



An integrated care system for the south west of Northern Ireland

The challenges in health and social care in the South West

Three key factors have created a perfect storm in health and social care for the community in the South West of Northern Ireland. The crisis was brought to a head with the loss of emergency general surgery from the South West Area Hospital (SWAH) in December 2022. This - coupled with the unfolding and deepening crisis in primary care, (which has seen the loss of 3 local independent family doctor services and 5 others officially in crisis,) and the long standing problems in social care have variously and adversely impacted groups and neighbourhoods within the population.

Furthermore, these challenges to service access for the local population are happening in a subregion where topography, internal travel distances, and distances to other centres, create their own realities for service users and services providers. Not surprisingly, the current crisis in health and social care in the South West has become and remains a matter of serious and growing concern amongst local people. There is a genuine fear that the fabric of the network of service provision is rapidly unravelling.

Preventing Collapse

The Bengoa Report predicted the “unplanned collapse of services” if pre-emptive actions were not taken to manage change and developments in hospital and community services. The danger is that single unplanned changes in, or collapse of, services gives rise to a domino effect whereby related services come under threat – either because of clinical interdependencies, or the loss of confidence in key staff and teams. To prevent the collapse of emergency general surgery in SWAH becoming the start of wider instability, it is essential that urgent measures are taken, locally and regionally. In addition, as envisaged by Bengoa, action is required on a regional basis to ensure that the optimum mix of services is available to meet the needs of local populations across Northern Ireland. This must not be achieved at the cost of leaving remote and thinly spread populations, such as the South West, unable to access services on an equitable basis.

Achieving stability

Given the current circumstances in the South West the priority is to secure sustainability and prevent the further erosion of core and dependent services at the South West Acute Hospital,



Systems, Not Structures – Changing Health and Social Care – Bengoa Report, 2016.

“Unplanned collapse of services” if pre-emptive actions not taken.

together with the Omagh Hospital and Primary Care Complex, which are critical to the provision of vital health and related services to the local population.

Urgent and meaningful actions are required. One such action is the development of the regional elective care centre at SWAH which is a cornerstone to building the critical mass of activity across appropriate disciplines that capitalises on its significant staff and facility assets. Self evidently, if the resources at SWAH are deployed to provide regional planned surgery and other services, this will, in the short to medium term, help make significant inroads into the extensive regional waiting lists for planned procedures. In the long term this will ensure SWAH can play a key role in the regional elective surgery network. Furthermore, building on the experience and established models of practice created by Cooperation and Working Together (CAWT), the SWAH is also well placed to address cross border possibilities.



SWAH as part of a regional elective network

We therefore welcome the award winning work of the elective overnight stay team at SWAH. Given the modern patient care, diagnostic and treatment facilities at SWAH, we believe the hospital can provide an advanced elective service, including overnight stays with surgical cover that we are referring to as an Elective Care Plus Centre creating the opportunity to have a surgeon on call. Such developments will need associated resourcing and implementation plans. The opportunity must be seized urgently to commission the full capacity of theatre spaces. This must be resourced and supported through the training and development of the workforce and taken forward by the locally based leadership necessary to stabilise and capitalise on all the SWAH assets – both human and physical.



Addressing community concerns about the loss of emergency surgery

Reference has already been made to the topographical and distance realities of Fermanagh and the wider South West. Local people believe that these realities are not adequately appreciated when plans are being made and decisions are being taken. The issue of rurality, remoteness from other centres and distances, must be considered as essential and properly weighted factors in planning and service commissioning especially in terms of accessing emergency surgery.

Therefore, in the absence of emergency general surgery at SWAH and in light of community concerns about the operation of Pathways, which is an arrangement for the transfer of patients from SWAH to Altnagelvin, support for the Northern Ireland Ambulance Service (NIAS) is vital in terms of the safety and effectiveness of ambulance transfer services. This requires support for the NIAS business case currently with the Department of Health for a clinical response model (requiring £40 million investment over the next five years which will support 300 additional posts across NI). Such investments should support patients and families, and improve the efficient use of hospital places. This then has the added advantage of supporting primary and social care as well as hospital services.

Besides the current problems faced by NIAS in staffing the transfer of patients from SWAH to Altnagelvin, feedback on the Pathway experience suggests that people from the South West, who have initially sought help at the SWAH Emergency Department (ED), on transfer to Altnagelvin have had to re-enter the ED process there, leading to delays in accessing the care they need. We urge the Western Trust to address such blockages in the Pathway process as a matter of urgency. Such measures should include the digital sharing of patient assessments and diagnoses between SWAH and Altnagelvin, and protocols that act on the SWAH assessments to ensure patients are directed within Altnagelvin to the most appropriate department.

Overcoming recruitment and retention problems

Recruitment, retention and training of staff at all levels in the health and social care system is a very significant issue and requires innovative strategic workforce planning and progressive recruitment and retention practices. The Department of Health commitment to developing a strategy by 2026 needs to be fast tracked in light of the urgency of the current worsening situation. For example, in the next 12 months, 40 sponsored paramedic students will complete their studies at Ulster University Magee. A model of paramedic support to the NIAS, GPs and the community must be put in place urgently to ensure these graduates are not lost to vacancies in GB and the Republic and to fulfil the stated ambition of retaining qualified staff locally.

Primary Care

Primary Care is a fundamental element of any successful and sustainable model of health and social care. Fermanagh has the smallest number of GPs per 100,000 patients in comparison to any other area of Northern Ireland. It also has a greater number of older GPs with 35% of them within a few years of retirement.



Also, since 2018 the promise of the rollout of multidisciplinary teams to the South West has not happened. This has exacerbated the gap in terms of access for patients and undermined the recruitment of staff. The inequity of this situation must be addressed by the Department of Health and the Western Trust. Otherwise, without additional support and incentives, the primary care situation will continue to deteriorate, with growing implications for access by the public to GP and primary care services.

Mental Health Needs

A range of shocking statistics reflecting the needs of rural areas in the west can be referenced, not least how all these factors manifest themselves on mental health. For example, the annual number of hospital admissions for mental health reasons in the west is 1542 – compared to Belfast 676 (NISRA, 2022). Our statutory, voluntary and family based system of social care needs urgent investment to sustain a vital individual and community safety net and service system.

A whole-systems approach to the current crisis in the South West

Arresting the crisis in health and social care in the South West requires a number of responses:

- Recognition of the regional potential of the SWAH to address regional needs and to thereby ensure the stability of its services to serve the local population.
- As already noted, the crisis involves hospital, primary care and social care and responses need to be taken on all these fronts. It demands and creates the opportunity for rapid planning, development and delivery of new service structures and approaches to move from an illness-based model of health and social care to the promotion of health and wellbeing.
- To be effectively addressed the crisis in the South West requires the imagination, ambition and immediate action by the Department of Health and the Western Trust – in collaboration with other key public service providers that serve the local population.
- It requires the development of one or more models of good practice for sustainable health and social care in remote rural communities. This must be fast tracked, is deliverable and can become an exemplar with strategic local and regional benefits.

There is a readiness in the South West to proceed with initiatives to drive such changes forward. For example, through the implementation of an Integrated Care System (ICS) – as the preparatory work of community engagement and population health planning has already been scoped via the Pathfinder project. Pathfinder was a significant Western Trust initiative, initiated in July 2018, as a detailed consultative process leading to proposed actions to improve services. Resources such as the Departmental finance available for the roll out of ICS and the guidance offered by the work of The King's Fund, can drive a collaborative programme to address the current and foreseeable health and social care needs of our community.

We present our analysis, based on extensive conversations and references to research and policy – as a considered contribution to the next steps to finding a viable way forward through the current multiple crises in health and social care. In particular, we emphasise that in addressing local needs there can and will be significant regional gain. We recognise the iterative nature of the process and the need to take account of the interests of many stakeholders, not least patients, families and carers, whose best interests demand urgent attention as time is not on our side. We must act now.