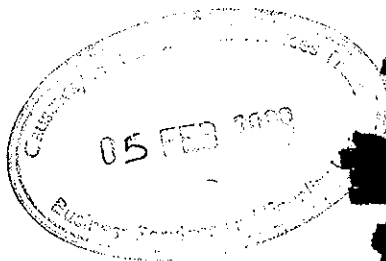


[REDACTED]

26 January 2009

Dr Flanigan  
Medical Director  
Northern Health and Social Care Trust  
The Cottage  
5 Greenmount Ave  
Ballymena,  
BT43 6DA



CC Mrs N Evans, Chief Executive, Northern Health and Social Care Trust, The Cottage, 5 Greenmount Ave, Ballymena, BT43 6DA  
Cc Dr Olivia Doman, Clinical Director Acute Emergency Medicine, C/o Medical Directorate Office, Antrim Area Hospital, Antrim

Dear Dr Flanigan

In response to your invitation to local meeting in Cookstown, Tuesday 10 February I will be [REDACTED] out of Northern Ireland on the night concerned but even if I were in Northern Ireland I would not be willing to attend a local public meeting on reconfiguration of acute services.

I recognise the clinical drivers and have worked through too many clinical cases not to realise that while the majority of cases we receive in the Mid Ulster can be managed here a significant number find themselves in the wrong hospital.

I accept specialisation of services have led to Mid Ulster's demise as an acute hospital.

However, I feel some continuing loyalty to the area, partly through working here for 24 years and partly as I am a home grown native of the Mid Ulster area. I have loyalty to the people I work with, namely nursing, paramedical, secretarial, clerical and portering staff none of whom wish to lose their jobs or move – a move in a lot of cases would amount to the same thing as a job loss as far as a lot of employees are concerned.

Also I do not feel that I can go to a public meeting and support closure of acute services at Mid Ulster for the following reasons.

1. The closure of acute services at South Tyrone Hospital, Dungannon and Tyrone County Hospital, Omagh and the proposed closure of acute services at Mid Ulster Hospital would lead to the centre of Northern Ireland being left with essentially no acute hospital at an acceptable travelling distance and time for the people of Cookstown, Moneymore, Draperstown, Plumbridge and Gortin etc.

Recent studies have shown that the mortality rate of patients increases the further patients are from acute care especially with respect to acute respiratory conditions.

I know we cannot turn the clock back and the almost defunct Area Boards all decided to concentrate their acute services away from the centre of Northern Ireland and propose to leave this unacceptable hole in services. To say that the Northern Ireland Ambulance Service will be able to compensate by increasing their efficiency is laughable when we consider travelling times in Northern Ireland at 8 am or 4 pm during the working day and the scant resources in terms of manpower/vehicles that NIAS works with. If paramedics are so capable why is our local cardiac ambulance called out so frequently to assist paramedics at resuscitation of patients? I have bitter experience of NIAS when it comes to transferring patients from Mid Ulster to other hospitals or even from Ward 6, Mid Ulster to High Dependency Unit, Mid Ulster. Delays are unacceptable.

2. The document modernising Health and Social Care Services has of course a lot of meritorious proposals on disability, mental health and estate issues. However, I feel the acute hospital services proposals should have been a separate document and consultation process, otherwise tacit approval for the document as a whole leads to acute services being removed in a fog of other issues.
3. The briefing paper – Modernising Acute Hospital Services, July 2008 as well as the document 'Modernising Health and Social Care' contains a lot of inaccuracy, eg I quote from the July 2008 document 'Neither Whiteabbey nor Mid Ulster Hospitals have training status so cannot employ Junior Doctors in training'. This is translated in the later document to 'Both Whiteabbey and Mid Ulster Hospital have restricted medical training status and as such cannot employ Junior Doctors in the same way that other acute hospitals do' – this is not correct – we have as you know training posts for F1, F2, ST1, ST2 and ST3 doctors at Mid Ulster and have had consistently good reports from training inspections/surveys in recent years.

The statement – 'Junior Doctors employed at Antrim and Causeway Hospitals cannot be part of rotas to staff Whiteabbey and Mid Ulster Hospital' is not correct. This already happens.

The statement in the paper Modernising Acute Hospital Services, I quote 'Senior Doctors who are working permanently in the smaller hospitals cannot participate in a Medical Staff rota across larger acute sites since they will not have had exposure/experience in the range of cases that would present in a larger acute site, eg heart attack cases' is obviously incorrect.

To say that there is '—no out of hours anaesthetic cover at Mid Ulster' is not correct.

To say that there is '—lack of specialist radiology services at Mid Ulster' is not correct.

The high level of dependency on Locum cover is history fulfilling itself. The pressure on the A&E Department at Mid Ulster Hospital is history fulfilling itself — this Department was never staffed as a Department with Juniors/Seniors hence the current reliance on Trust Grades and Staff Grades.

4. After the transfer of acute services from the Mid Ulster site it is proposed to leave 30 or so inpatients of a non acute nature. This is foolish — how will such a small isolated unit be medically staffed? Certainly it would not be recognised for training of Junior staff. The local General Practitioners have not been approached to ask if they are willing or interested but I can predict they will not be interested or willing to cover such a unit. A nurse led unit seems unworkable and would be no more than a Nursing Home.

In conclusion I recognise that change is necessary but now that we are about to lose the Area Boards should the Department of Health, Minister of Health and the Trusts not sit back and look at the map of Northern Ireland and consider the distribution of acute hospital services across the country to allow everyone fair and equal access? Also I feel the inaccuracies in the papers produced by the Trust for public consumption are unacceptable,

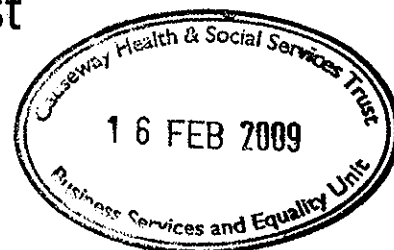
Yours sincerely

[Redacted signature block]





Northern Health  
and Social Care Trust



## Consultation Proforma

The aim of this consultation is to obtain views from stakeholders in Northern Ireland and the Trust would be most grateful if you would respond by completing this proforma. Please answer each question by writing your comments in the space provided. The closing date for this consultation is **Friday 6<sup>th</sup> March 2009** and we need to receive your completed proforma ~~on or~~ before that date. You can respond to the consultation document by e-mail, letter or fax as follows:

**Ms Alison Annett,  
Head of Equality,  
8e Coleraine Road,  
Ballymoney,  
Co. Antrim,  
BT53 6BP.**

**Tel: 028 2766 1377**

**Fax: 028 2766 1209**

**Textphone: 028 2766 1377**

**E-mail: [equality.unit@northerntrust.hscni.net](mailto:equality.unit@northerntrust.hscni.net)**

Before you submit your response, please read Appendix A at the end of this proforma regarding the Freedom of Information Act 2000 and the confidentiality of responses to public consultation exercises.

So that we can acknowledge receipt of your comments please fill in your name and address or that of your organisation. You may withhold this information if you wish but we will not then be able to acknowledge receipt of your comments.

Name:	[REDACTED]
Position:	RETIRED
Organisation:	CONCERNED RESIDENTS
Address:	[REDACTED] [REDACTED] [REDACTED]

I am responding: (Please tick)

- as an individual
- on behalf of an organisation

☒
☐

My comments are in relation to:

- Reconfiguration of Acute Hospital Services
- Reform and Modernisation of Children's Services
- Traffic Management at Northern Health and Social Care Trust
- Reprovision of the Trust's Residential Homes for Older People
- Reconfiguration of Domiciliary Care Services
- Reform and Modernisation of Mental Health Services
- Reform and Modernisation Learning Disability Services

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## General Comments

THE TRUST HAS COME UP WITH THE EXCUSE THAT YOU SHOULD BE PREPARED TO TRAVEL TO GET A BETTER SERVICE, THE MID-ULSTER HOSPITAL HAS BEEN SO SEVERELY RUN DOWN WHICH GIVES THEM THIS EXCUSE ABOUT A BETTER SERVICE. THE PEOPLE OF MID-ULSTER ARE NOT SO EASY BLUFFED TO BELIEVE THIS EXCUSE. IT HAS REACHED THE STAGE THAT WE CAN NOT BELIEVE A WORD WE ARE TOLD. THAT COULD NOT BE DENIED.

Can you identify any additional relevant evidence or information which the Trust should have considered in assessing the equality impacts of these proposals?

THE TRUST HAS NOT TAKEN INTO CONSIDERATION THE SAFETY ASPECT OF THIS VERY SERIOUS MATTER BEING INFLICTED ON THE PEOPLE OF MID-ULSTER. FOR EXAMPLE:-

1. HOW LONG IS IT GOING TO TAKE AN AMBULANCE GETTING TO THE REMOTE PLACES IN MID-ULSTER. A VERY ILL PATIENT WOULD BE IN DANGER OF NOT SURVIVING. TAKING INTO CONSIDERATION, THE POOR CONDITION OF OUR ROADS. YOU COULD COME UP AGAINST ROAD WORKS. THE WEATHER, ICY ROADS, FOG ETC. AMBULANCE COULD BE INVOLVED IN A ACCIDENT. TRAVELLING AT A TIME OF RUSH HOUR TRAFFIC.

WHEN YOU DO ARRIVE HAVING TO WAIT FOR HOURS BEFORE BEING ATTENDED TO. THE TRUST WOULD HAVE NO EXCUSES TO GO ROUND THE ABOVE MENTIONED FACTS WITHOUT TELLING LIES. THAT ALSO COULD NOT BE DENIED.

Can you identify any other potential adverse impacts with supporting evidence which might occur as a result of these proposals being implemented?

THE TRUST HAS NOT TAKEN INTO CONSIDERATION THAT CLOSING THE A&E AT THE MA-ULSTER HOSPITAL WOULD BE A CRIME AGAINST HUMANITY THAT COULD NEVER BE FORGIVEN. ALSO IT WOULD DENY THE PEOPLE THE RIGHT TO BE TREATED AT THEIR OWN HOSPITAL. THAT IN TURN IS DENYING THEM THE RIGHT TO LIFE. THAT ALSO COULD NOT BE DENIED.

Can you suggest any other mitigating measures to eliminate or minimise any potential adverse impact on the staff concerned?

THE TRUST HAS NOT COME UP WITH ANY GOOD REASON AS TO HOW THIS MONEY SAVER IS GOING TO BE SPENT. WE KNOW THAT SOME OF IT WILL GO TO INCREASING THE BIG SALARIES OF THE DICTATORS RUNNING THE HEALTH SERVICE. THUS ROBBING THE PATIENT OF BEING TREATED AT HIS/HER LOCAL HOSPITAL. THIS ALSO COULD NOT BE DENIED.



The Trust is seeking your views on the human rights implications of the proposals and any issues you think relevant.

IT IS A WELL KNOWN FACT BY EVERYBODY  
AND EVERYBODY COULD NOT BE WRONG.  
THAT THE HEALTH SERVICE IS TOO HEAVY  
WITH FAT CATS ON BIG SALARIES. NO TALK  
ABOUT CUT BACKS HERE, IT IS ONLY THE  
PEOPLE, THE POOR AND NEARBY, THE ILL AND  
INFIRM THAT ARE GOING TO SUFFER  
BECAUSE OF THESE OBNOXIOUS DECISIONS  
TAKEN BY THE TRUST.

THAT ALSO COULD NOT BE DENIED.

Thank you for taking the time to respond to this consultation process.

IN CONCLUSION MAY I ALSO STATE THAT THE  
PEOPLE OF MID-ULSTER ARE SEETHING WITH  
ANGER, BECAUSE THEY ARE GOING TO BE  
LEFT WITH A SECOND CLASS HEALTH SERVICE.  
WHICH MAKES THEM SECOND CLASS CITIZENS  
THAT ALSO COULD NOT BE DENIED.

## **APPENDIX A**

### **FREEDOM OF INFORMATION ACT 2000 – CONFIDENTIALITY OF CONSULTATIONS**

#### **Trust Response and Freedom of Information Act (2000)**

The Northern Health and Social Care Trust will publish an anonymised summary of the responses received to our consultation process. However, under the Freedom of Information Act (FOIA) 2000, particular responses may be disclosed on request, unless an exemption(s) under the legislation applies.

Under the FOIA anyone has right to request access to information held by public authorities; the Northern Trust is such a public body. Trust decisions in relation to the release of information that the Trust holds are governed by various pieces of legislation, and as such the Trust cannot automatically consider responses received as part of any consultation process as exempt. However, confidentiality issues will be carefully considered before any disclosures are made.