Outcome of Public Consultation on SHSCT ‘Changing for a Better Future’ Proposals

1. The modernisation of inpatient acute and rehabilitation stroke services
2. Future provision of inpatient non-acute hospital services for older people
3. Relocation of dementia assessment inpatient care for the Gillis Unit to a new fit for purpose unit on the Craigavon Hospital site

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Acknowledgement

The Southern Health and Social Care Trust wishes to extend its thanks and sincere appreciation to all those individuals, elected representatives, groups and organisations who responded to the consultation process. The Trust also wishes to thank all those who met with or contacted the Trust to express views.

All the views expressed throughout the engagement process have been taken account of by the Trust and are addressed in this consultation paper.
1.0 Introduction

The Southern Health and Social Care Trust (the Trust) is committed to supporting people to live at home for as long as possible, with as much choice as possible over how their needs are met. We want to be a partner in care – with individuals, families and communities – to deliver the best quality of care to meet those needs.

In delivering this commitment the Southern Trust, working with our Commissioner and local partners in Integrated Care Partnerships over recent years, has put a wide range of new and improved services in place in our community and in our hospitals. These include:

- Specialist community teams and new technology – telemedicine and telecare – to help people to better understand and manage their long term conditions and avoid the need for emergency care.
- Specialist local ‘one stop’ clinics where older people can receive rapid assessment and treatment when they experience deterioration in their health.
- Reablement service that supports people in their own home to regain their ability to live as independently as possible.
- Increased and enhanced domiciliary care services, now supporting 6,000 people at home.
- The launch of a new service in 2014 to provide a rapid response consultant led service to people in their own home and in nursing homes to avoid the need for hospital based care.

At the same time as our developments in community based care, advances in hospital care are transforming how patients receive care when they need to be in hospital. Many services can now be provided without the need for an overnight stay. Increasingly, hospital stays are for a short time, for patients who are acutely ill and need the specialist care that can only be provided in a hospital.

These changes in how care and treatment is provided mean we have to look at the best way to deliver hospital based care in future and learn from the evidence on what works best. In continuing our journey of improvement, the Southern Health and Social Care Trust is undertaking a consultation process on three important proposals for development over the next two to three years:
1. The modernisation of in-patient acute and rehabilitation Stroke Services, which are currently provided at Lurgan, Loane House (South Tyrone Hospital) Daisy Hill and Craigavon Area Hospitals. The Trust is proposing the development of a specialist acute stroke unit at Craigavon Area Hospital.

2. Future provision of inpatient non-acute hospital services for older people. This will particularly affect Lurgan Hospital and Loane House (South Tyrone Hospital). The Trust is proposing that all inpatient hospital services will be based at Daisy Hill and Craigavon Area Hospitals.

3. Relocation of Dementia Assessment Inpatient Care from the Gillis Unit in Armagh to a new fit for purpose unit on the Craigavon site, providing beds for rehabilitation for older people and dementia assessment, designed to the highest standards and with specially trained clinical staff.

The underpinning principle of our proposals is that everyone has the right to equal care, and it is our vision that whenever anyone needs health or social care, they will be treated in the right place, by the most appropriate person and in a timely and compassionate way.

While we know that change can take a long time to plan and deliver and that we need to build confidence that new community based services are in place and working well before any major changes could take place, we want to provide a clear vision for these services. This will allow us to start working to properly plan changes that we are proposing for two to three years from now. In keeping with legislation and a desire to engage as widely as possible, the Trust has consulted on its proposals and related Equality Impact Assessment (EQIA). Our future vision has been informed by the debate and discussion throughout this consultation process.

This consultation report sets out:

- The process and actions undertaken by the Trust to engage and consult on its proposals to change how inpatient stroke services, hospital services for older people and dementia services in the Southern area will be delivered in the future;
• The comments and responses received from the consultation process and the Trusts' consideration and response to these issues, and

• Final proposals, as shaped by the responses to the consultation process, on the Trusts’ strategy and proposed service changes, for Trust Board consideration.

All enquiries regarding the consultation report should be directed to:

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2.0 Consultation Process

In undertaking this consultation, the Trust has complied with the relevant legislation and its own Equality Scheme, taking account of how significant changes proposed to service delivery may impact on individuals. Specific equality legislation, which impacts on the Trust and the manner in which it carries out its functions include:

- The Northern Ireland Act 1998 (Section 75 (i) and (ii))
- The Disability Discrimination Act 1995 (as amended) i.e. to promote positive attitudes toward disabled people; and to encourage participation of disabled people in public life - The Disability Duties
- The Human Rights Act 1998 and in particular Article 8
- UN Convention on the Rights of Persons with Disabilities in particular Article 19 – The Right to Independent Living
- UN Principles for Older Persons

In line with the Trust’s statutory duties under Section 75 of the Northern Ireland Act 1998, the Trust carried out an initial equality screening in relation to this proposal. The screening outcome was to progress to a full EQIA and as such an Equality Impact Assessment (EQIA) was developed as a key element of the consultation process.

From the outset the Trust has been committed to consulting as widely as possible on its proposals for change, including:

- Raising awareness of the consultation process with key stakeholders
- Encouraging and facilitating their participation
- Facilitating opportunities for two way communication in order to explain the proposal

The Trust also reaffirmed throughout the consultative process that it would not take a decision in relation to the proposal without taking into account the Equality Impact Assessment and consultation carried out in relation to this proposal.

2.1 Methodology

The Trust has complied with the principles on consultation set out in the Equality Commission for Northern Ireland’s Guide to the Statutory Duties, as well as the commitments in the Trust’s Equality Scheme.

The Trust’s consultation process has six elements to ensure as full and effective an engagement process as possible.
Planning

In developing the proposal for these key service changes, the Trust has drawn on national and regional service strategies, the strategies of the commissioner, and national and international quality standards and best practice, all of which have had significant user engagement.

The Trust has engaged widely in the development of the strategic direction and priorities set out within our consultation documentation. The Trust has also discussed the plans with the Southern Local Commissioning Group that includes health and social care professional, GP and elected representatives and local Integrated Care Partnerships.

Notice of Formal Consultation and Formal Consultation

The Trust’s formal consultation documents were considered and approved for consultation at the Trust Board on 12th June 2014.

Following this meeting, the notice of formal consultation was issued. All consultation papers were placed on the Trust internet site and statements were issued to the press. A letter accompanied by a summary leaflet which highlighted the key service changes and how the full documents could be accessed, was issued to all consultees on the Trust’s master consultation list to ensure they were aware of this consultation. There were some issues with members of the public accessing the Trust’s PDF documents on the website, however any requests for a word version of the questionnaires were responded to and actioned at the time.

The Trust’s master consultation list extends to approx. 900 individuals and organisations including representative groups of Section 75 categories i.e. local and regional groups, organisations and individuals, politicians, councils, Trade Unions, voluntary and community groups/forums, health and social care organisations, patient client council, other public authorities, professional bodies, churches, GPs and statutory organisations etc.

The Trust undertook a pre-consultation process on proposals for changes to Stroke Services, Hospital Care for Older People and Dementia Services during January to March 2014. The details of this pre-consultation process are contained in Appendix 2. Information was shared with MLAs in February 2014 explaining when formal consultation would begin and acknowledging the issues raised during the pre-consultation process which would require to be considered before the formal consultation could begin.
The formal consultation process began following the Trust Board meeting on 12th June 2014. The consultation was promoted through local newspapers, directly to GPs, MLAs and five local councils and through the Trust’s extensive consultation lists.

Regular information was provided to local media as requested throughout the consultation process. A summary of queries and responses is included in Appendix 2.

The Equality Commission and the Trust’s Equality Scheme recommend a 12 week consultation period, however, as this consultation process would be commencing prior to the Summer, the Trust decided to extend its consultation period to 20 weeks to enable effective engagement and consideration of the proposals by interested parties. The formal consultation period commenced on the 12th June 2014 and ended on Friday 31st October 2014.

**Formal Responses to Consultation**

As responses were received, the Trust acknowledged receipt, responded to any queries where possible and provided any further information required.

Each response has been carefully reviewed and the key themes identified and considered in developing the final proposals for Trust Board consideration which in turn will inform the final EQIA report which will be published and posted on the Trust’s website.

**Outcome of Consultation Process and Proposals to Trust Board**

This consultation report sets out:

- The outcome of the consultation process.
- Summaries of the formal responses received.
- The key themes emerging from those responses.
- Draft recommendations on the outcome of the consultation process for Trust Board consideration.

**Trust Board Decisions on Consultation Process**

Trust Board will consider this paper at its public meeting on Thursday 27th November 2014. Decisions taken at this meeting will be placed on the Trust’s
internet site and all individuals and organisations on the Trust’s consultation list will be notified.

**Publication**

The final outcome of the associated EQIA will be published in keeping with the commitments within the Trust’s Equality Scheme and will be posted on the Trust’s website.
3.0 RESPONSE TO CONSULTATION, ANALYSIS AND FINAL PROPOSALS

The Trust received a total of 117 individual responses to the consultation document and 1 petition to “Save Loane House Dungannon” with 8,100 signatories as detailed in Appendices 2, 3 and 4.

For each of the Trust proposals, this section summarises the responses received, identifies the key themes emerging and provides the Trust’s response to these issues. It also sets out the Trust’s final proposal on the consultation for Trust Board consideration and decision.

3.1 The modernisation of inpatient acute and rehabilitation stroke services

Appendix 1 provides a brief summary of the key issues influencing Trusts’ proposed changes for inpatient stroke care.

Response to Consultation

This section summarises the responses received, identifies the key themes emerging and provides the Trust’s response to these issues. It also sets out the Trust’s final proposal on the consultation for Trust Board consideration and decision.

The Trust again wishes to extend its thanks and appreciation to all those who contributed their time, effort and expertise in responding to this consultation process.

A total of 79 individual responses and 1 petition to “Save Loane House Dungannon” with 8,100 signatories were received. This included 65 completed questionnaire responses. The respondents and a summary of their comments are detailed in Appendix 3. In addition the proposals for stroke care were discussed at the following meetings (as per Appendix 2):

- Meetings with MLAs representing areas within SHSCT from all parties
- All Local Councils
- Stroke Association
- Age NI
- Patient and Client Council
- Commissioner for Older People NI
- Chest Heart and Stroke
- South Tyrone Community Forum
A summary of the responses to the questions asked as part of the consultation questionnaire are as follows:

**Question 1** – “Do you agree with the proposal to develop a specialist Stroke Unit on a single site at Craigavon Area Hospital and retain provision of thrombolysis (clot busting) treatment for appropriate patients at both Daisy Hill Hospital and Craigavon Area Hospital?”

8 respondents (12.3%) were in agreement of the proposal to develop a specialist Stroke Unit on a single site at Craigavon Area Hospital and retain provision of thrombolysis (clot busting) treatment for appropriate patients at both Daisy Hill Hospital and Craigavon Area Hospital with 57 respondents (87.7%) in disagreement. The majority of the people who answered the question were not in agreement with the proposal.
Question 2 – Do you agree with the proposal to bring stroke rehabilitation beds from Loane House, South Tyrone Hospital and Lurgan Hospital together with acute care stroke beds in this specialist Stroke Unit?

24 respondents (36.9%) were in agreement to bring stroke rehabilitation beds from Loane House, South Tyrone Hospital and Lurgan Hospital together with acute care stroke beds in this specialist Stroke Unit and 12 respondents (18.5%) were in disagreement. 29 respondents (44.6%) did not advise of their opinion in respect of this question.

Key Themes from Consultation Responses

There were a number of key themes emerging from the responses received, these include the following:

- **Quality of Care**

  Respondents queried why the existing model of care at Daisy Hill Hospital (DHH) in particular had to change, as they considered that the proposed model of providing both acute and rehabilitation care in one unit was already provided on the DHH site with good outcomes. A number of respondents suggested that two stroke units should be developed, one at Craigavon Area Hospital (CAH) and one at Daisy Hill Hospital (DHH).
Respondents raised concerns about the withdrawal of the stroke service from DHH and the consequent impact on delivery of acute services on that site and economic impact on the Newry area.

Some respondents queried the level of staffing input that would be provided with the new model.

Respondents were concerned that Newry & Mourne patients returning to DHH at day 16 would not receive their rehabilitation care with a specialist stroke team as they would be cared for on a general medical ward.

One respondent queried whether MRI scanning was required for diagnosis of stroke.

**Trust Response - Quality of Care**

The Trust acknowledges the good stroke care that is provided at the existing four Trust sites and this point was strongly emphasised by many who responded to the consultation. The aim of the proposed model is not about addressing poor performance but about establishing a sustainable model of care going forward and continually improving our services through bringing together specialised staff.

Clinical evidence shows that patients are 25% more likely to survive or recover from stroke if treated in a specialised centre. The Trust is proposing to provide a consistent and specialist service 24 hours a day, seven days a week in one centre rather than spreading the specialist team of staff across four sites. We want to develop a single Specialist Stroke unit for the Southern Trust population based at Craigavon Area Hospital, rather than continuing to provide stroke services across four sites because we believe patients deserve the same quality of care 7 days a week and the creation of this specialist unit will allow us to work towards achieving this and give stroke patients the vital specialist input required to give them the very best chance of recovery. We realise that it means travelling further for some people, but we believe the benefits in quality of care and outcomes for patients are worth it. We will continue to provide ongoing rehabilitation and support through community stroke teams in the patients’ own locality. The Trust is working with the commissioner to ensure that the appropriate level of community resources is in place to support the delivery of this new model including further development of early supported discharge.

The Trust has a network of two acute hospitals (CAH and DHH). With this networked model of services some services are provided on both sites and some services are provided on one site where appropriate skills, expertise and equipment are required. It is proposed to deliver stroke services on one site to maximise the level of Nursing and AHP input for stroke patients and to move towards achievement of the standards set by the Sentinel Stroke National Audit
Programme (SSNAP). SSNAP is an audit tool which provides benchmark information on staffing levels, the health service often use benchmarking tools to guide service improvement.

To maximise the level of Nursing and AHP input for stroke patients we need to consolidate and focus these skills and promote more integrated working across Acute, Rehabilitation and Community Stroke teams. Current levels of compliance for staffing levels against SSNAP guidelines for nursing and Allied Health professional (Physiotherapy, Occupational Therapy, Dietetics, Speech and Language Therapy) input is variable across our four sites with no site achieving 100% for any of these staff groups. Consolidating and focusing these skills through the provision of a single specialist Stroke unit for Acute and Rehabilitation care will support a significant improvement in this position and the Trust will continue to work with the commissioner to seek to secure the remaining relatively small investment to achieve 100% compliance for all staffing levels.

In the proposed model Newry and Mourne patients would have the option to return to DHH at day 16 to continue their rehabilitation care, they could also remain in the proposed new Stroke unit at CAH to complete the in-patient phase of their rehabilitation care. If they returned to DHH at day 16 rehabilitation care would be provided by the Stroke Early Supported Discharge team providing in-reach stroke care to DHH. As noted above the Trust is working with the commissioner to ensure that the appropriate level of community resources is in place to support the delivery of this new model. Consideration of the clinical appropriateness of patients returning to DHH at day 16 would be discussed with patients and their families.

For patients where diagnosis can be difficult, where the extent or location of the damage is unknown, and in patients who have recovered from a TIA an MRI scan is more appropriate. MRI aids the diagnosis of stroke with respect to the area of the brain that is involved, MRI is also useful for distinguishing stroke from stroke mimics (seizures, infection or forms of dizziness). In the future it is anticipated that MRI will assist in expanding the treatment window for those patients presenting outside the current time window for stroke thrombolysis, this could be relevant to patients who wake up with stroke signs and have no clear time of onset. The availability of MRI at Craigavon Hospital was one of the factors in the proposal to locate the single stroke unit on this site.

- **Patient Pathway**

A number of respondents queried the impact of the proposed model on the patient pathway, the following specific points were raised:

  - Ability to provide thrombolysis on CAH and DHH sites
- Safe, timely transfer of patients from DHH to CAH in particular within the 4 hour timeframe noted in Royal College of Physician guidelines that patients should have assessment undertaken within 4 hours.
- Some strokes could be difficult to diagnose and patients and diagnosis could be delayed if appropriate staff are not on site at Daisy Hill Hospital.
- Respondents queried how the proposed transfer of Newry and Mourne patients back to DHH at day 16 would meet Royal College of Physician Guidelines in that ‘patients who need ongoing inpatient rehabilitation should be treated in a specialist stroke rehabilitation unit…’
- Respondents queried how discharge of patients from DHH (patients that had come to DHH for rehabilitation at day 16) would be managed in the absence of a specialist team being on site.
- Respondents highlighted concerns that patients would be discharged much sooner.
- Some respondents queried the length of stay across the various sites, citing that the average length of stay for CAH was longer than for DHH.

**Trust Response - Patient Pathway**

In regards to thrombolysis there will be no change to the way that thrombolysis is currently delivered with the introduction of the proposed model of care. This will continue at CAH and DHH. The Trust has been providing an out of hours stroke thrombolysis rota using telemedicine for more than two years. The joint on-call rota across the two hospitals means that patients are assessed by a consultant trained in stroke assessment and thrombolysis in both acute hospital emergency departments. This allows senior decision making and ensures the safe and timely assessment of patients with symptoms of stroke at both EDs. The Trust was the first in Northern Ireland to adopt telemedicine - a technology that allows direct patient assessment, conversation and guided decision making and if indicated clot busting drug delivery in a time dependent manner. This has been the method of thrombolysis delivery out of hours for both acute hospitals and would be retained in this new model of care.

In relation to the safe, timely transfer of patients from DHH to CAH the Royal College of Physicians (RCP) – National Clinical Guidelines for Stroke (2012) patients states that:

All patients should be assessed within a maximum of 4 hours of admission for their:

- ability to swallow, using a validated swallow screening test (eg 50 ml water swallow) administered by an appropriately trained person
- immediate needs in relation to positioning, mobilisation, moving and handling
- bladder control
- risk of developing skin pressure ulcers
- capacity to understand and follow instructions
• capacity to communicate their needs and wishes
• nutritional status and hydration
• ability to hear, and need for hearing aids
• ability to see, and need for glasses.

Under the proposed patient pathway, stroke patients will either be admitted to the Centralised Stroke Unit at CAH or, where appropriate, the High Dependency Unit in DHH following thrombolysis. The assessment outlined by RCP would be undertaken at either CAH or DHH by nursing staff. The nature of this assessment is a nursing assessment which forms part of the admission documentation. As part of the current model of stroke care, this general assessment is currently undertaken by nursing staff and does not require specialist stroke nurses.

It is acknowledged that some strokes can be difficult to diagnose, this is currently the case on both our hospital sites (CAH and DHH) where specialist teams are on site. General Physicians on both sites would continue to review and assess such patients in consultation with clinical colleagues to inform diagnosis as soon as possible.

In response to the query about transfer of Newry & Mourne patients to DHH for rehabilitation Newry and Mourne patients would have the option to return to DHH at day 16 to continue their rehabilitation care, they could also remain in the proposed new Stroke unit at CAH to complete the in-patient phase of their rehabilitation care. If they returned to DHH at day 16 rehabilitation care would be provided by the stroke Early Supported Discharge team providing in-reach stroke care to DHH. Consideration of the clinical appropriateness of patients returning to DHH at day 16 would be discussed with patients and their families.

In relation to the discharge of patients from DHH, this would be managed by a multi-disciplinary team including social work, with the Stroke Early Supported Discharge team providing specialist advice.

Based on stroke admissions across the four sites for 2013/14 average length of stay was:

• Craigavon Area Hospital – 7.0 days, reflecting acute stroke care only
• Daisy Hill Hospital – 17.3 days, reflecting acute and rehabilitation stroke care
• South Tyrone Hospital – 38.7 days, reflecting rehabilitation stroke care only
• Lurgan Hospital – 31.2 days, reflecting rehabilitation stroke care only

Some responses to the consultation raised concerns about patients being discharged much sooner. Evidence shows that specialist care will, in general, allow earlier discharge of patients and under the current and proposed pathway it remains the position that patients will only be discharged when medically fit.
Once medically fit for discharge patients would be able to continue their rehabilitation from home with input from the community stroke team.

- **Accessibility**

A significant number of respondents raised concerns of the impact on accessibility for older more vulnerable patients and for their families and carers who would be required to travel further to visit them. The potential impact on patient recovery if they received fewer visitors was noted. The poor public transport links between Newry and Craigavon were highlighted. The financial impact of this additional travel was raised as an issue of concern.

**Trust Response - Accessibility**

This proposal is about raising the standard of care available to stroke patients and their families. It provides a roadmap for improving standards of care which have a strong evidence base for improved outcomes for people suffering a stroke. We realise it means travelling further for some people, but we believe the benefits in quality of care and outcomes for patients justify this short period of additional travel.

Whilst the Trust recognises the importance to our population of having locally accessible services there has also been wide acknowledgement through our pre-consultation with stakeholders that when a person becomes unwell and requires admission to a hospital bed that the emphasis should always be on ensuring they get the right type of care with access to specialist staff with the right skills and the resources to ensure their needs can be met in the best possible way.

The Trust has undertaken an analysis of both the distances/travel times for residents across all SHSCT towns and those towns that border SHSCT and who may use our services (62 towns) and also of travelling times for stroke patients who were admitted to all four sites during 2013/14. The first analysis has been based on the distance from each town to either Daisy Hill Hospital or Craigavon Area Hospital and shows that residents in 43 towns are closer to CAH than DHH (69%).

The detailed analysis of stroke patients who were admitted to all four sites equates to a total of 139 electoral wards and is reflected in the chart below:
Therefore this analysis of travelling times for stroke patients admitted to the four sites during 2013/14 shows that 88% of wards are within 1 hour travelling time of CAH. The greatest majority (50%) are within 30 minutes travelling time; a further 28% are within 31-45 minutes travelling time and 10% are within the 46 – 1 hour category.

The analysis also showed that patients from 16 wards were required to travel more than 1 hour. 62 patients were admitted in 2013/14 from these wards (8.6% of stroke total patients in that year). Of these 16 wards, 8 wards are outside the Southern Trust area. There were 24 stroke patients from these 8 wards falling outside the Southern Trust area (3.3% of total stroke patients in 2013/14).

In an area as large as that covered by the Southern Trust, it remains a constant challenge to provide equality of access. Part of the rationale for having centralised other services in the past has been to ensure that facilities and staffing are appropriate for the service which is being delivered and to ensure that accessibility is maximised for the local population. These proposals take these factors into account and have considered the importance of good road networks and public transport links to improve physical accessibility. To mitigate the impact of these proposals on travel time, the Trust would plan to:

- Work with our partners to explore other transport options to help support families and carers who have difficult accessing transport to Craigavon Area Hospital, particularly those living in rural areas.
• Raise awareness of arrangements that already exist where families, who are in receipt of Means Tested Benefits, will be able to claim the equivalent of public transport costs of travelling to the hospital. The Trust would raise awareness of this by including advice in information circulated to those being admitted to hospital.

• **Implementation**

A number of respondents raised issues relating to implementation including:

- Respondents suggested that future stroke bed numbers should be able to cope with increasing levels of stroke, any patient flows from other Local Government Districts, as it was suggested that there had been additional patient flows over recent months.
- Respondents queried where patients would be cared for if all the beds in the specialist stroke unit were full.
- Respondents queried whether there had been engagement with the Northern Ireland Ambulance Service and whether they would receive additional funding to allow them to manage additional patient transfers. There was a direct response from the Northern Ireland Ambulance Service NIAS supporting a more patient centred approach with regard to assessment, however they noted that the proposal by SHSCT must include appropriate consideration to cover this additional activity and the impact it will have for NIAS and its ability to respond to the needs of the Southern Local Commissioning Group population (costs of personnel and vehicles and any specialist equipment and/or training for NIAS staff).
- A number of respondents highlighted that additional resource would be required to allow adequate Early Supported Discharge teams to be established. The Trust was urged to ensure that these community based resources are put in place before inpatient treatment is scaled down.
- Respondents queried the nature of accommodation that will be provided at CAH, whether existing or new build, that suitable therapy accommodation would be provided and associated timescales.
- One respondent queried the Transforming Your Care (TYC) ethos and whether there would be sufficient resource in the community to support this proposal.
- Some respondents noted the additional pressure on the CAH site.
- Respondents queried where existing staff would be relocated to.

**Trust Response - Implementation**

The Trust acknowledges the issues raised relating to implementation and will work with our commissioner, DHSSPS, staff and user groups and all other interested parties to ensure full engagement and funding to allow the model to be implemented successfully, in particular:
The bed modelling approach for the proposed unit has been endorsed by the commissioner. The Trust recognises that demand for stroke services from within SHSCT area and external to the Trust should continue to be monitored to inform future in patient provision, in particular we acknowledge that Emergency Department admissions from other Local Government Districts are increasing.

Respondents had queried where patients would be cared for if all beds in the specialist stroke unit were full. If all beds in the specialist stroke unit were full a stroke patient would be cared for in an outlying ward, however their care would still be delivered by a specialist stroke team (specialist medical and nursing staff and specialist therapy staff providing input). The Trust would hope that only in exceptional periods of peak demand that this arrangement would be required to be implemented. The Trust is committed to organising this specialist unit so that admissions are for confirmed or suspected stroke patients only.

The Trust will engage with NIAS in the implementation of this proposal. The Trust acknowledges the issues raised by NIAS and agrees that there will be an increase of approximately 5 journeys per week but there will be a partial offset as there would no longer be site transfers for stroke patients between CAH and Lurgan Hospital and CAH and South Tyrone Hospital.

In relation to the additional resource required to ensure that adequate community based resources are in place, the Trust is working with the commissioner to ensure that the required community support is in place to allow full delivery of the proposed model. This includes enhanced 7 day working by community stroke teams and early supported discharge resources.

Should Trust Board approve this proposal the Trust will start to consider options for the provision of required suitable accommodation and associated timescales.

The Trust considers that this proposal is in line with the ethos of TYC.

The Trust will carefully consider the impact of additional patient and visitor traffic on the CAH site as part of the implementation process and plans to redevelop the CAH site.

The Trust will seek to mitigate any potential or differential impact on staff and should the proposed changes be approved by Trust Board, the Trust will take forward the implementation of the staffing changes in accordance with its Management of Change Framework.

- **Affordability / Value for Money**

Respondents queried the level of investment required to provide a new build on the CAH site and whether this was a good use of public funding considering the recent investment in Loane House, STH in particular.
One respondent queried why the consultation document did not include any financial information on cost/savings.

**Trust Response - Affordability / Value for Money**

The affordability of developing a specialist unit will be fully assessed within the development of the overarching Craigavon Area Hospital site wide redevelopment plan. The Trust believes that the implementation of this model will ensure greater quality of care and improved outcomes for stroke patients.

The optimum service model for the proposed single unit for stroke care requires it to be located on an acute hospital site to enable access to a wide range of diagnostics and specialist staff therefore STH would not be an appropriate location.

Recent investment at Loane House over the last number of years has been in response to the Trust’s corporate responsibility to maintain the existing estate and ensure that buildings are fit for purpose and provide safe environments to deliver treatment and care to older people. The works carried out were in relation to bringing the buildings up to statutory standard, providing DDA accessibility and improving standards regarding infection prevention and control.

This proposal is about enhancing patient care and achieving best practice and an investment model to accommodate this will be explored as part of the implementation process.

- **User Engagement**

Respondents queried whether former stroke patients and their carers had been involved in the evaluation of options.

**Trust Response - User Engagement**

The Trust engaged with a wide range of interested parties including pre-consultation engagement with organisations including Chest, Heart & Stroke, the Commissioner for Older People NI, Stroke Association and Age NI. The engagement process is summarised at Appendix 2. All service users have had an opportunity to input and express their views via the consultation process. This process allows the Trust to gauge comments and responses from a wide number of respondents.

The Trust would continue to engage with service users during the implementation phase for this proposal.
• **Equality & Human Rights Issues**

Equality issues raised were mainly in relation to accessibility for older, vulnerable people and people with disabilities.

In particular equality and discrimination issues were raised for patients from the Newry & Mourne area.

**Trust Response - Equality & Human Rights Issues**

The equality and human rights issues pertaining to accessibility have been covered under the response to accessibility issues above. The Trust undertook a combined Equality Impact Assessment for the three proposals. Due to the degree of overlap with the needs of the frail elderly, dementia and stroke the Trust concluded an overarching EQIA presented a more coherent and overall analysis of the relevant issues.

See section 3.4 for further information on equality and human rights issues.

**Trust Board is asked to consider approval of the strategic direction for the Stroke Service.**

The Trust is proposing to develop a single Specialist Stroke inpatient unit for the Southern Trust population based at Craigavon Area Hospital, rather than continuing to provide stroke inpatient services across the current four sites. Patients deserve the same quality of care 7 days a week and the creation of this specialist unit will allow us to work towards achieving this and give stroke patients the vital specialist input required to give them the very best chance of recovery.

The Trust will continue to provide ongoing rehabilitation and support through community stroke teams in the patients’ own locality and seek to further develop these teams and early supported discharge services in partnership with our commissioner. The Trust is working with the commissioner to ensure that the appropriate level of community resources is in place to support the delivery of this new model.

The Trust acknowledges the good stroke care that is provided at the existing four Trust sites. The aim of the proposed model is not about addressing poor performance but about establishing a sustainable model going forward and continually improving our services through bringing together specialised staff. It is proposed to deliver stroke services from one site to maximise the level of Nursing and AHP input for stroke patients and to improve the current level of compliance with clinical standards set by the Sentinel Stroke National Audit Programme (SSNAP).
Key benefits of the proposed model are:

- **High quality medical care:**
  - Improved levels of Stroke Care in line with National Audit (SSNAP) recommendations – appropriate staffing levels to allow early assessment, observation and early rehabilitation input.
  - The highest quality medical care in hospital (more concentrated levels of specialist medical, nursing and AHP care). This will ensure that patients get the vital specialist acute rehabilitation required to give them the very best chance of recovery.
  - Patients being admitted to a Stroke Unit as a ward of first admission. Latest medical evidence demonstrates that where patients are treated in specialist stroke units they achieve best outcomes.

- **Access to enhanced community services:**
  - Better rehabilitation outcomes - a specialised service which will bring community and hospital based staff together as an integrated team providing care to Stroke patients. This will provide more focused care and continuity of service provision throughout the patient’s pathway.
  - Reduced length of stay in hospital - more focused community based rehabilitation to allow Stroke patients to be discharged from hospital earlier and recover at home.

**Trust Board is asked to consider approval of the creation of a single Specialist Stroke Unit for the Southern Trust population at Craigavon Area Hospital.**
3.2 Future provision of inpatient non-acute hospital services for older people

Appendix 1 provides a brief summary of the key issues influencing Trusts’ proposed changes for Future Provision of Inpatient Non Acute Hospital Services for Older People.

Response to Consultation

This section summarises the responses received to our proposal for the future provision of inpatient non-acute hospital services for older people. It identifies the key themes emerging from responses and provides the Trust's considered response to these issues. It also sets out the Trust’s final proposal on the consultation for Trust Board consideration and decision.

The Trust again wishes to extend its thanks and appreciation to all those who contributed their time, effort and expertise in responding to this consultation process.

A total of 17 individual responses, 8 completed questionnaire responses and 1 petition to “Save Loane House Dungannon" with 8,100 signatories were received on this proposal. The respondents and a summary of their comments are detailed in Appendix 3. In addition the proposals for non acute hospital care were discussed at the following meetings (as per Appendix 2):

- Meetings with MLAs representing areas within SHSCT from all parties
- All Local Councils
- Age NI
- Patient and Client Council
- Commissioner for Older People NI
- Chest Heart and Stroke
- South Tyrone Community Forum

Key Themes from Consultation Responses

There were a number of key themes emerging from the responses received, these include the following:

- **Strategic Direction**

  Respondents were generally supportive of the Trust's strategic direction and proposals to enhance community services to support older people to remain at home for longer. Further clarity was sought from a number of respondents as to the plans for enhancing services in the community, the resources required and impact on staff who would be working in these services.
The majority of respondents were opposed to the proposal to centralise non-acute inpatient services on the Craigavon Area Hospital site.

**Trust Response**

The Trust places particular emphasis on providing safe and effective services that ensure older people receive the most appropriate assessment, care and treatment to meet their needs. In line with the Strategic Direction of the Trust, there has been greater emphasis on providing more locally accessible community services closer to people in their own home. Day Hospital and rapid access clinics will continue to be provided in Loane House and Lurgan Hospital and Mullinure Hospital which support the provision of rehabilitation services within the community, in addition older people will continue to receive rehabilitation treatment specific to the environment within their own home.

Between 2010/11 and 2013/14 the number of domiciliary care hours provided to older people increased by 12%. Further investment of £5m over the past 5 years has supported the development of a wide range of specialist community teams which have supported older people to be discharged from hospital earlier and in many instances avoided a hospital stay.

The Trust is continually working to improve and enhance community services to further support older people. Since the publication of the consultation paper the Trust has now implemented a Rapid Response ‘Hospital at Home’ service (September 2014). The Rapid Response service is a consultant led community service which aims to provide safe and effective acute care in a community setting. The service is now accepting referrals from GPs and from Trust Acute and Non-Acute Facilities for care home patients across Craigavon and Banbridge and Armagh and Dungannon areas (34 Care homes in catchment area) and for patients living in their own home within the greater Craigavon area. As at 30th October 2014 a total of 34 referrals had been accepted onto the service. The Trust is continuing to plan for the further extension of this service across the Trust area in line with additional funding secured from the Southern area Local Commissioning Group.

The Trust still recognise that when older people are sick and require acute medical care that they should be admitted to an acute hospital and receive a comprehensive geriatric assessment that will identify the most appropriate course of treatment that will result in fewer ward moves and improved specialist geriatric care.

- **Quality of Care**

A high number of respondents commented on the good quality of care provided in non-acute hospitals, with praise for staff in their treatment of patients and the
positive benefits and outcomes older people receive in a non-acute hospital setting.

Respondents queried why the model of care for non-acute hospitals had to change, many responses stated that the existing service provision within Loane House and Lurgan Hospital provide excellent quality of care that is patient focused and locally accessible.

Queries were also raised in relation to the medical staffing difficulties in off-site units.

**Trust Response – Quality of Care**

The Trust agree that staff in Loane House and Lurgan Hospital provide high quality care and would emphasise that the proposals for change are not a criticism of these existing services but a recognition that to sustain high quality inpatient care for the increasingly frail older people with a range of co-morbidities requires planning for future needs to be undertaken and agreed now. The model of care is not changing in so far as non-acute beds will continue to be provided into the future. The Trust’s proposals seek to enhance the already high quality of care provided to older people in existing non-acute hospitals by improving accessibility to specialist acute services that will better meet the clinical needs of these patients and further enable reduced lengths of stay in hospital. The proposal to further enhance community services will also enable the overall patient pathway to be improved and streamlined so that older people can be cared for in the most appropriate setting, by the right professionals and as quickly as possible depending on their needs.

The holistic assessment, care and treatment of older people will be further improved by delivering non-acute hospital services within a purpose built new facility that will provide dedicated non-acute inpatient beds in an environment that is suitable for older people, dementia friendly and will also enable access to acute specialist services, including the full range of diagnostics and acute specialist medical care. The Trust is committed to ensuring a person centred approach to the delivery of services and this means that older people will always be the centre of focus in the new pathway.

It has been difficult to recruit experienced doctors to off-site units and consequently the Trust has experienced particular difficulties in permanently recruiting to Consultant and Specialist Doctor posts in both Loane House and Lurgan Hospital with posts remaining permanently vacant for up to 23 months; in the interim these posts were covered on a temporary basis by locum cover.

The proposed new model will enable enhanced access to acute senior medical staffing both in-hours and out-hours through co-location of non-acute inpatient
beds on Craigavon Area Hospital site. It is anticipated this will support recruitment and retention of medical staff.

- **Patient Pathway**

A number of respondents requested clarity on the impact that the proposed new model would have on acute inpatient services. There was a view that acute services would come under increased additional pressure as a result of non-acute beds being co-located with acute beds. The following concerns were raised:

- The Trust is already running down services in non-acute hospitals by not admitting patients and causing bed blockages in Craigavon Area Hospital.
- Impact of the future proposed model on other services, including NIAS.
- The proposed new model would not necessarily reduce the number of ward moves for older people.
- Seeking assurances that the increasing older population had been appropriately accounted for within the proposals and that the proposed new model would adequately address their needs.

**Trust Response - Patient Pathway**

The Trust proposal to centralise non-acute inpatient services on Craigavon Area Hospital site is based on improving the patient pathway and continuing the current model of care in an enhanced environment. The close proximity of this specialist unit to acute services in Craigavon Hospital will facilitate improved access to diagnostics and specialist medical input. The facility will be purpose built for the frail elderly patient group and will provide an enhanced environment for the care and treatment of an older person.

A number of respondents sought reassurance that the increasing older population had been appropriately accounted for within the proposals and that the proposed new model would adequately address their needs. The Trust undertook a detailed and lengthy process with the Southern Local Commissioning Group to establish the number of beds required to meet the needs of older people within a non-acute inpatient setting. This process included looking at historical activity patterns; the optimum length of stay and the population projections up to 2015 (3 year projection); coupled with increasing range and availability of community services, the Trust is confident that the proposed profile of up to 62 beds will adequately meet the demand for non-acute inpatient services in line with the needs of older people across the Southern Trust.
As reflected below, the changing profile of non-acute inpatient beds since 2002 indicates the decreasing demand for this type of care in light of the impact that new models of care and enhanced community support have had.

The average length of stay in our non-acute hospitals has reduced significantly, from 72.86 days in 2002/03 to 22.6 days in 2013/14, meaning that we now need fewer hospital beds for older people.

The Trust can provide absolute assurance that the concerns expressed by the public and media that, over the last number of months, services have been ‘run down’ in Loane House and patients have not been transferred from Craigavon Area Hospital are unfounded. Any patients requiring non-acute rehabilitation care who reside in the Dungannon / South Tyrone locality have been discharged to Loane House for their ongoing medical and rehabilitation treatment if this was the patient and family choice.

There are daily discussions regarding patient flow between all Southern Trust hospitals and patients are identified on a daily basis for transfer to Loane House. All patients identified have been transferred to Loane House.
There has been a decreasing demand for beds at Loane House over the last number of months with occupancy levels as follows:

<table>
<thead>
<tr>
<th>Average Daily Percentage Occupancy April 2013 – September 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 2013 – September 2014</td>
</tr>
<tr>
<td>Lurgan Hospital</td>
</tr>
<tr>
<td>Loane House (STH)</td>
</tr>
</tbody>
</table>

The graph above shows the trend of occupancy levels in both non acute sites over the last 18 months and evidences reduced occupancy levels (below 80%) particularly in Loane House during June – September 2013 and July – September 2014.

- **Accessibility**

The majority of respondents raised concerns about the impact on accessibility for older, more vulnerable patients and their families and carers who would be required to travel further to visit them.

In particular, it was felt that accessibility would be reduced for patients, families and carers travelling from rural areas, particularly in Dungannon and the wider South Tyrone area.

Queries were also raised in relation to the need for a rurality impact assessment to be carried out, in particular with regard to impact on persons residing in Dungannon and Tyrone area.

**Trust Response - Accessibility**

The proposals outlined by the Trust would provide for improvements in locally available community services. This will mean that patients will only be admitted
to hospital when they need to be and they will be able to return home earlier, with appropriate community supports if necessary, as a result of better access to a range of hospital services to ensure their needs can be met in the best way possible.

The Trust appreciates that the relocation of beds to Craigavon Area Hospital from Lurgan and South Tyrone Hospitals would have an impact on travelling times, particularly where residents in the western area of the Trust may rely on friends/family to drive them to South Tyrone Hospital to visit relatives. Whilst there is a good road infrastructure in Northern Ireland it is acknowledged that public transport services can be limited in evenings and weekends.

The Trust has undertaken an analysis of traveling times for patients in both Lurgan Hospital and Loane House from where they live to the closest acute hospital (either CAH or DHH). The information used relates to 2013/14 activity and equates to a total of 121 electoral wards:

<table>
<thead>
<tr>
<th>Analysis of Impact on Travelling Times</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>74.0%</strong> Wards within 1-30 mins travelling time from CAH/DHH (90 wards)</td>
</tr>
<tr>
<td><strong>19.8%</strong> Wards within 31-45 mins travelling time from CAH/DHH (24 wards)</td>
</tr>
<tr>
<td><strong>5.7%</strong> Wards within 46-1 hour plus mins travelling time from CAH/DHH (7 wards)</td>
</tr>
</tbody>
</table>

*Source: (in current traffic-googled 29/7/14) to DHH and CAH based on top suggested route by Google. Distance calculated from Ward to CAH / DHH*

Therefore almost 100% of wards are within 1 hour travelling time of either CAH or DHH. The greatest majority (74.3%) are within 30 minutes travelling time; a further 19.8% are within 31-45 minutes travelling time and 5.7% are within the 46 – 1 hour plus category.

While the analysis above shows 7 wards (Dunnamore, Glebe, Tempo, Draperstown, Drumnakilly, Fivemiletown, Mount Sandel) which would be required to travel between 46 minutes to 1 hour plus, 10 patients were admitted in 2013/14 from these 7 wards (0.7% of total patients in that year). Of the 7 wards, 6 were outside the Southern Trust area.
It is recognised that these proposals will mean increased travel time for some people. For all health and social care services there is a challenge in relation to seeking to ensure accessibility while maintaining standards of best practice. In an area as large as that covered by the Southern Trust, it remains a constant challenge to provide equality of access. Part of the rationale for having centralised other services in the past has been to ensure that facilities are appropriate for the service which is being delivered and to ensure that accessibility is maximised for the local population. These proposals take these factors into account and have considered the importance of good road networks and public transport links to improve physical accessibility. To mitigate the impact of these proposals on travel time, the Trust would plan to:

- Work with our partners to explore other transport options to help support families and carers who have difficulty accessing transport to Craigavon Area Hospital, particularly those living in rural areas.

- Raise awareness of arrangements that already exist where families, who are in receipt of Means Tested Benefits, will be able to claim the equivalent of public transport costs of travelling to the hospital. The Trust would raise awareness of this by including advice in information circulated to those being admitted to hospital.

A joint partnership forum has been established to take forward transport issues within the Southern Trust area. Representatives from the Southern Trust are engaged in the forum alongside representatives from Department of Rural Development, Department of Education, Rural Transport Network etc., and a workshop is taking place in November to take forward a pilot project in the Dungannon area.

The Trust did not undertake a ‘rural proofing’ exercise in connection with this proposal. The Trust proposal is set within the context of Transforming Your Care and commissioning intentions. As part of the TYC processes and on advice and guidance from DHSSPS, a sustainability Development Assessment was undertaken by the Health & Social Care Board which included the rural domain, the results concluded that a full impact assessment was not required. The Trust did complete an EQIA which addresses some of the factors relevant to a rural population.

- Implementation

Respondents raised a number of issues in relation to the impact of implementing the new model:-

- Craigavon Area Hospital is already crowded and there are significant car parking issues.
There should be no changes to existing non-acute hospital sites until the new build unit is in place in Craigavon Area Hospital.
Will staff within the non-acute hospital be required to cover staff shortages in Craigavon Area Hospital.
Assurances sought that if proposals are approved and implemented that South Tyrone Hospital and Lurgan Hospital sites will continue to be used and/or developed as vibrant health and social care hubs.

Trust Response - Implementation

As with all service change proposals the Trust will take forward detailed implementation plans to ensure a co-ordinated and planned approach to the proposed changes is achieved.

The proposal to relocate non-acute hospital inpatient beds to Craigavon Area Hospital in a new build development will be part of a wider site redevelopment plan for the redevelopment of Craigavon Area Hospital. The proposed new build accommodation for non-acute care would form part of phase 1 proposals for the site redevelopment plan. This new build would be considered in terms of service adjacencies to specialist geriatric acute care, diagnostic services and rehabilitation requirements, thus ensuring that an improved patient pathway can be achieved that reduces ward moves for older people and ensures an enhanced service can be delivered that will result in a shorter stay in hospital. It is planned to submit a business case to the DHSSPS for consideration and approval of funding in 2015/16. In the planning of any new development on the Craigavon Area Hospital site, car parking will be a key consideration. The Trust has appointed a design team to look at the redevelopment of the CAH site and this will include car parking associated with the changes proposed.

In relation to the proposed changes the Trust is confident that there will be no compulsory or voluntary redundancies required. Subject to staff being reasonably flexible the Trust is confident that the proposed changes can be implemented with little adverse impact on staff. The Trust cannot give a guarantee that staff aligned to non-acute hospital services will not be required to provide cover to acute staff shortages in the future however the same flexibility would apply to cover staff shortages in the non-acute unit.

Should the proposed changes be approved by Trust Board the Trust will take forward the implementation of the staffing changes in accordance with its Management of Change Framework.

While moving towards the implementation of the full proposal, the Trust believes the impact of enhanced community services and specific new pathways for patients such as those requiring fracture rehabilitation, would support the phased
closure of beds at Loane House, South Tyrone Hospital and Lurgan Hospital from 2015/16.

The Trust plans to retain both sites for the future development of Community Treatment and Care Centres (hubs). This will be necessary to support the development of modern, locally sustainable primary and community care services that are responsive to the needs of local populations in the Lurgan and Dungannon areas.

The hubs will essentially encompass those services which do not require a hospital bed but which are too complex or specialised to be provided in a local GP surgery (a spoke). In the main, hubs will include the capacity to deliver GP and Trust led primary care services and those services which will “shift-left” from secondary care under Transforming your Care. The Health & Social Care Board Strategic Implementation Plan proposes that new hubs are developed in Dungannon, Lurgan and Armagh (listed in order of priority as identified by the local Southern Local Commissioning Group). It considers potential funding solutions and an indicative timescale which could enable the completion of the full regional hub and spoke model by September 2020.

Work cannot commence on these schemes until an evaluation is carried out on the Third Party Development pathfinder projects (Newry and Lisburn hubs) and it is therefore proposed that a business case for Lurgan and Dungannon hubs would commence in the later part of 2014/15.

Services which could be provided from a hub model would include:

- GP Consulting
- Treatment rooms
- Diagnostic Imaging
- Diagnostic Testing
- Full range of Allied Health Professional Specialties
- Rehabilitation Facilities
- Out Of Hour services
- Integrated Care Teams
- Community resource and voluntary sector
- Other public sector
- Appropriate private sector
- Outpatient consultant clinics
- Procedure rooms
- Minor Injuries
- Falls classes and other activity targeted at ‘at risk’ patients
- Dental Clinic
Affordability / Value for Money

Respondents queried the level of investment required to provide a new build non-acute unit on the Craigavon Area Hospital site and whether this would be a good use of public funding considering the recent investment in Lurgan Hospital and Loane House.

Trust Response - Affordability / Value for Money

The affordability of developing a new build non-acute inpatient unit will be fully assessed within the development of the overarching Craigavon Area Hospital site wide redevelopment plan. The proposal to relocate non-acute hospital inpatient beds on the Craigavon Area Hospital site will provide greater efficiencies due to co-location with acute specialist services. The Trust believes that the implementation of this model will deliver value for money but ultimately will ensure greater quality of care and improved outcomes for older people.

Recent investment to both Loane House and Lurgan Hospital over the last number of years has been in response to the Trust’s corporate responsibility to maintain the existing estate and ensure that buildings are fit for purpose and provide safe environments to deliver treatment and care to older people. The works carried out in both Lurgan Hospital and Loane House were in relation to bringing the buildings up to statutory standard, providing DDA accessibility and improving standards regarding infection prevention and control.

The Trust has projected the savings potential from continuing to enhance community services; relocate non acute hospital care for older people from Lurgan Hospital and Loane House to Craigavon Hospital to ensure access to the wide range of specialist care and support required; and centralise stroke care to increase the opportunity for the best outcomes for people suffering a stroke. The projected savings are £2.7m and are net of re-provision costs for beds. The efficiency savings stated are only projections given the current consultation process.

- Equality & Human Rights Issues

Equality issues were mainly raised in relation to accessibility for older, vulnerable people and people with disabilities. Many responses felt that people from Dungannon and the South Tyrone area were being unfairly disadvantaged by services being moved from Loane House to Craigavon Area Hospital.

Trust Response - Equality & Human Rights Issues

The equality and human rights issues pertaining to accessibility have been covered under the response to accessibility issues above. The Trust undertook a
combined Equality Impact Assessment for the three proposals. Due to the degree of overlap with the needs of the frail elderly, dementia and stroke the Trust concluded an overarching EQIA presented a more coherent and overall analysis of the relevant issues.

See section 3.4 for further information on equality and human rights issues.

**Trust Board is asked to consider approval to:**

- A maximum of 62 non-acute hospital beds to be provided in a new build unit at Craigavon Area Hospital to meet assessed need and the consequent

- Cessation of non-acute inpatient services at Loane House and Lurgan Hospital following the re-provision of non-acute hospital beds at Craigavon Area Hospital.

which will support:

- Improved ease of access to hospital services for older people requiring an inpatient stay which will include diagnostics, acute geriatric services and a range of specialist services, including psychiatry of old age.

- Improved access to consultant and senior medical staff in hours and out of hours which has been proven to improve patient outcomes.

- New purpose-built accommodation for the provision of assessment and rehabilitation beds on the Craigavon Area Hospital site which will meet new standards and provide environments necessary to support the care expected by patients, carers and their families.

- Less transfers between hospital sites for older people requiring diagnostic tests or further investigations, particularly if an older person becomes medically unwell and requires access to acute care services.

- Improved working arrangements between acute and rehabilitation services through the centralisation of beds. This will improve staff cover arrangements and provide opportunities for enhanced
learning and understanding. It will also provide for better utilisation of medical staff and opportunities to enhance medical skills and supervision arrangements for junior staff.

- Less professional time spent travelling across sites, allowing more time to be spent on patient care.

- The Trust’s strategic direction of enhancing community services for older people that will support them to be safely cared for at or closer to home
3.3 Relocation of dementia assessment inpatient care for the Gillis Unit to a new fit for purpose unit on the Craigavon Hospital Site

Appendix 1 provides a brief summary of the key issues influencing Trusts’ proposed changes for Dementia Assessment Inpatient Care.

Response to Consultation

This section summarises the responses received to our proposal for the relocation of dementia assessment beds from Gillis Unit Armagh to a new purpose built unit on the Craigavon Hospital site. It identifies the key themes emerging and provides the Trust’s response to these issues. It also sets out the Trust’s final proposal on the consultation for Trust Board consideration and decision.

The Trust again wishes to extend its thanks and appreciation to all those who contributed their time, effort and expertise in responding to this consultation process.

The Trust received a total of 21 responses to the consultation document as detailed in Appendix 5 these included 12 individual responses and 9 responses from other external organisations. In addition the proposals for dementia inpatient care were discussed at the following meetings (as per Appendix 2):

- Meetings with MLAs representing areas within SHSCT from all parties
- All Local Councils
- Age NI
- Patient and Client Council
- Commissioner for Older People NI

A summary of the responses to the 3 questions asked as part of the consultation are as follows:
Question 1 - ‘Do you agree with the Trusts proposals to further enhance dementia services in the community? 

10 people were in agreement with the Trusts proposal to further enhance dementia services in the community with 2 in disagreement and 9 who did not indicate either way. The majority of respondents who answered the question were in agreement with the plan to enhance the community provision.

Question 2 - Do you agree that the current inpatient dementia service provided from the Gillis Memory Centre in Armagh has to change?
The majority of people who answered this question were in agreement that the inpatient service needed to change with 4 people disagreeing with the proposed change. 8 respondents did not indicate either way. Those people who were not in agreement have stated that they are satisfied with the service that Gillis is currently providing and commented that they did not think it needed to be changed.

**Question 3 – Do you agree with the proposed relocation of inpatient dementia assessment beds from the Gillis Memory Centre in Armagh to a new unit on the Craigavon Hospital site?**

![Bar chart showing responses to Question 3]

In summary, of those who answered this question there was little difference to those who opposed the relocation as to those who were in support. In relation to the proposed relocation of services from Armagh to Craigavon 6 people were in support and 7 people disagreed with the move. 8 neither agreed nor disagreed with the proposed relocation.

In addition to the above responses received on the questionnaire there were also a number of additional comments made which have been taken into consideration.

**Key Themes from Consultation Responses**

There were a number of key themes emerging from the responses and comments received, these include the following:

- Quality of Care
- Accessibility
- Implementation
- Affordability/Value for Money
• Equality & Human Rights Issues

• Quality of Care

The majority of respondents were in support of the Trusts proposal to modernise and improve dementia services recognising both the strategic drivers and the need to change to meet the future demands of a growing population of adults with dementia. Recognition was also given by families of current patients on how pleased they were with the current service provided in Gillis. Concerns were raised by a number of people in relation to the level and availability of the additional resources required to meet the future service provision.

Reference was also made to the importance of providing support to independent sector homes. Another comment was that patients with dementia should have an appropriate level of medical support accompanied by longer term support in an appropriate place for those living with dementia. Some of these comments are summarised below:

- The service provided by Gillis is meeting relatives’ needs.
- Both staff and patients would benefit from these proposed changes.
- This Consultation provides a large volume of evidence to support the Trust vision of care for people with dementia.
- There is a great need to enhance community services especially to the under 65 age group.
- Major change needs to take place to facilitate the demands of this client group.
- Concern that the right type of resources and support will not be available.
- Scale of resources need to be quantified to ensure that they will cater for the rising number of dementia patients predicted to be in the community.
- The proposals in this consultation are broadly consistent with principles in the ‘Dementia Strategy’.
- Trust should provide additional support to independent sector homes when they are finding it difficult to provide support to those with complex and challenging needs.

Trust Response – Quality of Care

The Trusts new proposed model of service provision is to deliver inpatient dementia services as part of an integrated pathway of dementia care in which our community and hospital based staff work together to deliver the best possible care and treatment for people with dementia. The agreed future model for dementia services will not be age defined but provided on the basis of individual
needs, with a person-centred approach and improved interfaces between Older People Services, Psychiatry of Old Age and Acute services, all essential to addressing the fragility and complexity of dementia patients.

A significant amount of work has been undertaken to scope the future demand for dementia services factoring in the predicted demographic growth. This has been factored into the future bed modelling and additional requirements for community resources.

The assessment of need for future service was based on a number of factors including the current trends in admissions, the current unmet need, the incidence of dementia, and benchmarking beds to population projection. It also took account of recommendations from within the Dementia Strategy for Northern Ireland on bed provision and community services alongside the Bamford Review and associated recommendations in relation to services for people with dementia.

The Trust will continue to provide the current level of local memory services which include the memory screening clinics and nurse-led treatment clinics and the further development of local community dementia services will remain a key priority.

The Trust also acknowledges the dedicated service that has been delivered by the staff in the Gillis Unit and can reassure all that should this proposal go forward the existing staff will transfer to the new location to continue their expertise in the delivery of dementia inpatient care.

The Trust has already enhanced the funded staffing level in Gillis to meet patient need and should the unit move to the Craigavon site the current staff will move with them. The Trust does not anticipate any reduction in the current staffing level.

In relation to the proposed changes the Trust is confident that there will be no compulsory or voluntary redundancies required. Subject to staff being reasonably flexible the Trust is confident that the proposed changes can be implemented with little adverse impact on staff.

Should the proposed changes be approved by Trust Board the Trust will take forward the implementation of the staffing changes in accordance with its Management of Change Framework.
The Trust is currently able to provide medical support to the Gillis Unit, and will keep this under constant review as providing this level of senior cover at a small stand-alone inpatient unit does present significant challenges in ensuring both effectiveness and efficiency.

- **Accessibility**

At the heart of the consultation process was feedback upon the proposed relocation of the current dementia inpatient service from its current location in Gillis Unit, Armagh to a new build on the Craigavon Hospital Site. The main opposition to this proposal is based on accessibility and the additional travel that some may have to endure to access the unit; primarily this was from residents of the Armagh locality.

A number of respondents raised concern that locating the proposed service at Craigavon Area Hospital would result in significant additional travelling for those from the Southern end of the Trust. Other comments received highlighted that the majority of patients in Gillis had elderly spouse/relatives and that the journey may be too much some of which may depend on public transport.

Two organisations also raised concern that there may be issues transporting patients on the Craigavon Hospital site from one building to another especially if they were not physically connected and the patient required access to diagnostic services. A summary of the main responses to this theme are stated below:

- Relatives visit every day, sometimes twice per day this would be impossible for many as Craigavon is simply too far away
- Dementia patients have elderly spouses and travelling for up to 1 hour each way is simply too much.
- Real community care means keeping health facilities in the actual community.
- The Armagh Community has already experienced a significant reduction in hospital service provision.
- Increased travel time for some people especially those living in rural areas.

**Trust Response – Accessibility**

The Trust has carefully considered the issues raised by respondents. The Trust recognises the importance of having locally available services and strives to achieve this however the Trust’s primary aim is to provide the best quality of care at the right time and having the appropriate resource available to deliver the service. The Trust recognises that for some communities within our area, there are specific areas of concern in relation to access and travel times to some of our
services and the responses to this proposal highlight access issues for people from the Armagh locality. For all HSC services there is a challenge in relation to seeking to ensure accessibility while maintaining standards of best practice. However it is important to note that the current inpatient service provided in the Gillis Unit, Armagh is a Trust wide service and that patients are currently expected to travel from all Trust localities to access the service. Similar issues were raised with the relocation of mental health inpatient services from St Luke’s to the Bluestone Unit at CAH which has now been successfully implemented.

The Trust plan to co-locate dementia beds with non acute beds on the Craigavon Hospital site with a direct link into the main acute building. This will facilitate access to diagnostic services and rule out the need for transport to transfer patients on site between buildings.

The proposed enhancement of community dementia services will mean that only a small number of people in the future will require admission to this specialist unit. However the Trust recognise that this may present difficulties for some residents of certain towns travelling to visit relatives in the unit.

To better understand the extent of any potential impact on the communities referenced in responses the Trust has conducted an analysis on the distances/travel times for residents across all SHSCT towns and those towns that border SHSCT who may use our services and the distance from each town to Craigavon Area Hospital and Gillis Ward, Mullinure Hospital, Armagh. This analysis indicates that a future provision of dementia inpatient beds on the CAH site (with no provision at St Luke’s Hospital) could potentially impact on patients who are residents across 62 towns:

- Residents in 38 towns are closer to Craigavon hospital site than St Lukes Hospital site Armagh.
- Residents in 21 towns are closer to St Lukes Hospital Site Armagh than Craigavon.
- Residents in 3 towns would benefit from services being located at either Craigavon or St Lukes Hospital Site Armagh.

Residents in 21 towns would be required to travel no more than an additional 20 minutes to access Craigavon.

Craigavon is serviced by good road networks and public transport links which improve its physical accessibility. Therefore in considering the most accessible
location for the majority of the Trust’s catchment population, the Trust is satisfied that Craigavon Hospital remains the preferred option.

The Trust view this proposal as having a significant positive impact on service users as it will provide enhanced service quality. Dementia inpatients will no longer have to travel from Armagh to Craigavon to access specialist diagnostic services and outpatient appointments as and when their needs change. The service will no longer have to transfer urgent bloods to labs at Craigavon by taxi as these diagnostic services will be on site.

To mitigate the impact of difficulties in access to Craigavon Hospital the Trust would:

- Continue to operate local community dementia clinics in a number of areas throughout the Trust
- Work with our partners to explore other transport options to help support families and carers who have difficulty accessing transport to Craigavon Area Hospital, particularly those living in rural areas.
- Raise awareness of arrangements that already exist where families, who are in receipt of Means Tested Benefits, will be able to claim the equivalent of public transport costs of travelling to the hospital. The Trust would raise awareness of this by including advice in the information circulated to those being admitted to hospital.
- Ensure relatives/carers are aware that, where applicable, Patient Transport Services may be engaged to transfer the patient to and from the hospital.

We know that for some people it may be further to travel, but we believe the better quality of care people can expect to receive will be worth it.
**Implementation**

Those who were in support of the proposed relocation commented that the current environment in Gillis was in many ways unsuitable, and highlighted how this proposed new unit would benefit both staff and patient. Reference was made to the importance of Best Practice in Dementia Design. A number of respondents asked for reassurances that the appropriate environment would be provided to meet the needs of a dementia patient.

Those who were opposed to the relocation of the Dementia inpatient service to the Craigavon Hospital site primarily made a number of comments with regards to capacity on site to accommodate a new build and the suitability of the Craigavon Hospital in terms of providing a suitable environment which offers appropriate external grounds. These included the following.

- A move to a new facility with a suitable environment will improve the inpatient experience for the patients.
- Gillis is unsuitable in many ways layout, lighting, and flooring.
- Current inpatient unit in Gillis is not suitable for patients with dementia when you see other newer facilities
- A new unit will provide the environment to provide for those with complex, challenging needs.
- Will it provide a relaxing safe environment like the Gillis Centre?
- Could Craigavon provide such a tranquil setting?
- Seek assurance that the correct infrastructure is in place before the proposed services are moved to Craigavon.

**Trust Response – Implementation**

Taking into consideration the above issues that have been raised, if this proposal is approved for implementation, significant additional work will be taken forward to enable successful implementation. The proposed new build accommodation on the Craigavon Hospital site will be included as part of the longer term redevelopment plans for the Craigavon Hospital Site. The hospital site will have to be scoped to determine the position of the proposed dementia unit as part of the overall master plan. The Trust is confident that there is capacity to accommodate this development. Within these plans an appropriate dementia environment can be provided with a direct link to the main acute building to enable access to acute diagnostic services.

The Trust will have to develop a capital business case which sets out the clear accommodation requirements for a modern dementia friendly unit of which an important element of the design brief will be having access to both internal and external safe enclosed therapeutic space. Best Practice Design Guidance for
dementia environment will be applied. Service users and carers will be engaged during both the design and build to ensure that the proposed unit meets the need of dementia patients.

- **Affordability/Value for Money**

The main comments received in respect of affordability raised questions in regards to the availability of the required investment, in terms of both the capital and revenue, to implement the proposal.

- *Main concern is the level of funding available for both capital and community services.*
- *Is this purely a cost cutting exercise and what assurance do service users have that the required investment will be made.*

**Trust Response – Affordability/Value for Money**

Central to the Trust proposals is improvement in the quality and safety of dementia care and the delivery of a service that will meet clinical, regional and national standards. The Trust appreciates the concerns of the public especially in light of the current financial climate impacting on Health & Social Care in Northern Ireland. The Trust cannot fully progress with this integrated service proposal unless additional investment is secured.

The Trust is currently engaged with the Commissioner regarding the investment that would be required, both for capital and revenue, to improve the existing dementia service.

The Commissioner is not in a position to give any commitment to support any additional revenue implications resulting from the Trust proposals for dementia services at this time. However, the Trust must plan ahead to ensure that it provides the right model of care. The Commissioner has however agreed to progress discussion on the financial affordability of this proposal and this process will continue pending the decision of the Trust Board at its meeting in November. This financial analysis will identify the potential to progress towards the proposed service changes, initially within existing funding and will quantify any need for additional revenue to meet the standards that are driving the service model proposed. Capital investment will also be required to provide dementia friendly accommodation and if approved by Trust Board, work will also commence to develop a fully costed business case for this investment as part of the strategic development plan for the Craigavon Hospital Site which will be forwarded to the Department.
• **Equality & Human Rights Issues**

Equality issues were mainly raised in relation to accessibility for older, vulnerable people and people with disabilities. Many responses felt that people from the Armagh area were being unfairly disadvantaged by services being moved from the Gillis Unit to the Craigavon Hospital site.

**Trust Response - Equality & Human Rights Issues**

The equality and human rights issues pertaining to accessibility have been covered under the response to accessibility issues above. The Trust undertook a combined Equality Impact Assessment for the three proposals. Due to the degree of overlap with the needs of the frail elderly, dementia and stroke the Trust concluded an overarching EQIA presented a more coherent and overall analysis of the relevant issues.

See section 3.4 for further information on equality and human rights issues.

**Trust Board is asked to consider:**

Approval of the relocation of dementia inpatient services from the Gillis Unit, Armagh to a new build on the Craigavon Area Hospital site, which will result in dementia beds in Gillis closing. The move will improve the quality of care and provide accommodation which is an appropriate environment for the care of people with dementia which will provide:

- A more appropriate environment for those people with dementia who need to be admitted for a period of inpatient treatment and care.
- Improved senior doctor review and cover and improved 24/7 medical cover
- Easier access to a range of acute and diagnostic services on site.
- Co-location with other older persons services which allows for rapid access to a range of skills and expertise for the elderly population.
3.4 Equality & Human Rights

The Trust received 1 response specifically to its EQIA from the Commissioner for Older People. The following section considers this response along with other equality and human rights issues which were raised as part of the consultation responses and discussions.

Most notable was the reference to inequity of access and Article 8 considerations of the European Convention on Human Rights (ECHR) namely the right to respect for private and family life, particularly in terms of extended travel distances and impact on family, relatives and carers and relationships as well as increased costs. The Trust has provided a response under the accessibility section of each proposal.

The Trust is pleased to note that the Commissioner for Older People agrees with its decision in terms of the screening outcome. The Trust believes it was appropriate in this instance to conduct a full EQIA in order to fully assess the equality and human rights implications of this proposal and in so doing the Trust has adhered to the ECNI guidelines in conducting this EQIA.

The Trust has undertaken significant engagement with staff, local Councils, MLAs, community, statutory and voluntary groups. The Trust’s pre consultation and formal consultation processes are described in Section 2 and Appendix 2. The Trust would plan to continue this engagement in the implementation of any changes agreed.

Each response has been carefully reviewed and the key themes identified and considered in developing the final proposals for Trust Board consideration which in turn will inform the final EQIA report which will be published and posted on the Trust’s website.
4.0 Summary of Recommendations

The final proposals for Trust Board consideration are:

- The modernisation of inpatient acute and rehabilitation stroke services
- Future provision of inpatient non-acute hospital services for older people
- Relocation of dementia assessment inpatient care for the Gillis Unit to a new fit for purpose unit on the Craigavon Hospital site.
Appendix 1

Context – Summary of Trust Proposals
Context – Summary of the Trust Proposals

The Trust’s Consultation papers explained why we think change is necessary, and how services would be organised in future. This section summarises the key issues influencing each proposed change:

The modernisation of in-patient acute and rehabilitation Stroke Services, which are currently provided at Lurgan, Loane House (South Tyrone Hospital) Daisy Hill and Craigavon Area Hospitals. The Trust is proposing the development of a specialist acute stroke unit at Craigavon Area Hospital.

Evidence shows that when patients have rapid diagnosis of a stroke and then receive a period of intensive treatment from specialist staff with access to diagnostic services such as MRI, they have a better chance of recovering quickly, regaining more independence and making a fuller recovery in the long term.

The Trust’s proposals looked at how our services should be reorganised to meet the national standards recommended for stroke services. These standards recommend that patients should be treated in a dedicated, specialist acute stroke unit to give them the best chance to improve their long term outcomes. We know that the specialist care given to stroke patients in hospital, immediately following their stroke, and the days that follow, shapes their long term recovery and we want to deliver the highest standard of care for our local population.

The consultation looked at how services could be restructured to concentrate the specialist skills of our staff and ensure that a 7-day dedicated team is available to give stroke patients the intensive support they need to manage their recovery from a stroke.

This early, intensive support will give patients the best chance of a positive outcome. They will stay for a shorter time in hospital and specialist community based stroke teams will work with patients once they leave hospital to continue their rehabilitation in their own familiar surroundings.

Our vision is to provide the best stroke care possible through a service that meets quality standards, is available every day of the week, and gives patients the chance to recover faster and more fully.

We know this will mean that some people will have their short inpatient hospital care further from home than with the current model, but we believe the benefits in quality of care and the opportunity to secure the best possible outcomes for patients and their families will be worth it.
Future provision of inpatient non-acute hospital services for older people. The Trust’s proposals were that all in-patient hospital services would be based at Daisy Hill and Craigavon Area Hospitals

The Trust is committed to supporting older people to live as long as possible in their own homes, living independent lives and being able to choose how their needs are met.

We are now caring for more older people at home with the support of a range of community teams and services and making best use of the latest technology. We want to ensure that when older people do need hospital care, that they are able to quickly access care in a hospital environment that is high quality, delivered in an appropriate setting by a team of compassionate, respectful and expert health professionals with access to all the necessary diagnostics, specialist knowledge and treatment.

Currently, the Trust provides hospital care for older people at Craigavon Area Hospital, Daisy Hill Hospital, Lurgan Hospital and Loane House (South Tyrone Hospital).

- In-patient acute care is provided in Craigavon Area Hospital and Daisy Hill Hospital.
- In-patient non-acute care, where patients are receiving rehabilitation or need regular monitoring when they are no longer acutely ill, is provided in Loane House (South Tyrone Hospital), Lurgan Hospital and Daisy Hill Hospital.

The vast majority of patients who are admitted to Loane House or Lurgan will have been treated in Craigavon Hospital first.

Patients admitted to Craigavon or Daisy Hill will have the support of teams of specialist staff; access to a range of diagnostic services; and have 24 hour pharmacy and laboratory support available.

In Lurgan Hospital and Loane House, which are small stand alone units – not on an acute hospital site - there is not the same immediate access to all of these services. This means that if a patient’s condition deteriorates they have to be transferred from these hospitals, usually to Craigavon Area Hospital, for assessment, diagnostics and treatment which can be distressing and upsetting for older patients and their families. Providing the right level of medical cover at evenings and weekends on these sites can be difficult and we have to work with the staffing resources we know will be available.

The Trusts proposals to locate all inpatient services on two sites aim to ensure: -
we can deliver safe, high quality care for older people who need some continued care in a hospital setting after a period of acute illness, and that we are providing the same quality of care for our older population as we are to the rest of the population who need acute hospital care.

The future model would be:

- **Loane House, South Tyrone Hospital**
  - Day Assessment and Rehabilitation
  - (all existing outpatient services remain)

- **Craighavon Area Hospital**
  - In-patient acute hospital care and consultant-led rehabilitation beds

- **Daisy Hill Hospital**
  - In-patient acute hospital care and consultant-led rehabilitation beds

- **Lurgan Hospital**
  - Day Assessment and Rehabilitation
  - (all existing outpatient services remain)

Relocation of Dementia Assessment Inpatient Care from the Gillis Unit in Armagh to a new fit for purpose unit on the Craighavon site, providing beds for rehabilitation for older people and dementia assessment, designed to the highest standards and with specially trained clinical staff.

The vast majority of care for people with dementia is provided in their own homes. The Trust is committed to the ongoing development of community services that provide early intervention, diagnosis, support and care for people with dementia and their families.

With these developments in specialist dementia services, community and domiciliary care, the Trust has reached a position where no one with dementia is living in long term hospital care.

Where people with dementia require a short period of medical assessment and treatment in hospital because their condition has deteriorated or they need very specialist treatment, this is currently provided in the Gillis Unit in Armagh.
The Gillis Unit is a specialist dementia assessment unit for the population of the Southern Trust. It was designed to provide short stay inpatient assessment. With the development of our Community Dementia Teams most dementia assessment now happens in the community. This means we have to review our dementia inpatient service, ensure it is fit for purpose for the people now using this service, and that it can be safely delivered to modern standards.

The Gillis Unit is on the St Luke’s site and is a stand-alone unit, isolated from other health care facilities. Patients cared for here can have very challenging behaviours, as well as complex medical issues.

We are proposing that this Unit is moved on to more suitable accommodation on the acute site at Craigavon Area Hospital, to ensure that patients are cared for in a more suitable environment and have access to all the benefits and support which are only available from an acute hospital.

This would ensure that there is the right level of medical support for patients who may have a range of health issues, as well as a diagnosis of dementia.

The increasing range of treatment means that patients with dementia can be well managed in their own familiar surroundings. When patients with dementia need to be admitted to hospital, the service should be able to treat their physical and mental health needs with the same timely access to top quality care.

The remainder of this document sets out the outcome of the public consultation on these proposals and on the associated EQIA to ensure that the proposed changes will deliver improvements in service delivery.
Appendix 2

Summary of Engagement Process
## Appendix 2a
Pre-consultation Engagement: January – May 2014

<table>
<thead>
<tr>
<th>EVENT</th>
<th>DATE AND TIME</th>
<th>VENUE</th>
<th>ATTENDING</th>
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<tbody>
<tr>
<td><strong>Craignvon Borough Council</strong>&lt;br&gt;Dr Theresa Donaldson, Chief Executive</td>
<td>Friday 20 December 2013</td>
<td>Seagoe Hotel</td>
<td>Mairead McAlinden</td>
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<tr>
<td><strong>Sinn Fein (Newry &amp; Armagh)</strong>&lt;br&gt;- Conor Murphy</td>
<td>Thursday 09 January 2014 2.30pm&lt;br&gt;<strong>Contact is Catherine McMahon in Conor Murphy’s Office</strong></td>
<td>Conor Murphy’s Office Newry</td>
<td>Mairead McAlinden</td>
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<td><strong>SDLP (Newry &amp; Armagh)</strong>&lt;br&gt;- Dominic Bradley</td>
<td>Thursday 09 January 2014 4.00pm&lt;br&gt;<strong>Arranged with Dominic directly – he advised he would invite his colleagues</strong></td>
<td>Dominic Bradley’s Office Newry</td>
<td>Mairead McAlinden</td>
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<tr>
<td><strong>Dungannon &amp; South Tyrone Borough Council</strong>&lt;br&gt;- Alan Burke, Chief Executive&lt;br&gt;- Party Leaders</td>
<td>Monday 13 January 2014 10.00am&lt;br&gt;<strong>Arranged with Jennifer Hobson Executive Business Manager</strong>&lt;br&gt;028 87 720343</td>
<td>Council Offices Circular Road Dungannon BT71 6DT</td>
<td>Mairead McAlinden&lt;br&gt;Angela McVeigh</td>
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<tr>
<td><strong>Armagh City &amp; District Council</strong>&lt;br&gt;John Briggs, Chief Executive</td>
<td>Telephone conversation</td>
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<td>Mairead McAlinden</td>
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<tr>
<td><strong>DUP (Upper Bann)</strong>&lt;br&gt;- David Simpson&lt;br&gt;- Sydney Anderson</td>
<td>Friday 24 January 2014 9.30am – 11.00am&lt;br&gt;<strong>Irene in David Simpson’s office to facilitate re MLAs to be present.</strong></td>
<td>Chief Executive’s Office, Trust HQ</td>
<td>Mairead McAlinden</td>
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<tr>
<td><strong>UUP (Newry &amp; Armagh)</strong>&lt;br&gt;- Danny Kennedy</td>
<td>Friday 07 February 2014 9.00am&lt;br&gt;<strong>Contact: Selina/David in Markethill Office - 028 3755 2831</strong></td>
<td>Danny Kennedy’s Office 107 Main Street Markethill Co Armagh</td>
<td>Mairead McAlinden&lt;br&gt;Angela McVeigh</td>
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<td>Party/Group</td>
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<td>SDLP (Upper Bann)</td>
<td>Friday 07 February 2014 11.00am</td>
<td>Dolores Kelly’s Office 7 William Street Lurgan</td>
<td>Mairead McAlinden</td>
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<tr>
<td>UUP (Upper Bann)</td>
<td>Friday 07 February 2014 12.00noon</td>
<td>Samuel Gardiner’s Office 58A High Street Lurgan</td>
<td>Mairead McAlinden</td>
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<tr>
<td>UUP (Upper Bann)</td>
<td>Friday 07 February 2014 2.30pm</td>
<td>Joanne Dobson’s Office 18 Rathfriland Street, Banbridge BT32 3LA</td>
<td>Mairead McAlinden</td>
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<tr>
<td>Newry &amp; Mourne Council</td>
<td>Wednesday 12 February 2014 10.00am</td>
<td>Mr McCall’s Office Council Offices Monaghan Street Newry</td>
<td>Mairead McAlinden</td>
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<tr>
<td>Sinn Fein (Newry &amp; Armagh)</td>
<td>Friday 14 February 2014 2.30pm</td>
<td>Mickey Brady’s Office 1 Kilmorey Terrace, Patrick Street Newry BT35 8DW</td>
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<td>Stroke Association</td>
<td>Friday 21 February 2014 12.00 noon – 1.00 pm</td>
<td>Meeting Room Trust Headquarters</td>
<td>Angela McVeigh</td>
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<td>Craigavon Borough Council:</td>
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<td>Council Chamber Craigavon Civic Centre Craigavon BT64 1AL</td>
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<td><em>Patient Client Council</em></td>
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<td><strong>The Library, Ormeau</strong></td>
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<td><em>Banbridge District Council</em></td>
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<td><strong>Co. Down</strong></td>
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<td><strong>Mairead McAlinden</strong></td>
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<td><em>Commissioner for Older People NI</em></td>
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<td><strong>Thursday 06 March 2014</strong></td>
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<td>• Liam Hannaway</td>
<td><strong>Afternoon (time tbc)</strong></td>
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<td><strong>Debbie Burns</strong></td>
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Update on Southern Trust and Southern LCG Consultation on Stroke Services/Future of Hospital Services for Older People
(issued to MLAs on 26 February 2014)

As a local elected representative you will be aware from previous engagement between the Trust, Councils and your local Party members that the Southern Trust is currently undertaking reviews of:

1. Hospital Acute In-patient Stroke Services, and
2. The Future Design of Inpatient Hospital Services for Older People including Dementia Hospital assessment.

These reviews are looking at how these services should be organised in future to reflect best practice in the hospital care of people who suffer a stroke and to best meet the complex needs of older people who require in-patient hospital care.

In developing our thinking we have met with many elected representatives and interested stakeholders to discuss these issues. These discussions have been enormously helpful in shaping our thinking and informing the areas to be more fully considered before finalising these service reviews and the proposals for change emerging from them.

It had been the original intention of the Southern Trust to bring consultation papers to our Board meeting at the end of March 2014.

However, we want to make sure there is enough time to continue these pre-consultation discussions with elected representatives, community leaders and user advocates which have proved so useful and also to fully engage with those newly elected bodies that will emerge following the impending election process to the new ‘Super Councils’. Therefore it has been agreed that the proposals for the future model of stroke care, inpatient hospital care for older people and inpatient dementia assessment should now be considered at the Southern Trust Board meeting in June 2014, and we will confirm the date of this meeting.

Formal public consultation will begin following the Trust Board meeting in June, and will continue for an extended period of four months to allow for the summer period, so will end on October 31st. This would allow for full, detailed engagement with all interested parties, including the Shadow Councils who will want to be fully engaged in this important debate for their constituencies.

The Trust’s current Consultation Schedule is detailed below for your information.
<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>June, 2014 (date to be confirmed)</td>
<td>Consultation papers to Trust Board paper</td>
</tr>
<tr>
<td>June 2014</td>
<td>Formal consultation begins</td>
</tr>
<tr>
<td>October 31\textsuperscript{st} 2014</td>
<td>Formal consultation ends</td>
</tr>
<tr>
<td>November 27\textsuperscript{th}</td>
<td>Trust Board for decision</td>
</tr>
</tbody>
</table>
## Appendix 2b
### Consultation period: Summary of queries and responses

<table>
<thead>
<tr>
<th>DATE</th>
<th>DETAIL</th>
<th>ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>13 July</td>
<td><strong>TYC Consultations 2014</strong></td>
<td>Consultation documents uploaded to website</td>
</tr>
<tr>
<td>19 June</td>
<td><strong>Southern Trust to consult on future of inpatient non-acute hospital services for older people</strong>&lt;br&gt;The Southern Trust has begun a four month consultation process on where inpatient non-acute hospital services for older people should be provided in future. The consultation process is to agree a clear plan for these key services, while recognising it will be two to three years before there will be any major changes in how the services are organised.&lt;br&gt;Inpatient non-acute hospital services are currently provided at Loane House, South Tyrone Hospital, Lurgan Hospital, Daisy Hill Hospital and Craigavon Area Hospital.&lt;br&gt;The Trust is proposing that all acute and non-acute hospital in-patient care should be provided at Daisy Hill and Craigavon Hospitals. Day assessment, rehabilitation and other outpatient services will continue to be provided at the day hospitals at South Tyrone and Lurgan Hospital.&lt;br&gt;Explaining the plans, Trust Chief Executive Mairead McAlinden said: “The principle behind our proposals is that, regardless of age, everyone has the same right to the expert health care they need. It is our plan that whenever anyone needs health or social care they will be treated in the right place, by the most appropriate person and in a timely and compassionate way.”&lt;br&gt;“Through the development of community services, day hospitals and engagement with local communities many illnesses that were previously treated in hospital can now be managed in the community.”&lt;br&gt;“Increasingly, hospital stays are for a short, acute illness or injury with ongoing specialist care provided outside hospital.”&lt;br&gt;“But when older people do need to be in hospital, it should be provided in a high</td>
<td></td>
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<tr>
<td></td>
<td><strong>Press release issued</strong></td>
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</table>
quality environment by an expert team of health professionals with access to all the necessary diagnostics, specialist knowledge and care.

“We are simply not able to provide the same immediate access to all of these services in Loane House and Lurgan Hospital and we need to ensure that the same quality of care is available to our older population as it is to the rest of the population who need acute hospital care.

“A wide range of important local services will remain on the Lurgan and South Tyrone Hospital sites. New services for older people have been developed on both sites, such as day assessment and rehabilitation. Older people will still be able to access the vast majority of their care from their local community.”

<table>
<thead>
<tr>
<th>19 June</th>
<th>Trust consults on modernising stroke services</th>
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<tbody>
<tr>
<td></td>
<td>The Southern Trust has launched a consultation on how stroke services in the Trust should be reorganised to meet national standards of care. The consultation is to agree a clear vision for this very important service, which will allow planning to begin for changes in the service over the next two to three years.</td>
</tr>
<tr>
<td></td>
<td>Chief Executive of the Southern Health Trust, Mrs Mairead McAlinden explains: “People with symptoms of stroke are always taken first to the Emergency Department in either Daisy Hill Hospital or Craigavon Area Hospital for assessment and treatment and our proposals would not change this.</td>
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<tr>
<td></td>
<td>“This consultation looks at inpatient stroke care in the crucial first few weeks after a stroke.</td>
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<tr>
<td></td>
<td>“The Trust is proposing the development of a specialist acute stroke unit at Craigavon Area Hospital to provide enhanced, evidenced based standards of stroke care for the days immediately following a stroke. We are recommending Craigavon Hospital as the location of this new unit because it is the hospital used by the majority of the Trust population and Craigavon also has access to a full range of diagnostic services.</td>
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<tr>
<td></td>
<td>“The proposals are driven by evidence from the National Institute for Health and Care Excellence and the Royal College of Physicians which shows that delivering early treatment and rapid access to specialist stroke care with 7 day specialist input improves survival and recovery rates and that concentrating expertise in specialist centres with expert care teams leads to better patient outcomes.</td>
</tr>
</tbody>
</table>

Press release issued
"Inpatient stroke services in the Southern Trust are currently spread out over 4 hospital sites – Craigavon for acute care, Daisy Hill for acute and rehabilitation and Lurgan and South Tyrone for rehabilitation only - and they all provide very good care. However, these new guidelines raise the bar even higher in terms of what else can be done to give our stroke patients the best possible chance of recovery.

"The proposals mean we will be able to concretise the specialist skills of staff and ensure a 7 day dedicated team is available to give stroke patients the intensive support they need.

"Finally, I would encourage anybody with comments or concerns about the proposals to get involved in the process and send a response."

<table>
<thead>
<tr>
<th>19 June</th>
<th>Southern Trust to consult on relocation of Gillis Unit from Armagh</th>
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<tr>
<td></td>
<td>The Southern Trust has begun a four month consultation process on the relocation of the Gillis Unit in Armagh to a new fit for purpose unit on the Craigavon Area hospital site. The Gillis unit is the centre for Dementia Assessment Inpatient Care in the Southern area. The consultation process is to agree a clear vision for this important service, while recognising it will be two to three years before there will be any change in where the service is currently located.</td>
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<tr>
<td></td>
<td>Most people with dementia are looked after in the community, supported by families and carers and by a range of Trust services, including memory clinics, day care and community dementia teams. There is no-one in the Southern Trust with dementia who is currently living in long-term hospital care.</td>
</tr>
<tr>
<td></td>
<td>The Gillis Unit is the Trust centre for specialist dementia inpatient services. Patients who are admitted to the unit will have a complex range of physical and mental health needs and can also need access to care in an acute hospital, which currently involves potentially distressing and unsettling transfers between hospitals.</td>
</tr>
<tr>
<td></td>
<td>Explaining the proposals, Trust Chief Executive Mairead McAlinden said: &quot;Expert evidence recommends that inpatient care for dementia patients is best provided on an acute site to ensure access to the full range of diagnostic and treatment services.</td>
</tr>
<tr>
<td></td>
<td>&quot;We are proposing to relocate this service to Craigavon, which will improve immediate</td>
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Press release issued
access to acute care and psychiatric services and allow us to develop accommodation which is designed to meet the particular needs of patients with dementia.

"At the same time, we are enhancing our community dementia services to offer a range of support to patients with dementia including the development of long term placements in the community for patients with challenging behaviour.

"Our aim is that everyone has the right to equal care, and that when anyone needs health or social care they will be treated in the right place, by the most appropriate person and in a timely and compassionate way."

| 19 June | ULSTER GAZETTE QUERY: |
| 19 June | I was just wondering if, as part of the consultation into the relocation of the Gillis Unit, there would be any implication in terms of staffing? |
| 19 June | Would you know how many staff are currently based at Gillis and if the proposal, if proceeded with, would lead to any jobs being 'let go' or if it would be a case of staff being offered a transfer? |

| RESPONSE: |
| "The majority of medical staff providing medical cover on the Gillis Ward are already based on the Craigavon Area Hospital site. There will be no redundancies as a result of the relocation of the Gillis Unit. We are committed to ensure that any of our staff affected by the proposed changes are supported throughout the change process and options made available to them for alternative employment. We have an agreed process with our trade union colleagues that has proven to work well for other major changes." |

| 23 June | TYRONE COURIER QUERY: |
| 23 June | Is it true that the Trust has made the decision to close Loane House? |

| RESPONSE: |
| As discussed, please find attached press release and summary paper that was issued on Thursday. In relation to Loane House, the following paragraph is probably the one you are referring to. The Trust is proposing that all acute and non-acute hospital in-patient care should be provided at Daisy Hill and Craigavon Hospitals. Day assessment, rehabilitation and other outpatient services will continue to be provided at the day hospitals at South Tyrone and Lurgan Hospital. Please note that the consultation will be running until 31 October and decisions will not be made until the after this. All consultation documents can be found on the Trust website: |

All consultation documents can be found on the Trust website:
<table>
<thead>
<tr>
<th>Date</th>
<th>Query</th>
<th>Response</th>
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<tbody>
<tr>
<td>07 July</td>
<td>NEWRY REPORTER QUERY: NMDC will be making an urgent request to speak to the health minister on the proposed changes to Stroke Care in DHH. Would you be able to find out the Trust's response to what some councillors have called the detrimental effect of closing the Stroke Unit (and expertise staff) at Daisy Hill, to the people of Newry. It is also proposed that local patients receiving specialist care at Craigavon for strokes will return to Daisy Hill after approx 2 weeks. Will this criteria still exist if plans to close 10 stroke unit beds in Daisy Hill goes ahead?</td>
<td>&quot;We want to improve the quality of care delivered to everyone who has a stroke regardless of age or where they live within the Southern Trust. Clinical evidence shows that patients are more likely have a better health outcome from a stroke if treated in a specialist centre. We hope that through this consultation people would be prepared to accept very short term inconvenience if they know their loved one is in a place where they will get treatment which will provide the best possible outcome following their stroke. Although patients and families would need to travel to Craigavon Area Hospital, access to specialist stroke care in a specialised unit would mean that, on average, patients could be discharged home from hospital sooner. The majority of patients will return directly home after being in the specialist stroke care unit in Craigavon. They will continue to receive ongoing rehabilitation and support through community stroke and early supported discharge teams. At present, approximately 7 beds are used for Stroke patients and it is intended that some of these will remain for those patients requiring ongoing inpatient rehabilitation.&quot;</td>
</tr>
<tr>
<td>15 July</td>
<td>NEWRY DEMOCRAT QUERY: I would be grateful of the Southern Trust could respond to the following points: 1) Under RCP guidelines, stroke patients must be in a stroke unit within four hours of suffering stroke. However, under the proposals, a stroke patient in Newry will be brought to DHH to see if they are suitable for lysis (clot busting drug). If tests conclude they not suitable for lysis, they must then be taken to CAH. Will the RCP four-hour guideline be achieved in these circumstances? 2) In 2013, 40 per cent of stroke patients in DHH remained in hospital as an inpatient for more than 16 days. Under the new proposals, stroke patients from Newry and Mourne will spend 16 days in CAH before being repatriated back to</td>
<td>RESPONSE: 1) Under RCP guidelines, stroke patients must be in a stroke unit within four hours of suffering stroke. However, under the proposals, a stroke patient in Newry will be brought to DHH to see if they are suitable for lysis (clot busting drug). If tests conclude they not suitable for lysis, they must then be taken to CAH. Will the RCP four-hour guideline be achieved in these circumstances? 2) In 2013, 40 per cent of stroke patients in DHH remained in hospital as an inpatient for more than 16 days. Under the new proposals, stroke patients from Newry and Mourne will spend 16 days in CAH before being repatriated back to</td>
</tr>
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</table>
DHH. However, with the closure of the 10-bed stroke unit (in the proposals) where will the patients stay for their continued rehabilitation? Under RCP guidelines, "patients that require ongoing inpatient rehabilitation should be treated in a specialist stroke rehabilitation unit with specialist stroke and rehabilitation staff, a co-ordinated multidisciplinary team and agreed management protocols for common problems. Given that a patient returning to DHH after 16 days where there is no specialised stroke unit, how does the Southern Trust adhere to the RCP guidelines? Will they receive inferior care?

3) 75 per cent of stroke victims in Newry and Mourne are over 65. Their spouses, who have often poor health and poor mobility, will have to make a 40-mile return journey to visit their partners. How does Southern Trust justify this, as well as expenditures OAPS will have to incur?

4) The average length of stay for stroke patients at DHH in 2011/12 was 17 days. For CAH over the same period, it was 46.8 days. Why is a unit that is performing significantly better than its counterpart, the one that is proposed for closure?

5) Earlier this year, John Stevens was appointed Chief Executive of the NHS. He has made a number of statements recently on hospital care, including:
   • "The NHS does not give elderly people the care they deserve due to a system which is not designed around the needs of patients"
   • "The NHS is far too centralised and needs to respond much more flexibly to the needs of different population"
   • "Most of western Europe has hospitals able to serve their local communities without everything having to be centralised"
So, does the Trust proposals to centralise stroke services to CAH go against Stevens' ethos in that it is centralising services to the detriment of people in Newry and Mourne, particularly the elderly population?

Patients will then receive specialist Acute and Rehabilitation Stroke Care in the new dedicated unit on the Craigavon Area Hospital site. We will be working with Northern Ireland Ambulance Service colleagues to ensure this transfer happens without delay, and that patients are transferred directly to the Stroke Unit.

All stroke patients will continue to receive safe, high quality care for the duration of their stay in Daisy Hill Hospital.

2) In 2013, 40 per cent of stroke patients in DHH remained in hospital as an in-patient for more than 16 days. Under the new proposals, stroke patients from Newry and Mourne will spend 16 days in CAH before being repatriated back to DHH. However, with the closure of the 10-bed stroke unit (in the proposals) where will the patients stay for their continued rehabilitation? Under RCP guidelines, "patients that require ongoing inpatient rehabilitation should be treated in a specialist stroke rehabilitation unit with specialist stroke and rehabilitation staff, a co-ordinated multidisciplinary team and agreed management protocols for common problems. Given that a patient returning to DHH after 16 days where there is no specialised stroke unit, how does the Southern Trust adhere to the RCP guidelines? Will they receive inferior care?

At present, approximately 7 beds are used for Stroke patients and it is intended that some of these will remain for those patients requiring ongoing inpatient rehabilitation.

Patients from the Newry and Mourne area would be able to receive ongoing rehabilitation care at Daisy Hill Hospital from day 16 under the care of the local Geriatrician with stroke expertise and a community based specialist stroke rehabilitation team providing "inreach care" into Daisy Hill Hospital.

Patients discharged home will continue to receive ongoing
rehabilitation and support through community stroke and early supported discharge teams.

3) 75 per cent of stroke victims in Newry and Mourne are over 65. Their spouses, who have often poor health and poor mobility, will have to make a 40-mile return journey to visit their partners. How does Southern Trust justify this, as well as expenditures OAPS will have to incur?

We want to improve the quality of care delivered to everyone who has a stroke regardless of age or where they live within the Southern Trust. Clinical evidence shows that patients are more likely have a better health outcome from a stroke if treated in a specialist centre.

We hope that through this consultation people would be prepared to accept very short term inconvenience if they know their loved one is in a place where they will get treatment which will provide the best possible outcome following their stroke.

Although patients and families would need to travel to Craigavon Area Hospital, access to specialist stroke care in a specialised unit would mean that, on average, patients could be discharged home from hospital sooner.

4) The average length of stay for stroke patients at DHH in 2011/12 was 17 days. For CAH over the same period, it was 46.8 days. Why is a unit that is performing significantly better than its counterpart, the one that is proposed for closure?

Newry Democrat to provide details regarding source of statistics quoted as those quoted above are not recognised by Trust. The average length of stay for stroke patients in Craigavon Area Hospital is 6.9 days.

5) Earlier this year, John Stevens was appointed Chief Executive of the NHS. He has made a number of statements recently on hospital care, including: "The NHS does not give elderly people the care they
| 23 July | **NEWRY REPORTER QUERY:**
I would like to progress the issue of the Stroke Unit with an interview with the head person making the decision on the unit's future.

If you could let me know if this is a possibility we could work on an interview feature for next week.

I would also be interested in showing any plans for the new Stroke Care Plan in the Southern Trust in as much detail as possible.

I would be interested in giving as much detail as possible on the new plans, with a view at looking how the specialist unit will advance from what is currently in place at Daisy Hill and Craigavon. | **RESPONSE:**
deserve due to a system which is not designed around the needs of patients...The NHS is far too centralised and needs to respond much more flexibly to the needs of different population" "Most of western Europe has hospitals able to serve their local communities without everything having to be centralised" So, does the Trust proposals to centralise stroke services to CAH go against Stevens’ ethos in that it is centralising services to the detriment of people in Newry and Mourne, particularly the elderly population?

We recognise that not all services should be centralised. Services should be local where possible but centralised where there is clear evidence that it will improve the health outcomes of our patients.

We firmly believe that delivering inpatient stroke care by a specialist stroke team will enable the full medical, nursing and allied health professional team to have more time with patients and access diagnostic and therapy resources more efficiently – leading to better health outcomes for patients from Newry and Mourne and for patients from across the Southern Trust area. |

| 09 October | **TYRONE COURIER QUERY:**
Following on from media coverage about Loane House, Dungannon, we were contacted by a reader who claims more doubts have surfaced over its future. We would appreciate a comment on the following: | **RESPONSE:**
We are committed to establishing a model of care which will ensure older people receive the highest quality medical care in hospital when they need it. |
1. Have staff been recently transferred from Loane House to elsewhere in the Southern Trust recently? If so, how many staff and when did this happen?

2. How many staff are left?

3. Is there a requirement for the trust to save a certain amount of money to prevent closure of Loane House before Christmas?

4. If so, how much money needs to be saved and how does it affect Loane House's future?

5. How long is it sustainable to operate with 29 out of 45 beds closed?

6. What is the likelihood Loane House will close in the near future?

The Trust is currently undertaking a consultation process on proposals for the development of inpatient non-acute hospital services for older people over the next few years (For full details go to: www.southerntrust.hscni.net/consultations).

The Trust is proposing that all in-patient hospital services will in future be based at Daisy Hill and Craigavon Area Hospitals. This will mean the inpatient services at both Loane House and Lurgan Hospital will transfer to Craigavon Area Hospital.

Patients admitted to Craigavon or Daisy Hill will have the support of teams of specialist staff; access to a range of diagnostic services; and have 24 hour pharmacy and laboratory support which aren’t available in Loane House.

Reduction in demand for beds
The Trust is now caring for older people at home with more complex needs - through the development of new community services, day hospitals and engagement with local communities, conditions that were previously treated in hospital can now be managed without the need for a hospital admission.

This has led to a reduction in demand for beds in Loane House in recent years, especially during summer months – the number of vacant beds in Loane House has varied between 10 and a current high of 29 (for 3 October 2014) in recent months.

There has also been a significant reduction in length of stay for patients in hospital beds in the Trust’s non-acute hospitals (including Loane House) – dropping from an average of almost 73 days in 2002/03 to 22 days in 2013/14.

Staffing
The financial pressures faced by the Department of Health (DHSSPS) and its arms-length bodies including this Trust have been widely reported in the media in recent months.
27 October

**Consultation ends October 31st**

The Southern Trust’s four month consultation process on the modernisation of in-patient acute and rehabilitation Stroke Services; the future provision of inpatient non-acute hospital services for older people and the relocation of the Dementia Assessment Inpatient Unit from Armagh ends on Friday, October 31st.

The Trust’s proposals are:

1. **The modernisation of in-patient acute and rehabilitation Stroke Services**, which are currently provided at Lurgan, Loane House (South Tyrone Hospital) Daisy Hill and Craigavon Area Hospitals. The Trust is proposing the development of a ‘hyper-acute’ stroke unit at Craigavon Area Hospital.

2. **Future provision of inpatient non-acute hospital services for older people.** This will particularly affect Lurgan Hospital and Loane House (South Tyrone Hospital). The Trust is proposing that all in-patient hospital services will be based at Daisy Hill and Craigavon Area Hospitals

3. **Relocation of Dementia Assessment Inpatient Care from the Gillis Unit in Armagh to a new fit for purpose unit on the Craigavon site**, providing beds for rehabilitation for older people and dementia assessment, designed to the highest standards and with specially trained clinical staff.

Trust Chief Executive Mairead McAlinden said: “The principle behind our proposals is that, regardless of age, everyone has the same right to the expert health care they need. It is our plan that whenever anyone needs health or social care they will be treated in the right place, by the most appropriate person and in a timely and compassionate way.

“Through the development of community services, day hospitals and engagement with local communities many illnesses that were previously treated in hospital can now be

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Staff are aware of the importance of being prepared to work in a flexible way. The Trust has a long established framework for redeploying staff (including staff in Loane House) to work elsewhere in the Trust, depending on the needs of the service. This is done in partnership with our Trade Union local representatives.

Press Release issued
managed in the community.

“Increasingly, hospital stays are for a short, acute illness or injury with ongoing specialist care provided outside hospital. Our proposals reflect how health care is changing and we want to be able to maximise the skills and expertise of our staff to meet the challenges of providing care to our local community.”

Full details of the consultation can be found here [http://www.southerntrust.hscni.net/about/TYCConsultations2014.htm](http://www.southerntrust.hscni.net/about/TYCConsultations2014.htm)
## Appendix 2c
### Consultation Period: June –October 2014

<table>
<thead>
<tr>
<th>ENGAGEMENT WITH</th>
<th>DATE</th>
<th>COMMUNICATION CHANNEL</th>
<th>ACTIONED BY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff</td>
<td></td>
<td>Article in internal Staff Ebrief/Southern-I</td>
<td>Jane McKimm</td>
</tr>
<tr>
<td></td>
<td>13 June 2014</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>27 June 2014</td>
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<td></td>
<td>17 October 2014</td>
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<td></td>
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<tr>
<td></td>
<td>31 October 2014</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consultation list</td>
<td>12 June 2014</td>
<td>Mail out with letter and leaflet advising of consultation process and how to access documents</td>
<td>Lynda Gordon</td>
</tr>
<tr>
<td>General Public</td>
<td>16 June 2014</td>
<td>On line consultation – papers uploaded onto the website</td>
<td>Jane McKimm</td>
</tr>
<tr>
<td></td>
<td>16 June 2014</td>
<td>Press release issued to all local newspapers</td>
<td></td>
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<tr>
<td></td>
<td>27 October 2014</td>
<td>Final call press release issued to all local newspapers</td>
<td></td>
</tr>
<tr>
<td>SDLP (Newry &amp; Armagh)</td>
<td>04 July 2014</td>
<td>Meeting - Chief Executive’s Office</td>
<td>Mairead McAlinden, Angela McVeigh</td>
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<tr>
<td>- Dominic Bradley</td>
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<td>- Thomas O’Hanlon</td>
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<tr>
<td>Sinn Fein (Upper Bann)</td>
<td>08 July 2014</td>
<td>Meeting - Chief Executive’s Office</td>
<td>Mairead McAlinden, Angela McVeigh</td>
</tr>
<tr>
<td>- John O’Dowd</td>
<td></td>
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<tr>
<td>SDLP (South Down)</td>
<td>09 July 2014</td>
<td>Meeting - Chief Executive’s Office</td>
<td>Mairead McAlinden, Angela McVeigh</td>
</tr>
<tr>
<td>- Sean Rodgers</td>
<td></td>
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<tr>
<td>Sinn Fein (Dungannon)</td>
<td>05 August 2014</td>
<td>Meeting - South Tyrone Hospital</td>
<td>Mairead McAlinden, Angela McVeigh</td>
</tr>
<tr>
<td>Handover of Loane House petition</td>
<td></td>
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<tr>
<td>- Michelle Gildernew MP</td>
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<tr>
<td>- Bronwyn McGahan MLA</td>
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<tr>
<td>Event Description</td>
<td>Date</td>
<td>Location</td>
<td>Participants</td>
</tr>
<tr>
<td>--------------------------------------------------------</td>
<td>--------------------</td>
<td>-----------------------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>South Tyrone Community Forum</td>
<td>05 August 2014</td>
<td>Meeting - Council Buildings, Dungannon</td>
<td>Mairead McAlinden, Angela McVeigh</td>
</tr>
<tr>
<td>Eddy Curtis, Chief Executive Newry &amp; Mourne Council</td>
<td>07 August 2014</td>
<td>Teleconference</td>
<td>Mairead McAlinden</td>
</tr>
<tr>
<td>Jo-Anne Dobson (UUP)</td>
<td>13 August 2014</td>
<td>Meeting - Chief Executive’s Office</td>
<td>Mairead McAlinden, Roisin Toner (for Angela McVeigh)</td>
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<tr>
<td>SDLP (South Down)</td>
<td>19 August 2014</td>
<td>Teleconference</td>
<td>Mairead McAlinden</td>
</tr>
<tr>
<td>Banbridge Council Health Care Sub-Committee Meeting</td>
<td>06 October 2014</td>
<td>Meeting - Banbridge Council Offices</td>
<td>Mairead McAlinden, Angela McVeigh</td>
</tr>
<tr>
<td>Armagh Council Public Services Scrutiny Committee</td>
<td>06 October 2014</td>
<td>Meeting - Armagh Council Offices</td>
<td>Mairead McAlinden, Paula Clarke, Angela McVeigh</td>
</tr>
<tr>
<td>Newry &amp; Mourne Council</td>
<td>13 October 2014</td>
<td>Meeting - Boardroom Council Buildings</td>
<td>Mairead McAlinden, Roisin Toner (for Angela McVeigh), Debbie Burns, Paula Clarke</td>
</tr>
<tr>
<td>Craigavon Council Health Service Working Group Meeting</td>
<td>20 October 2014</td>
<td>Meeting - Craigavon Council Offices</td>
<td>Mairead McAlinden, Angela McVeigh, Debbie Burns, Paula Clarke</td>
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<td>SDLP (Newry &amp; Armagh)</td>
<td>30 October 2014</td>
<td>Meeting - Chief Executive’s Office</td>
<td>Mairead McAlinden</td>
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Appendix 3

The modernisation of inpatient acute and rehabilitation stroke services

Summary of Individual Responses
<table>
<thead>
<tr>
<th>Response</th>
<th>Respondent / Key Issues / Comments</th>
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<tbody>
<tr>
<td>1</td>
<td><strong>Member of public</strong></td>
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<tr>
<td></td>
<td>- Too far to travel if you are sick</td>
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<td>2</td>
<td><strong>Member of public</strong></td>
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<tr>
<td></td>
<td>We depend on it so much especially the Stroke Unit which we both depend on at DHH</td>
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<td>3</td>
<td><strong>British Geriatric Society, Belfast</strong></td>
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<td></td>
<td>- Supportive of proposal</td>
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<td>4</td>
<td><strong>By E-mail from members of staff</strong></td>
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<td></td>
<td>Query how thrombolysis could be given in Daisy Hill and patients then safely transferred to CAH.</td>
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<td></td>
<td>- Accepts that an MRI is needed on the DHH site – for many reasons including stroke care.</td>
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<td></td>
<td>- Stroke unit in CAH should be enhanced and made fit for purpose. There is much to be said for a unit providing both acute care and rehab with more continuity of care.</td>
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<td>- Stroke care has improved, agrees more improvements to be made. The Stroke unit in DHH scored well in the SSNAP except for the lack of TIA service and no MRI on site - DHH achieved many of the other targets</td>
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<td></td>
<td>- While DHH remains an acute hospital, it must have an acute stroke unit with specialist medical, nursing, and AHP staff available.</td>
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<td>- Not all strokes have a classical hemiplegia presentation and the diagnosis may be delayed if appropriate staff are not on site.</td>
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<td>- If a suspect stroke patient has thrombolysis they need specialist care until, in the proposed plan, they are moved to CAH.</td>
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<td>- One of the benefits of the DHH scheme was that the early discharge and community stroke team worked very closely with the acute and rehab ward team and some staff worked in both. Better continuity of care. While it would be great to have 7 day working for AHPs some patients found it beneficial to have some rest at the weekends.</td>
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<td></td>
<td>- The scheme proposed may be very suitable for younger stroke patients who have had a mild to moderate stroke and carers at home, but the majority of stroke patients are the elderly and frail, and do not fit neatly into a scheme to discharge them to the community at day 14.</td>
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<td></td>
<td>- Suggested proposal to have a 25 – 30 bed acute and rehabilitation ward in CAH and maintain the DHH stroke ward. An MRI is needed in DHH, and thrombolysis should continue to be provided on both sites. The AHP staffing both in hospital and in the community teams should be enhanced with ongoing training for medical, nursing and AHP staff. If sufficient beds are available on the CAH site for rehab, transfer to Lurgan or Dungannon may not be needed.</td>
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<td>5</td>
<td><strong>Member of Public</strong></td>
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<td></td>
<td>- Closing the stroke unit at DHH to save money at the expense of people’s lives in an absolute disgrace.</td>
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<td></td>
<td>- Received excellent care at DHH.</td>
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<td>- Consultant advised recovery was helped by the short time it took to get to hospital. Concerns about the catchment area around Newry, say Kilkeel to Crossmaglen</td>
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<td>6</td>
<td><strong>Member of public</strong></td>
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<td></td>
<td>It would be too far to Craigavon for patients and visitors to travel if the stroke unit in DHH was closed.</td>
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</tbody>
</table>
- There is no bus service to Craigavon, from outlying areas including Annalong, Castlewellan, and Rathfriland.
- Excellent medical and nursing care in DHH.

7 **Member of public**
- Husband had stroke December 2011, grateful for care he received at DHH.

8 **Member of public**
- Does not agree with this proposal. Had a stroke and received treatment and rehabilitation very successfully in DHH.
- Concerns re financial and emotional impact on family having to travel to CAH.

9 **Member of public**
- Query how specialised rehabilitation care will be provided in DHH for Newry & Mourne patients.
- Query how stroke patients could be discharged from DHH as discharge can be quite complex.
- Provision of thrombolysis given in DHH site – how long would they have to wait before being transferred to Specialist Stroke Unit as research demonstrates this should be done as quickly as possible for best outcomes.
- With limited beds in CAH what happens if full and 2 strokes arrive into A&E? Will they be transferred to another specialist unit in NI?
- Have Stroke patients who have been through the Stroke Rehab Unit been involved with this proposal.
- Elderly people expected to travel long distances. Expenses of same. Getting transport (public) would be difficult. No direct transport.

10 **Member of public**
- Response of no, don’t agree, no further comments made

11 **SHSCT Community Dental Staff**
- Criticism of TYC process overall
- Issue of TYC resource not being sufficient
- Issue of travel expense for staff
- Concern that CTCCs not yet progressed and enhanced community services not in place yet
- Not enough detail re: CTCC
- CAH no space for new build
- Need for more beds not fewer
- Focus should be on localised services not centralised travel and accessibility concerns service users should oral health checked on admission

12 **Banbridge District Council**
- The Council welcomes any move to improve outcomes for stroke victims. However the Council would urge, as part of the overall implementation of the Transforming Your Care programme, a thorough assessment of the type and scale of community support that is required – with those community based resources being put in place before inpatient treatment is scaled down.

13 **Member of Public**
- 39 year old daughter had stroke, inpatient at DHH and RVH.Rehab continues at home.
- Need for much travel to and from hospital, twice daily.
- Accessibility issues, especially re public transport from Newry to CAH.
highlighted, RVH is more accessible with public transport.
- Strokes most common in over 65s. This suggests an increasing number of elderly spouses and partners trying to get to visit stroke victims in hospital and a number of these will not have the option of practical public transport for the reasons stated above. This will leave them relying on lifts or perhaps reluctantly driving themselves on a route that is not the most straightforward.
- Query about availability of specialist rehabilitation care for patient returning to DHH at day 16 when there is no specialist stroke team on site.
- Concerns re centralisation and that the numbers provided for in the specialist unit are not sufficient for the demand.
- Proposal offers ‘backward step’ for Newry & Mourne patients, however acknowledges some of the benefits of centralisation.

14 **Stroke Nurse Specialist - DHH**
- Query about availability of specialist rehabilitation care for patient returning to DHH at day 16 when there is no specialist stroke team on site.
- The Royal College of Physicians (RCP) National Clinical Guidelines Stroke, 2012 state “Patients who need ongoing inpatient rehabilitation…..should be treated in a specialist stroke rehabilitation unit which should fulfil the following criteria…..”
- 40% of stroke patients admitted to Daisy Hill Hospital in 2013 remained in hospital as an in-patient for more than 16 days.
- Significant rise in the number of stroke patients admitted from Down and Lisburn area to Daisy Hill since their A&E was closed.
- Highlighted that although proposed to develop ESD teams delayed discharges are caused by issues with equipment, care packages and care home placements.
- Suggests that ALOS for DHH is better than CAH.
- Query how strokes that are difficult to diagnose will be managed at DHH in the absence of specialist team.
- Highlights 75% of stroke patients are over 65 years of age, moving Newry and Mourne stroke patients to Craigavon will have a significant physical and financial impact on this older population.
- Suggests that MRI imaging is not vital on admission and notes that CT brain imaging is highly sensitive for detecting haematoma.
- Notes that patients will still be able to attend DHH for thrombolysis but queries how patient will be managed for transfer to CAH if not suitable for thrombolysis and how long they will have to wait, will NIAS receive additional funding.
- Furthermore, the RCP Stroke Guidelines 2012 state ‘All patients should be assessed within a maximum of 4 hours of admission for their Ability to swallow, Immediate needs in relation to positioning, mobilising, moving and handling, Bladder control, Risk of developing pressure sores, Capacity to understand and follow instructions, Nutritional status and hydration etc…
- Notes that no service users were involved in the ‘Options appraisal’ process which lead to this consultation, the RCP National Clinical Guidelines for stroke 2012, states ‘The planning process for any service development should include active involvement of stroke patients and carers, with particular consideration of the views of patients who are unable to participate in the planning process directly’
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| 15   |                 | Essential that patients receive thrombolysis asap if suitable. The time it would take to travel to CAH would be detrimental to those suitable for the treatment.  
|      |                 | Query where patients would be cared for if specialised unit full. 
|      |                 | Query about availability of specialist rehabilitation care for patient returning to DHH at day 16 when there is no specialist stroke team on site. Suggested that sub-standard care. 
|      |                 | Query ratio of patients to staff. 
|      |                 | The cost to families in the Newry area far outweighs the money ‘saved’ by streamlining the units into one. As stroke primarily affects older people, it may mean that spouses / carers are unable to travel to visit their loved ones. |
| 16   | Member of Public |
|      |                 | Does not agree to a specialist stroke unit at Craigavon. 
|      |                 | Stroke services should be maintained at Daisy Hill. 
|      |                 | Poor transport links between Newry and Mourne area to Craigavon. 
|      |                 | Significant additional travel for patients and families. 
|      |                 | Newry and Mourne area has the demand for its own specialist stroke unit. Highly skilled staff within this unit that will be lost. |
| 17   | Member of Public |
|      |                 | Father had stroke in 2012 and had treatment in CAH and Lurgan. 
|      |                 | Not against CAH proposal, queries: 
|      |                 | Will staff from LGH and STH transfer? 
|      |                 | Will number of doctors equal the same as current? 
|      |                 | 30 beds, is this not a reduction? 
|      |                 | Plan for patients to spend less time in hospital, concerns about quality and extent of rehab care especially at home. 
|      |                 | Car parking at CAH noted as issue 
|      |                 | Bus stops – issue re cars being parked 
|      |                 | Public Transport – contact should be made with Translink to increase Ulsterbus services particularly to support people who would have used STH 
|      |                 | Issues will CHS support 
|      |                 | Issues with ESD support |
| 18   | Member of Public |
|      |                 | Unfair to expect patients families/elderly spouses to travel to CAH from Newry & Mourne 
|      |                 | Very high standard of care at DHH 
|      |                 | When patients transferred back to DHH there will be no specialist care 
|      |                 | Unsettling to move patients |
| 19   | Member of Public |
|      |                 | Services should be kept local 
|      |                 | Patients should have the right to be able to be treated and rehabbed in own local environment 
|      |                 | Access for family better if local and can input to therapy sessions. 
|      |                 | Strokes primarily affect older people – impact on elderly spouses and family re travelling significant distances. 
|      |                 | Pressure on NIAS, query whether additional funding will be provided to them 
|      |                 | Proposal would mean that stroke patients in Newry and Mourne are being discriminated against. 
<p>|      |                 | Query how will discharge be co-ordinated without the input of a |</p>
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<th>NIAS</th>
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<tr>
<td>20</td>
<td>DHH Stroke unit very successful and not beneficial for Newry &amp; Mourne patients to have to travel to CAH, reduction in service.</td>
<td>NIAS supports a more patient centred approach with regard to assessment, the transportation of patients to and from the specialist centres at CAH and DHH needs careful consideration in terms of additional activity and resourcing of NIAS. This is particularly relevant to the centralisation of stroke services. Any proposal by SHSCT must include appropriate consideration to cover this additional activity and the impact it will have for NIAS and its ability to respond to the needs of the SLCG population. This should include costs of personnel and vehicles and any specialist equipment and/or training for NIAS staff.</td>
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<td>21</td>
<td>The majority of stroke victims are elderly and there recovery not only relies on the expertise of those in hospital but also through the support of friends and family. It is inevitable that family and friends will find it difficult to make regular round trips to CAH.</td>
<td>3 phases of patient pathway reviewed:</td>
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<td>22</td>
<td>Provision of thrombolysis should continue at CAH and DHH.</td>
<td>1. Admission via ED and DHH and CAH. In 2013/14 this amounted to 609 patients, a percentage of which were brought to ED by NIASs. Under the new proposal, this arrangement will not change.</td>
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<td>23</td>
<td>Member of Public</td>
<td>2. New proposal patients presenting at DHH will have to be transferred to CAH. These will be ambulance transfers most likely requiring a paramedic A&amp;E vehicle. Estimated as an additional 240 patient journeys per year or 4.6 per week (to 2017).</td>
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<td>24</td>
<td>Query that stroke patients in DHH have to wait on an ambulance to CAH which will impact upon early assessment.</td>
<td>3. Current further rehabilitation at DHH, LGH and STH transfers normally using Patient Care Service. Number transferring to DHH, impact on NIAS</td>
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<td>- Under proposal Newry &amp; Mourne patients will be disadvantaged over those in CAH area.</td>
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<td>- Long distance for patients in N&amp;M area to travel. Would impact upon the elderly, and their relatives, this would cause great expense for families.</td>
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<td>- Ambulances could not cope with the added pressure. Additional funding would be required, more expense.</td>
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<td>Why dismantle the current stroke unit already in place in DHH? Proposed new scheme will cost so much more to operate financially from inception.</td>
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<td>- How long to transport a patient from say Crossmaglen to CAH</td>
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<td>- Is the Trust prepared for legal cases in the event of some one’s death due to not getting treatment on time due to distance/time involved to get to CAH.</td>
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<td>Aunt received excellent service at DHH</td>
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<td>Lives in Hilltown and would be easier to travel to RVH</td>
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- Family were able to help with feeding and assist staff
- DHH team very experienced
- Concern re suggestion of shortened stays
- Community team good but limited input
- Concern that service would be centralised at CAH

25 **Member of Public**
- Consistent with the ethical principles of ... inequalities will be created for those in the N&M area.
- Stroke unit in DHH has an efficient model of care focused on person and relationship centred care.
- Transport infrastructure does not facilitate the relocation of stroke services to CAH from Newry, potentially discriminating against older people within the more rural areas of the population.

26 **Member of Public**
- Why change a service which is already effective for Newry and Mourne patients? Newry and Mourne patients will mostly be affected which is discriminatory and almost like a post code lottery.
- Involving the family is a very important for patients meeting their individual goals, for families to be involved in the new proposed unit, this could be very difficult for Newry and Mourne patients, in particular the elderly whom stroke primarily effects.
- Consultation document difficult to follow.
- ‘where will the patients go after the 16 days in this specialised unit?’.
- Query short total length of stay
- Full of inequalities for Newry and Mourne patients.

27 **Newry & Mourne District Council**
- Strongly opposed to the proposal.
- DHH currently provides an excellent stroke service with average LOS which compares very favourably with the NI average. Service should be retained and enhanced.
- Proposal does not take account of the rural nature of the area and the poor transport infrastructure.
- Newry city to CAH – 40 minutes by car or 3 bus journeys
- Remove family support which provides a key role in improving outcomes.
- Patients may find it sometime before they can be admitted to the specialist stroke unit.
- Proposal to transport seriously ill patients from Newry to CAH will place additional stress on an already stretched emergency ambulance service, with a knock on impact on availability in this area.
- After 16 days patients from N&M would be transferred back to DHH for rehab, this proposal would mean that the stroke unit would be closed. Therefore patients on a general ward without support provided by a specialist team. The level of care for those patients would not be at the current level provided.
- Council recognises the excellent care at CAH and DHH, but believes that the wellbeing of the population would be better serviced by the retention and where possible enhancement of services at both sites.

28 **The Surgery – Aughnacloy**
- Response re Loane House.
- This facility is highly regarded by our patients requiring rehabilitation where they feel safe and well cared for, away from the disturbing “business” of an acute hospital.
- Patient grateful for direct admission rather than having to attend CAH a&e which can be daunting for frail elderly patients.
- Local service makes it easier for patients to receive visitors.
- This is the only inpatient facility in the west of the Southern Board. There appears to be significant bias against this area in Board Planning.
- We have never been advised regarding bed availability at Loane House, and usually when we have enquired have been told that the unit was full. This would suggest that demand is high. Many patients do not need acute intervention by a highly specialised unit. Often admission for a chest infection/dehydration could be dealt with in Loane house. Transfer from Loane house to X-ray in STH is much less traumatic for patients than an admission through a&e in CAH.
- Query why decision made before pilot on acute treatment at home has started, however pilot excludes their area.
- Are consultants to travel around the countryside overseeing acute care in the community?
- As regards the development of the STH site as a hub, sufficient exist at present - Physiotherapy/OT/dietetics/usx/xray/ct/social services/scanning/acute geriatric assessment are all available.
- Irrespective of setting up an acute stroke unit, there will always be patients with significant morbidity requiring rehabilitation. In our opinion this is best provided in a low tech friendly environment with all the appropriate staff available and close to home so that visits are possible.

**Member of Public**

- Occupational Therapy Acute CAH agree with the proposal to develop a specialist Stroke Unit at CAH however the following points from the consultation document are of concern.
- The named evidence in the document from the London model which is not similar to the population or geographical area of the Southern Trust.
- The document states aiming for appropriate staffing and the trust improving compliance with the recommended staffing levels by SSNAP. The trust should be aiming at the outset to achieve the recommended staffing to deliver the best quality of care based on the evidence.
- The document states by bringing stroke rehabilitation beds together in one specialist unit and combining staff from 4 sites the trust will achieve 7 days service and the establishment of Early Supported Discharge Teams.
- The document does not acknowledge the existing shortfall in OT staffing levels funded for stroke service, although it does state existing scarce therapy resources. The existing OT staffing levels will not be sufficient to staff the proposed rehabilitation unit, 7 day service and the creation of Early Supported Discharge Teams to the recommended staffing levels by SSNAP.
- The proposal states patients from the Newry and Mourne area will receive ongoing rehabilitation at DHH from day 16 there does not appear to be a similar provision for patients in Craigavon and Banbridge or Armagh and Dungannon which is creating an inequality in service provision from the outset.
- A clinical environment must be developed to deliver the rehabilitation vision which necessitates an environmental setting with space and
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<td><strong>provision for therapy interventions.</strong></td>
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<td><strong>30</strong></td>
<td><strong>Member of Public</strong></td>
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<td>-</td>
<td>DHH has the current model of practice (one unit from admission to discharge) that this proposal wants to implement in CAH.</td>
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<td>Patients of DHH will have a fragmented service, multiple journeys and some of stay in DHH/CAH – not streamlined like the new CAH proposal or the current DHH service.</td>
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<td><strong>31</strong></td>
<td><strong>Member of</strong></td>
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<tr>
<td>-</td>
<td>Does not agree with the proposal to centralise the care of stroke patients at Craigavon area hospital. Daisy hill already has in place specialist care for Stroke patients.</td>
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<td>Additional time and cost associated with travel to CAH for families.</td>
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<td>Maintaining a specialist Stroke care unit in Daisy hill allows the wider community to have continued faith in their local health service.</td>
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<td>-</td>
<td>Inconceivable to think that patients suffering a stroke will be admitted to A &amp;E at Daisy Hill, have to wait to be assessed and diagnosed as having had a stroke before being transferred 20 miles to go through the same admittance procedure all over again, all this when the media campaign for promotion of Stoke awareness is FAST.</td>
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<td><strong>32</strong></td>
<td><strong>Member of public</strong></td>
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<td>Alternative proposals:</td>
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<td>o Retain 2 units at CAH and DHH</td>
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<td>o Create 1 unit at DHH</td>
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<td>Review of SSNAP, and query of ratings</td>
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<td>Population and proximity, ? Trust’s commissioning group falsified these results in terms of NISRA LGD populations. Respondent claims that unit should be in Newry.</td>
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<td>Hospital Catchment populations</td>
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<td>MRI - query why new MRI going to CAH</td>
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<td><strong>33</strong></td>
<td><strong>Member of Public</strong></td>
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<tr>
<td>Query where Newry &amp; Mourne patients would return to at Day 16, if not specialist stroke team on DHH site.</td>
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<td><strong>34</strong></td>
<td><strong>Member of Public</strong></td>
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<td>-</td>
<td>Query SHSCT management ability to propose reasonable service change.</td>
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<td>Proposal will cost money.</td>
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<td>Criticism of consultation documents and pdf files etc – lack on honesty and transparency.</td>
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<td>-</td>
<td>Daisy Hill must be maintained and retained with its Specialist Stroke Unit. This unit is the successful model of effectiveness that is going to be implemented at CAH.</td>
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<td>It is widely recognised that the provision in Craigavon is lacking and substandard.</td>
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<td><strong>35</strong></td>
<td><strong>Community team</strong></td>
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<td>-</td>
<td>DHH model facilitates excellent patient care due to seamless flow of care and communication between acute and community.</td>
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<td>Allows therapists to be introduced to the client and families prior to discharge.</td>
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<td>Excellent cross-working and interaction, can frequently discuss clients face to face with Stroke Consultants. In the proposed model, it may be more difficult to ensure timely and immediate information sharing on the patient’s discharge.</td>
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Currently the Acute Stroke Unit in Daisy Hill Hospital has highly specialised AHP and Nursing Staff who have developed professional links with the Community Stroke Team. Under the proposed changes, these staff may be redeployed to Craigavon Area Hospital.

- Query care for Newry & Mourne patients in DHH after day 16 if no specialised team on site.
- Model of care is also not in accordance with RCP Guidelines (2012). It has been suggested that the Community Stroke Team may provide an inreach service to these clients. However, this would be impossible with current staffing levels within the Community Stroke Team and would dilute the quality of care clients would receive in the community.
- Accessibility issues between Newry & Mourne and CAH and impact on families. Highlighting public transport inadequate.

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<tr>
<td>Do not agree.</td>
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<td>Impact on wider community</td>
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<td>Impact on ill patients and their families.</td>
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<td>Families visiting regularly during patient’s stay.</td>
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<td>Excellent staff, would lose years of experience.</td>
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<td>Why change the service that is working well</td>
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Very thorough response querying SSNAP, RCP.
- Questions that remain unanswered from the information provided are:
  - What are the accurate bed figures of the proposed new unit? Approximations are not acceptable.
  - What are the specifics regarding the proposed single unit- Is it a new build or a redevelopment of another facility on the CAH site?
  - What will the staffing levels within the unit?
  - Where will the current DHH stroke unit staff be employed / redeployed to?
  - What access will there be to appropriate equipment both in the unit and within the community setting?
  - How are community service going to be "enhanced"?
  - Will an ESD be established?
  - What ward will the N&M patient being transferred back to DHH be treated on?
  - What access will this patient have to on-going therapy
  - Who are the "specialist therapy team"
  - Where are the references to support the evidence stated within the document?
  - Why were service users not included at the draft stage of these proposals?

- Father suffered stroke, best specialist care received at DHH for 16 weeks.
- Would want this service to be available for other families.

- Father suffered stroke, best specialist care received at DHH for 16 weeks.
- Would want this service to be available for other families.

- DHH well established stroke unit, excellent care.
- Distance that relatives would have to travel from Kilkeel and South
41 **Member of Public**
- Stroke unit excellent unit
- Elderly relatives would have to travel long distances

42 **Member of Public**
- Supportive – feels it would work better if specialised in one large unit.

43 **Level 6 Physio Team, DHH**
- Daisy Hill Hospital currently holds an effective stroke unit that promotes active involvement on the part of staff, patients, families and carers involved with the stroke service.
- Benefits from a team of experienced stroke specialist staff, including doctors, nurses, physiotherapists, occupational therapists, speech and language therapists, psychologists, social workers and other support staff.
- Effective rehabilitation interventions initiated early after stroke can enhance the recovery process and minimize functional disability. Improved functional outcomes for patients also contribute to patient satisfaction and reduce potential costly long-term care expenditures.
- Patients from the Newry and Mourne district would be at a great disadvantage of rehabilitation. CAH has poor accessibility from areas within Newry and Mourne, poor public transport links, poor road between sites.
- Impact on family members visiting, assisting with feeding and attending appointments with doctors.
- DHH currently holds the correct model of practice that this proposal wants to implement in CAH
- Patients from Newry and Mourne will have a fragmented service, and they will have multiple journeys, some of their stay in DHH and some in CAH.
- What ward will the patients stay in when they come back to DHH on day 16?
- Reduced bed numbers and therefore patients will be discharged much quicker. This is not appropriate for all stroke patients as some may require intense inpatient rehab. Limited equipment available in community.
- To close the stroke unit in Daisy Hill would be detrimental to patient care. Patient centred care should be considered as a priority when making vast decisions like this. This is discrimination to the individuals of Newry and Mourne district.

44 **Member of Public**
- Agrees that thrombolysis should be retained at CAH and DHH
- Disagrees with the proposal of a single site stroke unit. Current structure of the stroke units in SHSCT are well established in terms of the multidisciplinary team and the facilities that aid treatment/rehab of stroke inpatients. Query whether having one single stroke unit is ultimately the most cost effective strategy, for example travel costs of patient relatives and the Ambulance Service.
- Query about the standard of care of stroke patients being admitted to DHH as a result of no beds being available in CAH, and all specialised staff working in CAH?
- Is the Newry and Mourne Community Stroke Team Service going to be re-established to cater for the volume of ‘quick discharges’ from CAH,
as TYC is focused on care in the community, reduced acute admissions and length of stay in hospital?

**Commissioner for Older People in Northern Ireland**

- Creation of a specialist stroke unit has potential to improve care for those who have had a stroke.
- Strokes continuing to increase, prevalence increase.
- Research has shown that intensive treatment and care in the period following a stroke is very important, creating a specialist centre will produce better results in this crucial period, MRI etc.
- Concerns re travel time for patients and visitors.
- Notes TYC position that it is essential that suspected stroke patients are transferred directly to an acute setting with the staff with appropriate skills and access to diagnostics as quickly as possible.
- Planning of stroke admission centre should take consideration of facilities and distance.
- Commends commitment to prevention.
- Should be proactive engagement with community, statutory and voluntary groups – for meaningful consultation.
- EQIA impact report comments
- Trust should ensure greater update of carer’s assessments by older carers.
- Take into consideration European Convention on Human Rights namely right to respect for private and family life. Assessing increased distances that patients, visitors, carers and family members will need to travel to access the proposed new hospital facility.
- Consider UN Principles for Older People – older people should benefit from family and community care protection in accordance with each society’s system of cultural values and older persons should have access to health care to help them to maintain or regain the optimum level of physical, mental and emotional well-being and to prevent or delay the onset of illness.
- Possibly form a patient forum group to discuss the implications of the consultation proposals. Such a group should consist of a representative mix of the service users/patients to include an appropriate number of older people and should canvas opinion of current and former service users

**Social worker**

- Effective service provided as a multidisciplinary approach
- Current model in DHH is effective
- Unit has received awards of excellence
- Residents of Mourne will have multiple long journeys and a fragmented service.
- Patients and relatives will be disadvantaged travelling between 2 hospitals.
- Patients in this area will not receive an equal service.
- Patients will be discharged quicker due to the reduction in beds and for those who need slow intense therapy this is not appropriate.
- Personal experience – staff and care on ward second to none.
- No involvement of staff and families in early stages of proposal.
- Consultation document confusing, no guidance specified as to how to respond. Very vague and not definitive.
- Where will patients go after day 16?, movement within DHH, speculation re Paediatric unit
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<tr>
<td><strong>47</strong></td>
<td><strong>Member of Public</strong></td>
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<tr>
<td></td>
<td>- Agrees with development of specialist Stroke Unit</td>
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<td>- Against rehab beds going to CAH.</td>
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<td></td>
<td>- It is in patients’ best interests to be transferred closer to home for rehab where relatives can visit more easily</td>
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<td>- Rehab better in more relaxed environment than acute setting</td>
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<td></td>
<td>- Elderly patients have elderly friends who are not able to drive to CAH to see them.</td>
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<td>- People of STH and representatives are all against proposal</td>
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<td>- GPs already experiencing pressure of secondary care – more pressure from early discharge.</td>
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<td>- Door to needle time of 60 mins - query whether could be achieved from Clogher Valley area</td>
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<td><strong>48</strong></td>
<td><strong>Member of Public</strong></td>
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<tr>
<td></td>
<td>- DHH provided excellent service, vital specialist service to a very wide area</td>
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<td>- Discrimination to people of N&amp;M</td>
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<td></td>
<td>- Majority of stroke patients are elderly with elderly relatives, change not improving access</td>
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<td></td>
<td>- Admitted to DHH and not immediately diagnosed as having stroke will they remain in DHH with no specialist staff?</td>
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<td>- How long will they wait in ED for transfer to CAH?</td>
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<td>- Guideline state initial assessment and care within 4 hours</td>
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<td>- Transfer back to DHH with no specialist care, how this that equitable?</td>
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<td><strong>49</strong></td>
<td><strong>Armagh City &amp; District Council</strong></td>
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<td></td>
<td>- Welcomes proposal to modernise service, number of comments to make.</td>
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<td>- High value on equity and fairness</td>
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<td>- Believes Armagh area has already experience a significant reduction in hospital service provision.</td>
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<td>- Seeks assurance that service users are consulted on the future design brief for accommodation</td>
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<td>- Notes that Trust acknowledges increased travel times for some people, especially those in rural areas.</td>
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<td>- Welcomes Trust’s plan to explore other transport options to help support families and carers who have difficulty accessing transport to CAH, plan to raise awareness of arrangements that exist for those in receipt of means tested benefits.</td>
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<td>- Prompt admissions and care packages arranged for patients should be of a high standard</td>
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<td>- Welfare of staff members</td>
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<td>- Wishes to be kept informed of developments</td>
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<td><strong>50</strong></td>
<td><strong>Member of Public</strong></td>
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<tr>
<td></td>
<td>- Patients returning to DHH after day 16 will not be cared for on specialist stroke unit – RCP National Clinical Guidelines state stroke patients requiring ongoing inpatients rehab should be treated in a specialist stroke rehab unit. N&amp;M patients being discriminated against – not same standard of care.</td>
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<td>- Essential stroke patients get to a stroke unit ASAP, how long will they wait in DHH ED for ambulance?</td>
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<td>- Pressure on Ambulance service – will they be able to cope with</td>
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</table>
- Additional workload?
- Strokes primarily affect older people, is it fair to ask spouses and carers of this generation to travel a 40-80 mile return trip. Many older, afraid to drive unfamiliar roads.
- Standard of care provided to stroke patients in DHH is of excellent quality, moving to CAH will not enhance this.

### 51 Member of Public
- Patient with stroke to be looked after as fast as possible, not the case if transferred to CAH.
- Discrimination – patients from N&M will not have an equal service to that of the rest of SHSCT.
- DHH has a working unit, true professionals, patients treated very early, receiving daily therapy.
- Does agree with changes re rehab care.

### 52 Member of Public
- Does not agree with proposal.
- DHH very effectual unit highly valued by local community.
- Patient in N&M would not receive an equal service to those in CAH locality.
- Proposed reduction in bed number and LOS will have implications for patients, with reduced specialised in-patient care and therapy it is likely that more patients will be discharged to nursing home care rather than returning to their own homes as domiciliary care will not be able to meet their needs.
- Emotional support provided by family and friends following stroke is very important and cannot be under estimated.
- Proposal would make visiting much more difficult for relatives and friends.
- Road network between CAH and Newry is poor especially at night time when visibility is reduced and public transport links are inadequate.
- Not clear what ward patients would be returning to in DHH and if staff specialised in stroke care would be providing their ongoing care and therapy.
- Would favour 2 stroke unit, CAH and DHH.

### 53 Member of Public
- Does not agree with proposal – question 1.
- Patients returning to DHH will not be cared for on a specialist stroke unit as won’t exist – against RCP guidelines which state that stroke patients requiring ongoing inpatient rehabilitation should be treated in a specialist stroke rehab unit – discrimination against N&M patients.
- 75% of strokes affect older people. It is unacceptable to expect the spouses and carers of this generation to travel up to 80 miles to visit their loved ones.
- Essential that stroke patients get to a stroke unit as early as possible upon admission for assessment and to prevent deterioration and complications in their condition. Can it be guaranteed that patients will be transferred to CAH within 4 hours recommended by RCP.
- Pressure on NIAS, will NIAS be able to cope?

### 54 Member of Public
- Does not agree with proposal – question 1.
- Which ward will treat patients that return from CAH?
- Accessibility for older relatives.
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<th>Page</th>
<th><strong>Member of Public</strong></th>
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</table>
| 55   | - Does not agree with proposal – question 1  
|      | - Does not agree with proposal – question 2  
|      | - Thrombolysis should remain at DHH.  
|      | - Specialist unit at CAH not accessible to people from N&M  
|      | - Public transport issues – no direct bus, need 3 buses, inaccessible on public holidays  
|      | - Capitation funding – invest share at DHH  
|      | - Criticism of consultation documentation, people needing to have knowledge of downloading, converting docs etc. – older people wouldn’t have opportunity to give views. SHSCT to re-evaluate communication methods  
|      | - Query whether decision already been made, MMcA to Craigavon Council, query valid consultation process  
|      | - Don’t need another specialised unit in CAH – does not serve the needs of all patients in SHSCT  

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<th><strong>Member of Public</strong></th>
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</table>
| 56   | - Does not agree with proposal – question 1  
|      | - Does agree with proposal – question 2  
|      | - Accessibility for Newry and Mourne patients  
|      | - Pressure on family finances and daily lives  

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<tr>
<th>Page</th>
<th><strong>Community Stroke C&amp;B</strong></th>
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</table>
| 57   | - E-mail response, not in consultation response document format  
|      | - Will there be more outliers on wards?  
|      | - How will the current staff cope with larger demands?  
|      | - Will there be a separate Early Supported Discharge team and Community Stroke rehab team? Will there be enough staff to cover both teams?  
|      | - Car parking issues in CAH (free parking for community staff, available for visitors travelling to see relatives, general access to CAH site is poor)  
|      | - Is NIAS agreeable?  
|      | - Medically unwell patients not fit for discharge at day 16 – will they transfer onto medical wards? Will they remain in stroke unit?  
|      | - Earlier discharge more dependent patients are home earlier (require more staffing, greater equipment needs, access to therapy equipment in community, therapy staff will need access to therapy environments for rehab, how will clients attend clinics 4/5 times per week, fatigue levels of clients and query whether they will be able to attend clinics, who will pay for clients to attend clinics)  
|      | - Transfer after day 16, querying what happens to patients from C&B, A&D, nursing homes  
|      | - Nursing homes are not a therapy environment – educate nursing home staff?  
|      | - Complex dependent patients have benefitted from STH/LGH model, if patient discharged home following this rehab decreased carer stress, decreased risk of re-admission.  

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<th><strong>SEHSCT</strong></th>
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| 58   | The Trust has considered the consultation document and has no further comments.  

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<th><strong>Member of Public</strong></th>
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</table>
| 59   | - Does not agree with proposal – question 1  

89
- Does not agree with proposal – question 2
- Increased pressure on already strained services, ED, NIAS, other staff
- Increased risk in thrombolysis not being administered in ED DHH due to staffing which leaves the patient to suffer, increasing risk of mortality and morbidity
- Increased risk of stroke patient being put in whichever bed is free...
- Risk of depression in patients and unable to see family – re travelling times
- Cost for family to visit
- Spouses and partners in poor health and maybe elderly themselves, impact on them of travelling further
- Patients not being able to access the stroke services readily on discharge from hospital
- Does not agree with amalgamating all beds in one area
- Acute and rehab stroke are completely different focuses – staff can’t be expected to do both

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<th>60</th>
<th><strong>Member of Public</strong></th>
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<tr>
<td></td>
<td>- Does not agree with proposal – question 1</td>
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<td></td>
<td>- DHH should not lose their stroke unit</td>
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<td></td>
<td>- Impact on recovery of patients</td>
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<td>- Being close to home means more family can visit</td>
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<tr>
<th>61</th>
<th><strong>Tom Elliott, MLA, Fermanagh and South Tyrone</strong></th>
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<tbody>
<tr>
<td></td>
<td>- Re Loane House</td>
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<td></td>
<td>- Provides a vital service and the rehab unit is critical for an ageing population in this area</td>
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<td></td>
<td>- Suspicion Trust have been running this facility down for some time by not admitting patients and planning closure</td>
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<td></td>
<td>- Does not agree with proposals re stroke</td>
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<tr>
<td></td>
<td>- In patient’s best interest to be transferred closer to home for rehab where relatives can visit more easily</td>
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<td></td>
<td>- No account taken of the distances involved for people living in Clogher Valley area</td>
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<td>- Timescales re 2017, deep concerns with no clarity and given current budget cuts this could be further delayed</td>
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<td>- GPs currently under pressure</td>
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<td></td>
<td>- Impossible to fulfil targets of 60 minutes for thrombolysis given</td>
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<td>- No reduction in services until new planned units are operational</td>
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<td>- Should enhance medical care for ageing population in South Tyrone rather than reducing it. Widespread calls to ensure that the Loane House centre for older people should remain open and properly resourced.</td>
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<tr>
<th>62</th>
<th><strong>Newry Chamber of Commerce and Trade</strong></th>
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<tbody>
<tr>
<td></td>
<td>- Does not agree with proposal – question 1</td>
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<tr>
<td></td>
<td>- Does agree with proposal – question 2</td>
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<td></td>
<td>- Against proposals put forward (DHH)</td>
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<td></td>
<td>- One of the major issues for people when deciding where to live and work is health care provision.</td>
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<td>- Appears SHSCT gradually stripping vital services from DHH, preference to CAH.</td>
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<td>- Serious underinvestment in DHH in recent years, cannot be allowed to continue.</td>
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<td>- Citizens of Newry paying high rates and have lower spend per capita by central government than other areas</td>
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</table>
- Imbalance to be addressed
- Current DHH stroke unit accessed by people in Culloville, Kilkeel and beyond, significant additional travelling time to CAH, road network inadequate
- FAST campaign, quickly become irrelevant particularly if patient presented themselves in DHH first.
- Personal experiences, time was a factor
- Many women are unaware of high risk of stroke in females
- Understands need to streamline services however not modernisation, backwards step
- When time of essence essential that people are able to access life-saving treatment as quickly as possible
- Inequality for patients in N&M

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<tr>
<td>- Does not agree with proposal – question 1</td>
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<td>- Does agree with proposal – question 2</td>
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<tr>
<td>- Proposal developed without consultation with and input from patients and families.</td>
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<tr>
<td>- DHH stroke unit very effective</td>
<td></td>
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<td>- Patients and families will need to travel between 2 sites – fragmented service</td>
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<td>- Challenges re transport infrastructure</td>
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<td>- Burden on patients and families.</td>
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<td>- DHH stroke unit downgraded and clinical provision re-located, how can DHH provide a quality service in relation to discharge from CAH to DHH</td>
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<td>- Discrimination against N&amp;M</td>
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<td>- Develop 2 fully functioning stroke unit (CAH and DHH) given significant risk with stroke, second largest worldwide killer.</td>
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<tr>
<td>- Does not agree with proposal – question 1</td>
<td></td>
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<tr>
<td>- Does not answer question 2</td>
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<tr>
<td>- DHH - Impact on patients and families</td>
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<tr>
<td>- Have former patients and families been consulted</td>
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<tr>
<td>- Anyone further away from centralised location at higher risk and facing a greater journey at a critical time</td>
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<td>- Query - does centralisation benefit the entire community? Equality</td>
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<td>- Concern re reduction in staff and associated costs, less medical staff with the practical experience of the condition</td>
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<td>- Impact on patient’s family and extending the support network to travel greater distances</td>
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<tr>
<th>65</th>
<th>Disability Action</th>
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<td>- Disappointed consultation document does not include any financial information on cost/savings, also re capital build at CAH.</td>
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<td>- Understands rationale and welcomes that Trust has acknowledged that it will mean travelling further for some patients and their families.</td>
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<td>- Concerned no indication of the financial modelling, in particular are there to be cost savings.</td>
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<td>- Query whether in current financial climate there will be capital and revenue funding to progress</td>
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<td>- Essential that changes outlined and proposed closure of beds does not take place until the resources are all in place and operational.</td>
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<td>- Separate section re Equality Impact Assessment</td>
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| 91 |
- Does not agree with proposal – question 1
- Question 2 – unsure
- Agree with principle of service improvement and avoid duplication of resources
- Why were service users not included in the option appraisal process? RCP guidelines states that should be
- Exact bed numbers
- Where will new unit be on CAH, what facilities will it have?
- Will centralised model be staffed to achieve RCP recommendation of 45 minutes per day
- Will it be staffed to allow 7 day working? SSNAP data highlights caution to ensure that 7 day service is not diluted 5 day service – i.e. significant investment required.
- www.stroke–education.org.uk indicates 10.43WTE physio
- If centralised model most appropriate why are patients back to DHH at day 16
- No similar arrangement for C&B and A&D patients – inequity in service provision?
- Where will patient return to in DHH after day 16? – lack of specialist team, RCP guidelines rehab should be with specialist team
- Stroke difficult to diagnose, significant proportion admitted to other wards before a stroke diagnosis, if in DHH initially will they be transferred to CAH or remain in DHH receiving non-specialist stroke care
- Dense strokes – longer rehab, where will patients be sent to? What specialist stroke physio? Why are N&M patients not also staying in central unit to keep more resources for community teams?
- Current seamless service acute and community rehab N&M – why disassemble – consultation document flow chart does not reflect this.
- Inequity to patients in N&M
- Stroke patients who remain on CAH site will access 7 day service, N&M patients – 5 day service - inequity
- MRI scanning – can DHH patients access in CAH?
- Admitted to DHH ED, assessed for thrombolysis, if not suitable will wait for transfer to CAH – unlikely that will meet RCP guideline of assessment of ability to swallow, etc within 4 hours.
- Query what response from NIAS?
- Does the pathway cater for the spectrum of stroke patients or does it pose risk for some stroke patients?
- Physio advocate carers attending treatment sessions – pressure on families from South Down
- Age profile of stroke victims 75% >65 years, spouses poor health etc.
- RABIU – referrals where do these fit?
- Increase in stroke admissions from outside SHSCT – has this been factored in
- Has use or robot been considered?
- How will inreach work, base for rehab staff in all localities
- Rehab centre N&M as no day hospital
- Need for rehab equipment, has this been costed?
- Community physio 12.73WTE
- Rehab comments
- Need purpose built unit
- Concern insufficient beds in CAH, and priority will be given to new strokes over dense strokes
- No ability to flex between elderly care and stroke rehab resources.
- Accessibility from boundaries of A&D just as rural and fare as N&M
- Reduction in number of stroke beds is significant and not detailed accurately.
- Complex and very ill patients are not mentioned
- Staffing for community stroke is inadequate, development of community services needs to be assured and auctioning prior to centralisation. ESD references is misleading
- ALOS DHH – 17 days
- Resources in community
- Meeting RCP guidance at all facilities for acute and non-acute stages of patient journey

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<th>Member of Public</th>
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<tr>
<td>- Does not agree with proposal – question 1</td>
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<tr>
<td>- Patients who return to DHH will not be cared for within a specialist stroke unit</td>
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<td>- RCP – rehab should be on specialist unit</td>
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<td>- Discrimination</td>
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<td>- 75% of strokes affected older people, unacceptable to expect spouses and carers to travel up to 80 miles to visit</td>
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<td>- Essential that stroke patients get to unit as early as possible – can 4 hour RCP guideline be met for all patients?</td>
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<td>- NIAS pressure</td>
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<td>- Benefits of local expertise</td>
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<td>- Pressure on NIAS</td>
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<td>- Increasing demographic of older people in N&amp;M</td>
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<td>- Disagrees</td>
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<tr>
<td>- DHH vast geographical area</td>
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<tr>
<td>- Patients not suitable for thrombolysis and waiting for transfer to CAH, where do they wait, pressure on NIAS – is funding secured?</td>
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<td>- Extra travel for family to CAH</td>
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<td>- Most stroke patients over 65, limited income, limited direct public transport – does not allow for accessible care for all.</td>
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<td>- ESD for shorter lengths of stay, however delays are often caused by issues with equipment and care packages.</td>
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<td>- Query DHH/CAH ALOS</td>
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<td>- Patients returning to DHH after day 16, which ward do they return to?</td>
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<td>- RCP – rehab should be in stroke unit</td>
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<td>- Substandard of care which does not follow equal access to all.</td>
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<th>Member of Public</th>
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<tbody>
<tr>
<td>- Does not agree with proposal – question 1</td>
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<tr>
<td>- DHH has effective stroke unit</td>
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<tr>
<td>- Current model already in DHH</td>
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<tr>
<td>- Multiple journeys for N&amp;M patients</td>
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<tr>
<td>- Patients not involved in development of proposal</td>
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<tr>
<td>- N&amp;M patients will not have an equal service</td>
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<tr>
<td>- Where will patients return to in DHH? Level of expertise with DHH staff</td>
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<tr>
<td>- Inequality for patients from N&amp;M</td>
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<tr>
<td>- Number of beds reduced and LOS reduced patients discharged quicker</td>
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</tbody>
</table>
- Poor accessibility to CAH
- Preferred option – 2 stroke units, CAH and DHH

**Member of Public**

- Does not agree with proposal – question 1
- Does agree with proposal – question 2
- Discriminate against all those who live within the catchment area for DHH.
- Essential that services remain intact in DHH.

**British Association of Prosthetists and Orthotists**

- Does agree with proposal – question 1
- Does agree with proposal – question 2
- Consultation document does not mention use of Orthotists during the rehabilitation process
- Orthotists should be included within stroke rehabilitation teams

**Member of Public**

- Excellent care in DHH
- Would be devastating to the community if moved to CAH

**Women’s Forum NI**

- Does agree with proposal – question 1
- Supportive, however invaluable rehab work done at Loane House and LGH, non-acute and health worker supported care and rehabilitation

**UNISON – Orchard Branch**

- Proposals ‘utopian’ vision, however reality of current and future financial situation
- Quotes - *These staff will see greater numbers of patients and therefore improve their skills and expertise* – notes no mention of

**Member of Public**

- Strongly objects
- Care needs to remain on DHH, to allow immediate and effective treatment. Earlier detection and treatment can lessen effects.
- Care at DHH exceptional
- Retrograde step to centralise at CAH

**Member of Public**

- Does not agree with proposal – question 1

**Member of Public**

- Does not agree with proposal – question 1
- SHSCT should realise have been given £500m to spend on services for all LGDs, needs of the population under the Capitation Formula.
- Duty to provide services to all wherever they live, should adhere to equality of opportunity
- Accessibility, more and more services at CAH
- Only a one hour time frame from the onset of stroke to getting to DHH ED, travel to CAH will delay
- SHSCT have never looked for any investment for MRI scanner at DHH. SHSCT underspend of £3m 2 years ago would have bought 2+ MRI scanners - one for STH and DHH
- Does not agree with question 2 as all existing stroke units should be retained and upgraded in line with recommendations of Sentinel Audit.
- If SHSCT need more funding to deliver a fair service they should request it.
- What is purpose of consultation exercise? Per Lurgan newspaper report
Chief Executive had advised that SHSCT had decided to give CAH a new 50 bed stroke unit and shut DHH unit. Low priority on health needs in N&M, bias towards CAH.

| 79 | **LARG, Dungannon Willowbank Ltd (group of disabled people highlighting impacts of decisions on disabled peoples everyday lives)**  
- Trend of centralising more and more services, rehabilitation and assessments away from centres such as STH is concerning.  
- Pressures on access to CAH site, difficult for people with any mability needs to access parking.  
- Lack of good transport links to hospital  
- Do not support stroke proposals and non-acute proposals  
- Away from STH site.  
- Higher travel costs for families  
- Travelling twice a day  
- Acute care – ok in CAH, but when rehab the move to a local unit is a huge relief for all.  
- Money recently spent updating and making Loane House accessible – any service change needs funding whereas this existing accommodation is available.  
- Patients from the rural areas of Newry, Dungannon and South Tyrone should not be further disadvantaged. |
Appendix 4

Future provision of inpatient non-acute hospital services for older people

Summary of Individual Responses
001 – Grouped parishes of Clonfeacle, Derrygortreavey and Drumsallan
- Agreed with many of the arguments and findings, however cannot support the decision to close Loane House and Lurgan Hospital
- Many older people cannot be cared for in their own home
- Raised concerns re: travel distances and accessibility

002 – Dungannon & South Tyrone Borough Council
Difficult to understand the need for such a proposal and ambiguity with regard to what is acute care and non-acute care
- Confusion regarding proposed new pathway
- Don’t believe there is any issue with transfer between CAH and Loane house
- Raised concern regarding impact on beds at CAH which are already under pressure
- Raised concern that Loane House remains in situ until new build solution provided
- Lack of understanding regarding medical cover issues in offsite facilities
- Concern that other services on STH site are under threat
- Concern re: distance, travel times and accessibility for rural areas
- Impact on visitation due to increased distance and request for further clarity on Trust commitment to improve transport
- Queried if long term planning of need into future has been considered
- Concern already starting to divert people from Loane house to run down figures
- Want an economic appraisal in terms of cost savings

003 – Teac nah ARD CROISE – Parish Resource Centre and Parochial House, Clonoe
Disagreed with proposal
- Raised impact on vulnerable

004 – Rev Spence – Dungannon
- Disagreed with proposal
- Concern re: bed blocking within acute and potential for readmissions

005 - British Geriatrics Society
- Support changes proposed

006 – Member of the Public
- Disagreed with proposal
- No figures to separate activity for Loane House and Lurgan Hospital
• Data does not back up complexity of need, what are patients admitted for?
• Community supports need to be in place now to support change proposal – has evaluation been carried out?
• Does not agree that non acute model should change
• Lack of understanding of pathway, concern over level of expertise of staff in Loane House not being available in CAH model
• Concern over investment in Loane House to date being forgotten
• Don’t agree with proposed relocation to CAH
• Concern over cost and more detail needed on this option

007 – Banbridge Council

• Concern over level of community support not being adequate for older people
• Concern regarding resourcing community services
• Concern of pressure placed on carers
• Request assurance no older person discharged home unless their needs can met
• Concern older people will suffer at home as not deemed ill enough to be in hospital

008 – Community Dental Staff

• Criticism of TYC process overall
• Issue of TYC resource not being sufficient
• Issue of travel expense for staff
• Concern that CTCCs not yet progressed and enhanced community services not in place yet
• Not enough detail re: CTCC
• CAH has no space for new build
• Need for more beds not fewer
• Focus should be on localised services not centralised
• Travel and accessibility concerns
• Service users should have an oral health check on admission

009 – NIAS

• Supports patient centred approach
• Concerns over additional activity for NIAS admission to new unit, will admission be direct or via ED? Concern re: ambulance turnaround times
• Concern regarding patient transport within CAH site from new build to x-ray etc.
• Supportive of CTCCs.
010 – Petition of 8,100 signatures to save Loane House

- Call on Minister to ensure that the Rehabilitation Centre for older people, Loane house, Dungannon remains open as it is a vital service for elderly people of Tyrone

011 – GP Surgery Aughnacloy

- Concern over reduced visitors in CAH due to travel distance
- Demand for Loane House is high, Loane House treats less complex conditions that CAH wont (chest infection)
- Rapid Response pilot should be extended to rural areas to test impact before any change plan put in place
- Query of resources of consultant travelling across country
- What facilities will be included in STH as a hub?

012 – Sinn Fein response (Bronwyn McGahan)

- Petition of 8,100 signatures
- Query over medical cover difficulties in Loane house
- concern that non acute hospital model changing, it should remain complementary service to CAH
- concern over lack of capacity in CAH and bed blocking in CAH if proposal implemented
- existing pressure on CAH due to winter pressures and patients being moved around in middle of night – Loane house proposal puts added pressure on system
- do not agree with relocation of beds to CAH
- concern of tax payers money to provide new solution
- believe a full rural impact assessment should be carried out – increased travel distances and accessibility issues
- Dungannon population growing

013 – Member of public

- Agreed with enhanced community services so long as not at expense of inpatient services
- Somewhat agreed that current non acute model needed to change. Agree need for improved access to medical investigations but ethos of rehab is at core of NAH
- Don’t agree with relocation to CAH – due to congestion, poor access, car parking difficulties
- Concern that ethos of holistic treatment of older person may be lost by co-location with acute setting
014 – Sinn Fein Upper Bann

- Concern that services provided to older people in their own home is reducing / time limited
- Raised concerns over domiciliary care and reductions, there should be no job losses, staff should be given opportunity to move
- Concerned at concentration of services at CAH
- Accept benefit of greater access to acute services through co-location

015 – Commissioner for Older People NI

- Agrees with enhancement to community services, however not always possible for older people to be treated at home
- Principle of safe effective quality care provided locally where possible and centrally where necessary
- Have population projections for older people been adequately forecast and planned for?
- Agree non acute model has to change
- Accept greater access to wider range of services
- Do not agree with relocation to CAH, concern 62 beds in not enough. Concern over distance to CAH / DHH from rural areas
- Seek proposal to be accompanied by improved medicines management, development of ambulatory services linked with community based services, increased telemonitoring
- Older people should have same equity of access to assessment, care and treatment

016 – South Tyrone Hospital Community Forum

- Agreement to enhance community based services for older people
- Query rapid response and accessibility for Clogher valley and 7 day service
- older people should not be discharged too early
- impact of cuts on Domiciliary Care
- do not agree that current NAH model should change
- feel acute model should change, admission via Emergency Department is not appropriate for older people / cancer patients
- readmission rates need to be considered, Loane House is a good example of community hospital
- do not agree with relocation to CAH
- impacts on family and friends visiting
- should be direct access to admissions for GPs
- development of CTCC does not compensate loss of inpatient beds
- believe should be subject to rural impact assessment
• query cost of new build at CAH
• query over implementation
• opposed to further removal of services from STH
• difficult over accessing consultation information – it was not well publicised

017 – Armagh City & District Council
• welcome proposal to improve services
• EQIA response attached

018 – Member of public
• do not agree to proposal to enhance community services
• feel that making hospital fit patients rather than other way around
• do not agree with changes to non acute model
• querying access to services by always bringing them to CAH
• query why no hub planned for Newry
• have extra staff been factored into providing care at home

019 – Southern Eastern HSC Trust
• no further comments to make

020 – Tom Elliott (UUP)
• accuse Trust of running service down in Loane house, not admitting patients
• agree need for better integrated community services, Loane house provides rehab to those who can’t get it in their own home
• impact of cut backs in domiciliary care, community meals etc
• visitors will have further to travel due to distance
• proposals need rural proofed
• no costs or savings detailed in proposal
• what services should be provided in CTCC
• what is impact on other services on site (STH)
• query over CT scanner that residents funded and what will happen to it
• concerns on impact of proposal on Gordon Thompson suite

021 – Disability Action
• disappointed no financial information included
• seek assurance that no reduction in Loane House & Lurgan Hospital until new build on CAH
• no confirmation budgets will be increased to help improve access to services; how will additional equipment / rehab in home be facilitated
• Trust have not considered impact of accessibility for people with disabilities
• Concerns over current funding crisis.

022 – Physiotherapy staff member

• Agree with proposal to enhance community services
• Investment required to enhance community and provide efficient multi-disciplinary working
• Reduced Length of stay is partly due to ward 7/8 closing in Lurgan and closure of Mullinure non acute beds
• Does not necessarily agree non acute model has to change
• In acute setting the patient sometimes get lost, does not happen in Loane House / Lurgan Hospital
• Accessibility of proposal is an issue
• Currently non acute hospitals provide good access for rehab and flexible working for staff
• Will staff in the new model be protected or be expected to cover acute shortages
• How will new model reduce ward moves?
• Physio will not be able to work as flexibly as Rapid Access Clinic & day hospital will still remain in STH
• If patient becomes unwell will still have to travel back to CAH ward
• Would improved diagnostics in Lurgan Hospital improve model of care there?
• Re-opening ward 4 could provide enough capacity in Lurgan Hospital to provide for both A&D and C&B populations
• No reason to reject proposal in principle but have some concerns over implementation

023 – Member of the public

• No age group should be treated differently when looking for healthcare
• Can’t understand why Trust under pressure consider recent capitation shares of funding
• CAH has received bulk of funding recently with minimal investment in DHH
• Why Newry not getting public funding CTCC?
• People living outside Craigavon have limited choice for healthcare
• Agree non acute hospital model has to change but should be retained in local areas
• Is CAH going to cope with additional patients
• Trust has not encouraged medical staffing posts to STH or DHH

024 – Women’s Forum NI

• Agree need for improved community services
• Does not agree current non acute model should change
• Existing hospitals meet needs of local areas allowing ease of access
• Do not agree with move to CAH
• More accessible local beds is required, CAH site already busy and full to capacity

025 – Unison

• Not all domiciliary care is Trust provided and should be clarified
• Why are there difficulties with medical recruitment
• No mention of Armagh CTCC
• Need additional funding to implement and enhance existing community services

026 – Willowbank Ltd (Larg Group)

• Opposed to further centralisation of services
• Concerned at reduction of services in STH and additional pressure placed on CAH
• Do not support relocation of non-acute hospitals to CAH
• Concerned about additional pressure placed on families and carers due to increased cost and travel times
• Trust should not ignore investment spent on Loane House
• Patients from rural areas should not be further disadvantaged
Appendix 5

Relocation of dementia assessment inpatient care for the Gillis Unit to a new fit for purpose unit on the Craigavon Hospital Site

Summary of Individual Responses
Anonymous

- Current inpatient unit is not suitable for dementia patients, when you look at ‘Best Practice in Dementia Design’

- Gillis is unsuitable in many ways, layout, flooring, lighting bedroom design, general environmental layout

- A move to a new facility with a suitable environment and more appropriate multi-disciplinary staff skill mix will improve the assessment, treatment and overall inpatient experience for the patients.

- The current culture in Gillis is out-dated and restrictive and a move to a new facility would have a re-generating effect on the staff. This would be beneficial for the patients.

British Geriatrics Society

- Support relocation of dementia inpatient assessment unit to a new fit for purpose unit in CAH.

Member of Public

- This consultation provides a large volume of evidence to support the Trust’s vision of care for people with dementia

- Dementia Services Development Centre in Belfast highlights the importance of environments and design for people living with dementia.

- The consultation provides an opportunity to provide patients with a dementia friendly environment during a period of assessment.

Community Dental Team

- CAH site is already under strain and does not have space or infrastructure to cope with added buildings and patients

- Rolling expansion of CAH capacity would prove necessary.

- Parking in CAH was highlighted as an existing and increasing problem.

- Why not consider ST or DHH rather than CAH.

Anonymous, Relative of Patient in Gillis

Anonymous, Relative of Patient in Gillis

- Gillis is meeting relatives needs

- Due to distance will rely on public transport

Anonymous, Relative of Patient in Gillis
- Service provided by Gillis is excellent
- Armagh is a central location
- Invest in the current site

008 Anonymous, Relative of Patient in Gillis
- Don’t agree with CAH location due to in convenience as I don’t drive and am elderly.

009 Anonymous,, Relative of Patient in Gillis
- Craigavon is only convenient for those living close to the hospital
- Gillis Centre is a well run unit that is patient centre.
- Could Craigavon provide such a tranquil setting?
- Will Craigavon feel like an acute dementia/medical ward rather than a relaxing safe environment like Gillis
- Trust should try and source funds for two units.
- For many Craigavon is too far away. Dementia patients have elderly spouses and travelling up to 1 hour each way is simply too much.
- Real community care means keeping health facilities in the actual community.

010 Anonymous, Relative of Patient in Gillis
- The move to Craigavon will result in significant additional travelling from me and my family and those from the Southern end of the Trust.
- Is this a purely cost cutting exercise and what assurance do service users have that both the required investment will be made in community based services.

011 Banbridge District Council
- The necessary community support arrangements need to be in place to complement the Community Intensive Support Teams role.
- Concerned that the right type of resources and support will not be available.
- Work needs to be done to quantify the scale of resources that will be needed for the rising number of dementia patient predicted to be in the community.
- Must be a matching of the type and scale of community support resource requirements with needs.

012 Northern Ireland Ambulance Service
If there is to be a purpose built unit, the location the site may have an impact on NIAS in that patients may require transport within the site for specialist diagnostics e.g. x-ray

- The number of patient journeys associated with the current arrangements are very small, The relocation of the unit is unlikely to have any significant impact.

013 OT, SHSCT

- There is a great need to enhance community services especially to the under 65 age group

- We agree that major changes need to take place to facilitate the demands of this client group

- There should be a new unit on an acute medical site

014 OT, SHSCT

- It is essential that Dementia Services in the community is further enhanced to meet future demand

- When return home is not an option there is no reference to anything in between for individuals with dementia who could retain a level of independence in a community setting if appropriate purpose built homes/flats were available

- Present service needs to change to respond effectively to meet the needs of the patient with more challenging behaviours.

- A multi-disciplinary approach. 1 to 1 person centred purposeful activity and training for all care staff to provide a 24 hour therapeutic environment.

- A new unit will allow for the development of a suitable environment to provide care to those clients with complex, challenging needs.

The opportunity to develop a purpose built area will also allow for the provision of single sex rooms.

- Welcome the Trust plans to reconfigure the current provision of Dementia inpatients care to introduce multi-disciplinary staff mix.

015 Commissioner for Older People Northern Ireland

- The Commissioner hopes that the relocation and improvement of dementia facilities is combined with efforts to encourage lifestyle choices that reduce some of the risk factors of dementia, and to improve awareness of dementia among medical and care staff and the general public.

- It is beneficial if services to dementia patients are the best possible, and they have an appropriate level of medical support. This must be accompanied by a
commitment to longer term support in an appropriate place for those living with dementia.

- The Commissioner welcomes recognition that many patients presently in the Gillis Centre are readmissions form residential homes and the Trust should provide additional support to independent sector homes when they are finding it difficult to provide support to those with complex and challenging needs.

- The relocation of a new fit for purpose unit on Craigavon site is appropriate if it meets the standards that the Trust has set for it. This follows the proposals in the Bamford Review that assessment and treatment units be placed on a local general hospital site with timely access to full range of diagnostic and treatment services.

- Commissioner recognises how a purpose built unit could be better configured.

- The proposals in this consultation are broadly consistent with principles in the 'Dementia Strategy'.

016 Armagh City District Council

- Welcome the proposal to modernise and improve services.

- The Council believes the Armagh Community has already experienced a significant reduction in hospital service provision. This proposal would have a further negative impact on this provision.

- The Council would like to seek assurance that should these plans be developed and implemented, the existing locations remain open and the same standard of service is maintained.

- Seek assurance that the correct infrastructure is in place before the proposed services are moved to Craigavon. Supports plan to incorporate into any design brief the needs for disabled people and to avail of expertise that exists in voluntary sector. Also important that service users are consulted on the future design brief.

- These proposal will mean an increased travel time for some people, especially those living in rural area. It welcomes the Trust’s plan to explore other transport options to help support families and carers who have difficulty accessing transport to Craigavon as well as raising awareness of arrangements that exist for those in receipt of means tested benefits.

- Request that every effort is made to ensure there are prompt admissions and that care packages organised for patients when they leave hospital are of a high standard.

- Concerned about the welfare of staff members and wishes to see the skilled personnel being retained and that they are given every opportunity to continue their employment with the Trust.
017 Member of Public

- Don’t keep taking beds away from other areas, build the ward in the Gillis Centre Armagh.

- Craigavon Hospital cannot justify the fact that it should have all the services just because it has already been given a priority to the services in the past.

- Accessibility of the site must be taken into consideration.

- Craigavon is not well served by public transport. Especially at the weekend from Newry.

- You say yourself that patients with dementia find travelling distressing. Try and minimise this by keeping this centre in Armagh.

- If the physical environment is unsuitable put your money into enhancing the service already in Armagh.

018 South Eastern Trust

No further comments to make.

019 Disability Action

- Agrees with the rationale set out in the consultation document. In particular that the new centre would mean that wards would not be same sex.

- Main concern is that the level of funding is available, both the capital and investment in community services and the availability of suitable placements in the independent sector.

020 Womens Forum NI

- In light of the evidence about lack of facilities and need for refurbishment and concern about appropriate supervision for junior doctors changes need to be made.

- The addition of this unit to the already busy site of CAH could put further strain on accessibility and cause more overcrowding at an even higher level.

021 Unison

- Unison welcomes any strategy which places the person first, but wants the Trust to ensure that persons currently placed or in the future to be placed into accommodation where the staffing levels just reach an RQIA ‘guideline’ but are actively promoting themselves by deed through highly trained motivated staff at the appropriate qualified levels ensuring evidenced based practice coupled with facilities for the future needs of the clients, not the current needs. The Trust procuring these facilities should insist on these as a minimum level of care.
- Concerns re the need to be placed at CAH. There have been difficulties noted in the past over the moving of inpatients from Bluestone to the main hospital both from a transport perspective and from the type of patient i.e. aggressive being difficult to manage within the back of an ambulance/transporter. Thought should be given to a unit attached to the main hospital.

- We believe that opportunities for the provision of extra courses enabling enhanced CPD for staff should be incorporated as part of this proposal. It is not enough to assume that RMN qualification in itself will be ‘a one stop suits all’ and these are specialities within a specific nursing sector. A specialist pharmaceutical practitioner is part of this new arrangement.