

10/6/2012

SAVE THE MID

Magherafelt Council back £1.2 million business case that signals the End Of Thompson House & Inpatients at Mid Ulster Hospital

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The removal of beds from Thompson House Signals the end of overnight inpatients at the Mid Ulster Hospital site unless the Northern Health & Social Care Trust and Health Minister follows recommendations as given to them by Save The Mid through the Compton review , link to submissions <http://savethemid.weebly.com/research-documents.html>

These recommendations included the reopening of Ward 2 at Mid Ulster for patients who did not require consultant care from Antrim & Causeway Hospitals, and reopening Ward 3 for the current patients in Thompson House. This is a move that will increase bed capacity within the Trust, it was stated by Valarie Jackson, Director Of Acute Services Northern Health & Social Care Trust, in reply to the Rutter and Hinds Report on Antrim A&E that 90% of all waiters are waiting as there are no beds available, Ward 2 in Mid Ulster would be best positioned to accommodate these patients.

A major concern has arose surrounding the use of Ward 2 at Mid Ulster due to the flooring within the ward being unsuitable for patients beds, this relatively new ward was shut in June 2011 and this problem was not cited as a reason, there is dirty tricks going on here.

As Thompson House patients require ambulance transport to get an X-ray in the main Hospital site by moving these patients to Ward 3 at Mid Ulster will preserve human dignity and also make practical sense. In a FOI released to Save The Mid between Sept 2011-Dec 2011 had on average a 93.25% occupancy rate, proving the need for such a service in the Mid Ulster Hospital as this was during the bed crisis at Antrim Hospital.

What the people of Mid Ulster have witnessed are decisions which allegedly would give us better care or better services, which have led to some of the worst horror stories in health ever suffered by Mid Ulster residents, see attached responses to Save The Mid online survey on A&E experiences.

However despite these proposal's and the reality that when they shut the Mid Ulster hospital we did not get a better service, Magherafelt Council have agreed to fully downgrade Mid Ulster Hospital into a Health Centre (see attached minutes), minutes of a meeting between Sean Donaghy, CEO of the NHSCT, and the council show that councillors agreed with these health centre plans.

Ian Milne "the battle to save the Mid Ulster Hospital had been lost"

Paul McLean "felt the department had the right idea – people wanted the best treatment at the best place. However there was no room for complacency and the local people had to be won over"

Save The Mid also attended a meeting in Mid Ulster Hospital where Magherafelt Council invited several charities to take part, there was not wide spread support at the meeting for the move, the meeting itself was poorly attended and Save The mid met with Sean Donaghy CEO of the Trust after this to openly talk about the farce of a meeting, But as Magherafelt Council had already secretly agreed to these changes it does not matter what the community says or does.

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Save The Mid members stood in rain, hail wind and sun to get 10,000 signatures of Mid Ulster residents who all wanted the acute services returned, Mgherafelt Council could at least recognise these residents of the Mid Ulster area.

This move will now reduce the amount of services provide locally with services now being removed from Bellaghy, Moneymore, Maghera, Cookstown, Ballyronan and Toome and placed within the Mid Ulster Hospital site. These are not new plans these plans were uncovered by Save The Mid in 2011 and marked not to be shown to the public, the question is now why where they marked like that and why? There is a health crisis across the Northern Trust, acute care is only one area where services are failing, a move like this is only centralising local services, Mid Ulster residents will not get any more local community services they will just have to travel further to get them, exactly like they have to do for acute services.

Developing Better Service 2001, specifically stated what a local hospital was to have, Mid Ulster was defined as a local Hospital in this document and states:

- Acute Medical beds for patients not requiring 24 hour consultant oversight
- Step down and convalescence beds for those patients requiring post-operative care following discharge for Acute facility
- Respite care beds for patients requiring respite for a number of weeks per year
- Palliative care beds for patients requiring this support
- Rehabilitation beds including those for patients requiring rehabilitation following stroke, accident or fracture who are suffering from debilitation of from age and chronic rheumatoid conditions

This is what our elected representatives should be fighting for, Save The Mid have been requested to give written evidence for recommendations on waiting times in the Northern Health & Social Care Trust by the Health Committee on the 20th June 2012 and will put to the committee several recommendations that will include the introduction of these beds at Mid Ulster Hospital.