

Bawnacre Comments 02.02.2023

Theme: Ambulatory and Transport Times

- The Trust have said they are putting on extra ambulances and staff – are trust using coastal care ambulances with non-medically trained staff I.e. paramedics.
- Why is no one else in Northern Ireland asked to travel these kinds of distances for emergency surgery or with major trauma. DISCRIMINATION
- Jerry Ferguson – If you live in Belleek it takes 45 minutes for an ambulance to arrive, half an hour to stabilise the person and 1 and 3 quarter hours to Derry, total 2 and a half hours. What are we going to do?
- Prof Lavery and Prof Taylor tell us that time taken to receive emergency surgery does not affect morbidity or mortality. Why do we blue light emergency patients if this is true?
- Do any of the panel live more than 60 minutes away from Emergency Hospital?

Theme: Clinical Emergency

- Will stroke patients be treated in SWAH? What can be done so that they can be treated as quickly as possible? Essential after a stroke.
- Will emergency caesarean sections continue to be performed at the SWAH?
- What happens in the event of a major incident in Fermanagh?
- Not equal care for all. Abdominal pain > 55 years higher risk patients with underlying chronic diseases worse outcomes. Higher risk of abdominal aortic aneurism by age. Less mobile patients transport.

Theme: Capacity at Altnagelvin

- What evidence or backup documentation/research have you that going to a bigger hospital will get better outcomes? Why did you not move emergency surgery to SWAH and close it at Altnagelvin?
- How often are the ring-fenced beds available? As I am aware no availability last Friday.
- Have any patients requiring emergency surgery and being transferred to AAH been refused access? What is the average transfer time for patients in this situation?
- Not going from emergency dept to emergency dept. Not true. How many ring-fenced beds? Altnagelvin is not bound to take anyway from SWAH. They can't deal with what they have.

Theme: Recruitment and retaining of Consultants

- What incentives have been used to attract surgeons following the failure of your current processes?
- We are being told that we cannot recruit to SWAH – why were no Consultation Surgeon posts advertised as SWAH since 2021.
- Consultants obviously don't want to work here. What have you changed to make it more appealing?
- Why are Consultants being trained for specialised surgery when what the NHS and Fermanagh need is General Surgeons.
- Can we get a copy of the job advert for consultant jobs at SWAH? Tried for years to recruit? Need help marketing?! Bigger pool of staff outside UK? Recruit.
- You speak of not having relevant interdependencies but was this always a depletion of these services over many years or is this only an issue recently? IF this is the case is this an excuse for pushing towards privatisation. As for many years the hospital worked fairly successfully.
- How many consultants have handed in resignations at SWAH since December 18th? What specialisms are they in?
- What are the "lessons learnt" from the failure to recruit and retain Consultants at SWAH? Has a lessons "learnt report" been conducted?
- Methods of recruitment must be flawed as they are failing. How are you addressing this?

Theme: SWAH Hospital Status

- At the moment we are type 1. Is it not true must have emergency medicine/surgery 24/7. So – will we be downgraded to type 2 or 3 thereby we will lose a lot of services.

The CEO Neil Guckian is refusing to resign over the failure he has presided over and the horrific consequences it holds for our community – will anyone be held accountable