



**DOWN DISTRICT COUNCIL – CORPORATE RESPONSE TO  
CONSULTATION DOCUMENT ENTITLED “SAFETY, QUALITY  
AND SUSTAINABILITY – MODERNISING HEALTH AND  
SOCIAL CARE SERVICES IN THE SOUTH EASTERN TRUST –  
JUNE 2010”**

The Council wishes to express its disappointment that the Consultation Paper, and associated papers have been released over the summer period, at a time when many organisations, groups etc potentially affected by the content are adversely impacted by Councillors/staff/personnel being on annual leave/holiday.

In this Consultation Document dated June 2010, the Trust states that in developing its proposals it has focused on the following areas:-

- **Local Services for Local People** – to provide services locally where possible.
- **Outcome Focused** – ensure patients and clients have the best possible outcomes from the services provided.
- **Safe, High Quality and Sustainable Services** – providing services which are safe and fit for purpose.
- **Innovation and Service Developments** – take account of new and more effective technologies and medicines.
- **Promotion of Equity** – provide Services which can be accessed by all sections of our community.
- **Improving and Sustaining Health and Well-being** – help individuals to remain healthy and independent and develop services to reflect the changing needs of the population.
- **Person Centred Services** – services provided to meet the specific needs of individuals.
- **Integrated Services** – working in Partnership with other voluntary, community or statutory services to provide the most appropriate care and treatment for patients and clients.
- **Value for Money** – provide the best possible care and treatment within available resources.
- **Managing Change** – seek to manage change in a proactive, planned and sensitive manner.

The Council welcomes and supports the aims and aspirations outlined in the above objectives, believing their delivery would enhance peoples lives, not only in Down District but also in the surrounding areas by providing high quality, innovative and twenty first century medical care. However the Council believes the actions of the Trust to date and those proposed in this Consultation Paper will not achieve these outcomes and are being driven solely by financial considerations and not the objectives set out above.

This belief is supported by the first action taken following the much publicised opening of the state-of-the-art £64 million Downe Hospital, being the announcement that 15 of the hospitals 109 beds were to close.

This was shortly followed by this Consultation Paper which would mean for the people of Down District if implemented:-

1. A reduction in the current Accident and Emergency Service currently offered at the Downe Hospital.
2. The relocation of all Acute Psychiatric Care to the Lagan Valley site.
3. Emergency Care Provision between 10.00 pm – 8.00 am being provided by GPs supported by Hospital Nursing Staff and not A&E doctors.
4. Changes to Learning Disability Services.

The Council believes that this Consultation Document is fundamentally flawed and asks that it be withdrawn with immediate effect and this matter reconsidered on the following five grounds:-

1. The Trust proposes to continue to provide a 24x7 hour Urgent Care Response to the Downe Hospital through the creation of an Urgent Care Co-operative between the Emergency Department (ED) and the GP Out of Hours Service (GPOOH). The ED would continue to function as it currently does between the hours of 8.00 am and 10.00 pm, but from 10.00 pm to 8.00 am the GPOOH would provide the Urgent Care Response.

This proposal is predicated on there being support from local GPs to provide this service. It is the view of the Council that this support does not widely exist and in that regard the Council would refer you to the joint response of a representative group of GPs from the majority of practices in the Downpatrick/Crossgar/Killyleagh/Newcastle/Dundrum/Ardglass areas.

The Council would firstly like to point out that there was a failure on the part of the Trust to properly consult with GPs in the District regarding the proposed service change, both at developmental stage and at proposal stage.

Further there is a lack of detail and clarity in the Consultation Paper about how this proposal would work in practice and in particular the potential impact on primary care.

The Council would endorse the view set out in the Joint Response Paper that the Project Team should look at the options in this area with the full participation of those they expect to lead and implement the service, namely the local GPs, together with those who will be using the service – local patients.

The Council is concerned that the proposed model has not been tried elsewhere in Northern Ireland and the potential impact on future recruitment of GPs identified in the document – “Proposals for a Safe and Sustainable Urgent Care Network in the South Eastern Trust – June 2010”. The Council does not believe that Down District is an appropriate area in which the Trust should seek to test a new Urgent Care Structure.

Further this document makes reference to an option appraisal exercise being undertaken in respect of the options to provide access to emergency care for residents of the Down area – whilst membership of the Urgent Care Reform Group and Project Team is provided, there is no detail on the evaluation of the various options which is of greater importance to consultees than information on the personnel involved.

It is the Council’s belief that this proposed change is driven primarily by financial considerations and not the safety and quality of care for service users.

2. Further this proposal would appear to be at odds with the Ministerial Announcement on implementation of Developing Better Services: Modernising Hospitals and Reforming Structures in which the Minister clearly states:

“I am aware of the difficulty in access times to acute services for people living in the area of the Downe Hospital. Developing Better Services suggested that this hospital should have an additional range of services to support a 24 hour Accident and Emergency Unit, capable of providing resuscitation and emergency coronary care and a consultant led in-patient medical service. I have considered the proposals for the Downe carefully and am persuaded that these proposals are necessary to provide a level of service appropriate to the needs of the area”.

Further it is stated in Annex A to the Ministerial Announcement that:-

“Replacement of the Downe Hospital will provide a modernised service model for local hospital needs in the Downpatrick area, linking to the main acute hospital network. Facilities will include 24 hour accident and emergency services with resuscitation facilities, general medicine and coronary care in-patient services, with diagnostic support services and a wide range of day-surgery and out-patient clinics. Facilities for acute psychiatry and dementia will also be provided”.

The Council would pose the question – what has changed since that Minister made that statement which would warrant the removal of services from this District which were identified as necessary at that time?

3. You will be aware that the Council hosts a number of major tourism/entertainment events throughout the year and is also host to a large number of tourists, particularly during the summer season, and is unique in this respect from the Districts which Lagan Valley Hospital and the Ulster Hospital serve.

If there should be a major incident at any such event it is of extreme concern that potentially patients would have to be transported over 30 miles to A&E, particularly given that events may entail road closures and large numbers of attendees/spectators. For example the recent Harry Ferguson Festival attracted some 200,000 visitors to Newcastle over 2 days.

4. The Council has repeatedly highlighted its concern over the Trust’s claims on recruitment of staff.

At a meeting of the Council's Health Committee on 10 August 2010, a Trust Official stated that an extensive recruitment campaign had taken place to recruit Doctors to the Downe Hospital but this had been unsuccessful. However in response to a Freedom of Information request from a local Councillor, the South Eastern Health and Social Care Trust by letter dated 25 August 2010 advised that during the past twelve month period, recruitment for Medical Doctors to the Downe Accident and Emergency Unit was as follows:-

<b><u>PUBLICATION</u></b>	<b><u>DATE</u></b>
Belfast Telegraph	22 June 2010
Irish News	24 June 2010
British Medical Journal	26 June 2010
Sunday Independent	27 June 2010

This is a single recruitment exercise and does not suggest to the Council that the Trust has in reality being pursuing an extensive and active recruitment campaign, but rather a lack of will on the part of the Trust to recruit staff and retain the widest possible range of services at the Downe Hospital.

5. The Council has raised in the past the issue of by-pass protocols and the number of ambulances by-passing the Downe Hospital.

From information received under a Freedom of Information Request on 15 July 2010, there were 4,103 calls to ambulances between the hours of 8.00 am and 10.00 pm during the period July 2009 and June 2010 and of these, 1,566 were sent directly to hospitals other than Downe Hospital.

Further, from information received under a Freedom of Information request on 7 July 2010 there were 1,603 calls to ambulances between the hours of 10.00 pm and 8.00 am during the period July 2009 and June 2010 and of these nearly one third - 568 were sent directly to hospitals other than the Downe Hospital.

The Trust is aware that the Council is concerned that ambulances are by-passing the Downe Hospital, not only on matters within the Trust's criteria, but also on other routine matters and the Council has previously asked for an examination of the number of patients who have by-passed the Downe Hospital and the reasons why.

**In view of the above the Council believes that this consultation process is fundamentally flawed and asks that the Consultation Paper be withdrawn with immediate effect.**

In response to the main issues arising out of the Consultation Paper the Council wishes to comment as follows:

- a. ***Proposed reduction in the current Accident and Emergency Service currently offered at the Downe Hospital*** – the Council would reiterate the comments made above in relation to ambulances by-passing the Downe Hospital and the volume of patients being treated outside the District.

The Council would ask the Trust to confirm how referrals from the Out of Hours Service to A&E are measured at the Downe, Ulster and Lagan Valley Hospitals. Are such cases recorded as presenting to the Out of Hours Services solely or are they also recorded as presenting to the A&E Departments?

- b. ***Emergency Care Provision between 10.00 pm – 8.00 am to be provided by GPs, supported by Hospital Nursing Staff*** – the Council would reiterate the comments made above and in particular emphasise the need for this Consultation to be withdrawn and due and proper consideration to be given to the best option based on real and meaningful inclusive consultation with both GPs and local patients. The Council would again endorse and support the joint response of a representative group of GPs from the majority of practices in the Downpatrick/Crossgar/Killyleagh/Newcastle/Dundrum/Ardglass areas and the content contained therein.

3. ***Relocation of Acute Inpatients Care from the three current locations (Downe Hospital, Lagan Valley Hospital, Ulster Hospital, to a single facility on the Lagan Valley site*** – in relation to the document Mental Health Services: The Future of Hospital Inpatient Care in the South Eastern Trust - June 2010 the Council would make the following comments:

There has been an honourable tradition in Downpatrick stretching back over 150 years of caring for people with mental health problems. At one time over 1500 beds were devoted to this cause and hundreds of staff employed and while those numbers have over the years been reduced by improved patient care and treatment, there still remains a considerable reservoir of skilled staff and service providers in this locality. These skills and services would most likely be lost to both the Trust and its customers if acute services were to be removed from Downpatrick.

The Council believes that such services are best delivered locally because of the benefit of family/friend support networks at a local level.

The Council noted that this tradition of care is acknowledged in the foreword to the supporting document – Mental Health Services: The Future of Hospital In-patient Care in the South Eastern Trust - June 2010 – but finds the comment that “it is fitting that the Downshire should be the first in Northern Ireland to conclude this journey” to be disingenuous. Why else was a purpose designed unit provided in the new Downe Hospital if it was not clearly the intention that this tradition of mental health care should continue in Downpatrick?

The Council has examined the chart included in the supporting document which summarises the weighting and scoring exercise carried out as part of the Options Appraisal. It has no criticism of the weights apportioned to the benefit criteria but considers the scores attributed to some items in Option 6 (locate acute service etc in Downe Hospital) to be puzzlingly low, for example:-

- **Clinical quality:** what justification is there for scoring Downe lower in this category than Lagan Valley where acute mental health care is a relatively new provision? Has there been dissatisfaction with the standard of care provided at the Downshire as the Council understands it has excelled in clinical quality?
- **Accessibility:** As the report itself acknowledges, the three main treatment centres are virtually equidistant from each other in terms of travel time which barely exceeds 30 minutes in any direction. This does not seem to be sufficient justification for the low score credited to Downe. Further movement of services from Downpatrick adds to the continuing push to centre public sector services in the Greater Belfast Area without proper consideration around issues such as sustainability, equality and rurality.

- **Quality of physical environment:** Downe is a brand new Hospital with some purpose built mental health accommodation. If additional accommodation were required it could be purpose built on the Downshire site or within existing Trust Estate in Downpatrick. Neither scenario justifies such a low score.

In any options appraisal the weighting and scoring exercise is necessarily a subjective one which, can, if not carefully and fairly implemented sometimes skew the overall result. The Council would like to see a full justification of the exercise in this case.

Further in terms of the EQIA contained within this document it is noted:-

“Therefore it can be assumed that ..... any changes to services at the Downe Hospital may have a potential impact on the Nationalist community”.

“Ward 27, Kilclief ..... has a staffing ration of 70% male, 30% female. The Trust acknowledges that this may have a potential adverse impact”.

“Staff within the South Eastern Trust are 63% Protestant, 29% Roman Catholic and 8% recorded as their religious belief being unknown. These figures indicate that there may be a potential impact on staff who work in MIPU Downe who are recorded as 85% Roman Catholic, Ward 27 Kilclief who are recorded as 100% Roman Catholic, Downshire and Ward 27/28 where 100% of staff are Roman Catholic”.

Obviously, as Civic Leader within the District the Council would have concerns over any proposal/(s) which would adversely impact on any one section of the community.

The Council would contend that if services are to be transferred to a single site this best sits with the Downe Hospital site, given the history, knowledge, skills, resources and facilities within the District and reiterate its call for this Consultation Paper to be withdrawn pending further discussion with all interested parties.

Further until the announcement on future public spending in Northern Ireland is announced in October 2010 the Council believes that any proposals on the future provision of health care are, at best, premature.

16 September 2010