

# **A consultation on the future configuration of Emergency Department Services in Belfast**

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Please contact:**

Email: [EDConsultation@hscni.net](mailto:EDConsultation@hscni.net)

Written: Belfast Emergency Department Consultation  
Health and Social Care Board  
12 – 22 Linenhall Street  
Belfast  
BT2 8BS

Telephone: 02890 960069

Text Phone: 02890 960069

(Please note Telephone and Text Phone facilities are to be used only to request a posted copy of the consultation documents or to request the documentation in an alternative format)

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## Foreword

The majority of patients requiring urgent or emergency care and those suffering as a result of serious accidents and injuries are managed within hospital Emergency Departments.

Our challenge, in commissioning Emergency Department services, is to ensure that these services are accessible in a timely way for those who need them, that the number, experience and skills of staff are appropriate, that facilities are suitable to meet needs and, most importantly, that services are of high quality, safe and sustainable into the future.

This document reviews action already taken to secure such services across Greater Belfast and sets out a range of options for the way forward. In deliberations to date there has been engagement with a wide range of stakeholders and the preferred option for Belfast, that there should be two Emergency Departments, one in the Royal Victoria Hospital and one in the Mater Hospital, supported by direct access to a range of specialist services at Belfast City Hospital, has been reached after detailed consideration of the relevant issues.

Future services must ensure that patients have access to the very best care when they need urgent or emergency treatment and this has been the overriding principle in setting out the proposed Emergency Department configuration.

Before any decision is taken, the HSCB wants to ensure that everyone who may be affected by the decision, has the opportunity to carefully consider the options and to respond with their views. During the consultation period, we welcome comments on the document and its proposals and will take full account of all responses when reaching a decision on the definitive way forward.

I would like to extend my gratitude to Emergency Department staff who, on an ongoing basis provide a dedicated service to people across Northern Ireland.

John Compton, Chief Executive

## Executive Summary

There are eight Emergency Departments in the Greater Belfast area. The Emergency Department at the Belfast City Hospital is temporarily closed and the Royal Belfast Hospital for Sick Children is excluded from this consultation. The Terms of Reference for the consultation approved by the Minister required the HSCB to provide him with a sound basis for a decision on the future configuration of Emergency Department services across this area. Having considered the action already taken to improve and sustain Emergency Departments in the other hospitals in Greater Belfast the focus of this consultation is on the configuration of Emergency Departments services within the Belfast Trust, specifically the Royal Victoria (RVH), Belfast City (BCH) and the Mater Hospitals.

## Why reorganise Emergency Departments in Belfast?

There are three key reasons for making changes in the way Emergency Department services are delivered in Belfast:

- **The future direction for health and social care services, as outlined in Transforming Your Care<sup>1</sup>**, is for urgent care services to be provided as close to people's homes as possible, provided by an integrated team from primary, community and hospital services with an emergency service configuration that is sustainable and resilient in clinical terms. The report envisaged all hospitals in Belfast Trust as part of a single network of major acute services;
- **The strategic direction for acute hospitals and service delivery in Belfast, as outlined in New Directions<sup>2</sup>**, focused on both the development of patient pathways which enable people to access services quickly, without having to attend the Emergency Department, and the development of service profiles for the hospitals in the Belfast Acute Network (BCH, Mater Hospital & RVH);

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<sup>1</sup> Transforming Your Care, A Review of Health and Social Care in Northern Ireland, HSCB, December 2011.

<sup>2</sup> New Directions – a conversation on the future delivery of health and social care services in Belfast – Belfast Health and Social Care Trust, 2008.

- **The need to deliver a safe and sustainable service into the future**, where highly-skilled clinical teams, supported by an effective physical infrastructure and environment, can provide a high quality service for patients.

## Options Considered

The options for Emergency Department service delivery in Belfast are to have either one, two or three Emergency Departments.

Given that the Royal Victoria Hospital is the Regional Trauma Centre, any option for just one Emergency Department would, by necessity, be located in this hospital. Therefore, any option that proposes two Emergency Departments would have one Emergency Department at the RVH and the other Emergency Department at either the BCH or the Mater Hospitals. The four potential options are set out below:

- The delivery of Emergency Department services in Belfast in **three** Emergency Departments at the **RVH, Mater & BCH**.
- The delivery of Emergency Department services in Belfast in **two** Emergency Departments at the **RVH & BCH**.
- The delivery of Emergency Department services in Belfast in **two** Emergency Departments at the **RVH & Mater**.
- The delivery of Emergency Department services in Belfast in **one** Emergency Department at the **RVH**.

The shortlisted options were considered against Criteria for Acute Reconfiguration included in Transforming Your Care: Vision to Action<sup>3</sup>:

- Patient Safety & Quality
- Deliverability & Sustainability
- Effective Use of Resources
- Local Access
- Stakeholder Support

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<sup>3</sup> Transforming Your Care: Vision to Action Appendix 1.

## **Service Recommendations**

Following consideration of the options against the criteria, it was recommended that:

**Emergency Department services should be delivered from two Emergency Departments at the Royal Victoria Hospital and the Mater Hospital,**

**Direct access to the Belfast City Hospital should be available for patients who have been assessed by their GP as requiring urgent medical assessment or admission to hospital, without the need to go via an Emergency Department,**

This option is the preferred option because:

- The **Royal Victoria Hospital**, with its role as the regional trauma centre for the most seriously-injured patients, remains the primary Emergency Department for the Belfast Trust, with access to all the relevant specialist and diagnostic services on-site, including the Regional Critical Care Unit, emergency surgical services, cardiac surgery, neurosurgery and specialist diagnostic services. However, on its own, the RVH does not have the infrastructure to reliably support the total current Emergency Department service demand and there would be no contingency for periods of peak pressure if Emergency Department services were delivered on only one site;
- The **Mater Hospital** is a small, district general hospital, providing a range of acute medical and surgical services, supported by a Medical Assessment Unit, Critical Care Unit and an Emergency Department with a Short Stay Unit and dedicated diagnostic facilities. The resources available at the Mater, particularly its medical staffing, will allow it to continue to deliver an Emergency Department service which is complementary to that of the RVH. The Mater Hospital is less reliant on the same pool of more experienced medical staff that the RVH requires. In particular, the small size and integrated team approach to clinical care means that the Mater Emergency Department can function safely and

effectively with fewer experienced or senior Emergency Department doctors than the Belfast City Hospital;

- The **Belfast City Hospital** is a large hospital with a focus on regional specialist services, such as oncology, renal, transplant, haematology, respiratory, urology, gynaecology oncology and services for older people, which are less reliant on an Emergency Department. Patient access to specialist services is changing and a direct access service, via a General Practitioner, provides a safe and timely route directly into the BCH for patients requiring urgent care, avoiding unnecessary attendance at an Emergency Department;
- The advantage that the **Mater Hospital** has, as a small district general hospital, would not be easily replicated at the **Belfast City Hospital** because of the size and the complexity of the BCH specialist services. Access to, and the delivery of, the range of specialist services at the BCH is not dependent on an Emergency Department. Indeed, direct access pathways offer an improved quality of service for patients in, for example, cancer, haematology and renal services, which are all primarily based in the BCH. In addition, the BCH and the RVH share a reliance on the same cadre of experienced middle grade doctors and doctors in training, which is not the case at the Mater Hospital;
- Therefore, the combination of the Royal Victoria Hospital, as the primary Emergency Department, complemented by a smaller Emergency Department at the Mater Hospital to provide additional capacity, will provide a safe, high quality, responsive and sustainable Emergency Department for Belfast, supported by patient pathways providing direct access into the specialist services at the Belfast City Hospital.

## **1.0 Introduction**

- 1.1 The Terms of Reference set out by the Department (DHSSPS) for this consultation process required the HSC Board, in partnership with the Belfast Trust, to provide the Minister with a sound basis for a decision on the future configuration of Emergency Department Services in Greater Belfast. For the purpose of the consultation, Greater Belfast is defined as a population of some 790,000 people living in and around Belfast, which is currently served by eight Emergency Departments. Within Belfast Trust, the Emergency Departments are at the Royal Victoria Hospital and Mater Infirmorum, and at the Belfast City Hospital, although its Emergency Department has been temporarily closed since November 2011. There is also a dedicated children's Emergency Department at the Royal Belfast Hospital for Sick Children.
- 1.2 In addition to the above, Antrim Hospital and Whiteabbey Hospital in the Northern area, together with the Ulster Hospital and Lagan Valley Hospital in the South Eastern area, all provide Emergency Department services in the Greater Belfast area.

### **Focus of the Consultation**

- 1.3 In considering the future configuration of Emergency Department services in Greater Belfast it is assumed that there will be no change to the service provided at the Royal Belfast Hospital for Sick Children. The Emergency Department at the Ulster and Antrim Area Hospital each operate 24/7 and see in excess of 70,000 patients per annum, and there are firm plans on both sites to enhance the Emergency Department infrastructure and associated services.
- 1.4 Emergency Department services at Whiteabbey have changed considerably in recent years in response to issues of safety and sustainability. In 2010, (following a public consultation) the decision was taken that the hospital would provide a minor injuries service,

operating (9-5) Monday to Friday There are no immediate plans for any further changes to this service at this time.

- 1.5 Emergency Department services at Lagan Valley Hospital in Lisburn are also changing in response to issues of safety and sustainability. In 2012, (following a public consultation) it was recommended that the hospital would provide a limited opening Emergency Department service, and will in future operate 8am-8pm seven days a week, subject to a final decision by the Minister. There are no immediate plans for any further changes to this service at this time.
- 1.6 Against the above background, the focus of this consultation process is on the configuration of Emergency Department services within the Belfast Trust, specifically the Royal Victoria, Belfast City and the Mater Hospitals.
- 1.7 The review of Emergency Department services within the Belfast Trust, took into consideration the following key drivers for change:
- **The future direction for health and social care services, as outlined in Transforming Your Care<sup>4</sup>**, is for services to be provided as close to people's homes as possible, provided by an integrated team from primary, community and hospital services and with an emergency service configuration that is sustainable and resilient in clinical terms;
  - **The strategic direction for acute hospitals and service delivery in Belfast, as outlined in New Directions<sup>5</sup>**, focuses on both the development of patient pathways which enable people to access services without having to attend the Emergency Department and the development of service profiles for the hospitals in the Belfast Acute Network (BCH, Mater Hospital and RVH);

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<sup>4</sup> Transforming Your Care, A Review of Health and Social Care in Northern Ireland, HSCB, December 2011.

<sup>5</sup> New Directions – a conversation on the future delivery of health and social care services in Belfast – Belfast Health and Social Care Trust, 2008.

- **The need to deliver a safe and sustainable service into the future**, where the highly-skilled clinical teams, supported by an effective physical infrastructure and environment, can provide a high quality service for patients.
- 1.8 Emergency Departments are the hub for the delivery of emergency care for the population of Northern Ireland. It is, therefore, essential that such services are available on a 24/7 basis and delivered by expert multidisciplinary teams in order to secure timely, safe and effective care for the local population.
  - 1.9 This document identifies a long list of options, outlines why these were reduced to four options for service configuration and considers the short-listed options against the key criteria of patient safety and quality, deliverability and sustainability, effective use of resources, local access and stakeholder support. Stakeholder support will be sought at every step during the pre-consultation and consultation process.
  - 1.10 The development of this Emergency Department consultation offers an opportunity for service users, the general public, staff, Trades Unions and other interested parties to consider and comment on proposals for future Emergency Department services in Belfast.

## **2.0 Strategic Context**

### **2.1 Our Ageing Population**

The number of older people in Northern Ireland is increasing and, between 2009 and 2020, the population aged over 65 years is expected to increase by 30% to 330,000 people across the region. 22% of all Emergency Department attendances in Belfast are for people aged >65 years and over, including frail older people attending with non-specific complaints, including falls, immobility, confusion and incontinence. By the time many older patients arrive in the Emergency Department, their condition requires urgent or life-saving attention and a higher percentage of this age group requires admission.

### **2.3 Transforming Your Care<sup>6</sup>, the Review of Health and Social Care in Northern Ireland**

Transforming Your Care makes the case for change in the way health services are currently accessed and delivered, as a consequence of both a growing and ageing population as well as an increase in the number of people with long term conditions, for example diabetes and other chronic diseases. The report makes a number of recommendations on the future of emergency care across Northern Ireland, including that:

- The Royal Victoria Hospital remains the regional trauma centre at the hub of the Northern Ireland trauma network;
- Northern Ireland will have 5-7 major hospital networks (with the Belfast acute hospitals operating as one network);
- Senior decision makers should be available at all Emergency Departments 24 hours a day, 7 days per week, 365 days a year;

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<sup>6</sup> Transforming Your Care, A Review of Health and Social Care in Northern Ireland, HSCB, December 2011.

- Dedicated care pathways should be developed for people with long-term conditions that will allow direct contact in an emergency, including the ability to admit patients to hospital beds;
- Any future Emergency Departments service configuration must be sustainable and resilient in clinical terms.

## 2.4 Commissioning Plan

The 2012/13 Commissioning Plan<sup>7</sup> identified the need to secure robust, substantive, high quality emergency care services in large district hospitals, supported by complementary services at local hospitals, such as minor injury services. Triage by senior doctors (including GPs) and nurses will be further developed to ensure a joined-up service is in place for patients between primary and secondary care and there will be close monitoring of demand to enable better use of limited capacity.

## 2.5 New Directions<sup>8</sup>

New Directions is the Belfast Trust's overall strategy for its services. It was developed in 2008 in line with extant Departmental policy guidance, including Developing Better Services, and was subject to public consultation. It clearly outlined the key acute service principles, designed to meet the diverse needs of both the local and regional population served, as indicated below:

- To localise services where possible and centralise services only where necessary;
- To centralise and develop networks for major trauma, heart conditions and stroke;

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<sup>7</sup> Commissioning Plan 2012/13, Health & Social Care Board (Board) & Public Health Agency.

<sup>8</sup> New Directions – a conversation on the future delivery of health and social care services in Belfast – Belfast Health and Social Care Trust, 2008.

- To develop clear pathways to access appropriate emergency care (including urgent care for chronic admissions) and primary care in GP out-of-hours services;
  - To provide a single point of contact for emergency care for people with long term conditions;
  - To re-profile services to make best use of each Emergency Department; and to improve patient flows, to provide a range of services to patients within access targets;
  - To develop protected elective services and thereby improve patient flows and effectively and efficiently meet access targets;
  - To reduce unnecessary duplication and fragmentation of services;
- These principles have been applied in the development of a range of service plans across the Belfast Trust.

## 2.6 **Belfast Trust Acute Service Reorganisation**

In line with New Directions, the Trust has implemented service reorganisations within its ENT, Vascular, Gynaecology and Urology services since 2011:

- ENT inpatient and daycase services are centralised in the RVH;
- Vascular inpatients and daycases are centralised in the RVH;
- Gynaecology inpatients are centralised in BCH, gynaecology daycases are temporarily located currently at the Mater Hospital;
- Urology inpatient and daycase services have centralised in BCH; and
- Plans are under development for an Emergency Surgical Unit for General Surgery in the Royal Victoria Hospital, working alongside an expanded Medical Admissions Unit to support rapid

assessment and treatment of urgent patients through the Emergency Department service.

## **2.7 Medical Training and Supervision**

The GMC<sup>9</sup> requires the RVH Emergency Department to support the Regional Trauma Centre with experienced doctors delivering care and supervising less experienced trainees, 24 hours a day, 7 days a week. This is a significant change in a service where, in the past, trainee doctors in their early years of practice worked without direct supervision in the Emergency Department service out of hours and at weekends. These new requirements, alongside the implementation of the European Working Time Directive (EWTD), have resulted in a need to increase the number of consultants and other experienced doctors to be available in Emergency Departments throughout the day. As a consequence, it is no longer possible to deliver the Emergency Department service on the three acute sites 24/7.

## **2.8 Assessment Criteria**

The criteria to consider the options for configuration of the Emergency Department services have been developed following publication of Transforming Your Care<sup>10</sup>. The five criteria are:

- Patient Safety and Quality
- Deliverability and Sustainability
- Effective Use of Resources
- Local Access
- Stakeholder Support

The criteria in relation to the Belfast Trust Emergency Department service configuration, were reviewed at an Emergency Department

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<sup>9</sup> GMC – the role of the General Medical Council is to protect, promote and maintain the health and safety of the public by ensuring proper standards in the practice of medicine and promoting high standards of medical education and training.

<sup>10</sup> Transforming Your Care: Vision to Action Appendix 1.

workshop<sup>11</sup>, attended by patient and service user representatives and other HSC Trusts. It was agreed that the criterion Stakeholder Support will be assessed during the consultation process and that the the four other criteria fully address the key issues appropriate to the assessment of the options for the Emergency Department service in Belfast.

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<sup>11</sup> Workshop included representatives from HSCB/Public Health Agency, Patient & Client Council, GPs and LCG representatives and Senior Staff from the other Northern Ireland HSC Trusts.

### **3.0 Description of the Emergency Department service**

3.1 This section details the:

- Service profile of the Belfast Trust Emergency Department service;
- Necessary temporary changes in service delivery, as of November 2011;
- The Trust's service improvement journey to improve the patient experience.

### **3.2 Service profile of the Belfast Trust Emergency Department service**

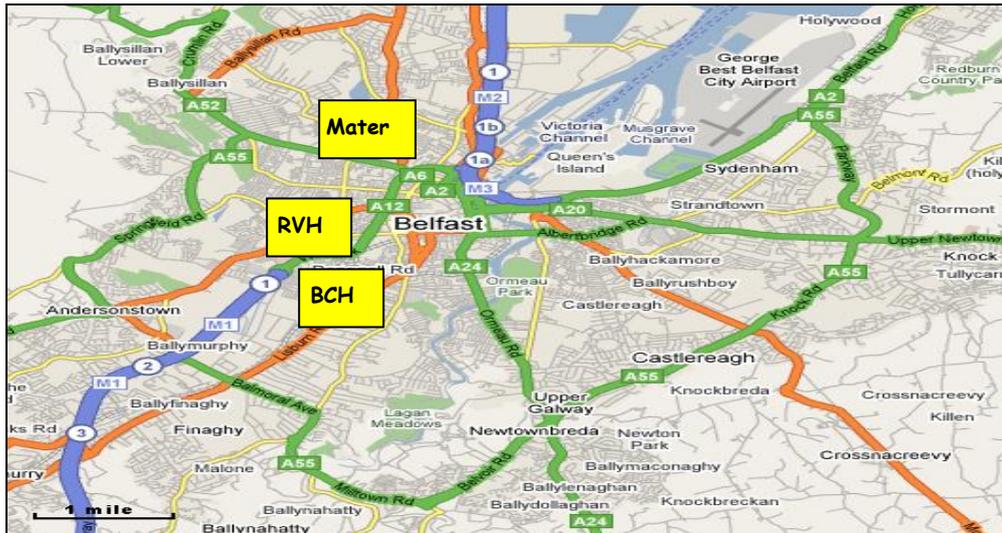
The Belfast Trust has 3 adult Level 1 Emergency Departments<sup>12</sup> at the Royal Hospitals, Belfast City Hospital (temporarily closed in November 2011) and the Mater Hospital, serving a population of 348,204 across Belfast and Castlereagh Local Government Districts. There is also a children's Emergency Department at the Royal Belfast Hospital for Sick Children which sees children up to the age of fourteen; a Regional Acute Eye Service and an ENT Rapid Access Clinic. The adult Emergency Departments cared for 154,000 new attendances in 2010/11 including 72,000 at the RVH, 40,000 at the Mater and 42,000 at the BCH.<sup>13</sup> In addition, each Emergency Department has a minor injury stream, which manages minor injuries from triage through the Emergency Nurse Practitioner service.

3.3 The map of Belfast in Figure 2 shows the location of the Belfast adult Emergency Departments. The driving distance from the Royal Victoria Hospital Emergency Department to the Belfast City Hospital Emergency Department is 1.2 miles, from Royal Victoria Hospital to the Mater Hospital is 1.6 miles and from the Belfast City Hospital to the Mater Hospital is 2.1 miles.

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<sup>12</sup> A Level 1 Emergency Department is a consultant-led 24-hour service with full resuscitation facilities and designated accommodation for the reception of accident and emergency patients [NHS Data Dictionary].

<sup>13</sup> NI Hospital Statistics: Emergency Care (2010/11) (DHSSPS)



**Figure 2: Location of Belfast Emergency Departments**

3.4 Northern Ireland has more than twice as many Emergency Departments per head of population as England. Comparable cities across the United Kingdom will typically have fewer Emergency Departments, often just one Emergency Department, supported by other centres offering minor injury management. The College of Emergency Medicine<sup>14</sup> suggests that, in urban areas, where Emergency Departments are less than 10kms (6 miles) apart; there may be advantage in amalgamating services.

### **Temporary changes in service delivery, as of November 2011**

3.5 Belfast Trust necessarily responded to concerns about medical staffing levels at consultant and trainee grades by temporarily closing the Belfast City Hospital Emergency Department on 1 November 2011. This allowed consolidation of medical staff on two sites which meant that the Regional Trauma Centre at the RVH would have 24 hour cover provided by experienced Emergency Department clinicians. This temporary closure also allowed for improved supervision of doctors in training at the RVH and Mater Hospitals.

<sup>14</sup> College of Emergency Medicine, The Way Ahead 2008-2012, December 2008.

## **The Trust's service improvement journey to improve the patient experience**

- 3.6 The number of people using the Emergency Department is not a useful indicator of how effective the service is at meeting their needs. Not everyone who uses an Emergency Department needs to have their care provided there as it is often used as an alternative to General Practitioner services.
- 3.7 The temporary closure of the Belfast City Hospital Emergency Department accelerated a significant modernisation of acute and community services, designed to improve quality and safety in a system which, on a temporary basis, comprises two Emergency Departments and three acute hospitals.
- 3.8 The service improvements have resulted in a number of benefits for patients, for example:
- The availability of direct access, by GPs, to an acute assessment/medical admission unit at the Belfast City Hospital has meant that patients have not had to attend an Emergency Department unnecessarily in order to access these services;
  - The development of improved pathways for cancer patients has ensured that they are treated in the right place and in a timely way for any complications of their disease or treatment;
  - The development or expansion of short stay units, which support the Emergency Departments at the Mater Hospital and RVH, the latter on a 7 day a week 24 hour basis, has ensured that patients can be monitored in an appropriate unit without being delayed in an Emergency Department?;
  - The reorganisation and expansion of the acute medical admission facilities at the RVH and Mater hospitals has resulted in patients being admitted and discharged by the Trust's most experienced doctors on a more frequent basis;
  - The consolidation of medical and nursing staff in two Emergency Departments has delivered improved supervision and educational

opportunities for doctors and nurses in training, improved triage of patients, improved patient waiting times as well as improved ambulance turnaround times.

- 3.9 At the same time, the Trust has implemented community based initiatives to help prevent admission after attendance at the Emergency Department. The Trust has also begun to extend the rapid response team for older people with specific medical concerns such as falls, immobility or confusion who would have previously been admitted to a hospital bed after attending an Emergency Department. This Trust wide team provides a home based service facilitated by a consultant physician in geriatric medicine and highly skilled clinical practitioners working in partnership with GPs and community services. The team's role is to clinically assess all patients and ensure appropriate intervention is provided to enable them to remain in their home.
- 3.10 The rapid response team is supported by the development of community teams which will support patients discharged from acute facilities to appropriate rehabilitation outside the acute hospital. The Trust has also commissioned additional beds for people with dementia to ensure that these individuals are cared for in a more appropriate environment. These are examples of initiatives that help to move patients through the care pathway reducing pressure on beds and, consequently, on the emergency department.

#### 4. Drivers for Change

The reasons for a review of the 3-site model for Emergency Department service provision in the Belfast Trust are:

- **The future direction for integrated health and social care services, as outlined in Transforming Your Care<sup>15</sup>**

Transforming Your Care establishes the regional strategic direction for health and social care, with a focus on maintaining people at home and avoiding hospital admission, as far as possible, by more integrated team working between community and hospital services and with an emergency service configuration that is sustainable and resilient in clinical terms;

Where acute hospital admission is needed, services will work together to enable people to return to the community as quickly as possible, with support as required. To prevent avoidable admissions, particularly for frail older people, and ensure timely discharge, the Trust is working with General Practitioners and the Local Commissioning Group to enhance local community services, including:

- improved access to community preventative services focusing on practical and social activities;
- the development of alternatives to hospital admission through, for example, expansion of the Rapid Response Service providing rapid access to specialist assessment treatment and care planning;
- the development of services which maximise opportunities for independence (commonly called re-ablement services).

- **The strategic direction for acute hospitals and service delivery in Belfast, as outlined in New Directions<sup>16</sup>**

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<sup>15</sup> Transforming Your Care, A Review of Health and Social Care in Northern Ireland, HSCB, December 2011.

<sup>16</sup> New Directions – a conversation on the future delivery of health and social care services in Belfast – BHSCT, 2008.

The Trust's strategic paper, *New Directions*, set out the future service profile for each of the acute hospital sites, including a differentiation of emergency services on all sites to improve patient care, based on the type of patient's condition and needs:

The **Royal Victoria Hospital**, with its role as the regional trauma centre for the most seriously-injured patients, remains the primary Emergency Department for the Belfast Trust, with access to all the relevant specialist and diagnostic services on-site, including the Regional Critical Care Unit, emergency surgical services, cardiac surgery, neurosurgery & specialist diagnostic services. However, on its own, the RVH does not have the infrastructure to reliably support the total current Emergency Department service demand and there would be no contingency for periods of peak pressure if Emergency Department services were delivered on only one site;

The **Mater Hospital** is a small, district general hospital, providing a range of acute medical and surgical inpatient and daycase services, supported by a Medical Assessment Unit, Critical Care Unit and an Emergency Department with a Short Stay Unit and dedicated diagnostic facilities. The resources available at the Mater, particularly its medical staffing, will allow it to continue to deliver an Emergency Department service which is complementary to that of the RVH. The Mater Hospital is less reliant on the same pool of medical staff that the RVH requires, in particular, the small size and integrated team approach to clinical care means that the Mater Emergency Department can function safely and effectively with fewer experienced or senior Emergency Department doctors;

The **Belfast City Hospital** is a large hospital with a focus on regional specialist services, such as oncology, renal, transplant, haematology, respiratory, services for older people, urology and gynaecology oncology, which are less reliant on an Emergency Department. Patient access to specialist services is changing and a direct access service, via the GP, provides a safe and timely route straight into the BCH, avoiding unnecessary attendance at an Emergency Department.

The challenge for the Belfast Trust is to ensure that its acute hospitals deliver a high quality patient experience by working as one acute network, assessing, discharging or admitting patients at the right time to the right team in the right specialty.

- **The need to deliver a safe and sustainable service into the future**

The HSCB and the Belfast Trust are committed to delivering the best outcomes for patients in the Emergency Department service through the provision of a clinically safe, high quality, effective, timely and sustainable service, which is consultant-led and where patient care is delivered by an experienced multi-disciplinary team 24 hours a day, 7 days per week.

There have been significant changes in medical practice, medical staff recruitment and training and supervisory requirements for junior doctors, such that it is unlikely that the Belfast Trust will be able to recruit and retain sufficient numbers of doctors in training to support three Emergency Departments. Inevitably, this means that the Royal Victoria Hospital, as the Regional Trauma Centre, will be the main provider of Emergency Department services.

The regional trauma centre at the **Royal Victoria Hospital** requires a more experienced cadre of doctors in training and middle-grade doctors. This has been explicitly stated by the General Medical Council<sup>17</sup> and NIMDTA<sup>18</sup>. Importantly, this requirement is on a 24 hours a day, 7 days per week basis.

The **Mater Hospital**, as a smaller, district general hospital, is capable of functioning safely with less experienced medical trainees. As a smaller hospital, the close proximity of other specialties, such as anaesthetics and general medicine, support the delivery of emergency services. The ability of the Mater Emergency Department service to manage the profile of patients it

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<sup>17</sup> GMC – the role of the General Medical Council is to protect, promote and maintain the health and safety of the public by ensuring proper standards in the practice of medicine and promoting high standards of medical education and training.

<sup>18</sup> Northern Ireland Medical and Dental Training Agency is responsible for funding, managing & supporting postgraduate medical & dental education.

receives is further enhanced by the clinical transport protocols that direct major trauma and other specialist services, such as stroke, directly to the Royal Victoria Hospital.

The **Belfast City Hospital**, as a large hospital with increased specialisation, particularly for long-term conditions, requires a more experienced Emergency Department workforce and is dependent on the same small staffing resource as the regional trauma centre at the **Royal Victoria Hospital**.

## 5. Options for Change and Criteria for Assessment

### Options Considered

5.1 A long list of options for the configuration of Emergency Department services within the Belfast Trust was identified. The Royal Victoria Hospital, with its role as the regional trauma centre for the most seriously-injured patients who require intensive, specialist, multi-disciplinary trauma care, is the primary Emergency Department. Any configuration of Emergency Department services must therefore include the RVH as the primary provider.

5.2 The long list of options are:

1. Three Emergency Departments (RVH, BCH and Mater);
2. Two Emergency Departments (RVH & BCH);
3. Two Emergency Departments (RVH & Mater);
4. Two Emergency Departments (RVH & either BCH or Mater) with a stand-alone Minor Injury Unit in the third hospital;
5. One Emergency Department (RVH) with reduced hours in the other two hospitals (BCH & Mater);
6. One Emergency Department (RVH).

5.3 The potential role of both stand-alone Minor Injury Units, with services run by Emergency Nurse Practitioners<sup>19</sup>, and Emergency Departments operating within reduced opening times, were considered.

5.4 Experience elsewhere has shown<sup>20</sup> that a Minor Injury Service provided by Emergency Nurse Practitioners is best delivered when it is integrated with the 24/7 Emergency Department service for the following reasons:

- Triage determines the most appropriate assessment and treatment for patients and when both the Minor Injury Service and Emergency Department service are provided from the

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<sup>19</sup> Emergency Nurse Practitioners assess, diagnose, treat and discharge patients with minor injuries who do not need to see a doctor.

<sup>20</sup> A Matter of Emergency: A Manifesto from the college of Emergency Medicine, 2012, CEM.

one centre, this removes the requirement for the patient to ensure they attend the correct facility for their condition;

- Where a Minor Injury Service is provided on a stand-alone basis on one site, the Emergency Nurse Practitioner team requires support, which would have to be provided by Consultant Medical staff from the 24/7 Emergency Department teams on another site. Currently, the Emergency Department consultant teams supervise the Minor Injury Service within each Emergency Department;
- The Emergency Nurse Practitioner role is currently being extended, to include such conditions as minor chest trauma, minor illness, head injury and maxillofacial injury but these initiatives are dependent on direct on-site supervision and support from senior medical colleagues. If the nurse practitioners were operating on a stand-alone basis, they would have inadequate supervision and would be unable to develop their skills and manage this additional range of patient conditions;
- From a staff training perspective, a shared Emergency Department/Minor Injury Service allows junior doctors to be trained to treat minor injuries, an issue highlighted by the NIMDTA<sup>21</sup> inspection as important for the Trust to maintain.

5.5 A reduced-hours Emergency Department service offers a less effective service for Belfast because:

- An Emergency Department with reduced-hours of opening, e.g. from 8am-6pm would require the department to close to attendances earlier, e.g. at 3pm to ensure all patient treatment is completed by 6pm;

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<sup>21</sup> Northern Ireland Medical and Dental Training Agency is responsible for funding, managing & supporting postgraduate medical & dental education.

- Duplicating a service across multiple sites reduces the level of staffing on each site particularly at key times of the day, given that the majority of patients attending the Emergency Departments do so during the hours of 9 am and 6 pm. This is not an effective use of the Trust's Emergency Department specialised staffing resource;
- There is the potential for confusion in the minds of the public if there are different opening times in different units, with a risk of unstable patients presenting to the Emergency Department outside of opening hours requiring transfer to another site.

5.6 Therefore Option 4 and Option 5 are not taken forward into the shortlisted options, which are summarised below:

Option 1: Three Emergency Departments (RVH, Mater & BCH)

Option 2: Two Emergency Departments (RVH & BCH)

Option 3: Two Emergency Departments (RVH & Mater)

Option 6: One Emergency Department (RVH)

### **Criteria for assessment of options**

5.7 The criteria for Acute Reconfiguration<sup>22</sup>, contained within Transforming Your Care, have been used to assess how the four shortlisted options contribute to the delivery of a safe, effective, high quality, accessible, timely and sustainable service for patients attending the Emergency Department service in Belfast. The criteria are set out in the following paragraphs.

#### **5.7.1 Patient Safety and Quality**

The most significant factor in providing a consistent high quality, timely and clinically effective service to patients in an Emergency

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<sup>22</sup> Transforming Your Care: Vision to Action Appendix 1.

Department is the level of patient care, led and delivered by Emergency Department Consultants and senior doctors.

The assessment of this criterion will therefore focus on the ability of the options to provide an improved patient experience by delivering:

- A consultant-led service, with senior clinical decision makers available at all Emergency Department 24 hours per day, 7 days per week 365 days per year<sup>23</sup> to support timely and senior assessment of patients;
- A service which meets the Commissioner quality standards focused on close clinical management, including short stay units and effective patient assessment and streaming processes, including a primary care stream;
- A service which meets professional standards for the level of activity provided.

### **5.7.2 Deliverability and Sustainability**

The strategic direction for health and social care challenges the Belfast Trust to provide effective, sustainable Emergency Department services alongside alternative direct patient access arrangements into appropriate specialist services, supported by an effective GP Out-of-hours service. In addition, the Trust needs to implement an option within a reasonable timescale and with minimum disruption to patients, taking into account the physical capacity and staffing requirements of the Emergency Departments.

Delivering a sustainable Emergency Department service requires a stable Emergency Department workforce. Middle grade trainee doctors need to be recruited annually and there is increasing difficulty, locally, regionally and nationally, in achieving the numbers required to deliver a sustainable service.

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<sup>23</sup> Emergency Services Quality Outcome, Transforming Your Care, A review of Health and Social Care in Northern Ireland, Health and Social Care Board, 2011, P 101

The assessment of this criterion will therefore focus on the ability of each option to:

- Support the delivery of safe and sustainable services;
- Meet the future service profile for each of the acute hospital sites as outlined in New Directions (see Section 4, Drivers for Change);
- Realistically recruit and retain the number and range of staff required;
- Provide a service model which meets the training and supervision needs of trainee doctors and one that can be delivered within the available staffing levels;
- Provide an environment with the appropriate clinical and support service links for the level of expected patient attendances.

### **5.7.3 Effective use of resources**

The Belfast Trust's objective is to deploy its staff and physical resources effectively to ensure maximum patient benefit is achieved 7 days per week. This includes the establishment of alternatives to hospital admission and locally accessible diagnostic and other support services.

The assessment of this criteria will therefore focus on each option's ability to:

- Support a staffing model to deliver 7 day a week working;
- Support alternative access arrangements for patients with specialist conditions, without having to attend an Emergency Department service;
- Support the delivery of waiting time targets for patients attending Emergency Department.

### **5.7.4 Local Access**

Local access is the provision of Emergency Department services as locally as possible, where this can be provided safely, sustainably and cost-effectively. It includes the ease and timeliness with which users can access the Emergency

Department facility, including the physical accessibility of the building, and have timely access to the diagnostic and specialist services required for a patient's needs.

The assessment of this criterion will therefore focus on the options ability to provide:

- An Emergency Department service which is geographically accessible for service users by public and private transport;
- An Emergency Department service which can provide 24/7 access to the range of services required for delivery of care.

### **5.7.5 Stakeholder Support**

The preferred option should enjoy the support of service users, staff, and general public and interested parties. An Emergency Department Workshop<sup>24</sup> reviewed and endorsed the criteria for the assessment of the shortlisted options for the configuration of the Emergency Departments service in Belfast and suggested that Stakeholder Support can be best assessed during the consultation process.

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<sup>24</sup> Workshop included representatives from HSCB/Public Health Agency, Patient and Client Council, GPs and LCG representatives and Senior Staff from the other Northern Ireland Trusts.

## **6. Assessment of Options**

6.1 The assessment criteria are considered for each of the 4 shortlisted options below:

**Option 1: Three Emergency Departments (RVH, Mater & BCH)**

**Option 2: Two Emergency Departments (RVH & BCH)**

**Option 3: Two Emergency Departments (RVH & Mater)**

**Option 6: One Emergency Department (RVH)**

6.2 Options were considered against criteria in the previous section:

- **Patient Safety & Quality**
- **Deliverability & Sustainability**
- **Effective Use of Resources**
- **Local Access**

### **6.3 Assessment of Options for the Belfast Emergency Department service**

#### **6.3.1 Patient Safety and Quality**

- **Option 1 - RVH, Mater & BCH**

- This option would result in insufficient numbers of experienced middle grade doctors and doctors in training being available to deliver a safe, high quality service in three Emergency Departments;
- Patient safety and clinical quality in the Emergency Department service would not be assured because the Emergency Department senior clinicians are split across three hospitals and cannot meet the Emergency Department requirement for senior decision makers to be available at all Emergency Department 24 hours per day, 7 days per week, 365 days per

annum.<sup>25</sup>

- **Option 2 - RVH & BCH**

- A two-site Emergency Department model could deliver improved patient safety and clinical quality, compared to a three-site Emergency Department service and would, over time, meet the requirement for senior decision makers to be available at all Emergency Department 24 hours per day, 7 days per week, 365 days per annum.<sup>26</sup>
- The RVH and BCH hospitals rely on the same limited cadre of experienced middle grade doctors and doctors in training. This option, with an Emergency Department in both RVH and BCH, could not consistently deliver safe, high quality services because of the limited availability of these experienced decision makers.

- **Option 3 - RVH & Mater**

- A two-site Emergency Department model could deliver improved patient safety and clinical quality, compared to a three-site Emergency Department service and would, over time meet the requirement for senior decision makers to be available at all Emergency Department 24 hours per day, 7 days per week, 365 days per annum,<sup>27</sup> and
- The Mater Hospital, as a smaller district general hospital, is capable of functioning safely with less experienced medical trainees because, as a smaller hospital, the close proximity of other specialties, such as anaesthetics and general medicine, supports the delivery of emergency services. This option, with an Emergency Department in both RVH and Mater, can be delivered by the available number of experienced middle grade doctors and doctors in training and therefore would provide a

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<sup>25</sup> Emergency Services Quality outcome, Transforming Your Care, A review of Health and Social Care in Northern Ireland, HSCB, 2011

<sup>26</sup> Emergency Services Quality outcome, Transforming Your Care, A review of Health and Social Care in Northern Ireland, HSCB, 2011

<sup>27</sup> Emergency Services Quality outcome, Transforming Your Care, A review of Health and Social Care in Northern Ireland, HSCB, 2011

safe and quality service for patients.

- **Option 6 - RVH**

- This option could potentially deliver improved patient safety and quality by providing all specialist staffing resources in the one unit, with access to the regional trauma centre and other specialist services on the RVH site. The Emergency Department would be able to meet the requirement for senior decision makers to be available 24 hours per day, 7 days per week, 365 days per annum; but
- The RVH Emergency Department has been designed to care for around 80,000 patients per annum. Any significant increase above this would put pressure on the RVH infrastructure including public access, car parking and access to diagnostic services. Delivery of the current total number of Emergency Department attendances of 120,000 could not be realistically achieved on the RVH site without significant service configuration. Without this, the Belfast Trust would not be able to safely deliver the high quality of care expected from its Emergency Department service;

**Patient Safety and Quality – Assessment Summary**

**Option 3 (RVH & Mater) can deliver the Patient Safety & Quality criterion**

**Option 1 (RVH, Mater & BCH), Option 2 (RVH & BCH) & Option 6 (RVH ) cannot deliver the Patient Safety & Quality criterion**

### **6.3.2 Deliverability and Sustainability**

- **Option 1 - RVH, Mater & BCH**

- This option is not sustainable in terms of recruitment and retention of Emergency Department doctors, both senior doctors and doctors in training, to enable a safe, quality service to be delivered to patients across three Emergency Departments;
- This option has insufficient numbers of Emergency Department senior and experienced doctors to deliver the training and supervision requirements for doctors in training across three Emergency Departments;
- This option is counter-strategic, given the Belfast City Hospital's developing clinical profile as a centre of expertise for the management of long term conditions, supported by facilities to fast-track direct admission of patients who need hospital care without going through the Emergency Department.

- **Option 2 - RVH & BCH**

- This option offers the capacity required to meet the total number of Emergency Department attendances per annum, but:
- This option cannot deliver the necessary clinical staffing resources for emergency care as both the RVH and BCH rely on the same cadre of experienced middle grade doctors and doctors in training;
- This option is counter-strategic, given the Belfast City Hospital's developing clinical profile as a centre of expertise for the management of long term conditions, supported by facilities to fast-track direct admission of patients who need hospital care without going through the Emergency Department.

- **Option 3 - RVH & Mater**

- This option offers the capacity required to meet the total number of Emergency Department attendances per annum;
- This option is sustainable, in terms of recruitment and retention of the doctors necessary to deliver emergency care, because of the size and generalist nature of the Mater Hospital;
- This option has sufficient numbers of Emergency Department senior and experienced doctors to deliver the training and supervision requirements for doctors in training, with appropriate support from other services within the hospital;
- This option fits well with the clinical profile of the BCH, where the specialist services can be directly accessed without having to attend the Emergency Department;

- **Option 6 - RVH**

- This option has sufficient numbers of Emergency Department senior doctors to deliver the training and supervision requirements for doctors in training;
- This option is sustainable, in terms of recruitment and retention of Emergency Department doctors, both senior doctors and doctors in training;
- This option would not impact on the specialist clinical profile of the BCH, where the specialist services can be accessed without having to attend the Emergency Department, but:
- The RVH Emergency Department has been designed to care for around 80,000 patients per annum. Any significant increase above this would put pressure on the RVH infrastructure including public access, car parking and access to diagnostic services;
- This option does not support the finely balanced clinical profile of the Mater Hospital as a district general hospital;

- This option would require significant systems change to be implemented in the Belfast Trust and would have significant impact on other Trusts, particularly the South-Eastern Trust and Northern Trust at this time.

**Deliverability and Sustainability – Assessment Summary**

**Option 3 (RVH & Mater) can deliver the Deliverability & Sustainability criterion**

**Option 1 (RVH, Mater & BCH), Option 2 (RVH & BCH) & Option 6 (RVH ) cannot deliver the Deliverability & Sustainability criterion**

### 6.3.3 Effective use of resources

- **Option 1 - RVH, Mater & BCH**

- This option fragments the Emergency Department service, including its associated range of clinical specialist and support services, across 3 hospitals, and is not in keeping with the strategic direction for services;
- This option is not an effective use of key staffing resources, given the specialist clinical profile of the BCH, where the specialist services can be accessed directly without having to attend the Emergency Department.

- **Option 2 - RVH & BCH**

- A two-site option provides less fragmentation of Emergency Department services, and its associated range of clinical specialist and support services, than a 3-site option, and therefore begins to address the strategic direction for services, but:
- An Emergency Department at BCH is not critical to supporting the BCH specialist service profile, where the focus is on direct

access for patients to its specialist services and a greater emphasis on elective care;

- This option is not an effective use of clinical resources as both the RVH and BCH hospitals rely on the same cadre of experienced middle grade doctors and doctors in training, and these resources cannot be split across these two sites.

- **Option 3 - RVH & Mater**

- A two-site model provides less fragmentation of Emergency Department services, and its associated range of clinical specialist and support services, than a 3-site option and therefore begins to address the strategic direction for services;
- This option fits well with the specialist clinical profile of the BCH, where the specialist services can be directly accessed without having to attend the Emergency Department;
- This option offers an effective use of clinical resources because the Mater Hospital's clinical profile as a small district general hospital complements the RVH's requirement for a larger number of experienced middle grade doctors and doctors in training.

- **Option 6 - RVH**

- A single-site Emergency Department model offers the most effective use of resources as the service is not fragmented across several hospital sites and this will support the delivery of a 7 day a week service;
- This option fits well with the further development of direct patient access arrangements into the specialist services in the Belfast City Hospital.

### **Effective use of resources - Assessment Summary**

**Option 3 (RVH & Mater) & Option 6 (RVH ) can deliver the Effective Use of Resources criterion**

**Option 1 (RVH, Mater & BCH), Option 2 (RVH & BCH) cannot deliver the Effective Use of Resources criterion**

#### **6.3.4 Local Access**

- **Option 1 - RVH, Mater & BCH**

- The distance between the RVH Emergency Department and BCH Emergency Department is 1.2 miles, the distance between the RVH Emergency Department and Mater Emergency Department is 1.6 miles and the distance between the BCH Emergency Department and Mater Emergency Department is 2.1 miles. This option provides good access with Emergency Department services in 3 hospitals within a two mile radius; but
- Access to hospital services for acutely ill patients need not be through Emergency Departments. There is a growing professional opinion and public expectation that direct access to specialist services for patients with long term conditions is a safer, more appropriate option which needs development.

- **Option 2 - RVH & BCH**

- The distance between the RVH and BCH Emergency Departments is 1.2 miles;
- This option provides good access for the general public using the Emergency Department service by both public and private transport;
- This option meets the requirement for the Royal Victoria Hospital to have an Emergency Department as part of its

trauma service, but:

- An Emergency Department is only one way of providing access to services and, given the specialist clinical profile of the BCH services, the BCH lends itself to direct access for patients, via a General Practitioner as an alternative and improved access arrangement for patients.

- **Option 3 - RVH & Mater**

- The distance between the RVH and Mater Emergency Department Departments is 1.6 miles;
- This option provides good access for the general public using the Emergency Department service by both public and private transport;
- Access to the Mater Hospital's current range of general acute services as a small district general hospital requires an Emergency Department to ensure reasonable access;
- This option supports the development of direct access for patients into the Belfast City Hospital, via a General Practitioner as an alternative and improved access arrangement for patients.

- **Option 6 - RVH**

- A single site Emergency Department service at the RVH is accessible to the population served by the Belfast Trust. As the RVH, BCH and Mater hospital are all based within a few miles of one another, service users would only travel a short distance further to access the single Emergency Department service for Belfast;
- This option would support the development of direct access for patients into the Belfast City Hospital, via a General Practitioner as an alternative and potentially superior access arrangement

for patients.

**Local Access - Assessment Summary**

**Option 1 (RVH, Mater & BCH), Option 2 (RVH & BCH), Option 3 (RVH & Mater) & Option 6 (RVH ) all deliver the Local Access criterion**

**6.4 The Options Assessment is summarised below:**

- **Option 1, with 3 Emergency Departments in RVH, BCH and Mater Hospital:**
  - Does deliver the Local Access criterion, but;
  - Does not deliver the Patient Safety & Quality, Deliverability & Sustainability and Effective Use of Resources criteria.
- **Option 2, with Emergency Departments in the RVH and BCH:**
  - Does deliver the Local Access criterion, but;
  - Does not deliver the Patient Safety & Quality, Deliverability & Sustainability and Effective Use of Resources criteria.
- **Option 3, with Emergency Departments in the RVH and Mater Hospital:**
  - Does deliver the Patient Safety & Quality, Deliverability & Sustainability, Effective Use of Resources and the Local Access criterion;
- **Option 6, a single Emergency Department at the Royal Victoria Hospital:**
  - Does deliver the Effective Use of Resources and Local Access criteria;

- Does not deliver the Patient Safety & Quality, and Deliverability & Sustainability criteria.

6.5 The preferred option, from this assessment against the criteria, is **Option 3**, i.e.:

**Emergency Department services should be delivered from two Emergency Departments at the Royal Victoria Hospital and the Mater Hospital**

**Direct access to the Belfast City Hospital should be available for patients who have been assessed by their GP as requiring urgent medical assessment or admission to hospital, without the need to go via an Emergency Department,**

6.6 This is the preferred option because:

6.6.1 The **Royal Victoria Hospital**, with its role as the regional trauma centre for the most seriously-injured patients, remains the primary Emergency Department for the Belfast Trust, with access to all the relevant specialist and diagnostic services on-site, including the Regional Critical Care Unit, emergency surgical services, cardiac surgery, neurosurgery & specialist diagnostic services. However, on its own, the RVH does not have the infrastructure to reliably support the total current Emergency Department service demand and there would be no contingency for periods of peak pressure if Emergency Department services were delivered on only one site;

6.6.2 The **Mater Hospital** is a small, district general hospital, providing a range of acute medical and surgical inpatient and daycase services, supported by a Medical Assessment Unit, Critical Care Unit and an Emergency Department with a Short Stay Unit and dedicated diagnostic facilities. The resources available at the Mater, particularly its medical staffing, will allow it to continue to deliver an Emergency Department service which is complementary to that of the RVH. The Mater Hospital is less reliant on the same pool of medical staff that the RVH requires because of the other

speciality doctors who are available to assist and respond to the Emergency Department, in particular, the small size and integrated team approach to clinical care means that the Mater Emergency Department can function safely and effectively with fewer experienced or senior Emergency Department doctors;

6.6.3 The **Belfast City Hospital** is a large hospital with a focus on regional specialist services, such as oncology, renal, transplant , haematology, respiratory, older adults service, urology and gynaecology oncology, which are less reliant on an Emergency Department. Patient access to specialist services is changing and a direct access service, via a GP, provides a safe and timely route straight into the BCH, avoiding unnecessary attendance at an Emergency Department;

6.6.4 The advantage that the **Mater Hospital** has, as a small district general hospital, would not be easily replicated at the **Belfast City Hospital** because of the size and the complexity of the BCH specialist services. Access to, and the delivery of, the range of specialist services at the BCH is not dependent on an Emergency Department. Indeed, direct access pathways offer an improved quality of service for patients in, for example, cancer, haematology and renal services, which are all primarily based in the BCH. In addition, the BCH and the RVH share a reliance on the same cadre of experienced middle grade doctors and doctors in training, which is not the case at the Mater Hospital.

6.6.5 Therefore, the combination of the Royal Victoria Hospital, as the primary Emergency Department, complemented by a smaller Emergency Department at the Mater Hospital, will provide a safe, high quality, responsive and sustainable Emergency Department for Belfast, supported by patient pathways providing direct access into the specialist services at the Belfast City Hospital.

## 7. Description of Preferred Option

7.1 The preferred option, Option 3, proposes that:

**Emergency Department services should be delivered from two Emergency Departments at the Royal Victoria Hospital and the Mater Hospital.**

**Direct access to the BCH would be available for patients who have been assessed by their GP as requiring urgent medical assessment or admission to hospital, without the need to go via an Emergency Department,**

The preferred model would be part of a comprehensive networked service for urgent care which is being extended and enhanced within Belfast.

7.2 Patients who become acutely ill are able to call their GP, the Out of Hours centre or the NI Ambulance Service. People who are deemed to have non urgent conditions will be directed to appropriate services, while those requiring emergency care for their condition will have a timely and appropriate response. GPs will be able to refer directly to the Belfast City Hospital for assessment, and admission where necessary, and will have the support of a community-based rapid response service which will be able to provide 24/7 home-based acute care. These services will be supported by two Emergency Departments, one in the Regional Trauma Centre in the Royal Victoria Hospital, and a second Emergency Department in the Mater Hospital, both providing an integral Minor Injury Service. Direct patient access into specialist services will also be expanded to ensure that every patient experiences a high quality, timely and effective assessment and treatment of their individual needs.

7.3 Patients who have attended the Emergency Department in either the RVH or Mater Hospital, and require admission, will be admitted to the most appropriate bed in the acute hospital network (RVH, BCH and Mater Hospital).

**7.4** The RVH Emergency Department is supported by an expanded Acute Medical Unit (61 beds). Patients will be assessed by a consultant physician within 13 hours of admission to the unit. Patients will have treatment planned and implemented to enable them to be discharged home within 48 hours, or be transferred to the appropriate consultant specialist on either the RVH or BCH site to have their specialist care continued.

**7.5** Direct access arrangements for patients will support the Belfast Trust in its commitment to ensure that high quality care and treatment is provided in a safe, effective and timely manner, within a sustainable clinical environment.

Patients, who have been assessed by their GP as requiring urgent medical assessment or admission to hospital, can be sent directly to the Acute Assessment Unit on the BCH site without the need to go via an Emergency Department. This option is clinically more appropriate than waiting to be seen by a doctor in the Emergency Department.

**7.6** In addition, direct referral by the GP to the Regional Acute Eye Service or ENT Rapid Access Clinic on the RVH site is available without the need for patients to attend the Emergency Department.

**7.7** The Acute Stroke service, based at the RVH and currently accessed via the Emergency Department, will be further developed to support direct access for patients via the GP and the Ambulance Service.

## **8. Workforce Information**

It is important to acknowledge the contribution, skills, knowledge and expertise of the staff who deliver Emergency Department Services in the Belfast Trust. The HSCB and Belfast Trust fully acknowledge that it is through the staff in the Emergency Departments that high quality care is delivered. The HSCB and Belfast Trust recognise the flexibility and commitment Emergency Department staff have displayed with the temporary closure of the Belfast City Hospital Emergency Department on 1<sup>st</sup> November 2011. The Trust is fully committed to supporting staff through this period of change.

The proposal set out in this consultation document is to reconfigure Emergency Department services to be delivered within Belfast Trust in two Emergency Departments at the Royal Victoria Hospital and Mater Hospital sites.

Emergency Department Services have 213 staff employed as follows:-

- Belfast City Hospital (78 staff) temporarily closed 1<sup>st</sup> November 2011
- Royal Victoria Hospital (80 staff)
- Mater Hospital (55 staff)

These include:-

- 24 Medical staff \*
- 135 Nursing staff
- 47 Administrative and Clerical staff
- 7 Support staff

In addition there are other staff groups employed by the Trust in services providing support to the Emergency Departments, including Patient, Client and Support Services, Health Records, Theatres, Allied Health Professionals, Pharmacy, Social Care Services and other areas. These staff and services will be included in the consultative process for this service change.

If the proposal is approved, the main impacts anticipated for staff will be:-

### 1. Relocation / Redeployment

The proposal will impact on the Belfast City Hospital Emergency Department staff. The staff that provided the Emergency Department services at the Belfast City Hospital have already temporarily moved to the Royal Victoria and Mater Hospital Emergency Departments. This proposal, if approved, will require the relocation and redeployment of the Belfast City Hospital staff, in order to deliver the Emergency Department services on the Royal Victoria and Mater Emergency Departments. However, bringing departments together will enable staff to be redeployed more efficiently and effectively and this will impact on all Emergency Department staff. This will be dealt with in accordance with Staff Affected by Organisational Change and Staff Redeployment Protocol.

### 2. Providing Support to Staff

In dealing with any proposed change, the Trust will put in place a range of support mechanisms. These may include, individual staff support, provision of advice and guidance on Human Resource Policies and Procedures.

### 3. Partnerships

The Trust will work in partnership with Trade Unions and in accordance with agreed Frameworks.

\* Junior Doctors who are in short-term rotation have not been included in these figures.

## **9. Impact of the Temporary Closure of the Belfast City Hospital Emergency Department**

In selecting the preferred option, no assumptions have been made about the continuation of the interim arrangements. However, it is important to assess how well these are performing as they are similar to the preferred option.

### **9.1 Reasons for the Temporary closure of BCH Emergency Department**

The BCH Emergency Department temporarily closed in November 2011 as a result of a shortfall in the allocation and availability of Emergency Department doctors to Belfast for training, at both junior and more experienced levels, and because of concerns from GMC<sup>28</sup> and NIMDTA<sup>29</sup> about the levels of clinical supervision of doctors in training in both the BCH and RVH, and the subsequent impact on patient safety, delivery of training and support and development of trainees. The Trust took the decision to temporarily close the BCH Emergency Department because this option provided the most appropriate temporary arrangement to the Emergency Department staffing, training and supervision shortfalls. The impact of this decision on the Belfast Trust's workforce, on the services provided by the Belfast Trust and on other Trusts is considered below.

### **9.2 Impact on the Belfast Trust**

Within the two Emergency Departments at the RVH and Mater Hospital, the Emergency Department service is led by the emergency medicine consultants, who provide direct clinical care to patients seven days per week, supported by their senior doctors and multi-disciplinary teams 24/7, along with enhanced clinical

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<sup>28</sup> GMC – the role of the General Medical Council is to protect, promote and maintain the health and safety of the public by ensuring proper standards in the practice of medicine and promoting high standards of medical education and training.

<sup>29</sup> Northern Ireland Medical and Dental Training Agency is responsible for funding, managing & supporting postgraduate medical & dental education.

supervision arrangements for doctors in training 24/7 and a comprehensive Minor Injury service in the RVH and Mater Emergency Departments. The Trust is confident that it will deliver a high quality, safe, effective and sustainable service to patients 24 hours per day, seven days per week.

Between November 2010 and September 2011, 130,000 new patients attended the three Emergency Departments (53,000 at the RVH, 39,000 at BCH and 37,000 at the Mater). During the period November 2011 to September 2012, this decreased to around 111,000 attendances (71,000 at the Royal Victoria and 40,000 at the Mater Hospital). In addition, during the same period, GPs have referred 944 emergency cases directly to the BCH. The number of patients requiring admission for further investigation and treatment has remained the same at around 28,500 patients per year

### **9.3 Impact on Other Trusts**

Inevitably changes in the configuration of Emergency Departments within the Belfast Trust are likely to have an impact on activity within other Trusts particularly those in close proximity to Belfast and the NI Ambulance Service (NIAS)

The potential impact of the temporary closure of the Emergency Department at Belfast City Hospital was rigorously explored with the aim of anticipating such impact and ensuring that any additional resource needed was in place to respond to increased activity levels. Such comprehensive planning led to essential service developments being in place to ensure high quality, responsive services for patients.

Measures taken by the HSCB, Public Health Agency and Trusts ensured not only that there was additional capacity to respond to the temporary change but also that this capacity would be

sufficiently flexible to deal with unexpected pressure at one or more sites.

It was anticipated that, outside Belfast Trust, the greatest impact would be at the Ulster Hospital with approximately 10,000 additional attendances and 2,000 additional admissions. The South Eastern Trust also maintained that there was a level of inherent growth that also needed to be acknowledged in factoring in an appropriate level of support. On this basis a range of additional measures were supported at the Ulster Hospital, including:

- Additional Emergency Department staff including additional medical, nursing and Allied Health Professional posts
- An acute medical unit with additional consultants
- Additional medical beds
- A Mobile Cardiac Catheterisation Unit
- Additional theatre sessions
- Revised arrangements in place with the Belfast Trust to strengthen the discharge of Belfast residents from the Ulster Hospital back to community services in Belfast.

The NI Ambulance Service was fully involved in planning the temporary closure and funding was made available to provide for the transport of patients from the RVH and Mater Hospitals to the BCH to enable the three hospitals to operate as a single network, and for the timely transport of more patients from the Ulster Hospital to the specialist services in Belfast. This has worked effectively.

Between November 2011 and September 2012 the level of attendances at the various Emergency Departments in Greater Belfast has been shown to be lower than planning assumptions although the total number of emergency admissions increased over this period, as would be expected with increasing need in an

ageing population. The fact that the total capacity in Greater Belfast had been expanded has meant that Trusts have been generally able to respond effectively to the consequences of the temporary closure of the Emergency Department at the Belfast City Hospital. While pressures are, on occasion, evident in a number of Emergency Department sites these are not necessarily associated with the impact of temporary changes.

The preferred option in this document reflects the configuration of services that has been in place since the 1 November 2011. In the context of Emergency Department activity since then, and the ability of services to respond effectively to a changing pattern of attendances, it is anticipated that if the preferred option of two Emergency Departments, one at the Royal and one at the Mater, is supported and implemented, no further material change in activity would result.

Nonetheless, the Board and PHA will continue to monitor Emergency Department attendances across Northern Ireland and will work with Trusts to sustain service improvements in Emergency Department services to respond to well publicised Emergency Department pressures.

## 10. **Your Opportunity to Have Your Say – Consultation Questions**

This document represents a formal consultation on a proposal for the delivery of Emergency Department services. The consultation period will run from Tuesday 5<sup>th</sup> February 2013 to 5pm on Friday 10<sup>th</sup> May 2013

Comments are invited from all interested parties on the Consultation Questions listed below.

The Consultation Paper and Equality Impact Assessment documents and On Line Response Forms are available on the HSCB website at the following address, [www.hscboard.hscni.net/consult](http://www.hscboard.hscni.net/consult)

## Appendix 1: Consultation Questionnaire

You may respond to us using the online response form or complete this Questionnaire and send it to us at:

Email: [EDConsultation@hscni.net](mailto:EDConsultation@hscni.net)

Written: Belfast Emergency Department Consultation  
HSCB  
12-22 Linenhall Street  
Belfast  
BT2 8BS

1. I am responding:

- As an individual
  - As a Health and Social Care Professional
  - On behalf of an Organisation
- (please tick one option)

2. About you or your organisation:

Name:	<input type="text"/>
Job Title:	<input type="text"/>
Organisation:	<input type="text"/>
Address:	<input type="text"/>
Tel:	<input type="text"/>
Fax:	<input type="text"/>
E-mail:	<input type="text"/>

3. Do you agree that the reasons for change (Section 4 Drivers for Change) clearly show why a three – site Emergency Department service in Belfast, at the Royal Victoria, Mater and Belfast City Hospitals, cannot be maintained in its current form?

Yes I agree

No I do not agree

If not, why not?

4. Do you agree with how the criteria have been applied in the assessment of the 4 options (Section 6 Assessment of Options)?

Yes I agree

No I do not agree

If you do not agree please state your reasons below.

Are there other factors or criteria which should be used in the assessment? If so, please detail below.

5. Do you agree that the proposal for a two – site Emergency Department option, at the RVH and Mater Hospitals, supported by direct access arrangements for patients into the BCH, will deliver a safe, high quality, timely and effective service within the Belfast Emergency Department Service?

Yes I agree

No I do not agree

**Thank you for completing this response**

## **Freedom of Information Act (2000) – Confidentiality of Consultations**

HSCB will publish an anonymised summary of responses following completion of the consultation process; however your response, and all other responses to the consultation, may be disclosed on request. We can only refuse to disclose information in limited circumstances. Before you submit your response, please read the paragraphs below on the confidentiality of consultations and they will give you guidance on the legal position about any information given by you in response to this consultation.

The Freedom of Information Act gives the public a general right of access to any information held by a public authority, in this case, the HSCB. This right of access to information includes information provided in response to a consultation. We cannot automatically consider information supplied to us in response to a consultation as information that can be withheld from disclosure. However, we do have the responsibility to decide whether any information provided by you in response to this consultation, including information about your identity, should be made public or withheld.

Any information provided by you in response to this consultation is, if requested, likely to be released. Only in certain circumstances would information of this type be withheld.

## **Appendix 2      Equality and Human Rights**

Equality and human rights underpin the services that HSCB commissions and which HSC Trusts provide. The HSCB recognises that equality in health and social care is not about people getting the same treatment – equality means people accessing person-centred, person-led, quality care which meets their needs.

Human rights are founded on 5 fundamental values: fairness, respect, equality, dignity and autonomy. The HSCB has incorporated both respect and dignity in its corporate values and behaviours. Moreover, the HSCB also aims to improve health and well-being and reduce health inequalities.

Under Section 75 of the Northern Ireland Act 1998, the HSCB is obliged to consider the implications for equality of opportunity and good relations. As part of this assessment, the HSCB also considers implications for human rights and disability. This means the HSCB is not only morally and ethically bound to deliver its acute services to its users in an equitable fashion with respect and dignity; but it also is statutorily bound to do so.

### **Section 75 of the Northern Ireland Act 1998**

Section 75 (1) of the NI Act 1998 requires the HSCB, in carrying out its work, to have due regard to the need to promote equality of opportunity between persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation, between men and women generally, between persons with a disability and persons without and between persons with dependants and persons without. Section 75 (2) requires the HSCB to promote good relations between persons of different religious belief, political opinion or racial group.

The HSCB is carrying out an equality impact assessment on this proposal to ensure that it undergoes a full and systematic analysis to

firstly, determine the extent of differential impact upon the nine aforementioned groups and secondly establish if that impact is adverse.

If so, the HSCB must consider alternative policies to better achieve equality of opportunity or measures to mitigate the adverse impact.

The HSCB is committed to listening to the view of staff, service users, carers and families and advocacy groups and the wider public and making an informed decision on the basis of these consultation responses.

The EQIA pertaining to this proposal can be found at

<http://www.hscb.hscni.net/consult>

## Availability in other formats

Throughout this paper you will find an explanation for some of the technical terms used. If there is something in the document that you do not understand, please feel free to contact the HSCB. Contact details are at the front of the document.

If you have any queries about this document and its availability in alternative formats then please contact:

Email: [EDConsultation@hscni.net](mailto:EDConsultation@hscni.net)

Written: Belfast Emergency Department Consultation  
HSCB  
12-22 Linenhall Street  
Belfast  
BT2 8BS

Telephone: 02890 960069

Text Phone: 02890 566755

(Please note Telephone and Text Phone facilities are to be used only to request a posted copy of the consultation documents or to request the documentation in an alternative format).

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