



Northern Health  
and Social Care Trust

# **Consultation on the future of Whiteabbey Minor Injuries Unit**

**Consultation Document**

**11 September – 4 December 2015**

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### Alternative formats

This document can be made available, upon request, in other formats including Braille, large print, computer disk, audio tape or in another language for anyone not fluent in English. For alternative formats please contact:

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## Foreword



Whiteabbey Minor Injuries Unit (MIU) was set up to offer treatment to anyone aged five and over with a minor injury without the need for a referral or appointment. The Unit was opened Monday to Friday from 9am until 5pm. Staff in the Unit included Emergency Nurse Practitioners (ENP) with additional training in assessment, diagnosis and treatment of a wide range of conditions.

Since 1 December 2014 the Minor Injuries Unit at Whiteabbey Hospital has been temporarily closed as part of the contingency measures required by the Minister to achieve financial breakeven by 31 March 2015. Since then we have been reviewing the impact of the closure. As we feel the impact has been minimal we propose the permanent closure of the Minor Injuries Unit at Whiteabbey Hospital.

Our priority is to make sure that those who become unwell unexpectedly are assessed and treated at the right time and in the most appropriate place, in a way that offers the best value for money given the financial challenges we currently face.

If a decision is made to permanently close Whiteabbey MIU the local population will continue to be able to access minor injury services and urgent care services at Antrim Hospital. Whiteabbey Hospital will provide a range of other services for the local population, as part of our integrated approach to service delivery.

In this consultation document we explain our reasons for consulting on this proposal. The formal public consultation will run until 4 December 2015 and we look forward to receiving your comments.

A handwritten signature in black ink that reads "Tony Stevens".

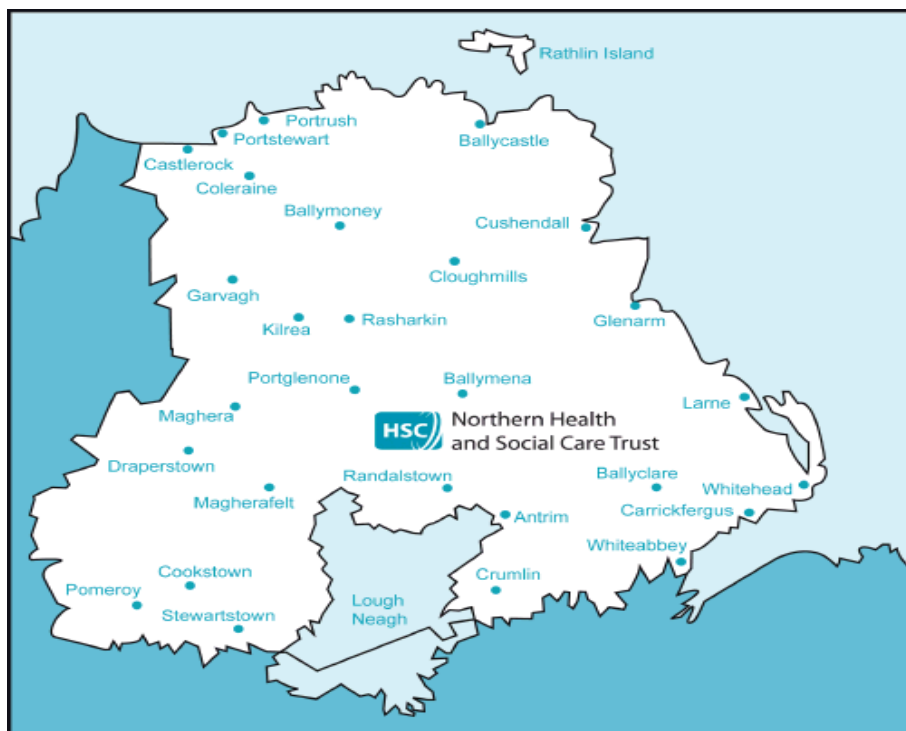
**Tony Stevens**  
**Chief Executive**

## Section 1 - About the Trust

The Northern Health and Social Care Trust (the Trust) was established on 1 April 2007 under the Northern Health and Social Services (Establishment) Order (Northern Ireland) 2006.

The Trust provides a wide range of acute hospital, community care, social services and services in people's own homes across the whole of the Northern Trust area, which has a population of approximately 465,000. The map below shows the area covered by the Northern Trust. It is one of five Health and Social Care Trusts in Northern Ireland. The services the Trust provides are commissioned by the Regional Health and Social Care Board and the Trust is also accountable to the Department of Health and Social Services and Public Safety.

### Map of NI Showing the Northern Health and Social Care Trust



The Trust Headquarters are located at Bretten Hall, Antrim Area Hospital, 45 Bush Road, Co Antrim, BT41 2PX.

In providing health and social care services, the staff of the Trust often work closely with others including local GPs and other agencies and providers, delivering services from a large number of Trust premises, and in people's own homes and in other community settings. The Trust purchases some

services from other independent providers, primarily nursing and residential homes, also from independent domiciliary care providers and a range of non-residential services such as day care and counselling, working with the community and voluntary sector.

Acute hospital services are provided from Antrim Area Hospital and Causeway Hospital in Coleraine. Services are also provided from the Mid Ulster, Whiteabbey, Braid Valley, Dalriada, Moyle and Robinson Hospitals. Holywell Hospital, a psychiatric hospital in Antrim, is the base for a wide range of mental health and addiction services. The Trust currently employs 11,711 staff across a range of disciplines.

The Trust has an annual income of over £600 million, provided almost entirely through funding from the Health and Social Care Board, originating from the Department of Health Social Services and Public Safety (DHSSPS) through the budget set by the Northern Ireland Assembly. The following table shows where the funding is spent.

Hospital	Total (£m)	Percentage (%)
Inpatient	155.0	25.2%
Outpatients	57	9.3%
Day care	0.7	0.1%
Day case	35.0	5.7%
<b>Hospital Sub Total</b>	<b>247.7</b>	<b>40.3%</b>
Community	120.5	19.6%
Personal Social Services (PSS)	247.0	40.1%
<b>Community/PSS Sub Total</b>	<b>367.5</b>	<b>59.7%</b>
<b>Trust Total</b>	<b>615.2</b>	<b>100%</b>

Delivering safe and effective services which are accessible and responsive to the needs of patients, clients and carers is central to the Trust's role.

#### Our Vision

“To deliver excellent integrated services in partnership with our community”

We develop and deliver services adopting '**Core**' values:

1. We will treat the people who use our services and our colleagues with **compassion**;
2. We will display **openness** and honesty with our patients, clients and colleagues, acting with integrity, providing professional, high quality services and support;
3. We will **respect** the dignity, diversity and individuality of all our patients, clients and colleagues promoting equality and addressing inequality
4. We will strive for **excellence**, as a community of leaders, through consistent delivery of services and applied learning.

## Section 2 – Introduction and background

It is a requirement that Health and Social Care Trusts break-even at the end of each year (the financial year is April to March). The Northern Ireland Assembly Executive publicly announced in early October 2014 that £60m of additional funding would be allocated to health and social care in that year. While this additional allocation to health and social care was welcomed, the amount allocated to the Northern Trust fell short of that required to meet the Trust's projected deficit which meant that the Trust was required to deliver a further £6.9m of reduced spending by 31 March 2015. The challenge was significant given that at that stage there were 5 months remaining of the financial year.

As part of the contingency measures required the Trust considered which services could be temporarily adjusted to ensure that front line emergency services could be protected. Alongside this, demand for services continues to rise as there is a growing and ageing population. There are also the unavoidable increased energy costs and costs of goods and services that enable us to deliver care and treatment.

The Northern Trust Contingency Plan was announced publicly on Thursday 30 October 2014, being shared with staff who were working within the facilities directly affected. The Plan identified a number of proposals that it considered would contribute to achieving the required savings in-year. When developing its proposals the Trust approached this challenging task by adopting the following principles.

- Maintaining front line services that protect life and deal with immediate potential harm to health and well-being

- Ensuring the continued provision of services that respond to emergencies and imminent risk
- Fulfilling statutory functions that support the most vulnerable children, adults and older people.

In addition the Trust sought to minimise and manage the impact on non-emergency services by seeking savings from non-front line services. However it is important to acknowledge that many of these services, while considered as non-front line, are vital to Doctors, Nurses, Social Workers and others to deliver their care and treatment. These support services include medical records and medical secretaries, finance staff who pay all Trust staff salaries and wages, personnel staff who recruit new staff and provide training and support for existing staff, drivers of non-emergency transport, telephonists, electricians and many others.

One of the few areas that can facilitate a reduction in spending in-year is the reduced use of temporary, bank and agency staff. In developing the Contingency Plan proposals, the Trust recognised that reducing its reliance on temporary staff, agency and bank staff would allow the Trust to reduce spending at relatively short notice. This approach allows us to protect employees with permanent contracts of employment. This action to reduce temporary staff mainly affected acute hospital services, and some community services, given they have the greater numbers of temporary staff.

One of the Trust's proposals was the temporary closure of the Minor Injuries Unit at Whiteabbey Hospital from 1 December 2014. This contributed to reducing spend during 2014/15 by redirected skilled staff to Antrim Hospital and to other services at Whiteabbey Hospital.

Having made this temporary closure in December 2014, the Trust has since evaluated the impact of that closure on other services, including Antrim Hospital Emergency Department. The findings of that evaluation have indicated there has been minimal impact in terms of additional numbers of patients attending Antrim Hospital Emergency Department and no indication from other emergency Departments of any impact. Given that this period of temporary closure has identified no significant impact, and the period of temporary closure covered the winter period, the Trust proposes to extend the closure of the Minor Injuries Unit at Whiteabbey on a permanent basis.

The Trust welcomes comments and feedback on this document and the views of a wide range of stakeholders are being sought. The Trust is consulting over a twelve week period from 11 September – 4 December 2015. Details of how stakeholders can provide feedback and participate in the consultation process can be seen on page 18 of this document.

### **Section 3 – Impact of temporary closure of MIU at Whiteabbey Hospital**

The Northern Health and Social Care Trust provides acute hospital services from Antrim Area Hospital and Causeway Hospital in Coleraine where patients have access to advanced diagnostics and treatments. Antrim is the largest hospital, providing about half of all of the Trust's hospital services. Other hospitals in the Trust area include Whiteabbey Hospital, Mid Ulster Hospital in Magherafelt, Dalriada Hospital in Ballycastle, Moyle Hospital in Larne and the Robinson Hospital in Ballymoney. Services in these hospitals are not acute services but do include a range of outpatient services and inpatient rehabilitation. Whiteabbey and Mid-Ulster Hospitals provide a wide range of services including day surgery, outpatient clinics, allied health professional services as well as radiology and other diagnostic services.

The Northern Trust has two Emergency Departments at Antrim Area Hospital and Causeway Hospital open 24 hours a day, seven days a week and each Emergency Department also includes a minor injuries service.

The Minor Injuries Unit opened at Whiteabbey Hospital on 24 May 2010. Minor Injuries Units (MIUs) outside of acute hospitals provide treatment for less serious injuries, such as sprains, cuts and grazes. This nurse-led Minor Injuries Unit was open Monday to Friday, 9 am to 5 pm and was staffed by two Emergency Nurse Practitioners (ENPs) and two Healthcare Assistants, plus administrative and support staff.

The following less serious injuries can be treated at a Minor Injuries Unit.

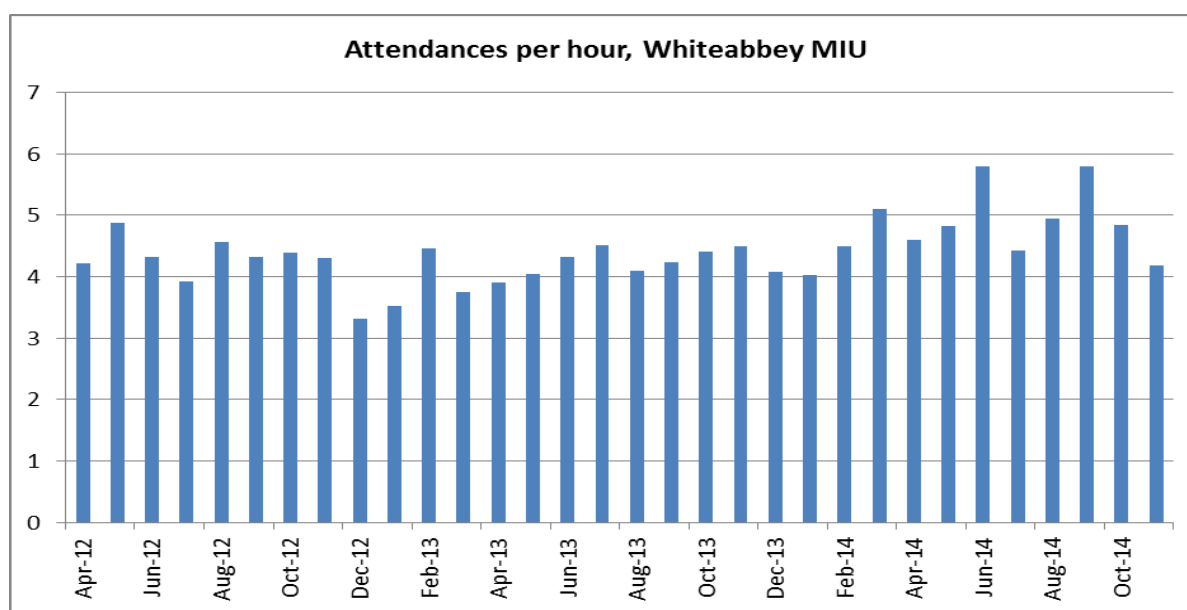
- cuts, grazes and wounds
- sprains, strains, muscle or joint injury
- broken bones (fractures),
- a skin complaint – bite or sting (including human bites), unexplained rash or even severe sunburn
- minor infection which needs treating
- emergency contraception
- a minor head injury
- eye problems, such as minor eye infections, scratches or something that is stuck in your eye.



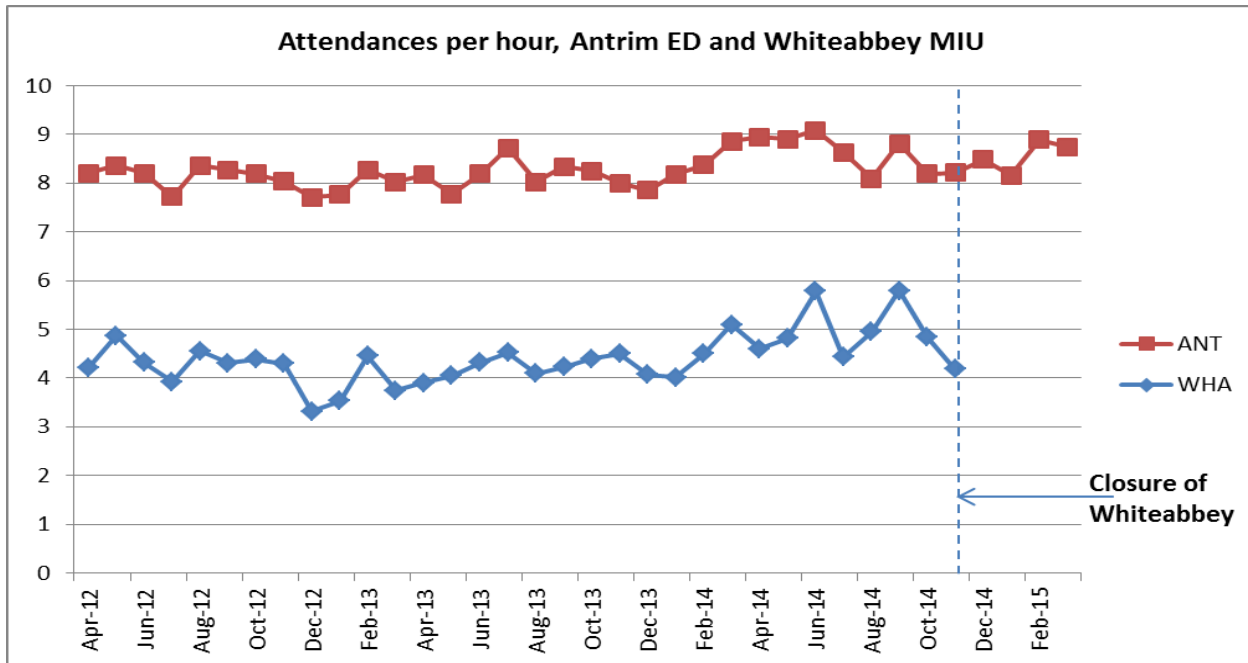
The following conditions cannot be treated at a Minor Injuries Unit.

- chest pain
- respiratory problems
- abdominal pain
- gynaecological problems
- pregnancy problems
- drug overdose
- alcohol related problems
- mental health problems, and health conditions that would normally be treated by a GP or hospital.

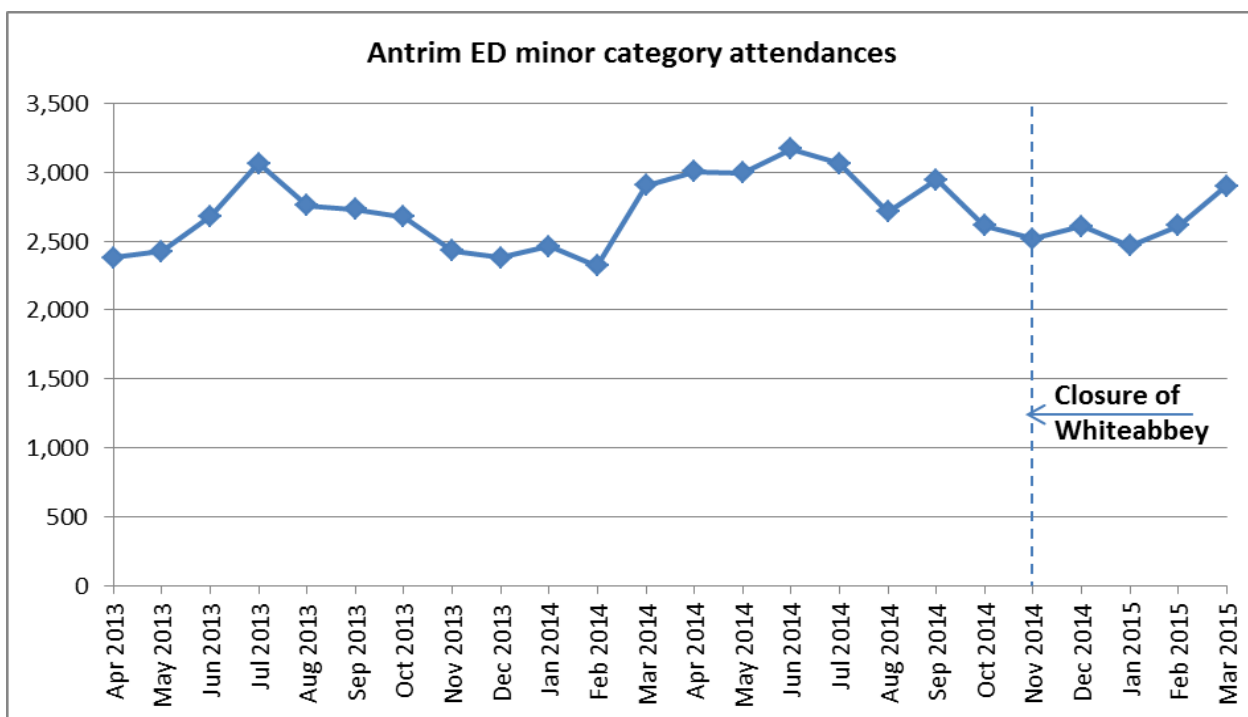
Since the temporary closure of Whiteabbey MIU the Trust has assessed the impact on other unscheduled / urgent care services. Between April 2014 and November 2014 the total attendances in Whiteabbey MIU were 6,736 which is a 17% increase on the same period the previous year (5,752 attendances Apr – Nov 2013). The Minor Injuries Unit at Whiteabbey Hospital saw an average of 200 attendances each week (about 5 patients per hour), and 82% of attendees were from the Newtownabbey and Carrickfergus council areas. The graph below shows the average hourly attendances at Whiteabbey MIU from April 2012 until November 2014.



The graph below illustrates the average contacts per hour at Antrim Emergency Department (ED) and Whiteabbey MIU both before and after the temporary closure of Whiteabbey MIU in December 2014. The graph shows that there has been no significant impact on the already increasing trend for Antrim ED attendances.



The graph below shows the number of attendances at Antrim ED who were categorised as a minor injury case (care group 'minors'). The graph shows that since the temporary closure of Whiteabbey MIU there has been no change to the overall activity in relation to 'minor injuries'.



Before the temporary closure patients attending the MIU may have been referred into the diagnostics service at Whiteabbey for x-ray. It is important to note that this service continues to be available through the Rapid Response service for GPs.

The map below shows the location of the Whiteabbey Hospital Minor Injury Unit and Antrim Area Emergency Department. The driving distance from Whiteabbey Hospital to Antrim Area Hospital is 13.3 miles, accessed via the M2 motorway and would take an estimated 18 minutes travel time. The distance from Whiteabbey Hospital to the Mater Hospital and Royal Victoria Hospital in Belfast is 6.2 miles and 7.3 miles respectively.



In identifying the temporary closure of the MIU at Whiteabbey, the Trust considered that patients who would have attended Whiteabbey Hospital MIU could access minor injuries services at other health facilities, primarily the

Emergency Department at Antrim Area Hospital, or at hospitals in Belfast or through GP Practices.

There is no indication from Belfast Health and Social Care Trust that the temporary closure of Whiteabbey MIU has had any impact on the Emergency Departments in the Belfast area.

## **Section 4- Rationale for change**

The unscheduled care system is complex and the demand for emergency care continues to increase. There are a number of factors that contribute to the rising demand in unscheduled care. An ageing population with high levels of co-morbidity are key drivers of demand. Societal factors such as fuel poverty and housing availability and condition is another factor. Weather patterns and seasonal effects can cause significant disruption and seasonal demand.

Health and Social Care Services have as a considerable challenge ahead to ensure the delivery of safe services within a finite level of funding. The delivery of services must be examined to make sure that allocation of public funding is achieving the best outcomes for our population.

Collectively the Service must examine the way unscheduled care is provided in order to meet the needs of the local population and the Trust has been working with the Health and Social care Board (HSCB) and Department of Health, Social Services and Public Safety (DHSSPS) to improve services for patients attending Emergency Departments.

The Emergency Departments in Antrim and Causeway Hospitals have well established minor injury streams which comprises of Emergency Nurse Practitioners (ENPs). ENPs are experienced Registered Nurses who have undergone specialist training to gain the knowledge and skills to assess, diagnose and decide on the appropriate course of treatment for patients.

The ENP service makes a significant contribution to how patients are assessed and discharged through the Trust's Emergency Departments. Patients can be seen in a timely manner and ENPs can share the workload of the doctors and treat suitable patients independently. It is important to recognise that the delivery of emergency care services requires a multidisciplinary approach and a range of skilled staff contribute to that work. This is an important factor is taking forward the strategic changes necessary to provide effective emergency care services.

## **Section 5 – Affected staff**

The closure of the Minor Injuries Unit at Whiteabbey Hospital will enable staff from this service area to be permanently redeployed to other service areas, particularly emergency care in Antrim Hospital, with minimal impact on levels of activity in other services indicated by the analysis of activity.

These changes at Whiteabbey Minor Injuries Unit affect 9 Trust staff. When Whiteabbey Minor Injuries Unit was closed on a temporary basis the staff were redeployed to other areas in the Trust to fill positions that may otherwise be filled by temporary staff (or bank/agency/absence cover). The Trust will be meeting with each individual member of staff to identify their preferences for permanent redeployment. All continue to be permanent members of staff. All staff will be kept fully informed and supported during this change process.

We value and respect all of our staff and throughout this process we have aimed to speak with staff as soon as was possible when decisions were made known.

We will continue to keep staff informed at every stage. The principles of the Trust's Management of Change Human Resource Framework provide a robust and transparent process for supporting staff through any change process. The principles of fairness, dignity and equity of treatment will be applied in the management of staff undergoing this change process. Existing arrangements such as reasonable adjustments for individual staff will remain.

## **Section 6 – Section 75 of the Northern Ireland Act 1998**

Section 75 of the Northern Ireland Act 1998 requires the Trust, when carrying out its functions in relation to Northern Ireland, to have due regard to the need to promote equality of opportunity between nine categories of persons, namely:

- between persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation;
- between men and women generally;
- between persons with a disability and persons without; and
- between persons with dependants and persons without.

Without prejudice to its obligations above, the Trust must also have regard to the desirability of promoting good relations between persons of different religious belief, political opinion or racial group.

The Equality Scheme outlines how we propose to fulfil our statutory duties under Section 75. Within the Scheme, the Trust gave a commitment to apply the screening methodology below to all new and revised policies and where necessary and appropriate to subject these policies to further equality impact assessment.

When screening policies/proposals the Trust will consider,

- What is the likely impact of equality of opportunity for those affected by this policy/proposal, for each of the Section 75 equality categories?
- Are there opportunities to better promote equality of opportunity for people within Section 75 equality categories?
- To what extent is the policy/proposal likely to impact on good relations between people of different religious belief, political opinion or racial group?
- Are there opportunities to better promote good relations between people of different religious belief, political opinion or racial group?

In keeping with the Trust's commitments in its Equality Scheme the Trust has applied the above screening criteria to the closure of the Minor Injuries Unit at Whiteabbey Hospital. The screening process is used to identify which policies/proposals are likely to have an impact on equality of opportunity or good relations. Screening assesses the likely impact as major, minor or none.

The screening outcomes are outlined below. Four possible outcomes are recorded:

1. The policy has been '**screened in**' for equality impact assessment;
2. The policy has been '**screened out**' with mitigation or an alternative policy proposed to be adopted;
3. The policy has been '**screened out**' without mitigation or an alternative policy proposed to be adopted.
4. The policy will be **subjected to ongoing screening**. For more detailed strategies or policies that are to be put in place through a series of stages, screening should be considered at various times during implementation.

In keeping with the commitments in our Equality Scheme we have carried out a equality screening of this proposal the outcome of which was the decision to subject the implementation of the proposal to ‘*on-going screening*’ in order to carry out further analysis throughout the implementation process. Where adverse impact is identified, the Trust will take steps to mitigate its effects.

A copy of the equality screening template can be found on the Trust’s website [www.northerntrust.hscni.net](http://www.northerntrust.hscni.net).

The Trust invites views on this screening assessment and will consider all feedback received during the consultation period which runs to 4 December 2015.

## **Section 7 - Formal consultation and engagement**

The Trust will consult over a 12 week period from 11 September – 4 December 2015.

The Trust wishes to consult as widely as possible on this document as follows.

- Correspondence will be issued to all consultees listed on the Trust’s consultation database detailing the consultation process – a list of consultees can be found on the Trust’s website or by contacting the Equality Unit (contact details below).
- A copy of this consultation document is available on the Trust’s website at <http://www.northerntrust.hscni.net>.
- Meetings will be held with all staff affected by the change and meetings will be held with Trade Union Representatives.

For those who wish to provide written feedback, a comments form is available in Appendix 2. It is also available on the Trust Website at <http://www.northerntrust.hscni.net>. However we welcome your feedback in any format. You can respond to the consultation document by e-mail, letter or fax as follows:

Equality Unit  
Route Complex  
8e Coleraine Road  
Ballymoney  
Co Antrim  
BT53 6BP

Tel: 028 2766 1377      Fax: 028 2766 1209  
Mobile Text: 07825667154  
E-mail: [equality.unit@northerntrust.hscni.net](mailto:equality.unit@northerntrust.hscni.net)

The closing date for responses is 4 December 2015.

Before you submit your response, please read the section on Freedom of Information Act 2000 and the confidentiality of responses to public consultation exercises at the end of the comments form.

This consultation document also includes an assessment of the impact of the proposal on the nine equality categories as detailed in Section 75 of the Northern Ireland Act 1998. The Trust has equality screened the proposal as required under Section 75 of the Northern Ireland Act 1998. Copies of the equality screening template can be found in Appendix 1.

If you have any queries about this document, and its availability in alternative formats (including Braille, disk and audio cassette, and in minority languages to meet the needs of those who are not fluent in English) then please contact the Equality Unit.

In compliance with legislative requirements, when making any final decision the Trust will take into account the feedback received from this consultation process. A consultation feedback report will be published on the Trust web site.



# APPENDIX 1

## Comments Form



Northern Health  
and Social Care Trust

# Consultation on the future of Whiteabbey Minor Injuries Unit

## Comments Form

The aim of this consultation is to obtain views from stakeholders and the Trust would be most grateful if you would respond by completing this comments form. Please answer each question by writing your comments in the space provided. The closing date for this consultation is 4 December 2015 and we need to receive your completed comments form on or before that date. You can respond to the consultation document by e-mail, letter or fax as follows:

Equality Unit  
Route Complex  
8e Coleraine Road  
Ballymoney  
Co Antrim  
BT53 6BP

Tel: 028 2766 1377      Fax: 028 2766 1209  
Mobile Text: 07825667154  
E-mail: [equality.unit@northerntrust.hscni.net](mailto:equality.unit@northerntrust.hscni.net)

**Do you agree with the Trust's proposal to permanently close Whiteabbey MIU?**

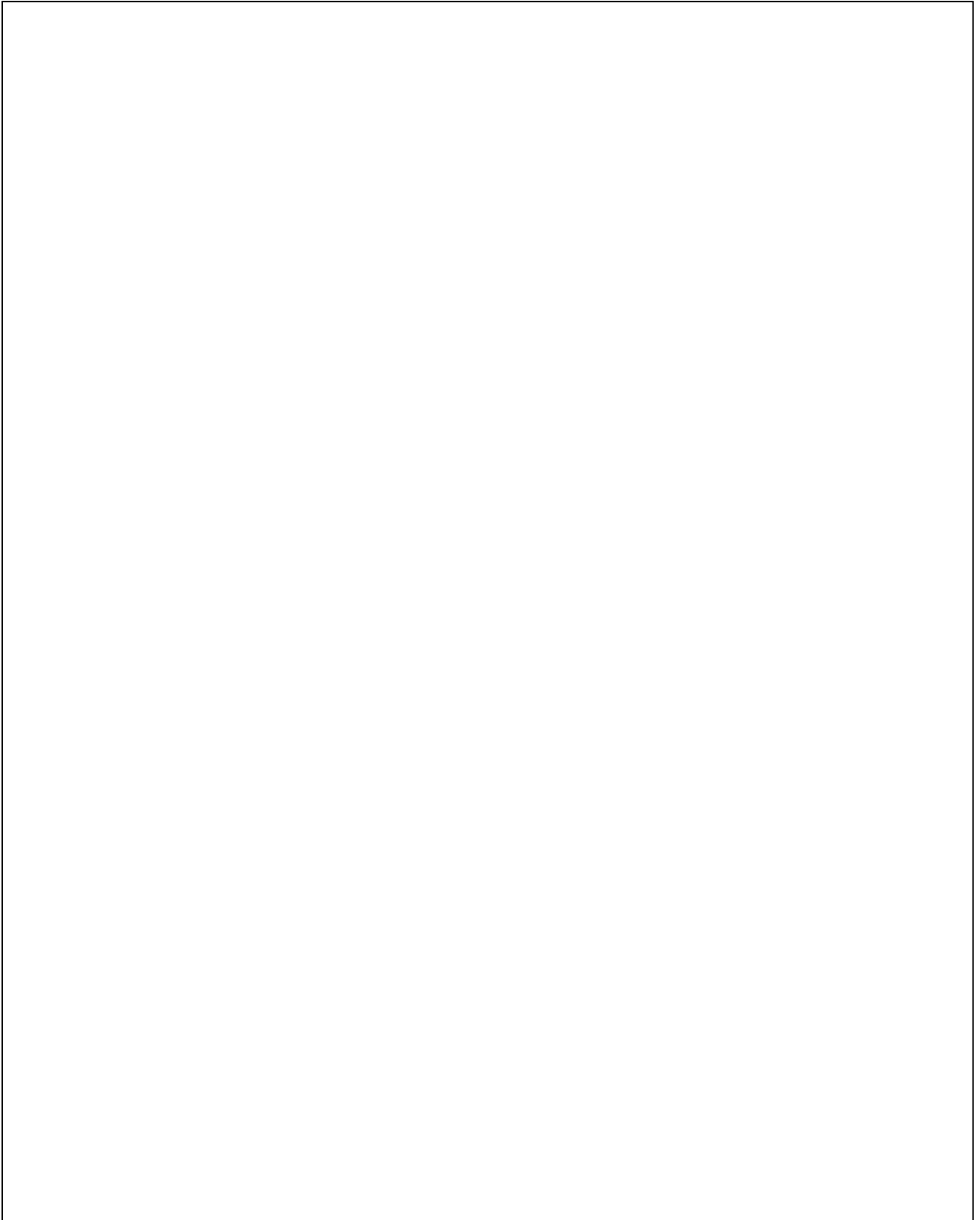
Yes

No

**Please give reasons for your response below**

**The Trust has screened this proposal to identify any impact on the 9 Section 75 equality categories. A copy of the screening is available on the Trust website ([www.northerntrust.hscni.net](http://www.northerntrust.hscni.net)) alongside the consultation document. Please detail below other potential impacts you feel have not been considered in this assessment.**

**Please add any further or general comments you wish to make on the proposals outlined within this consultation document.**



**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.**

<b>Name:</b>	
<b>Position:</b>	
<b>Organisation:</b>	
<b>Address:</b>	

**I am responding:**    **as an individual**                        
*(please tick)*                      **on behalf of an organisation**                     

Before you submit your response, please read this section on Freedom of Information Act 2000 and the confidentiality of responses to public consultation exercises.

### **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.

**Thank you for taking the time to complete this Comments Form.**