

Ms Alison Annett
Head of Equality
8e Coleraine Road
BALLYMONEY
BT53 6BP

File Ref: 118/3/37

6 March 2009

Dear Ms Annett

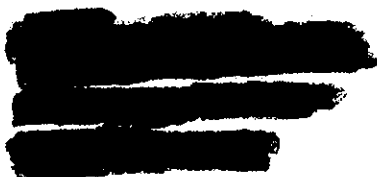
Reconfiguration of Acute Hospital Services

Commissioners welcome the opportunity to comment on the Trust's proposals to reconfigure acute hospital services. We acknowledge that the suite of documents currently out for consultation represents a formidable challenge for the Trust across many sectors in the months and years ahead. Played out against a very challenging financial backdrop, the reconfiguration of acute services will be a testing time for all involved.

That said, we support the Trust's plans to implement Developing Better Services and would be keen to continue working with the Trust and other stakeholders to inform the service model for the Mid Ulster and Whiteabbey sites. Similarly, the joint Trust/Commissioner working on agreeing longer term bed numbers for the different hospital sites should continue so that we can reach a consensus on the number of **new** beds required vis a vis the number of beds needed to deal with the **transferred** activity from Mid Ulster and Whiteabbey. Given the projected profile of capital spend in the Northern area over the next ten years, we will use our best endeavours to encourage the Department to expedite the developments on the Antrim, Mid Ulster and Whiteabbey sites which should hopefully facilitate the proposed changes to acute hospital services. In addition, we recognise that additional capacity will be needed in Belfast and we will continue, alongside the Trust, to engage with counterparts in the Belfast Trust on these matters.

I hope this is helpful.

Yours sincerely,

A large, solid black rectangular redaction mark covering the signature and any text below it.

27th February 2009

[REDACTED]
[REDACTED]
[REDACTED]
Northern Health & Social Care Trust
Equality Unit
Route Complex
8E Coleraine Road
Ballymoney
BT53 6BP

For the Attention of Alison Annett, Head of Equality

Modernising Health and Social Care Services in the Northern Health and Social Care Trust

Dear Alison

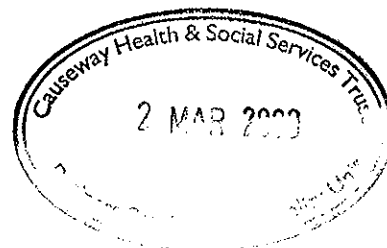
On behalf of [REDACTED] may I thank your Chief Executive and Chairman for their invitation to comment on the 'Reconfiguration of Acute Hospital Services'.

[REDACTED] Patients' Panel, have had the opportunity to consider the proposals and are happy to support the Reconfiguration of Acute Hospital Services proposals.

However, given the contraction of Acute Services across the Northern Trusts Area during the 1980's and 1990's, with Hospital closures and Acute Hospital bed reductions, we believe there should be no further reduction in Acute Hospital beds or services without adversely impacting on the quality, safety and of patient care standards, including infection control.

[REDACTED] Panel fully endorse the principles guiding the changes proposed within your document and would urge the Trust to adopt the **'Service Standards for the Care of Patients who have [REDACTED]'**

Members of the [REDACTED] Panel were also encouraged to learn that your first guiding principal is 'to provide as much service as we can locally and safely, and only centralise where absolutely necessary'. This principle is particularly important for [REDACTED] as we believe the [REDACTED] care services provided from Causeway Hospital are of the highest standards.



Local access to high quality, safe, responsive [REDACTED] services is of paramount importance to [REDACTED] patients as these are generally lifetime conditions, therefore patients are lifetime recipients of Primary and Acute Hospital Care.

Thank you again for the opportunity to comment on the proposals.

Yours sincerely

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]



**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 6th 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**

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:	Regional Manager
Organisation:	[REDACTED]
Address:	[REDACTED] [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 x
- 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 ☐

General Comments

Improved medicines management in hospitals: many people with Parkinson's experience significant disruption to their established drug regimen when they go into hospital. This can result in their symptoms becoming uncontrolled and patient care being seriously affected. For this reason, the PDS launched a major campaign, 'Get it on time', in 2006. The PDS is calling for strengthened medicines management standards in hospitals.

Also as waiting times may be increased, there needs to be an understanding of the medications required for PD and these are well stocked.

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

An issue which has come up time and time again for people with Parkinson's and their carer's is the lack of awareness of existing services and how to access them and referral processes, which has also been reported by GPs to the Society. If the new HCC centres are to be truly successful for people with Parkinson's they must be widely advertised and promoted. It is also though worth bearing in mind those who cannot access these centres will still face difficulties of accessing services, etc and this needs to be addressed.

It is also important that the professionals in these centres work closely with the voluntary organisations and the communities they are working for and therefore it would be useful if training, information days, etc could be rotated for voluntary organisations. The healthcare professionals themselves should have knowledge of Parkinson's disease and the complications of managing the condition and receive specialist training in this area.

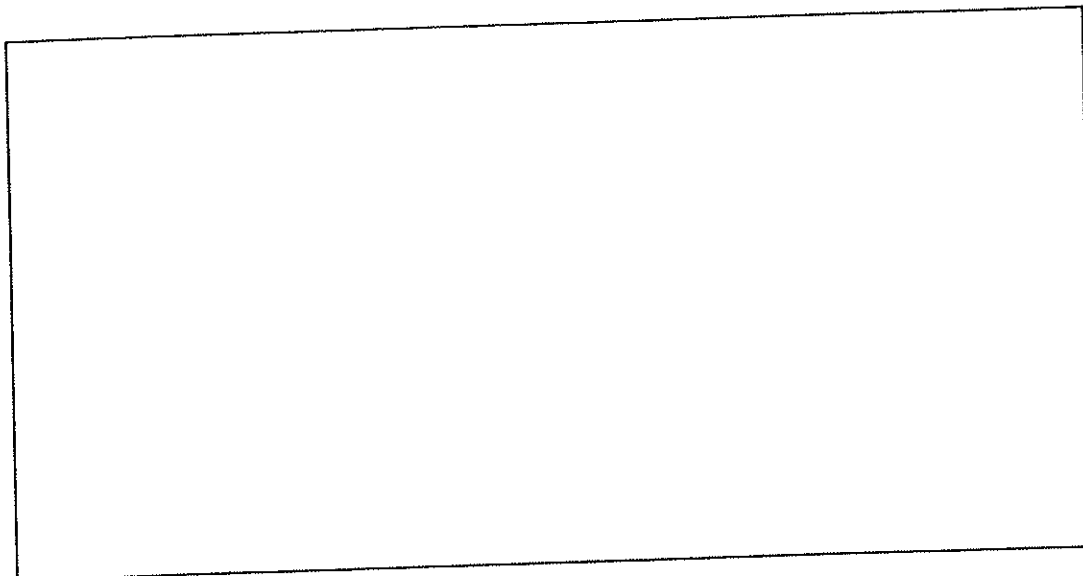
Can you identify any other potential adverse impacts with supporting evidence which might occur as a result of these proposals being implemented?

No

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

N/A

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

A large, empty rectangular box with a thin black border, intended for the respondent to provide their views on the human rights implications of the proposals.

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

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.

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:	
Organisation:	
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

☒☐☐☒☐☐☐

General Comments

I disagree with closure of A & R
Departments at Mid Water and
Whitechapel Hospitals because they
provide an excellent service.
I have personal experience of Mossdale,
Antin & it is an excellent unit,
therefore I strongly disagree with its
closure.

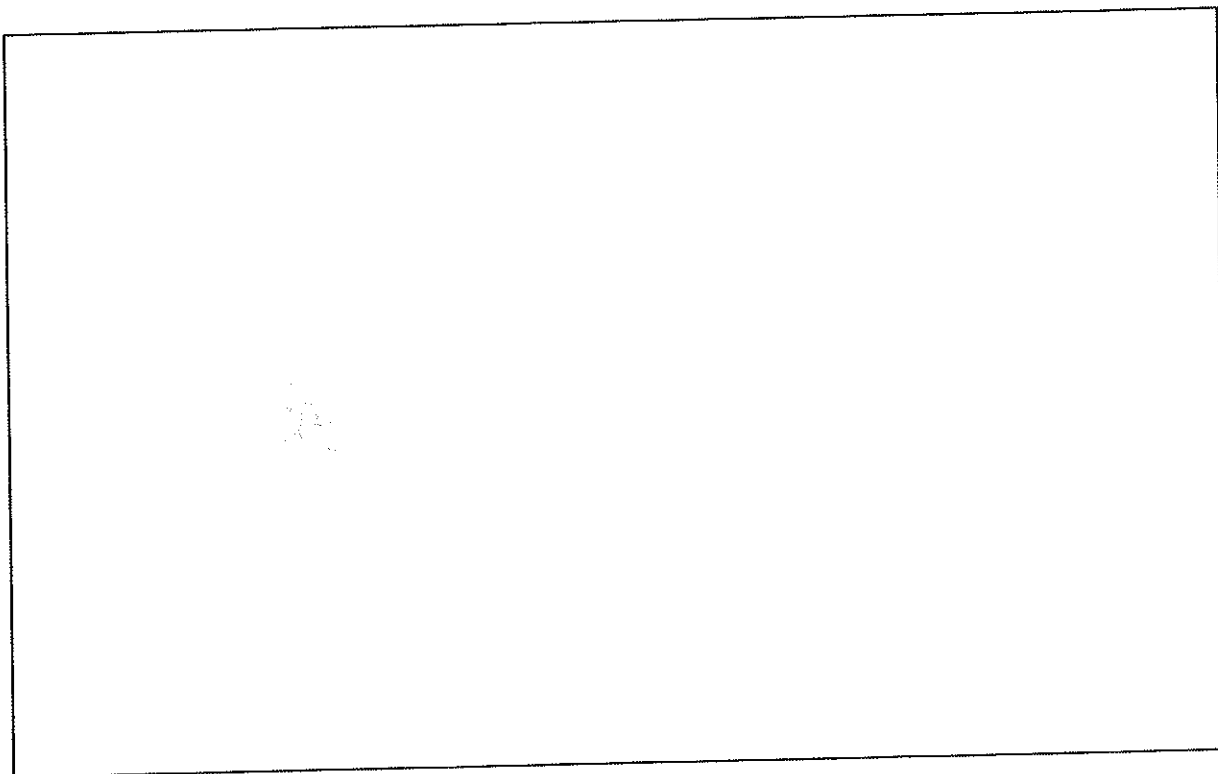
Can you identify any additional relevant evidence or information which the Trust should have considered in assessing the equality impacts of these proposals?

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

People will have to travel further to
A & H.

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

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

A large, empty rectangular box with a thin black border, intended for the respondent to provide their views on the human rights implications of the proposals.

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

[REDACTED]
[REDACTED]
[REDACTED]
1st.April.2009.

Dear Ms Donaghy, thank you for your letter dated 24th.March.2009, confirming the run down and closure of the Mid-Ulster Hospital.

Your letter has confirmed our worst fears and has angered the people of Mid-Ulster very much indeed,

There is some facts which I now wish to put to and the Trust which demand straight forward and truthful answers.

Firstly, the meaning of the word EMERGENCY, the oxford dictionary states that it is a situation arising unexpectedly, involving danger and a need for decisive and quick action. There is no way a very ill patient could be treated quickly if the A and E is twenty or thirty miles away.

The Trust has not come up with any proposals to get around that, only excuses.

Secondly, you say in your letter that the level of support and skill could not be provided at the local hospital. The feed back that I am getting from the people of Mid-Ulster is that the hospital has been so severely run down so that the Trust can come up with this excuse. We know for a fact which the Trust could not deny that the staff at the Mid-Ulster would only be to willing to carry out essential services that have been directed from them to Antrim and Belfast. This is done deliberately so that the Trust can come up with the excuse, you will have to travel a few miles to get a better service. Your letter makes it very clear that the Mid-Ulster hospital will be reduced to a rehabilitation centre with 29 beds. There is noway that the people of Mid-Ulster will ever accept that.

Fourthly. when the A and E was opened at the Mid-Ulster hospital the population of Magherafelt was three thousand people, now the population of Magherafelt is ten and a half thousand people. The population of Mid-Ulster has increased nearly four times over since the A and E was opened. There is no way that the penny pinching dictators running the health service could justify the running down of the hospital leaving the people without a health service. I wonder would the trust deny that.

Also I must bring to your attention that the people of Mid-Ulster are only to well aware that the health service is too top heavy with staff on big salaries, why is there no talk about cutbacks there. The ill and the needy have to suffer because of these fat cats living in luxury on their big salaries. The health service was brought in being in 1947 by the then labour government, it has seen many changes since then, but the latest proposals going to be implimented is a crime against the people that could never be forgiven.

In conclusion we would hope that the health minister would see sense and overturn these obnoxious proposals, because if these proposals are brought in, it will leave the people of Northern Ireland living in the remote areas without a health service, it will also prove that the penny pinching dictators running the health service care no more about the wellfare of the people that the dirt that sticks to their shoes.

sincerely Yours
[REDACTED]
[REDACTED]

Distribution, Copy to Ms Donaghy
Copy retained.

[REDACTED]

Ref: Mid-Ulster Hospital

I am writing to you on behalf of the 'Save the Mid-Ulster Hospital' group who over the years has consulted with the people living in the Mid-Ulster area in regard to the slashing and removal of health services at the Mid-Ulster Hospital.

We have already witnessed the dire consequences of centralizing services in regard to MRSA, Breast Cancer Screening, Endoscopes, C Difficile and more recently Maternity Services.

It is the complete opposite to what is happening to our health service which is being undermined and reduced.

Over the years posts at the Mid-Ulster Hospital have been advertised in a manner to deter applicants from applying, resulting in wards being closed one by one so the United Hospitals legacy Trust and currently the NHSCT could meet financial targets.

Trusts are spending millions of pounds of tax payer's money on agency staff and flying in consultants at week ends to manipulate waiting lists, money that could be better used

to employ full time health service staff providing the highest standard of care for patients at the point of need.

Centralization of services does not work, Antrim Hospital staff are at breaking point with the volume of work , only recently both Causeway and Antrim Hospitals had a divert on to the Mid-Ulster Hospital, where do these patients go when services are removed from the Mid-Ulster Hospital?

The Mid-Ulster Hospital is one of the main employers in the area are we also to see unemployment rise due to the removal of services?

Vacant posts are not being filled, the reinvestment of money from RPA into front line services has never happened, and the number of Domestic Services/Cleaners has actually dropped by 50% over the last 15 years.

Ten years ago there was a need for a 'Golden Hospital' identified within the Mid-Ulster area and that need has never been greater than now, the Mid-Ulster Hospital has served this community and indeed the Province for decades, why waste more money erecting refurbished porta cabins at Antrim Hospital when wards are lying empty at the Mid-Ulster Hospital? You need the same nursing staff for both.

The people of Mid-Ulster are entitled to the same level of health care as anyone else in Northern Ireland and should not be penalized for living west of the River Bann, and we are totally opposed to any proposals being put forward by the NHSCT to remove or reduce any services at the Mid-Ulster Hospital.

Yours sincerely

[REDACTED]

Save the Mid-Ulster Hospital Group

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

A. Annett - Received
9/3/09



The Cottage
5 Greenmount Avenue
Ballymena
County Antrim BT43 6DA

[REDACTED]

To whom it may concern,

I am writing in regards to the closure of the Mid Ulster Hospital.

My wife and I over the years have been relieved that there has been a hospital in the Mid Ulster area. I myself have suffered from three heart attacks and my wife suffers from asthma attacks. We were lucky we had a hospital close to where we lived. To have to travel to Craigavon or Antrim for treatment or in an emergency is unacceptable. It is a disgrace to have to travel a long distance for health care.

I am outraged at the plans to close the Mid Ulster and I urge you to re-think the consequences and keep the Mid Ulster Hospital open.

I look forward to hearing from you in the near future.

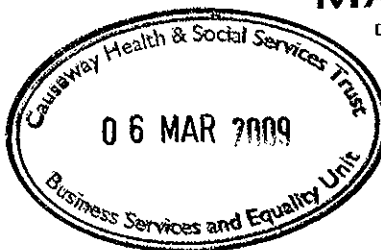
Kind Regards

[REDACTED]

Council Offices
50 Ballyronan Road
Magherafelt
BT45 6EN
Northern Ireland
T: (028) 7939 7979
F: (028) 7939 7980
info@magherafelt.gov.uk
www.magherafelt.gov.uk

5 March 2009

Alison Annett
Head of Equality
NHSCT
Equality Unit
Route Complex
8E Colerain Road
Ballymoney
BT53 6BP



Dear Ms Annett,

Magherafelt District Council recently considered your consultation document on 'Modernising Health and Social Care Services in Northern Health and Social Care Trust' and recommended that the following points be raised in response to your proposals.

The Council acknowledges that public services are being challenged to deliver quality needs based services whilst being required to make significant efficiency savings. Council was encouraged to receive commitment from the Trust that none of the changes would be implemented without the proposed alternatives being in place. However Council has significant concerns about the rationale for the proposals being made and the adverse impact these will have on the quality of service provided to residents in the district. In relation to each of the reviews proposed Council would make the following comments -

• **Reconfiguration of Acute Hospital Services**

- Council recognises that the Trust must have due regard to clinical risk assessments relating to service delivery within smaller acute hospitals. However the Trust area comprises a number of larger and smaller acute hospitals. It would seem possible to be able to rotate staff around these hospitals so that they could get the training and experience they require. This would overcome the problem of staff recruitment and experience needs.
- The highest percentage users of A&E in Mid Ulster are people over 55 and 15-24 year olds. Accessibility is a huge issue in rural communities especially for the elderly and young people. Council is of the opinion that the proposals being made by the Trust will only make it more difficult for users to access services in Antrim or Coleraine, especially as many of them do not have access to a car.
- There is no indication given if there will be additional staff at A&E in Antrim and Coleraine to cope with increased usage. Both locations are struggling to cope with the current demand and the proposals will only make the situation worse.
- Travel times quoted to Antrim and Belfast hospitals are 26mins and 46 mins respectively which are lower than the recommended 'Golden Hour'. These seem low especially if you had to travel to Belfast at a peak time when it may take well over an hour. It also does not reflect the geographic spread of the council district which is a rural community with a large hinterland. It will take longer than the 'golden hour' to travel from some of the more remote parts of the district.
- The proposals do not give an indication of how community based services would be developed or what resources would be dedicated to this. Council would be concerned that these would not be developed or resourced in line with the demand that will result from the changes in acute provision and so the rural community would have to bear the cost.



OHN A. McLAUGHLIN
Chief Executive

J. J. TOHILL
Director of Finance
and Administration

T. J. JOHNSTON
Director of Operations

M. M. YOUNG
Director of
Environmental Health

W. I. GLENDINNING
Director of Building
Control

- The proposals include the extension of Antrim hospital by an extra 48 acute beds. There are currently 29 beds at Mid Ulster and 60 at Whiteabbey. This reduces the number of acute beds available in the trust area. Council would be concerned that the extension requires approval of capital expenditure for the extension of Antrim and the construction of the new health and care centres. This has yet to be secured and may take some time. Council would suggest that it is particularly important for the Trust to make sure that any changes in acute services are only made when the necessary infrastructure is in place and not before then.
- There is no evidence in the documentation that the Belfast hospitals and ambulance service will be able to accommodate the increased demand that will result from the changes. This is particularly relevant as the ambulance service is proposing changes to service delivery and it is unclear if the NIAS and the NHSCT have jointly considered the consequences of their proposals. The dual impact of these could be significant and negative on the rural community within the district.

• **Traffic Management at Northern Health and Social Care Trust**

- Council recognises that improvements must be made to the parking arrangements at the Trust's hospitals. However transport by car is currently the only option for people living in rural areas. The charges will put an additional cost on rural communities as there are no public transport alternatives. If charging is to be used Council would suggest that these are kept to an absolute minimum to reduce the financial burden on people living in rural communities. Council would also suggest that allowances are made for those people who may have to visit on a daily basis over a protracted period of time.

• **Reprovision of the Trust's residential homes** ✓

- The Trust has indicated that the proposals will lose 188 beds in residential homes for older people which is 58% of current capacity. The Trust gives no indication of the availability or quality of the supported living alternatives or whether these will be suitable for the existing residents that will be displaced. Council would be concerned that the current residents would not be able to live outside of residential care and would find it difficult to move to a new environment.
- Some indication is given that the supported living options will come from DSD funding that will allow housing associations to provide social housing or private landlords who would modify their properties. There is no indication of the funding required to provide the alternatives or if this has been secured to meet the needs of the displaced residents. Council can see no clear strategy of how the alternative living options will be provided or the cost savings that this will deliver over refurbishment of existing buildings.
- Council experience of working with local communities would indicate that there are currently difficulties in organising domiciliary care for older people leaving hospitals. The proposals will only make this worse and it is unclear how it would be coordinated or meet the needs of the older people moving into the supported living accommodation.

• **Reconfiguration of domiciliary care services**

- Domiciliary care is an important service to the community within the district. Council are keen that the quality of this service is maintained and would be concerned that use of an external contractor will result in the standard of service falling. No indication is given of how the trust will make sure that an external contractor will recruit and retain quality staff or that the service will be maintained at a high standard. Council would like to be reassured that quality of service provision will not suffer as a result of these proposals.

• **Reform and modernisations of mental health services**

- The council welcomes the development of a local service to meet the needs of personality disorders. This will support the return of at least 6 people from units in England and create additional staff posts in this area. However the rationale given for the loss of acute mental health beds at Whiteabbey Trust is based on a study carried out in London which showed a significant reduction in admissions to hospital when the home treatment service was introduced. London is very different to the Magherafelt District Council area which is rural with a large hinterland. Council would be concerned that the model applied in London could not be fully replicated in the district due to its nature and characteristics and that it should be piloted in the province to make sure the same results are delivered before the acute beds are lost.
- The Trust intends to commission 2 or 3 community based facilities for people with dementia from the independent sector. These will be more locally based and therefore more accessible. Council would like to emphasise the importance of patients receiving the same quality of treatment and that providers are adequately regulated or managed to ensure this.
- Council supports the development of a new community rehabilitation service in a community setting. Council would however also like to see more supported living accommodation provided for people with mental health problems.

• **Reform and modernisation of learning disability services**

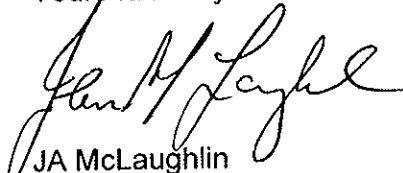
- It is unclear from the documents that the Trust has undertaken a risk assessment for the 'Share the Care Scheme' being proposed. Council would be concerned that the recruitment of host carers in specific localities may be difficult which will result in a reduction of respite care. For the families who care for adults with a learning disability, respite care is a life line that makes sure they can continue to provide the care that is required. Council would not support any reduction in the level of respite care available.
- There is no evidence of the Share the Care scheme having been evaluated for its effectiveness. Council feels strongly that the most vulnerable in our communities must be protected. There is no indication given of how the host carers will be vetted or how the environment of the carers home will be controlled so that it is safe. Council would welcome feedback from the Trust as to how this will be done.
- Council notes that no details are given on the extent to which day provision for respite will be extended. Council would be keen that the availability of community packages adequately meets the demand that exists now and in the future.

- o Council notes that the proposals given for reconfiguring day care services for adults with learning disabilities gives more options but this is quite high level. There is no analysis of demand versus availability and if the options suit the needs of the users. Again council is very strongly of the view that the provision of day care services adequately meets the demand now and in the future.

Overall Magherafelt Council recognises that the Trust is under pressure to make efficiency savings. However this must not be at the expense of service delivery. The council area is largely rural and does not have access to services that are traditionally provided in larger urban centres. The council feels that there is no overall strategy for the changes being proposed and that a full analysis of savings has not been undertaken. There are costs associated with community based provision both financial and personal and the implications of these must be fully identified and examined so that the best option in terms of a quality service is implemented.

I trust that you find these comments helpful.

Yours faithfully



JA McLaughlin
Chief Executive

McGrattan, Liza

From: McConaghie, Lynda
Sent: 06 March 2009 14:59
To: McGrattan, Liza
Subject: FW: Consultation responses
Attachments: Covering letter 05.03.09.doc; Reconfiguration of Acute Hospital Services - LBC Response 04.03.09.doc; Reconfiguration of Domiciliary Services - LBC Response 04.03.09.doc; Reform and Modernisation of Learning Disability Services - LBC Response 04.03.09.doc; Reform and Modernisation of Mental Health Services - LBC response 05.03.09.doc

From: [REDACTED]
Sent: 06 March 2009 14:52
To: Unit, Equality
Subject: Consultation responses

Dear Ms Annett

Please find attached Larne Borough Council's Health Sub-Committee's responses to the following consultations:

Traffic Management at Northern Health and Social Care Trust;
Reform and Modernisation of Mental Health Services;
Reform and Modernisation of Learning Disability Services; and
Reconfiguration of Domiciliary Services.

Hard copies will be in the post.

Kind regards

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

5 March 2009

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

Dear Ms Annett

Please find enclosed responses from Larne Borough Council's Health Sub-Committee in relation to the Reconfiguration of Domiciliary Care Services; Reconfiguration of Acute Hospital Services; Reform and Modernisation of Mental Health Services; and Reform and Modernisation of Learning Disability Services.

This Sub-Committee was established in response to the Northern Health and Social Care Trust's consultation on its reform and modernisation programme and includes representation from elected members and local clergy. We hope to recruit other representation from concerned community members.

It is our vision that the Health Sub-Committee will continue to lobby for improved health and social care provision in Larne Borough and look forward to engaging with the Trust in the development of services in the future.

In addition to the responses enclosed and the responses already submitted on behalf of the Council, the Sub-Committee would like to submit an additional comment on the Traffic Management at Northern Health and Social Care Trust. The Sub-Committee, although opposed to the introduction of car parking charges, would seek assurances that if a ticket system is introduced that service users are not asked to pay up front, therefore only paying for the time actually used.

We look forward to working with the Trust in the future.

Yours sincerely,

[REDACTED]

Northern Health and Social Care Trust

Reconfiguration of Acute Hospital Services

Larne Borough Council's Health Sub-Committee (the Sub-Committee) notes that it is proposed to review and potentially reconfigure inpatient services through re-provision and increased capacity planned at Antrim Hospital and Belfast Hospital. In particular the focus on providing acute inpatient services from Antrim and Causeway; the closure of Accident and Emergency Services at Whiteabbey and Mid-Ulster Hospitals; the provision of new Health and Care Centres (HCCs) at the Whiteabbey and Mid-Ulster sites; and the development of community-based services.

The reasons cited for the need for this reconfiguration are as follows:

- The difficulty in attracting trained Doctors to smaller hospitals;
- Regulation of Doctors' working hours and conditions; and
- Whiteabbey and Mid Ulster Hospitals' restricted training status placing senior Doctors under more pressure to cover these areas.

The Trust believes that this has implications for safety and quality of services provided.

The Sub-Committee is obviously concerned for the well-being of our constituents and agrees that where their safety and the quality of service can not be guaranteed this must be addressed. However, the Sub-Committee has grave concerns that these proposals may pose a greater risk to their safety and the quality of service received.

The provision of care at Antrim Hospital is already under considerable pressure, with current trolley waiting times unacceptable. We note that it is proposed to expand capacity at Antrim Hospital by at least 48 acute beds and 12 palliative beds. However, this may not be available for some time and with a dependence on capital and revenue investment may never happen, and the Trust proposes to introduce the changes outline above in a phased way. *

Antrim Hospital's Accident and Emergency currently receives almost 10% of all attendances across Northern Ireland. Since the closure of the A&E unit at Moyle Hospital our constituents are forced to travel the considerable distance to Antrim Hospital to be faced with already long waiting times. The minor injuries unit promised to Larne Borough has not yet materialised, and we would fear that this may prove the case at Whiteabbey and Mid-Ulster and instead of an additional 30% attendance at the Antrim and Belfast Hospitals this would be closer to 100%. This clearly places our constituents at risk and we believe this is unacceptable.

The Sub-Committee seek assurances from the Northern Trust that they have proceeded with these proposals in full consultation with the Belfast Health and

Social Care Trust in order to ensure that they have the capacity in place to deal with the increased number of attendances. Where our constituents are faced with a substantial journey we believe it is unfair that they should be faced with lengthy waiting time on arrival.

In addition we have noted the Trust's figures in relation to distances and travel times between Whiteabbey/Mid-Ulster Hospital and other acute hospitals. In comparison with the distance and travel time between Mid-Ulster Hospital and Antrim Area Hospital, the distance and travel time between Moyle Hospital and Antrim Area Hospital is very similar (17.1 miles, 35 minutes). The Trust have made a strong argument therefore for the provision of at least the same services at Moyle Hospital as are provided at Mid-Ulster, including the provision of a high quality minor injuries unit and the realisation of the HCC.

The consultation document also states "the proposed changes in acute services will be supported by the development of community-based services". However, it does not provide any detail as to what is meant by this. The Sub-Committee would be interested to hear from the Trust as to how community services will be developed, and in particular within the Larne Borough area.

Therefore prior to any implementation of these proposals the Sub-Committee would seek assurances from the Trust that patients healthy, safety and care experience is not compromised by lack of local health and social care provision and increased waiting times. We will continue to listen to our constituents and bring to the Trust's attention their views and anxieties.

From: Taylor, Emma **On Behalf Of** Executive, Chief
Sent: 06 March 2009 09:25
To: Donaghy, Briege; Annett, Alison
Cc: Kelly, Nolene
Subject: FW: Proposals
Importance: High

Dear Briege,

For your appropriate action.

Regards.

Mary Jo Mc Quilkin
PA to Ms Norma Evans
Chief Executive
Northern HSC Trust
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From: [REDACTED]
Sent: [REDACTED]
To: Executive, Chief
Subject: Proposals

[REDACTED]
[REDACTED]

Dear Sir,

I was amazed to hear of the Trusts proposals to save £44 million over the next 3 years and after attending most of the public consultations and a few meetings I am utterly convinced that if implemented they will lead to a great deterioration in healthcare provision in this area. As a resident within the Northern Trust catchment area this compels me to protest. I understand that you have been forced into this position by the assembly parties with whom I place the blame entirely - any proposals you offered would have been distasteful. I believe firmly that the healthcare budget should

06/03/2009

not be trimmed for any reason.

I find many aspects of your proposals profoundly worrying but I have a few major points:

The proposal to close at least 5 of the trusts residential homes -

The main issue seems to be who will pay for the proposed assisted living schemes ? If there is no concrete deal on funding on the table by the end of the consultation process surely this particular proposal is no longer viable? ✓

The proposal to remove acute services from Whiteabbey and Mid-Ulster Hospitals -

I have personal experience of how busy these services can be and I find the proposal to close what amounts to 139 acute medical and surgical beds (66 in Whiteabbey and 73 in the Mid) to be replaced, eventually, with a 48 bedded unit in Antrim Area, frankly reckless. This constitutes a net loss of over 90 beds. How can the Trust justify the loss of so many, beds ? Or any at all for that matter? There were periods over the last few months when all of these beds have been full and there have been many recent incidences of trolley waits at Antrim Hospital A & E. The waiting time in Antrim A & E is regularly more than 4 hours.

The closure of the A & E's at these two sites will obviously have a compound effect on Antrim Area A & E. The belfast Hospitals are in a similar situation particularly regarding the Mater hospital which is destined to be stripped of its Acute services in the near future. Residents in these areas will lose valuable healthcare services.

Centralisation is an argument for saving money and providing more services on one big site but what if, as has happened recently within the trust, there is an outbreak of a dangerous infection such as Norovirus or C- Diff? Wards were closed at Antrim Area Hospital over a long period last year and other hospitals have had similar minor incidents. Not having bed spaces in hospitals away from the infected site could be dangerous.

The increase in level of privatisation of domiciliary care -

This is a slap in the face for these workers, who are often low paid. It is a disgrace to suggest that they will soon be working for a private company who pay less and offer less attractive terms and conditions, and often a higher workload. It is also an attack on the level of service provided to the service users. Private companies care only about profit.

The closure of children's residential services -

The idea of paying foster carers to house these children is preposterous considering there is a shortage of foster carers in Northern Ireland presently. Also many of these children are not suitable for foster care and thirdly financially rewarding someone to foster a child may entice people to do it simply for the money. This would not be lost on any child in this system.

These are some of the main reasons I find your proposals distasteful, unworkable and potentially harmful if introduced. I sincerely hope that they never are.

Yours faithfully,

