The service could also support and underpin other specialties such as Medicine, Obstetrics, Gynaecology, and Radiology while providing supervision for others on site professionals particularly at Staff grade and Nurse Practitioner level.

We note that to achieve this would require a team of at least four surgeons to be appointed without on call emergency commitments to be based at the hub. These surgeons could then be used to tackle regional waiting lists for various procedures. A protocol would be required covering the referral and return of patients who would be taken from regional waiting lists ensuring equity across Trusts. These surgeons, who could be employed under a regional contract, could also work a day or two elsewhere on a reverse basis to maintain and develop their skills. A main attraction of such posts, which would help to address the retention and recruitment issue, is that they would provide a more socially acceptable work-family life balance without the on-call commitment.

The Elective Centre Plus Model would also provide excellent education and training opportunities for doctors and other disciplines with structural links with the medical and other health related schools of local universities. Middle grade doctors' training should be supported to enable career progression to consultant status where possible. The elective environment would enhance access to the professional experience needed by students in general. For established practitioners the volume of operations would help maintain and advance surgical skills and support staff retention. It would also stimulate future recruitment opportunities and success and there must also be a concerted effort to recruit consultant surgeons. An international recruitment drive is considered essential. This should also extend to other staff groups such as nursing and support staff.

It is essential that a detailed strategic plan for the development of an Elective Centre Plus centre at SWAH - taking into account its contribution and impact elsewhere, is developed with and supported by the Department of Health, and our local politicians. It should be published as quickly as possible - certainly by the summer of 2023 - spelling out how this hub is to be configured and taken forward. Meanwhile preparatory efforts can be made to ensure that systems and resources are in place to enable progress to be made as quickly as possible. This will require the urgent and concerted efforts, energies and commitment of our political class, our civil service, regulatory bodies, our medical system and other professional systems along with their education, training and developmental components, workforce planning, trades unions, service design, commissioning and delivery organisations.

As noted earlier, the Elective Care Plus model will need to be led and managed locally at senior management level, under the guidance and direction of the Department of Health's Elective Care Management team - in consultation with the five Trusts. The collapse of Emergency and General Surgery Services at SWAH, as we have highlighted, places greater burdens on other and already busy hospitals. This has to be proactively managed to avoid further breakdowns of services. Leadership will also be required to build the wider relationships and networks between SWAH as an elective hub and other parts of the regional system.

4. Structural and strategic changes

Implementation of the Bengoa Report recommendations for hospital and primary care and the associated rationalising of structures should proceed as soon as possible - recognising the unprecedented cross party political support it has attained. In taking this forward, it is essential lessons are learned from the SWAH experience to avoid “change promoted by crisis“. SWAH is not alone in this dilemma with other hospitals and communities facing similar risks. We must harness the learning from this crisis to ensure change for the better throughout the regional hospital and health service system where all communities benefit both in terms of access to services and in having key health care resources in their localities.

To unlock the flexibilities required to fulfil the Bengoa Report and take forward the actions needed to establish sustainable elective hubs, the Department of Health and Trusts must ensure that all new consultant surgeon appointments have a regional service commitment built into their contracts and must include the expectation of providing surgical services as required in the regional hubs or otherwise as required within the regional system. Additionally, the Department and Trusts should move to secure commitments from the Royal Colleges that, in so far as is practicable, surgeons currently employed within the system should be deployed where possible on duties at other regional locations in addition to those to which they were initially appointed.

The Dalton Review [12] remains highly relevant to the current circumstances. The Review identified 5 themes to improve the sustainability of the NHS namely:

- i. One size does not fit all;
- ii. Quicker transformational and transactional change is required;
- iii. Ambitious organisations with a proven track record should be encouraged to expand their reach and have greater impact;
- iv. Overall sustainability for the provider sector is a priority;
- v. A dedicated implementation programme is needed to make change happen (p.6)

These provide the ground rules on which progress can be made. The Department of Health with the Western Trust have the lead responsibilities and roles to play in terms of performance and the quality of services that are implicit in good and safe patient care.

The delivery of services to an appropriate safe standard is a key theme in the Department’s workforce strategy report Health and Social Care Workforce Strategy 2026 [13]. Self-evidently, both patients and practitioners will desire access to and the delivery of safe and effective services. However, perfection should not become the enemy of the good. The pursuit of standards, important though it is, must be actioned within the pragmatic context of different circumstances - such as described in the Dalton Review (2014).

As the Consultation document describes, SWAH is located at the outer boundaries of the footprints of Altnagelvin, Craigavon and Sligo. We strongly support the proposal that SWAH should relate to all three - and vice versa - in particular Altnagelvin with whom it (and its predecessor the Erne Hospital) has been linked since the reform of local government in the early 1970’s. However, Fermanagh also has strong links eastwards and in community and family terms, a relationship with Craigavon is also a very natural one, echoing the community links shared over a century ago through the Clogher Valley Railway.

Similarly, especially before partition, Fermanagh, and south and west Tyrone's connections included Donegal, Sligo, Leitrim, Cavan and Monaghan. These geographical realities, and the historic and bureaucratic links can be built upon - especially when it comes to advancing and creating clinical networks operating across these key hospital sites and indeed beyond. The border necessarily means that two independent and different health and social care systems are operating side by side. To achieve higher levels of complementarity whereby each system can support the endeavours of the other, will require effort at governmental, departmental and local levels. This can be enabled by, for example, the on-going work of CAWT (Cooperating and Working Together) which has been achieving cross border cooperation since 1995. CAWT has provided a bedrock of best practice in cross-border cooperation and collaboration to build on the models of practice that already exist and have addressed issues such as indemnity insurance, accessibility and the recognition of qualifications that would prove invaluable to finding some of the solutions to healthcare issues in the South West.

5. The need for urgent support for Primary Care and implementation of the Integrated Care system model (ICS)

The negative impact of the collapse of services and the threat to the wider functioning of SWAH is both tangible and intangible. In the first instance, the stability of services at SWAH overall has been undermined and is contributing to a lack of confidence in our health and wellbeing system as a whole. More immediate to individuals and families is the genuine anxiety at individual and community levels in an area with diminishing access to front line services and support.

As already noted, there is a perception in the local community about inequalities in the funding of primary care between the northern and southern sectors of the Western Trust. The provision of additional primary care multidisciplinary team members in the northern sector without similar investments in the southern sector, has been a missed opportunity to support primary care in the more rural southwest and specifically to be able to recruit and retain GPs. We are witnessing a collapse of primary care with three practices in recent times having handed back their contracts and a forecast of more to come. Strengthening local primary care is essential to sustaining services at SWAH as, without robust gatekeeping by GPs, the local Emergency Department will face ever increasing pressures. The medical recruitment difficulties faced locally impact two ways. GPs will be less inclined to work in an area with poor access to emergency services and secondary care doctors will want to have a strong primary care workforce to support their work.

There is therefore an urgent need and the opportunity to create an integrated Population Health Model that focuses on preventative care, frontline support, role development, resilience and self-care, and social care with a particular emphasis on the rural needs of Fermanagh. Such a holistic rural health care model will better be able to address the crisis across health and social care locally. This area of Fermanagh, and south and west Tyrone retains the relationships, determination and ability to make such an integrated model work - building upon patterns of care involving the statutory and not-for-profit sectors that have been developing since the introduction of People First in 1993. (People First: community care in Northern Ireland in the 1990s; Department of Health and Social Services (NI); 1990).

We are aware that the Minister of Health granted approval in October 2020 for the commencement of a programme of work to develop an Integrated Care System (ICS) model in NI in line with the vision set out in Health and Wellbeing 2026: Delivering Together [10] which articulates the need to empower local providers and communities to plan integrated continuous care based on the needs of their population, with specialised services planned, managed and delivered on a regional basis. In July 2021 a targeted consultation on the proposal resulted in overwhelming support for the development of an Integrated Care System based on a Regional, Area and Locality model [10]. The model aims to ensure that the “planning, management and delivery of services are more agile, flexible and responsive to identified local needs, less bureaucratic and process driven, and more outcome focused than the current approaches.” Importantly, the model will operate with the involvement of all key partners. The roll out is due to start in April in the Southern Trust’s area and we strongly recommend the urgent roll out of the approach in Fermanagh, and south and west Tyrone to balance out and address some of the issues of inequity in terms of funding and resources.

Concluding Remarks

The nature of the social contract between government and its institutions - and the population - is that all should expect to be treated fairly in return for the fulfilment of their social and economic responsibilities, and as Marmott says “The fair distribution of health, well-being and sustainability are important social goals.” [16].

Viewed from this perspective it appears to the Fermanagh Trust that all the people of this locality ask for is to have fair and equitable access to those services and facilities that are central to living in safety and comfort in a modern society. The temporary loss of Emergency and General Surgery at SWAH, with fears for its future restoration, the consequential threat to the wider status of services at SWAH, and the implications for the sustainability of the hospital and the social and economic benefits derived from it - are a serious breach of that social commitment by government to this rural population. An article in Future Healthcare Journal 2020 on small rural hospitals notes that “Jurisdictions with policies that support smaller, rural and remote hospitals almost universally cite the importance of equity and social justice in the provision of healthcare to all citizens and acknowledge the harms created by its lack” [7].

Fermanagh Trust takes the view that whatever the constraints and challenges imposed by changes in standards and resources, there is an enduring political, moral and human rights obligation to ensure that the people in the south west of Northern Ireland are treated in the same manner as other communities. In relation to health and wellbeing, SWAH has a central role to play in this duty. The retention and development of the SWAH - such that it is enabled to deliver essential acute, secondary, tertiary and associated support services - is therefore an obligation that our community believes government and its institutions continue to have to them.

For this to succeed leadership is essential, as is ownership of the challenges and opportunities by all stakeholders including the Department, Western Trust, professional bodies and regulators. These actors must work collaboratively with staff and the public, if trust and cooperation is to be rebuilt. All must play their part adopting an integrated approach that creates the investment and resources necessary to sustain an Integrated Care System model (ICS) co-produced with the input of staff, the local community and politicians. This will in turn underpin the "Elective Centre Plus Model" which will support a best practice approach to delivering fair equitable and effective local rural health care. Furthermore there will be significant positive regional Impact on the current healthcare landscape which is plagued by too few resources, financial constraints and organisational problems. We believe the solution is both feasible and deliverable. It will require creative, courageous and visionary thinking in which we are willing to play our part.

References

- [1] Pender et al; (2023) "Linkages Between Rural Community Capitals and Healthcare Provision"; US DEPT OF AGRICULTURE Economic Research Service; report summary
- [2] Department of Health (NI) (2022) Health Inequalities Annual Report 2022
- [3] Department of Health (NI) (2022); Review of General Surgery in Northern Ireland
- [4] DAERA (NI) (2022) Rural Policy Framework for Northern Ireland
- [5] Rural Needs Toolkit for Health and Social Care - HSC Trusts and Rural Community Network; Northern Ireland; September 2022
- [6] Hogg-Graham et al (2021)
- [7] Vaughan, L. and Edwards, N; (2020) The problems of smaller, rural and remote hospitals: Separating facts from fiction; Future Healthcare Journal 2020 Vol 7, No 1: 38-45; <https://doi.org/10.7861/fhj.2019-0066>
- [8] Dayson, C. and Batty, E. (2020) Social prescribing and the value of small providers - evidence from the evaluation of the Rotherham social prescribing service. Sheffield Hallam University
- [9] Marmot, M. (2018) Medical Care, Social Determinants of Health, and Health Equity; World Medical & Health Policy, Vol.10, Issue 2, p.195-97; <https://doi.org/10.1002/wmh3.261>
- [10] Department of Health (NI) (2017); Health and Wellbeing 2026: Delivering Together
- [11] The Rural Needs Act (Northern Ireland) 2016

- [12] The Dalton Review (2014); Examining New Options and Opportunities for Providers of NHS Care;
- [13] Department of Health (NI) (2014); Health and Social Care Workforce Strategy 2026
- [14] Allen, J. et al; (2014); Reducing Health Inequalities Through New Models of Care: A Resource for New Care Models; UCL INSTITUTE OF HEALTH EQUITY
- [15] National Centre for Rural Health and Care (2012); Rural Proofing for Health Toolkit
- [16] Marmot, M., Goldblatt, P., Allen, J. et al.; (2010); Fair Society, Healthy Lives; (The Marmot Report) Department of Health, England
- [17] Department of Health, Social Services and Public Safety (2001); The Acute Hospitals Review (The Hayes Report)
- [18] Department of Health and Social Services (NI) (1990) People First: Community Care in Northern Ireland in the 1990s; Belfast