



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

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

Temporary suspension of Emergency General Surgery Services at South West Acute Hospital (SWAH), Enniskillen from 5th December 2022.

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)?

Temporary suspension of Emergency General Surgery Services at South West Acute Hospital (SWAH), Enniskillen.

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

Background

The General Surgery service commissioned at SWAH has funding for 6.5 consultants, but this staffing has not been sustained at any time in recent years despite repeated rounds of recruitment.

The Trust initiated a project in September 2021 in order to work towards a sustainable Emergency General Surgery service. This was in response to challenges to the delivery of a safe and sustainable general surgery service, and address the particular challenge in maintaining 24/7 rotas to meet professionally mandated standards of care. It was expected at the conclusion of the Trust review, the Trust would proceed to consult on a planned change to the provision of Emergency General Surgery across the Western Trust area.

This position changed at the beginning of October 2022 when the Trust experienced a number of critical staffing changes, which meant that the 24/7 rota for Emergency General Surgery at SWAH could not be sustained after 18th December 2022. This resulted in an unplanned and temporary change to Emergency General Surgery services at the South West Acute Hospital from 5th December 2022.

The Trust has developed a contingency plan with pathways in place to provide safe emergency treatment of general surgery patients at Altnagelvin Hospital, Craigavon Hospital and Sligo General Hospital. In planning for the change, we estimated based on regional dashboard information, that approximately 5 patients per day could be affected by the temporary suspension of Emergency General Surgery at SWAH. From 5 December 2022 to 6 January 2023 a total of 72 patients were admitted to Altnagelvin hospital with a surgical presentation, who may have previously been admitted to a surgical ward at SWAH. This equates to 2.1 patients per day. The Western Trust have put in place monitoring arrangements with the Department of Health (DoH) to more accurately assess the impact of this change.

Information to date has not indicated a significant impact on Craigavon Hospital (12/1/23).

Services not affected by the temporary suspension of emergency general surgery at South West Acute Hospital

It is important to note that this unplanned temporary change will not affect the Acute status of the hospital and all other services at the hospital remain. This includes:

- Obstetric and Gynaecology Services including Maternity Services
- Acute Medicine and Care of Elderly
- Outpatient services including General Surgery
- Elective Surgery
- Critical Care and the Intensive Care Unit
- The Emergency Department (ED) will continue to receive and treat patients
- Paediatrics and Cardiology services will continue unaffected

Why the Western Trust made the decision to temporarily suspend emergency general surgery:

Insufficient consultant General Surgeons to safely staff the out of hours rota

In August 2020, the Trust issued an 'Early Alert' on the sustainability of the SWAH Emergency General Surgery out of hours rota to the Department of Health (DoH). An Early Alert is the reporting of an incident or an event by the Trust's Chief Executive and/or a Director, which may require immediate attention by the Minister, Chief Professional Officers or Policy Leads and/or requires urgent regional action by the DoH. This Early Alert identified the staffing challenges being experienced by the Emergency General Surgery service at SWAH, and the fragility of that service. Following escalation to DoH on 28 August 2020, a regional summit was held to explore potential solutions to support SWAH's Emergency General Surgery rota. No long term solutions were identified.

From 2014 - 2021, the Trust had six rounds of recruitment resulting in five general surgery consultant appointments. In July 2021, the Trust commenced a further recruitment process and the process concluded in January 2022. No appointment was made from this recruitment process. During the period February 2019 until October 2021 the consultant general surgery team in SWAH has been reduced, as although 4 consultants were recruited during that period, six substantive consultants have left.

The Emergency General Surgery service commissioned at SWAH has funding for 6.5 consultants but this has not been sustained at any time in recent years. Early in October 2022, the Trust was notified of a number of significant changes, which meant that the Emergency General Surgery rota in SWAH would become unsustainable within a relatively short period. The Trust was notified of:

1. A resignation on Monday 3 October 2022 from one substantive consultant who then left the Western Trust on 20 December 2022.
2. A further resignation from another substantive Consultant who will leave the Trust on 3rd February 2023.
3. Notice of a period of planned absence from another substantive consultant who, following a risk assessment, has only been able to work on the green pathway from 21 November 2022.

4. A locum Consultant surgeon is currently in negotiation regarding the extension of their contract. At present they have only committed to working for a further short period.

As of 18 December 2022, the Emergency General Surgery Service at SWAH would have only one substantive Consultant and cannot safely be sustained. This consultant is leaving the Trust in February 2023.

Patient Safety risk

The main priority for the Trust is to provide a safe, sustainable and effective Emergency General Surgery service for patients in the Western Trust area ensuring safe services and the best outcomes for all patients.

A safe Emergency General Surgery rota requires a minimum of 4 substantive surgical consultants, supplemented by locum consultants, to cover the 'in hours' (9am to 5pm) Emergency General Surgery theatre sessions and provide a safe out of hours on call rota. It is also required to supervise junior and middle grade staff and provide ongoing high level patient care.

A safe and sustainable service cannot be provided with less than 4 substantive consultants as this results in an over reliance on a high number of locum staff, which creates safety risks for patients.

How the Western Trust is reducing risk for patients

Our Patient Pathways

The Western Trust established a Project Board in October 2022 to engage with stakeholders to review and decide on safe patient pathways in light of the growing risk to the service. This team includes representatives from:

- Northern Ireland Ambulance Service (NIAS)
- Southern Trust,
- Local GP representatives
- Regional Trauma Network
- Service users/carers representatives

Working with the partners outlined above, the Project Board developed contingency arrangements to maintain patient safety. The Trust has developed these as patient pathways which are set out below:

- **Upper Gastrointestinal Bleeding (this refers to bleeding from the oesophagus, stomach or duodenum)**

Patients with any of the following will bypass SWAH Emergency Department to go to Altnagelvin or Craigavon Hospitals based on Paramedic assessment and location they are in:-

- Vomiting fresh clots of blood.
- 3 or more recent episodes of coffee ground vomiting.

- Acute onset Melena (refers to black stools as a result of bleeding)
- Any GI Bleeding with signs of hypovolemic shock (this is an emergency condition caused by severe blood loss meaning the heart is unable to pump enough blood supply to the body)

- **Acute Scrotal or hernia Pain**

Patients with acute scrotal or hernia pain will bypass SWAH to Altnagelvin or Craigavon based on Paramedic assessment and location they are in – with the exception of those aged 5 and under who will transfer to Royal Belfast Hospital for Sick Children, in Belfast.

- **Abdominal Pain**

Any patient over 55 years of age complaining of abdominal pain will bypass SWAH to Altnagelvin or Craigavon based on Paramedic assessment and location they are in.

- **Trauma Management**

All non-major accidents will continue to present to SWAH. The major trauma triage tool used by Northern Ireland Ambulance Service (NIAS) has been amended to reflect that those critically unwell or with penetrating trauma, are not brought to SWAH ED and are taken to Altnagelvin, Sligo or Craigavon based on Paramedic assessment and the location they are in.

- **Patients with post operational complications (14 days or less)**

In order to ensure continuity of care, it will be important that patients return to the site where they had their operation, which is where their Consultant is based.

- **Children with Head Injuries**

Children who sustain a minor head injury and require admission for a short period of time will be admitted to SWAH under the care of the paediatric medical team as is the practice in other District General Hospitals. Those with associated trauma or an isolated major head Injury will need discussion with the neurosurgical team in Belfast after a CT scan (scan of the patients head).

- **Colorectal Surgery**

All patients requiring colorectal surgery during the period of the temporary changes to service will have their surgery in Altnagelvin Hospital.

- **Obstetrics (Obs) and Gynaecology Care (Gynae) (this is used to describe a wide range of care to women, including fertility, reproduction and post-menopausal concerns including bleeding)**

These services will remain. Patients under the care of the Obs & Gynae team will have early assessment for possible complications during pregnancy. This will ensure that patients are cared for in the most appropriate clinical setting.

- **General Day Case Surgeries**

General Surgery patients who have not sufficiently recovered from their day procedure in Omagh Hospital and Primary Care Complex (OHPCC) and SWAH will now be admitted to Altnagelvin Hospital with the exception of Gynae who will still be managed at SWAH.

Safe transfer of patients

- **Northern Ireland Ambulance Service (NIAS)**

Our Patient Pathways are a key safety aspect to support the temporary change in emergency General Surgery Services at SWAH. The Trust has negotiated with NIAS, the Southern Trust and Sligo University Hospital to ensure that patients are managed in the Acute setting which best meets their clinical needs.

- **Private Ambulance Transfer**

The Trust has negotiated private ambulance capacity that consists of three ambulances, seven days per week, with the following rotas that may be subject to change:

- 1 x Ambulance available 10:00am - 23:30pm
- 2 x Ambulances available 11:30am - 13:30pm
- 3 x Ambulances available 13:30pm - 19:00pm
- 2 x Ambulances available 19:00pm - 00:00am

- **Hospital Emergency Medical Service (HEMS Helicopter)**

HEMS team will provide transfer from SWAH ED to Royal Victoria Hospital ED as the major trauma centre. This will be dependent on the clinical assessment and other conditions such as timing of request and weather.

Increased capacity at Altnagelvin Hospital

Emergency patients who would normally receive their treatment at SWAH may need to be seen and treated at Altnagelvin Hospital. The Trust is developing and expanding the Ambulatory Care pathways in Altnagelvin and SWAH (Ambulatory Care to take patients who would traditionally have been for hospital admission, rapidly assess them, treat them and get them home on the same day without the need for hospital stay). This will free up theatre and inpatient bed capacity. The Trust is continuing to take steps to improve the flow of unscheduled care patients through our hospital system.

Hospital beds will be reserved within Altnagelvin Hospital. This will mean that patients that have already been assessed at SWAH Emergency Department do not have to wait for a bed on arrival at Altnagelvin, and move direct to ward admission.

A “Discharge lounge” has been established at Altnagelvin to improve patient flow over the winter period. The Discharge Lounge will be an area where patients who are ready to go home can wait until their transport arrives allowing beds to be released to patients waiting in the Emergency Department for admission

Engagement with our staff

Regular meetings have been established with senior staff available, to meet with staff and discuss any concerns or issues they might have regarding the position at the hospital. There is a Director on site regularly to support and respond to any issues that staff may have.

Regular meetings take place with Trade Unions and staff impacted by the change. This allows staff to “drop in” and discuss any concerns they might have. We will facilitate individual and group engagement sessions and feedback with staff groups. Information including FAQs have been posted on the Trust Intranet.

Current position on the recruitment of Emergency General Surgeons

The Trust completed a recent recruitment drive for four full time Consultant General Surgeons, who, while based in Altnagelvin, will be required to work at hospitals across the Trust. This change in recruitment has been made to maximise the number of potential applicants who are willing to work in General Surgery in the Western Trust. Unfortunately based on previous experience we do not believe that further advertisements for positions in SWAH General Surgery only, will be successful.

This recruitment exercise was advertised with a closing date of 18th November 2022. The posts were advertised on the British Medical Journal Careers Website which has international reach. The Trust also advertised the posts across all of its Social Media Platforms.

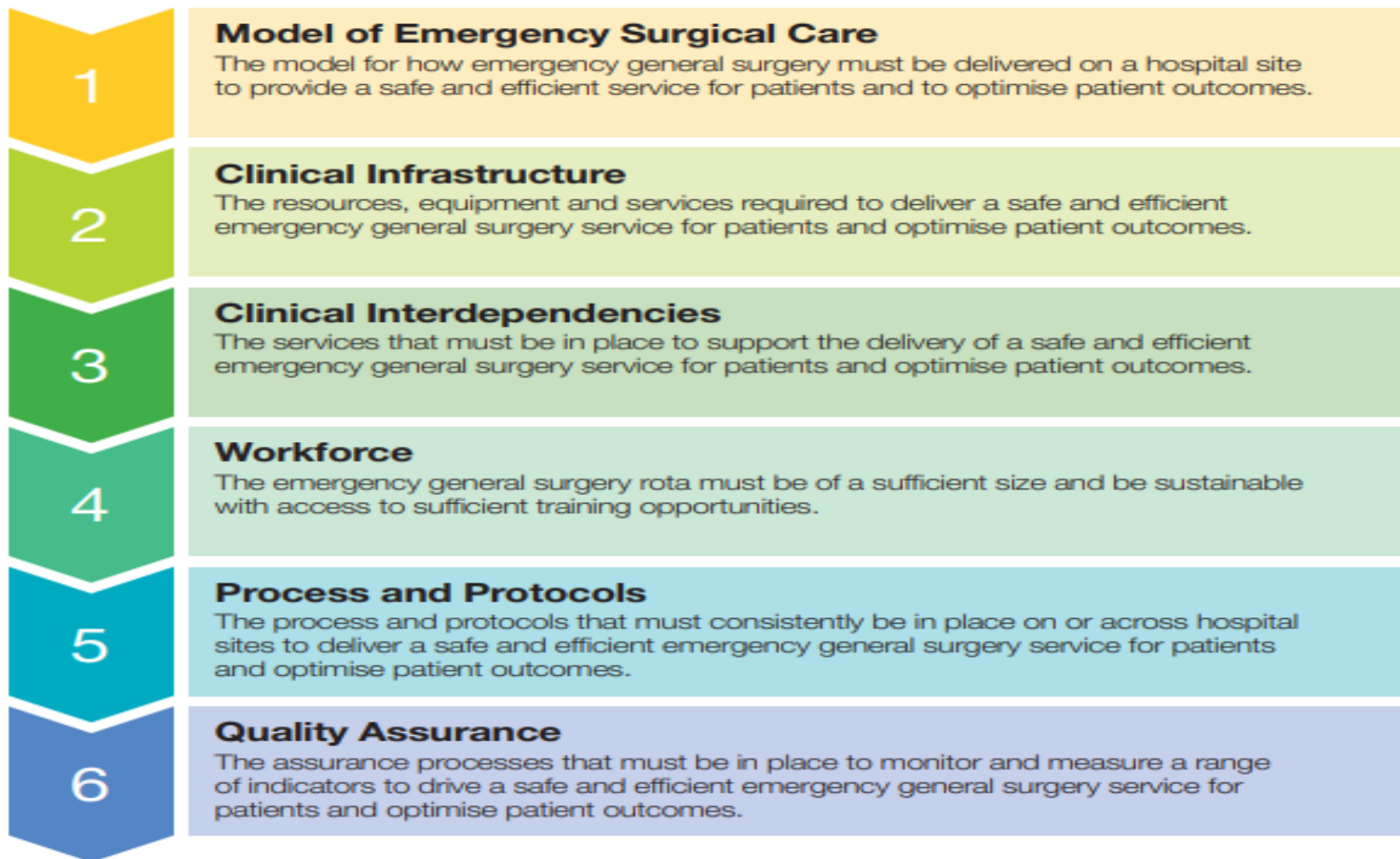
Whilst a number of applications were received for these posts, none of the candidates met the shortlisting criteria. The Trust is aware that a number of doctors will complete their surgical training in August 2023 and therefore plan to re-advertise the posts in early 2023. The Trust is optimistic that it will be successful in securing appointments in this round of recruitment.

Meeting General Surgery standards

In June 2022, the then Minister for Health, launched the ***Review of General Surgery in Northern Ireland, Standards and Way Forward*** (referred to here as the “Regional Review”). [Review of General Surgery in Northern Ireland | Department of Health \(health-ni.gov.uk\)](https://www.health-ni.gov.uk/review-of-general-surgery-in-northern-ireland)

This Regional Review formally introduced standards which hospitals will be required to meet to continue providing emergency and planned (elective) surgery and set expectations for Trusts in the delivery of general surgery into the future. This was based on an evidence base including Guidance from the Royal Colleges, Association of Surgeons of Great Britain and Ireland, other expert organisations, and regulatory bodies.

The Standards will apply to all hospitals and the Regional Review states that Trusts will need to reconfigure to meet the standards. There are 2 hospitals who currently meet the Standards (Royal Victoria and Ulster Hospitals) and 3 have a small gap to meet the standards (Altnagelvin, Craigavon and Antrim Hospitals). SWAH is 1 of 3 hospitals in NI that require fundamental changes to meet the standards (SWAH, Causeway and Daisy Hill hospitals). The Standards are built around 6 areas:



There are significant gaps in 2 areas of the Standards currently at SWAH. These are detailed below:

Workforce

SWAH has an acute shortage of substantive General Surgical Consultants. From February 2023 there will be no substantive Consultants working on the SWAH site due to planned absence and resignations. A minimum of 4 substantive General Surgical Consultants, supplemented by locum consultants, are required for a stable rota. This would allow for annual leave, study leave and provide adequate ongoing clinical supervision for junior

doctors. SWAH currently has 4 middle grade doctors operating at ST3 level and above as required providing emergency care including out of hours cover, a similarly substantive and stable team at this level would be needed. Currently 50% of these staff are locums.

In order to ensure that the most senior posts are attractive and that staff can be retained, it is expected that the Trust would be required to re-establish the service in a way that takes account of the requirements set out in the Standards.

Clinical Interdependencies

There are key areas where SWAH does not currently meet the requirements of the standard for other services being on the hospital site. These would be required to be developed as full 24/7 services at SWAH in order to meet the Standard:

Radiology

There is one Consultant Radiologist with Interventional skills which does not provide sufficient resilience to provide 7 day or a minimum 5 day access to this service. Radiology services has experienced difficulties recruiting in SWAH and has been reliant on locum doctors to support their service.

Endocrinology

Currently there are 2 Diabetes and Endocrinology Consultants in SWAH, who provide inpatient support to their Acute Colleagues 5 days per week.

Renal Medicine

Currently there is renal support from an outreach Consultant from Altnagelvin Hospital one day per week. The pathway for patients who require renal intervention is through the renal team based in Altnagelvin. In order to create a sustainable renal on call service based in SWAH 6 consultants would be required.

Bleeding Rota

Currently SWAH has 2 Gastroenterology Consultants who support the medical on call rota. In order to deliver on the standards laid out in the regional review at least 6 would be required to support an on call arrangement across 7 days of the week and 24 hours per day

The fundamental requirement of the Standards is that hospitals admitting Emergency General Surgery patients must have access to timely assessment and review from these clinical specialities. Currently, SWAH relies on small numbers of Consultant staff providing radiology, cardiology and diabetic care, and has no renal clinical presence. There is a significant gap in meeting the required Standards, and considerable investment would be required to establish a range of new 24/7 services and associated clinical teams at the hospital, to support emergency surgery.

Circumstances for re-instating Emergency General Surgery in SWAH

People are understandably concerned about when the Emergency General Surgery Service can be re-instated and what needs to be in place for that to happen. The Trust cannot give a date for this as it is dependent on:

Compliant rota: The Emergency General Surgery Service must have a compliant rota which means that 24/7, every shift will have a consultant general surgeon on the rota and available to attend the site in an emergency. We believe that we will need a minimum of 4 consultants employed on a substantive contract, and that we would combine these with locum staff to reach the required level.

Regional Standards: The General Surgery service at SWAH is required to meet the Regional Standards for General Surgery published by Minister Swann in June 2022. Three hospitals (Causeway, Daisy Hill and South West Acute hospitals) require fundamental change in order to meet these standards.

Trusts have been asked to consider service reconfiguration as a result of the Standards and are expected to collaborate with the new General Surgery Network which will have clinical leaders from across Northern Ireland closely engaged and the Elective Care Management Team, established by Minister Swann and chaired by DoH.

The opportunity for the Western Trust to change services at SWAH or Altnagelvin Hospital in order to meet the standards is likely to be limited given the workforce and networking challenges across sites, larger reconfiguration may therefore be required.

The consultation exercise enables the Trust to be transparent about the issues which are relevant to the re-instatement of this service. The Trust's Project Board will oversee the steps required.

How Western Trust will monitor the impact of the temporary change

The Project Board supports the existing hospital governance processes by providing oversight of these temporary arrangements. Following the changes from the 5th December 2022 the Trust initiated daily safety huddles with Health and Social Care partners. The purpose of these daily meetings was to outline and identify any safety concerns and recommend amendments.

Alongside this, the Trust has been engaged with the DoH Strategic Planning and Performance Group (SPPG) and have developed a data set which will help us see the impacts associated with this temporary change.

The Project Board and hospital safety huddles will continue to escalate urgent matters directly to the relevant senior officer including the Medical Director and Director of Acute Hospital Services. Where required, issues will be recorded and reported through the Trust's Governance Framework which includes reporting of incidents, and review and learning if these arise.

The process outlined above will ensure there is thorough reporting and review of incidents, complaints and other learning sources. It will also ensure issues are identified and actions taken in a timely way to appropriately manage risk.

Establishing an Elective Overnight Stay Centre in SWAH

The Department of Health is working to change how elective services are delivered around Northern Ireland. This is to avoid planned work being affected at times when unscheduled (emergency) pressures are greatest, such as the winter period. This is expected to help address the large backlog of patients waiting, by making planned treatments and operations happen reliably and ensuring that they are not cancelled due to unscheduled patient pressures. It is expected that more patients can be seen this way.

In November 2022, the Department of Health advised the Trust that SWAH would be an Elective Overnight Stay Centre for Northern Ireland. This means that the planned operating sessions at SWAH will be used for Western Trust and Regional patients, and consultant surgeons and their patients will come to SWAH to be operated on from across Northern Ireland.

It is possible that patients could be operated on before the end of the financial year (March 2023). This will mean that there will be consultant general surgeons on or close to site to care for their elective patients, and to offer support to clinical colleagues.

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

The default definition of “rural” used in Northern Ireland is that developed by the Inter-Departmental Urban-Rural Definition Group. Initially proposed in 2005, and amended in the Review of the Statistical Classification and Delineation of Settlements, NISRA, March 2015, this definition classifies those settlements with populations of less than 5,000 together with the open countryside as rural. Settlements have been classified into a number of bands (see Table 1), with bands A-E classified as urban and bands F-H classified as rural.

Given that SWAH delivers services to people primarily in rural areas and the distance that the Trust acknowledge service users who will now have to travel home after treatment is completed, and the travel time for their family/carers to visit (in excess of 1 hour). In this instance the Western Trust has used information categorising rural areas based on their drive time from a town centre of a settlement with a population of 10,000 or more (a large service centre). Using this approach, areas have been classified as being either “within” or “outside” of 20-minute or 30-minute drive times of their nearest town centre. Approximately 93% of Northern Ireland’s population live within 30 minutes drive-time of the town centre of a settlement containing a population of at least 10,000.

Settlement Development Limit Populations by Settlement Development Limit Classification with Drive-times

Classification	Settlement Development Limit (SDL)	2011 Census Population	20 Minute Drive time	30 Minute Drive time
BAND A - BELFAST				
BAND B - DERRY CITY			-	-
BAND C - LARGE TOWN (POPULATION 18,000+)	OMAGH TOWN	19,682	-	-
Band C Total	1	19,682	-	-
BAND D - MEDIUM TOWN	ENNISKILLEN	13,790	-	-

(POPULATION 10,000 - 17,999)				
Band D Total	1	13,790	-	-
BAND E - SMALL TOWN (POPULATION 5,000 - 9,999)				
Band E Total	0	0	-	-

Classification	Settlement Development Limit (SDL)	2011 Census Population	20 Minute Drive time	30 Minute Drive time
DEFAULT URBAN-RURAL SPLIT				
BAND F - INTERMEDIATE SETTLEMENT (POPULATION 2,500 - 4,999)	CASTLEDERG	2,985	N	Y
	LISNASKEA	2,960	N	Y
Band F Total	2	5,945	0	2
BAND G - VILLAGE (POPULATION 1,000 - 2,499)	IRVINESTOWN	2,264	Y	Y
	SION MILLS	1,903	Y	Y
	NEWTOWNSTEWART	1,547	Y	Y
	BALLINAMALLARD	1,432	Y	Y
	FIVEMILETOWN	1,243	N	N
	DROMORE_OMAGH	1,202	Y	Y
	FINTONA	1,160	Y	Y
	LISBELLAW	1,102	Y	Y
	MAGUIRESBRIDGE*	1,038	Y	Y
	KESH*	1,036	N	Y
Band G Total	10	13,927	8	9

Classification	Settlement Development Limit (SDL)	2011 Census Population	20 Minute Drive time	30 Minute Drive time
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Bands A – D Total (Population 10,000+)	2	33,472	-	-
Bands E – G Total (Population 1,000 to 9,999)	12	19,872	8	11
TOTAL A – G	14	53,344	14	20
Band H** (Populations of less than 1,000 and open countryside)	-	498,016	-	-

Source: Review of the Statistical Classification and Delineation of Settlements, NISRA 2015

* Settlements whose Band classification has changed (from the 2005 report); including 17 additions to Band G, reflecting the overall increase in population since 2001.

** Band H total is NI wide total in populations of less than 1000 and open countryside

Footnotes:

1. The names and the listings of the settlements have been taken from the set of Settlement Development Limits (SDLs) provided by DoE Planning.
2. The labelling of bands in this classification as 'towns' or 'villages' is purely descriptive. It is noted that, for example, some settlements described in the classification as 'towns' are legally 'cities'.

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.

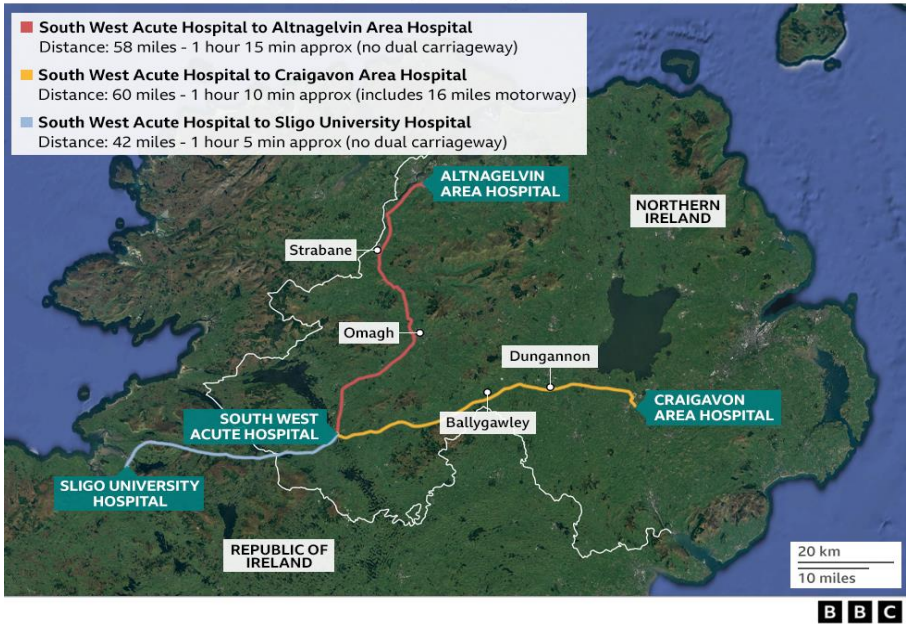
Western Trust is committed to its statutory duty to have due regard to rural needs when developing, adopting, implementing or revising policies strategies and plans and when designing and delivering public services. In so doing we will strive to ensure that we pay due regard to the social and economic needs of people in rural areas when carrying out the Review. The Trust is mindful that the level of 'regard' due will depend on the circumstances and, in particular, on the relevance of rural needs to the decision or function in question. The greater the relevance and potential impact for people in rural needs the greater the regard required by the duty.

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

It is important to note that the Emergency Department at SWAH will continue to operate as normal seeing the vast majority of patients who would have previously attended and that all other services detailed under Section 1C remain.

Therefore the focus of this temporary unplanned change is in the location of Emergency General Surgery services and how service users and their family/carers living in rural areas across the Trust may be impacted by increased travelling times. The information below details distance and approximate times from SWAH to the agreed alternative hospitals, depending on the location and patient presentation.

Alternative emergency surgery hospitals



The table below further illustrates the travel times from some areas within the Western Trust catchment to show the difference in times from attending SWAH to Altnagelvin and Craigavon:-

Time to travel to different hospital sites – <i>times taken from googlemaps</i>			
Area	Time to SWAH	Time to Altnagelvin	Time to Craigavon
Derrylin	26mins	1hr 49mins	1hr 14mins
Belcoo	25mins	1hr 52mins	1hr 31mins
Belleek	40mins	1hr 23mins	1hr 39mins
Pettigo	29mins	1hr 10 mins	1hr 25mins
Carrickmore	56mins	1hr 02mins	44mins
Newtonbutler	34mins	1hr 48mins	1hr 14mins

Following further engagement with service users/carers during the Public Consultation period and following lessons learned within first few weeks of alternative pathways being in place, the Western Trust will have further information on any additional impacts to rural communities.

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?

The alternative hospitals may not be easily accessible from rural locations for those without private transport. Those living in rural locations will likely require more effort, time, and resources to access them than those in an urban area. Mitigating measures may be required to ensure needs of those in rural areas are addressed and that those being supported are not adversely affected by the proposed service change and associated out-workings.

In summary impacts are likely to be related to include:

- Limited availability of public transport.
- Cost of transportation to and from alternative provision location.
- Limited provision of community transport.
- Social impact of potential lack of family support network during the time of required for the emergency general surgery and immediately afterward.

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; Transport services in Rural Areas	
Rural Development		Broadband/Mobile Communications in Rural Areas			X
Poverty or Deprivation in Rural Areas		Rural Business, Tourism or Housing			

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

If you completed 2E above GO TO Section 6

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

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

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

Consultation with relevant stakeholders / Survey or Questionnaire / Research / Statistics / Publications / Other methods / other methods

The Trust intends to publicly consult with regards to this temporary unplanned change. There has also been weekly meetings with HR and impacted staff with trade union colleagues in attendance.

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

- Rural Statistics on Department of Agriculture, Environment and Rural Affairs (DAERA) website including statistics on employment and income, access to services, transport and telecommunications <https://www.daera-ni.gov.uk/articles/whats-new-rural-needs>.
- Fermanagh Omagh District Council Community Plan
- Northern Ireland Statistics and Research Agency Rural Statistics (NISRA) – Northern Ireland 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 service’
- Northern Ireland Census - [Census 2021 outputs prospectus | Northern Ireland Statistics and Research Agency \(nisra.gov.uk\)](#)
- Transformation Programme for Northern Ireland – “Health and Wellbeing 2026 – Delivering Together”
- The Minister for Health commissioned a Regional Review of General Surgery Services 2021 (Published June 2022)

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:

- According to NISRA there are 45715 households in the geography, with 14% having no access to a van or car. 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 Department of Agriculture, Environment and Rural Affairs (DEARA) website show that 67% and 98% of rural and urban areas respectively had coverage of superfast broadband in 2018.
- Certain groups e.g. elderly/young people/disabled may experience increased difficulties accessing public transport. Availability of transportation and the economic need of associated costs of accessing proposed services. Distances and approximate travel times to alternative hospitals from SWAH are detailed under Section 2B.

According to Fermanagh Omagh District Council Community Plan, Fermanagh and Omagh is primarily rural; approximately 30% of the population live in the two main towns of Enniskillen and Omagh. A further 7% live in the local towns of Carrickmore, Dromore, Fintona, Irvinestown and Lisnaskea. The villages and small settlements account for a further 17% of the population, with 46% of people living in open countryside. The area has a low population density of 38 people per km², with 5 of the 10 most remote wards in NI.

There are 124,243 registered patients in GP Practices in the Fermanagh/Omagh Local Government District (*General Medical Services for NI Annual Statistic 21/22*).

The following infographic summarises some relative statistics taken from the Northern Ireland Statistics and Research Agency:

Projected Population

120,208
(2038)



Life Expectancy

male 78.7
female 82.5
(2015-2017)



Births

1,500
(2017)



Projected Households

47,225
households
(2038)



**Journeys - Walking, Cycling or
Public Transport**

15%
(2015-2017)



**Road Traffic Collision - Persons
Killed or Seriously Injured**

58
(2018)



Population
116,835
(2018)



Age Profile

0-15 20%
16-64 63%
65+ 17%

18,130 Enniskillen
15,640 Erne East
15,300 Erne North
14,890 Erne West
17,870 Mid Tyrone
18,170 Omagh
16,830 West Tyrone

Population Estimates for DEAs are estimated using a proportionate method which allocates Small Area population estimates to DEAs on the basis of information extracted from the 2011 Census.



Total Spend by All Visitors
£72.9 million
(2018)

FERMANAGH & OMAGH



**Employment
Rate**

67.3%
(2017)

**Economic Inactivity
Rate exc. students**

18.3%
(2017)



**Households with
Broadband Access**

80%
(2018/19)



**Standardised House
Price**

£132,642
(2019 Q3)



**Average weekly earnings
(full-time)**

£532
(2019)



**Recorded Crime Offences
(excluding fraud)**

4,504
(2018/19)



**Household Waste Reused,
Recycled & Composted**

49%
(2018/19)

SUMMARY STATISTICS

www.nisra.gov.uk/ninis

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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?

The primary Health and Social Care 'needs' of rural dwellers are availability of timely access, provision of choice and the provision of high quality care.

- Social "need" relates to proximity to family support networks during this temporary unplanned change to emergency general surgical services.
- Economic 'need' relates to the additional cost of travel for family support networks to visit patients during the temporary change

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

The Trust is cognisant of the need to consider and mitigate any potential adverse impact. The Trust has focussed on communication of the temporary change prior to the public consultation. The Trust is undertaking a full 12 week public consultation on the unplanned temporary change.

Key Stakeholders include:-

The key stakeholders for the project include but are not limited to:-

- Staff
- Trade unions/staff side representatives
- Local population: Community and Voluntary Groups
- Service Users/Carers
- Rural Networks
- Patient representative groups
- Patient Client Council
- Pathfinder Strategic Partnership Group
- Fermanagh & Omagh District Council (Health and Communities sub-committee)
- Derry & Strabane District Council (Health and wellbeing sub-committee)
- Public representatives
- General Practitioner Federation (GP's)
- Department of Health, Northern Ireland
- Southern Health and Social Care Trust
- Belfast Health and Social Care Trust
- Regional Trauma Network
- Strategic Planning and Performance Group (SPPG)

- Public Health Agency (PHA)
- Northern Ireland Ambulance Service (NIAS)
- Private Ambulance Providers
- Northern Ireland Medical and Dental Training Agency (NIMDTA)
- Health Service Executive (HSE) / Sligo University Hospital
- Regulation & Quality Improvement Authority (RQIA)
- Northern Ireland Commissioner for Children & Young People
- Commissioner for Older People in Northern Ireland
- Royal College of Surgeons
- Royal College of Obstetrics and Gynaecology (RCOG)

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?

The Rural Needs Act (NI) 2016 will be taken into consideration on an ongoing basis together with liaison with the Northern Ireland Ambulance Service, Community Transport Organisations and Rural Groups throughout the Western Trust area.

The Public Consultation process begins in January 2023 which will target local populations across the 7 FODC local DEA's. Public consultation events and virtual events will provide rural communities the opportunity to learn more about the reasons for the temporary change, the steps taken to keep all patients safe, and for people to give feedback on viable alternative means to deliver this service. This approach will give people ways to access information on the consultation and to provide views and responses. The Trust will review the Rural Needs Impact Assessment following the public consultation.

The Project Board will review qualitative and quantitative data, including the patient experience. This will be reviewed to monitor impact and feedback on the issue of additional travel for patients and their families. Eligible service users can avail of the Hospital Travel Costs Scheme – a scheme which helps people on a low income or income-based benefits who may be entitled to reclaim travel expenses for hospital treatment

The Trust accept this will be a concerning time for the local population and that they will be worried about how safe the alternatives identified will be. The Trust is confident that we can plan and operate the new and temporary arrangements to deliver safe pathways of emergency care with the support of our partners in the NI Ambulance Service and at the Southern Trust.

The main objective of the consultation is to identify if an alternative viable means of delivering the service can be identified. We will use the consultation process to outline key facts to inform the public and listen to alternative proposals.

The Trust is ambitious for the South West Acute Hospital as it will become one of the Regional Elective Overnight Stay Centres for Northern Ireland. This development can increase the number of patients in SWAH whilst also providing a support to clinical colleagues. We will continue to focus on providing high quality care for patients as we consider the best way to offer safe and clinically appropriate services in every area of care. We will also continue to engage with stakeholders to meet the needs of our community safely.

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

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:	Mark Gillespie		
Job Title/Directorate	Project Lead		
Signature:		Date:	12/01/23
Approved by:	Mark Gillespie		
Job Title/Directorate	Interim Director of Acute Services		
Signature:		Date:	12/01/23