



# Future model for acute paediatric services in Northern Trust hospitals

## Consultation

**Consultation Document  
28 November 2017 – 26 February 2018**

## Foreword



The nature of children's services has changed radically in recent years with a sharp decline in the numbers and lengths of stay of children treated as hospital in-patients. More care is now provided in the community, outpatient departments and within rapid access or ambulatory care settings. This shift away from hospital in-patient care is in line with the aims of numerous recent reports on the future of health and social care services in Northern Ireland, such as Transforming Your Care, the Donaldson Report, and most recently the Minister's vision 'Delivering Together', informed by the expert panel lead by Professor Bengoa which focuses on "systems, not structures".

We want to build on this model of care in future. We are faced with a number of challenges within our acute paediatric services around workforce, required clinical standards, and delivering services that demonstrate value for money. The focus on rapid access, short stay care within paediatric services (which we will collectively term "ambulatory care"), has provided an opportunity to review how we deliver our acute paediatric services. Whilst maintaining our focus on providing high quality care for our young patients, we need to consider the future sustainability of the service and find the most cost-effective way of ensuring that all these priorities are met.

We are very proud of all the great work being delivered by acute paediatric teams in all three of our hospitals and by our community and primary care teams closer to the homes of our children and families. We very much want to build on this work alongside identifying the need for change.

We would like to consult with you on how we propose to deliver our hospital paediatric services in the future. We aim to offer local people excellent health care that can be sustained over time and we look forward to this period of consultation to give us an opportunity to listen to your views.

A handwritten signature in black ink that reads "Marie Roulston".

Marie Roulston

Director Women, Children and Families

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## Alternative formats

An Easy read version of this document is available on our website at [www.northerntrust.hscni.net](http://www.northerntrust.hscni.net) or by contacting the Equality Unit – contact details are below. Upon request the document can be provided in other formats including Braille, large print, computer disk, audio tape or in another language for anyone not fluent in English.

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## Section 1 - About the Trust

The Northern Health and Social Care Trust became operational on 1 April 2007. The Trust covers four local council areas and provides services for a population of over 475,000. Our services are provided from a number of local, community and acute hospitals and a large number of community based settings with much of the service also provided in people's own homes.

Children under 16 years of age represent approximately 20% of the total population (approximately 96,773). The Northern Trust's under 16 years population is the largest of all Trusts within Northern Ireland.

Acute in-patient paediatric services are provided in the Northern Trust area from Antrim Area Hospital and from Causeway Hospital in Coleraine, with ambulatory paediatric services also provided weekdays in Mid Ulster Hospital in Magherafelt. Consultant led general paediatric out-patient services and community paediatric services are provided from these and a number of other community facilities across the Trust area.

## Section 2 - Our vision

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

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

- We will treat the people who use our services and our colleagues with **C**ompassion;
- We will display **O**penness and honesty with our patients, clients and colleagues, acting with integrity, providing professional, high quality services and support;
- We will **R**espect the dignity, diversity and individuality of all our patients, clients and colleagues promoting equality and addressing inequality;
- We will strive for **E**xcellence, as a community of leaders, through consistent delivery of services and applied learning.

### Section 3 - Acute services currently provided for sick children

When we talk about acute paediatric services, we mean hospital based medical services provided to babies, children and young people up to their 16<sup>th</sup> birthday.

We provide acute in-patient paediatric services (involving overnight stays) in Antrim Area Hospital (26 beds) and Causeway Hospital in Coleraine (13 beds), with an ambulatory (no overnight stay) paediatric service also provided weekdays in Mid Ulster Hospital in Magherafelt.

Children are referred to our two in-patient units mostly by GPs or from the hospital's emergency department if they require a specialist paediatric assessment and possible admission. Referrals to the Mid Ulster Hospital Ambulatory Unit are generally made by GPs for children they feel need a paediatric assessment but who are unlikely to require an overnight stay.

The Trust has opened a short stay rapid assessment unit for children (operating limited weekday hours) at Antrim Area Hospital, separate from the children's ward there. Causeway Hospital has established a ward attender service for rapid assessment and short-stay patients, working alongside the in-patient service.

We also provide consultant led paediatric out-patient services and community paediatric services from the above hospital sites and a number of other community facilities across the Trust area. These out-patient services will remain unaffected by any proposed changes to acute paediatric care across the Trust.

The Northern Trust needs all of these types of services to provide a comprehensive paediatric service. We also need to work with our specialist colleagues in the regional centre at the Royal Belfast Hospital for Sick Children for some of the more specialist regional services, including paediatric intensive care and specialisms such as paediatric neurology and cardiology.

## Section 4 - Why are we reviewing our acute paediatric services?

### National and Regional Strategy

In November 2016, the Department of Health in Northern Ireland published a regional strategy for paediatric services called 'A Strategy for Paediatric Healthcare Services Provided in Hospitals and in the Community 2016 - 2026'. The strategy set out a vision for further development of paediatric services outside of hospital and strengthening links between community services and hospital services. This means that most children will continue to be supported in community settings alongside hospital services that can rapidly assess, diagnose and manage children with more serious illness or injury.

Given this strategic context and the challenges we are facing in providing acute paediatric services in our area, we have set out to review the services and set out a vision for the way forward.

The vast majority of paediatric services are provided by general practitioners (GPs) in health centres across the Trust area and by community paediatric nurses and other professionals including midwives, health visitors, social workers, and others. Consultant led out-patient clinics are available for more specialist advice and children also attend emergency departments at times of acute illness or an accident. Acute paediatric services, both short stay assessment units and in-patient wards, provide for more intensive assessment, diagnosis and treatments for young patients who experience acute illness or an exacerbation of a chronic condition, such as asthma.

The regional strategy promotes the development of more short stay paediatric units (SSPAU) in hospitals, both working alongside acute inpatient units and also independently in suitable hospitals with appropriate clinical staffing and infrastructure. This strategy reflects changes in the way childhood illnesses are treated in recent years with fewer children now having long stays in hospital. National evidence suggests that up to 97% of children who come to hospital as an emergency can be safely cared for in an SSPAU without the need to be admitted as an inpatient.

Where acute in-patient wards are provided, standards that are set out by the Royal College of Paediatrics and Child Health (RCPCH) in 2015 should be met, including standards established for care and the number and type of doctors, nurses and other clinical staff required to provide acute in-patient services.



## Medical staffing and clinical standards

The RCPCH standards outline the grade of doctors that should see children during in-patient stays, with timescales and out of hours cover arrangements including:

1. Every child who is admitted to a paediatric department should be seen by a paediatric practitioner at ST4 (i.e. a children's doctor with at least 3 years of paediatric experience) or equivalent (including Advanced Children's Nurse Practitioner) within 4 hours of admission. In practical terms this means there should be a ST4 practitioner or higher resident in the hospital.
2. Every child who is admitted to a paediatric department with an acute medical problem is seen by a consultant paediatrician within 14 hours of admission, with more immediate review as required. All general paediatric in-patients adopt an attending consultant system, most often in the form of 'consultant of the week'.
3. Trusts should develop rapid response clinics, or short stay assessment and observation units, to allow rapid assessment and treatment by a range of skilled professionals, avoiding unnecessary inpatient admission. Throughout all the hours they are open, paediatric assessment units have access to the opinion of a consultant paediatrician.

What this means for us is that we need adequate numbers of paediatricians at senior (i.e. consultant) and experienced junior (middle grade doctor) level at each hospital where we provide acute paediatric care, for all of the hours that each unit is open.

Newly qualified paediatricians often find it most attractive to work in large specialist units or in a specific area of children's medicine. Antrim Area Hospital has a sustainable team of permanent consultant paediatric staff, however Causeway Hospital has found it difficult to attract permanent consultants, so we rely on locum doctors.

Paediatricians in training rotate through hospitals, but only the larger, busier units are approved for the training needs of more senior (middle grade) trainee doctors. Antrim Area Hospital is approved for middle grade training but as a smaller unit, Causeway Hospital does not have this approval, and therefore does not receive middle grade doctors for training, making it difficult to meet the RCPCH standards.

Regional workforce planning restricts the number of junior (senior house officer equivalent) level paediatric doctors available to support all of the region's hospitals and this results in smaller hospitals, such as Causeway Hospital, receiving fewer junior doctors than they need to fill a safe working rota, with reliance on expensive and often short-term locum staff instead. All of these issues have led us to the need to consider a long term, sustainable model for acute paediatric services.

## Section 5 - How our acute paediatric services are organised

Acute in-patient paediatric services are provided both in Antrim Area Hospital and Causeway Hospital and ambulatory day services are provided weekdays in Mid Ulster Hospital. A review of each hospital against the standards set out earlier in relation to required medical workforce is set out below.

### Causeway Hospital: Paediatric Medical Staffing

Consultant paediatricians	There are 6 funded consultant posts at Causeway Hospital and currently 4 of these are unfilled with the most recent attempts to recruit to these posts permanently proving unsuccessful. In order to provide medical cover for the resulting gaps in 'out of hours' periods (evenings, night-time and weekends) a consultant paediatrician from the staff at Antrim Area Hospital stays overnight in Causeway Hospital, providing this supervision alongside their daily commitments at Antrim.
Middle grade doctors	There are 2 middle grade doctors providing daytime/week day cover and no middle grade medical staff outside of these times.
First tier medical training doctors	From an expected 7 training doctors posts, 2 are filled by substantive doctors in training, the other posts are filled by locum doctors

### Activity levels in the paediatric ward at Causeway Hospital

13 beds 1850 admissions per year Bed occupancy 37%	The average number of children with acute medical problems who are admitted to Causeway Hospital is relatively low; with bed occupancy levels consistently well below 50%. This means that opportunities for experiential learning are restricted, making it difficult for medical and nursing staff to maintain experience and expertise over a sufficiently broad caseload.
Average length of stay: 0.9 days	The majority of children admitted to Causeway Hospital stay for less than 36 hours. Many of these children could safely be assessed by a senior paediatrician and allowed home with a treatment plan in place, but without an overnight stay being necessary.



**Antrim Area Hospital: paediatric medical staffing**

Consultant paediatricians	Across acute and community paediatrics, 10.3 out of 11.3 funded whole time equivalent posts are currently filled.
Middle grade doctors	Of the 8 posts, 6 are filled substantively and 2 by locums
First tier medical training doctors	Of the 9 training posts available, 7.5 are filled by substantive trainee doctors and 1.5 locums

**Activity levels in the paediatric ward at Antrim Area Hospital**

26 beds	Activity levels and the mix of cases presenting mean that training and experience opportunities for trainee doctors in Antrim Area Hospital meet the requirements set by the NIMDTA (Northern Ireland Medical and Dental Training Agency) and the GMC (General Medical Council).
3800 admissions per year	
Bed occupancy: 60 %	
Average length of stay: 1.3 days	

**Antrim Area Hospital: Short Stay Assessment Unit** (an in-patient ward is on same site)

<b>Opening hours</b> 1pm to 5 pm Monday to Friday	<b>Attendances</b> 539 per year
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**Mid Ulster Hospital: Short Stay Assessment Unit** (no overnight stays)

<b>Opening hours</b> 9 am -5 pm Monday to Friday	<b>Attendances</b> 1200 per year
The unit closes at 5 pm each day, so its ability to assess new cases beyond mid-afternoon is limited, as decisions need to be made in reasonable time before the unit closes for the day.	Children who require overnight admission are transferred to Antrim Area Hospital, this applies to a very small number of children (less than 10) each year  A review of current types of cases attending the unit suggests that the large majority of children could be effectively and safely managed in an out-patient service, through the development of rapid response access clinics for GP referrals at Mid Ulster Hospital
<b>Staffing</b>	A single Paediatrician, supported by a nursing team.

## Section 6 - Shaping our acute paediatric services for the future

Keeping our acute paediatric services as they are across our hospital sites is not sustainable because, under the current model, the service does not meet the Royal College of Paediatrics and Child Health (RCPCH) standards. This particularly affects Causeway Hospital. We are covering gaps in medical rotas, caused by a lack of permanent doctors and doctors in training, by using locums. This brings high costs as well as challenges around safety and continuity of care.

We are committed to a two site acute hospital service to meet the needs of the population of the Northern Trust area with Antrim Area Hospital and Causeway Hospital working together. Each acute hospital must have a range of services that can attract permanent staffing, meet standards and live within budgets.

### **A future vision of paediatric services at Antrim Area Hospital**

Antrim Area Hospital has got a secure and largely permanent paediatric medical staffing, is meeting RCPCH standards and into the future will continue to provide 24/7 acute paediatric and neonatal services. In order for Antrim to enhance its compliance with current standards, it will be necessary to extend the opening hours of its short stay unit (SSPAU) to 10.00 pm weekdays and introduce opening it at weekends. This extension will require additional medical and nursing staff.

However we must not be complacent. We will continue to need to work hard to ensure we maintain standards, expand the short stay services and can demonstrate excellent clinical education standards and supported development so that we continue to recruit and retain excellent doctors, nurses and other professionals.

### **A future vision of paediatric services at Causeway Hospital**

In the short to medium term we will need to continue to rely heavily on locum doctors and the good will of our permanent consultant paediatricians at Antrim Area Hospital to fill the substantial gaps in medical rotas at Causeway Hospital. A future vision needs to evolve since a reliance on locums and good will does not present a sustainable way forward and brings uncertainty and risk of service collapse.

We will need to develop a model that is sustainable for the future, so that we can meet the standards and attract the required workforce. That future may lie in the development of a short stay paediatric assessment unit with extended opening hours for example (to 10.00pm) and operating at weekends. Where a patient did require admission to an in-patient unit, transfer to the unit at Antrim would be via an established transfer pathway, requiring a robust enhancement of the ambulance transfer service.

Such a model would be supported by the development of acute care at home nursing service that would facilitate earlier discharge of acutely ill children to the community with timely, responsive paediatric nursing follow up and prevention of unnecessary readmission.

It's important to note that such a model would still require the recruitment of up to four additional consultant paediatricians, but it is more likely recruitment processes will be successful given the model of care set out as a 'hub and spoke' service between Antrim and Causeway Hospitals, with the two hospitals working together. The overall budget is likely to be similar to the current model as the current overspends on locum staff will be addressed.

In reviewing acute paediatric services, it's important that we consider the overall model for services at Causeway Hospital and acknowledge that paediatrics has links and dependencies with other specialties on the hospital site. Their dependence on in-patient paediatrics must be fully explored, understood and addressed as part of developing a future model for paediatrics services that can meet local needs, as well as sustain a broad range of acute services at Causeway Hospital including emergency and general medicine, surgical services, obstetrics and the emergency department (ED).

Some of the recognised interdependencies across services are set out below.

<b>Specialty</b>	<b>Interdependencies and Issues</b>
Emergency department	Causeway Hospital emergency department (ED) treats around 44,837 patients per year, of whom around 8,141 are children. It is recognised that at present Causeway ED also faces workforce challenges involving heavy reliance on locum medical staff at all levels of seniority; this places the service under additional pressure at this time. Actions are underway to strengthen the service and any substantive change in paediatric service within Causeway will be dependent on ED staffing first being on a more secure footing.
Obstetrics/ maternity	Causeway Hospital provides consultant-led obstetric care, and its labour ward currently delivers around 1000 new babies per year. Any potential change in paediatric service would require appropriate midwifery staff enhanced training in neonatal life support skills and access to a senior paediatrician on-call. These arrangements, and any others, would need to be in place in advance of any substantive change.

Surgery	Consideration would need to be given to provision of and any issues for emergency and in-patient elective surgical services for children. Set against this issue, the Trust is currently engaged in a pilot of paediatric day case surgery with potential for utilising Causeway Hospital as a more major centre for children's day case surgery in the future. All interdependent issues would need to be explored and resolved.
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The future model for Causeway Hospital must be evolved at a pace that takes account of the needs of the interdependent specialties set out above. That model will be evolved over time and in collaboration with professionals from those specialties, commissioners, service users, staff and a wide range of stakeholders, as well as adopting learning from 'pathfinder' initiatives and best practice models.

### **A future vision of paediatric services at Mid Ulster Hospital**

Analysis of the current activity at the Mid Ulster SSPAU indicates that most patients (approximately 90%) could be safely managed in a rapid access clinic, with a same day or next day service available in the majority of cases at the hospital. This new service would accept referrals from local GPs, with a dedicated clinic running two to three times weekly, depending on demand.

The expected impact of this change in the service model would mean the following.

- A small number of children (estimated at around 50 to 100 per year) who required a longer period of observation or short stay treatment would have to travel to the SSPAU in Antrim for this care, and this would have a travel impact for their families.
- Children requiring potential admission are already usually referred directly to the paediatric service in Antrim at present, so this option would result in no change to this practice.
- Implementing this approach would allow for a portion of the highly experienced Mid-Ulster nursing workforce to work within an enhanced Antrim SSPAU, which would enable us to extend its opening hours and capacity.

We support this approach at Mid Ulster as we believe that it offers the best balance of quality, efficiency and sustainability, makes the best use of a limited nursing resource and would allow us to provide high quality short stay care for extended hours to all of the children living within the Trust boundaries. We believe that the vast majority of children currently managed within the Mid Ulster SSPAU can be safely and quickly treated via paediatrician-led rapid access clinics.

## Section 7 - Realising a future model

This review sets out a need for change in our acute paediatrics service model because right now the service is vulnerable, in particular at Causeway Hospital, due to a heavy reliance on locum doctors.

Causeway Hospital is critical to the Trust's long term plan for acute services for this area. That's a two site model, with Antrim and Causeway Hospitals working together. In order to protect and evolve the acute paediatric service model we aim to phase the development of the model.

We first propose to move to a rapid access clinic model at Mid Ulster Hospital and by doing so, extend the opening hours of the short stay unit (SSPAU) at Antrim Area Hospital, with skilled nursing workforce from Mid Ulster Hospital supporting the SSPAU at Antrim Area Hospital. The rapid access clinic, with a same day or next day service available in the majority of cases, would accept referrals from local GPs, with a dedicated clinic running two to three times weekly, depending on demand.

This would be a first firm step that continues to provide a robust and responsive service for the Mid Ulster area and also enables an expanded capacity at Antrim Area Hospital SSPAU. Antrim Area Hospital ED is seeing increasing numbers of children attending ED and requiring paediatric assessment and intervention. This first step would increase capacity to help address this demand and enable more children to avail of a short stay unit rather than in-patient admission.

The future model for Causeway Hospital must be evolved at a pace that takes account of the needs of the interdependent specialties: ED, maternity and surgery in particular. That model will be evolved over time and in collaboration with professionals from those specialties, commissioners, service users, staff and a wide range of stakeholders.

Meanwhile we recognise the risks associated with reliance on locum staff and will look to best practice elsewhere, learning from Pathfinder projects in ED for example in other Trust areas that are also experiencing reliance on locums and good will of substantive staff to sustain vital services.

Antrim Area Hospital must continue to be invested in as the primary acute hospital serving the population of the northern area. A collective support for our two local acute hospitals is essential to secure the necessary additional investment needed to ensure they continue to provide excellent paediatric and a broad range of acute services to this area, and within an acute regional network.

## Section 8 - Involvement of stakeholders in developing our services

We have considered a range of views about the type of acute paediatric services are needed in the future. We have a responsibility to design our services for the future at the same time as taking account of the needs of those who currently use our services.

### Service users and carers

We wanted engagement and discussion with stakeholders to shape our proposals and inviting 837 current service users to 3 stakeholder events at Antrim, Causeway and Mid Ulster Hospital sites. The events were held in the evening to accommodate parents who were working and facilitate child care arrangements and the invitation provided information on the support available to allow for participation such as payment of travel expenses. While we made every effort to encourage participation the events were poorly attended. We did however gather very valid and meaningful information from those who attended and would like to thank them for their participation.

### Clinicians

In developing this work to date, we have talked and listened to other clinical and professional people who rely on acute paediatric services including GPs and other specialties. We set up a Professional Advisory Group to oversee the review process and look at how we would provide our acute paediatric services in the future. We drew upon regional strategic direction and national best practice. We also carried out a number of specific interface meetings to consult with clinicians whose services rely on acute paediatric services and to gather a range of professional views.

### Our staff

Our proposals will have an impact on a small number of staff. Our Management of Change Human Resource Framework will provide a robust and transparent process for those staff who may be affected. The Trust has systems in place to support staff through the changes. A communication strategy will make sure that staff are kept fully informed of any proposed action and developments. Staff will also have regular communication meetings with their managers to discuss plans, influence the planning process and air their concerns. The Trust will work in partnership with trade unions to assess the impact on staff and to put robust mitigating measures in place.



## Section 9 - Equality duties

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 dependents 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.

Under Section 49A of the Disability Discrimination Act 1995 (as amended) the Trust when carrying out its function must have due regard to the need to:

- Promote positive attitudes toward disabled people; and
- Encourage participation of disabled people in public life.

The Trust is committed to the promotion of human rights in all aspects of its work. The Human Rights Act gives effect in UK law to the European Convention of Human Rights and requires legislation to be interpreted so far as possible in a way which is compatible with the Convention Rights. It is unlawful for a public authority to act incompatibly with the Convention Rights. The Trust will make sure that respect for human rights is at the core of its day to day work and is reflected in its decision making process.

The Equality Scheme outlines how we propose to fulfill our statutory duties. 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 submit 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 commitments in our Equality Scheme we have carried out a equality screening of this proposal and we believe that these proposals will have a minor impact but we will 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, we 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). We invite views on this screening assessment and will consider all feedback received during the consultation period.

## Section 10 - Consultation arrangements

Consultation in health and social care services (HSC) is a process of dialogue which creates an opportunity for developing and influencing formal decisions. Through consultation, people who use HSC services can give their views on proposed changes to those services. Consultation is intended to help the Trust to secure the best possible services that meet the needs of local patients, are safe and sustainable and represent value for money.

We are committed to effective personal and public involvement in all that we do, both in the planning of services for the future and in the delivery of services, listening to the experience of those that use them and those that work within the service.

The outcome of public consultation is one of a number of important factors in health and social care service development and decision making. Other factors include clinical standards, workforce, financial and practical considerations that effect the ability to deliver and sustain a high quality service model.

The outcome of this consultation will be considered by the Trust, the Health and Social Care Board, the Public Health Agency and the Department of Health before any final decision is made.

We are consulting on the future model for our hospital paediatric services over a 13 week period from 28 November 2017 until 26 February 2018.

During the consultation period, we are seeking the views of people who use our hospital paediatric services, their families, carers, staff, community and voluntary organisations and the general public.

We want to consult as widely as possible on the recommendations as follows.

- This consultation document and an easy read version of the document 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 and easy read version is available on the Trust's website at [www.northerntrust.hscni.net](http://www.northerntrust.hscni.net).
- The Trust will organise individual face to face consultations where necessary
- The Trust will ensure a targeted consultation process with service users and carers
- The Trust will consult directly with staff affected by the proposals and engage with union representatives
- A locality engagement meeting will be held in Magherafelt. Consultees will be informed of the date of this meeting.

For those who wish to provide written feedback, a consultation questionnaire is available in appendix 2. An easy to complete version of the questionnaire is also available on the Trust Website at [www.northerntrust.hscni.net](http://www.northerntrust.hscni.net) or by contacting the Equality Unit below. It is important to note that we welcome your feedback in any format. You can respond by e-mail, letter or fax as follows:

Equality Unit  
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BT53 6BP

Tel: 028 2766 1377  
Fax: 028 2766 1209  
Mobile Text: 078 2566 7154  
E-mail: [equality.unit@northerntrust.hscni.net](mailto:equality.unit@northerntrust.hscni.net)

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.

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.

## Section 11 - Future model for acute paediatric services in Northern Trust hospitals

The aim of this consultation is to obtain views from stakeholders and the Trust would be most grateful if you would respond by completing a questionnaire, which is available on the Trust website or from the Equality Unit (details below). The closing date for this consultation 26 February 2018 and we need to receive your completed questionnaire or feedback on or before that date. You can respond to the consultation document by e-mail, letter or fax as follows:

Equality Unit  
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Co. Antrim  
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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 following sets out an overview of the questionnaire.

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:	
Position:	
Organisation (if appropriate):	
Address:	

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

- 1. This document sets out a proposed future model for acute paediatric services in the Northern Trust Hospitals.**

**Question:** Do you consider that the Trust has identified the key factors that are impacting on the sustainability of the current services based across the 3 hospitals: Antrim, Causeway and Mid Ulster Hospital? (If no or partly, please provide any additional factors).

- 2. The Trust has identified the need for a phased approach for developing a future sustainable service. This would start with a rapid access clinic service at Mid Ulster Hospital and extended opening of the short stay unit at Antrim Area Hospital.**

**Question:** Do you consider that a phased approach is a reasonable way forward and that the first steps would begin to address some of the challenges being faced by the service? (If no, please provide any alternative proposals).

- 3. The Trust proposed way forward sets out to make the service more sustainable, improve quality and reduce costs.**

**Question:** Do you agree that these issues should be addressed by the proposed way forward and are there any other factors that you think need to be considered that have not been identified?

- 4. An outcome of initial equality screening considerations is available in Appendix 1.**

**Question:** Please detail your views on the assessed impact of the proposals and any other potential impacts you feel we should consider.

- 5. The Rural Needs Act places a duty on public authorities, including government departments, to have due regard to rural needs when developing, adopting, implementing or revising policies, strategies and plans and when designing and delivering public services.**

**Question:** Do you have any evidence to suggest that the proposals would create an adverse differential impact in relation to rural needs?

- 6. Your general and other comments**

Please provide any other comments

*Before you submit your response, please read the following 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 the 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 questionnaire.**



## Appendix 1 - Glossary of Terms used in this document

Term used	Definition in this context
Acute in-patient paediatrics	Services provided to children and young people up to the age of 16 years in an acute hospital with one or more overnight stays
Advanced Children's Nurse Practitioner	Nurse who treats children in the ED then diverts them to more appropriate services.
Ambulatory care	Services that provide diagnosis and treatment, no overnight stay – includes short stay units and rapid access out-patient clinics
Bed occupancy	The number of patients using the available hospital beds at midnight (eg half of the beds occupied at midnight is 50% bed occupancy)
Consultant	A consultant is the title of a senior hospital-based physician or surgeon who has completed all of his or her specialist training and been placed on the specialist register in their chosen specialty.
'Consultant of the week'	When the consultant on call has been freed of all other clinical duties so as to provide senior decision-making and leadership.
GP	General Practitioner
Short stay paediatric units	A hub for the provision and co-ordination of emergency ambulatory care.
Rapid access	A rapid access general paediatric outpatient clinic for children aged 0-16 years who require an urgent paediatric specialist opinion within four weeks.
Locum staff	Staff who are not permanent , usually recruited through an Agency, intended for short periods of cover
Middle grade doctor	A junior doctor who has more experience than a senior house officer but less than a consultant. Middle grade doctors include staff grade, clinical fellows and specialist registrars.
Senior house officer	A senior house officer (SHO) is a non-consultant hospital doctor. SHOs are supervised in their work by consultants and specialist registrars.
ST4	Doctor in speciality training - skilled to provide immediate care but will always have support from more senior doctors.

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To deliver excellent integrated services  
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