



South Eastern Health
and Social Care Trust

The Future Provision of Urgent and Emergency Care Services

Ards and North Down Area

February 2023

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.

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Glossary of terms

Term	Meaning
Acute Hospital	An acute hospital provides services such as emergency care and inpatient and outpatient medicine and surgery. It also provides very specialist care, such as intensive care.
Community Hospital	Community hospitals are an extension to primary care. The hospital can include a range of social services like rehabilitation, palliative care, intermediate care, maternity facilities as well as a Minor Injuries Unit.
Emergency Care	Emergency services are for life threatening illnesses or accidents which require immediate, specialist treatment.
Emergency Department	A consultant-led service with full resuscitation facilities designated accommodation for the reception of emergency care patients, providing both emergency medicine and emergency surgical services 24 hours a day, 7 days a week.
Emergency Nurse Practitioner	Emergency Nurse Practitioners are experienced emergency nurses with additional training in assessment, diagnosis and treatment of a range of conditions.
Enhanced Care at Home	Enhanced Care at Home is an unscheduled care service alternative to hospital admission which provides tailored treatment and care by a multi-disciplinary team to acutely unwell older people in their own home. The service facilitates earlier discharge from hospital. The majority of care is provided by GPs with some Care of the Elderly Consultant support.
Intermediate Care	Intermediate care is a range of integrated services to prevent unnecessary hospital admission, promote faster recovery from illness, support timely discharge and maximise independent living.

Term	Meaning
Minor Injury	These include minor injuries to upper and lower limbs; broken bones, sprains, bruises and wounds; bites - human, animal and insect; burns and scalds; abscesses and wound infections; minor head injuries between the ages of 16 and 65; broken noses and nosebleeds; and, foreign bodies in the eyes and nose. Certain exclusions apply such as hip, back, neck and head injuries cannot be treated and children under five cannot be x-rayed.
Minor Injury Unit	A Minor Injuries Unit can treat injuries that are not critical or life-threatening. It is staffed by specialist nurses such as Emergency Nurse Practitioners.
‘No More Silos’	‘No More Silos’ is a plan, published by Health Minister Robin Swann in October 2020, to maintain and improve urgent and emergency care services across Northern Ireland.
Nosocomial infections	Infection(s) acquired during the process of receiving health care that was not present during the time of admission.
‘Phone First’ Model	A ‘Phone First’ Model means that the patient is required to phone before attending. Patients who telephone are assessed and advised where and when they should attend services, such as their local pharmacy, Consultant-led Urgent Care Centre or Emergency Department. This prevents unnecessary delays in access to care.
Primary Care and Community Centres	A facility with GPs and a wide range of community services (eg. pharmacists, nurses and social care).
Rapid Access Assessment and Treatment Centres	These Centres provide rapid access to specialist advice and treatment as an alternative to hospital admission or Emergency Department attendance. It is a consultant led service supported by nurses and Multi-Disciplinary Teams.

Term	Meaning
Review of Urgent and Emergency Care	<p>A review of urgent and emergency care across Northern Ireland's hospitals was announced by the Department of Health in 2018.</p> <p>In March 2022, the Department of Health (DoH) published the Review of Urgent and Emergency Care for public consultation. The purpose of the Review was to set out and consult on a new approach to urgent and emergency care services across Northern Ireland.</p>
Scheduling Unscheduled Care	<p>The patient can be scheduled to an appointment where they can see the right person in the right place, first time. These appointments are typically on the same day or next day. Scheduling ensures that those who do not need to be in an Emergency Department are treated in a more appropriate setting.</p>
Secondary Care	<p>Secondary care can either be planned (elective) care such as a cataract operation or urgent and emergency care such as treatment for a fracture.</p>
Stand-alone Minor Injury Unit	<p>A stand-alone Minor Injury Unit can treat injuries that are not critical or life-threatening. It is staffed by specialist nurses. It is 'stand-alone' because it is not provided beside an Emergency Department.</p>
Urgent Care	<p>Urgent services for patients with an illness or injury that requires urgent attention but is not a life-threatening situation.</p>
Urgent Care Centre	<p>These Centres are designed to assess and treat patients who present with illnesses and injuries which require urgent attention but are not life threatening. The staff in Urgent Care Centre consist of medical staffing and Emergency Department consultants and will have access to advanced diagnostics and inpatient facilities.</p>

Introduction

There are significant and increasing challenges with providing safe and sustainable urgent and emergency care services across Northern Ireland. The South Eastern Health and Social Care Trust (South Eastern Trust) continues to face these challenges and it is clear that changes are required to our existing model of urgent and emergency care to deliver better services for the population we serve.

In considering the wider urgent and emergency care model for the South Eastern Trust, the Trust wishes to address the challenges facing the Ards and North Down area. Providing safe, sustainable and appropriate urgent and emergency care services is our priority. We want to ensure that patients have access to the care they need, at the time they need it and in the right place, in order to achieve the best possible outcomes.

Between 8 February 2023 and 3 May 2023 we are seeking your views on the future model of urgent and emergency care services within the Ards and North Down area.

This document provides more information about why change is needed and the factors that need to be taken into account when considering the future provision of services. The feedback gathered during the consultation will help us to better understand what is important to you and will help to support a decision about what the future provision of urgent and emergency care services within the Ards and North Down area should look like.

About the Trust



The South Eastern Trust provides a wide range of acute hospital, community care, social services and services in people's own homes across the Trust area.

£ 850m

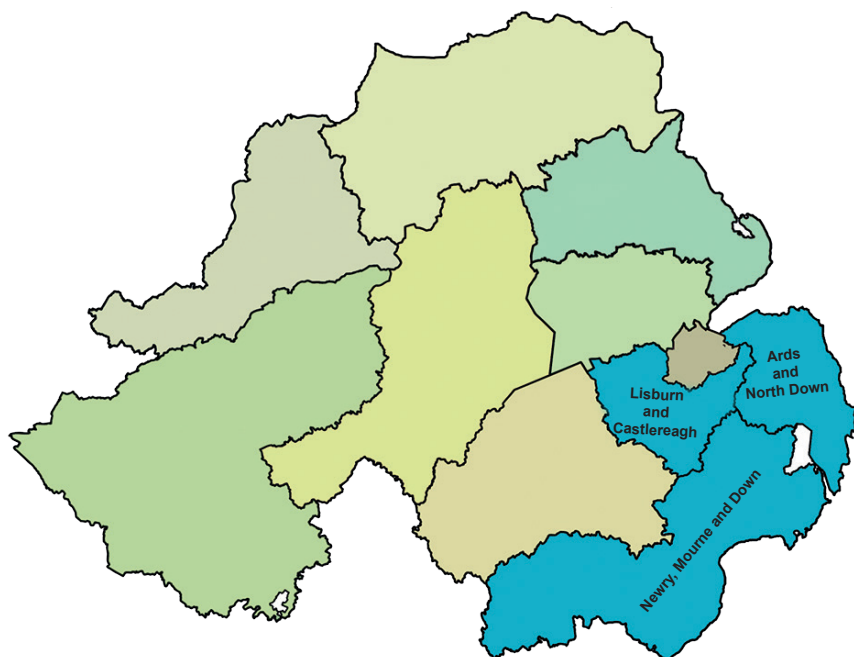
The Trust manages an annual budget of approximately **£850m**



11,000

The Trust employs approximately **11,000** staff

Geographical area covered



The Trust serves the communities of:

Ards and North Down
Lisburn and Castlereagh
Newry, Mourne and Down
Council areas.

Serving a resident population of **354,651** which accounts for **19%** of Northern Ireland's population.

The Trust has one Acute Hospital, at the Ulster Hospital, Dundonald. This is supported by Local Enhanced Hospitals at Downe and Lagan Valley. The Trust also has Community Hospitals at Bangor and Ards. Community bases are located in many local towns and villages from Moira in the west to Portaferry in the east and from Bangor in the north to Newcastle in the south.

The Trust works in partnership with our community to deliver services to older people, children and families, to those with a learning or physical disability, or mental health condition.

Patients, clients and families are at the heart of everything we do and we have created a culture where everyone is valued, and our priority is to ensure the provision of safe, high quality and compassionate care for those we serve.



Regional pressures and strategic context

Urgent and emergency care services in Northern Ireland have experienced significant and growing pressures for a number of years, which have been further compounded by the COVID-19 pandemic. Increasing demand, an ageing population and workforce challenges continue to have a significant impact, and have resulted in overcrowded waiting rooms and long waits for patients to be seen and treated.

Since 2018, significant focus has been given to reviewing and progressing plans to improve urgent and emergency care in Northern Ireland. The Department of Health launched a regional review of urgent and emergency care services in Northern Ireland in 2018. Whilst work on the review was paused temporarily due to the COVID-19 pandemic, a 'No More Silos' Action Plan and Intermediate Care Project were established to allow some of the early findings from the review to be implemented. The 'No More Silos' Action Plan set out 10 Key Actions for rapid implementation, to ensure that urgent and emergency care services across primary and secondary care could be maintained and improved. The 'No More Silos' Network implemented a range of services across all 10 key actions early in the COVID-19 pandemic and influenced the proposals set out in the Review of Urgent and Emergency Care Services consultation. Further information on 'No More Silos' can be found [here](#).

In 2022, the Department of Health publicly consulted on the Review of Urgent and Emergency Care Services, and the consultation report concluded that there was broad support for the proposals outlined which included three strategic priorities as follows:

- 1. Creating an integrated urgent and emergency care service.**
- 2. Capacity, Co-ordination and Performance.**
- 3. Intermediate Care, a Regionalised Approach.**

More information on the review and its findings can be found [here](#).

Urgent and emergency care services in the South Eastern Trust

Current urgent and emergency care provision

Currently there is one consolidated stand-alone Minor Injuries Unit which is Nurse-led in Ards Community Hospital, temporary Consultant-led Urgent Care Centres in Lagan Valley Hospital and Downe Hospital and an Emergency Department at the Ulster Hospital.

A number of temporary changes have been required to address the impact and pressures associated with the COVID-19 pandemic as well as more recent winter pressures. In addition, there are significant challenges in relation to the availability of sufficient numbers of experienced doctors and nurses. Together this has impacted on our ability to maintain the high quality standards of care which we would like for our patients.

The temporary changes are outlined below:

Ards and Bangor Minor Injuries Units

In March 2020, the standalone minor injuries services at Ards and Bangor Minor Injuries Units were temporarily consolidated on the Ards Community Hospital site due to the impact and pressures associated with the COVID-19 pandemic and significant nursing shortages. This remains the case today and the Trust is not in a position at present to re-open the Minor Injuries Unit at Bangor Community Hospital.

The current service in Ards operates Monday - Friday 9.00am - 5.00pm and is closed at weekends and on bank holidays. It is projected that 17,618 people will contact the service in Ards Minor Injuries Unit by telephone for the full year April 2022 to March 2023, of these 11,897 will be offered an appointment to attend the unit.

In response to 'No More Silos' Key Action five, 'Scheduling of Unscheduled Care,' a 'Phone First' prototype was developed and implemented at the Ards Minor Injuries Unit in October 2020, providing either advice, triage or appointments to both patients and referring GPs.

Downe Hospital Emergency Department

In March 2020, the Downe Hospital Emergency Department was temporarily closed due to the impact and pressures associated with the COVID-19 pandemic.

The Downe Hospital Emergency Department initially re-opened a minor injuries service in August 2020 and then as a temporary 'Phone First', Consultant-led Urgent Care Centre in October 2020. This model of care remains in place today and is subject to ongoing Trust review.

Lagan Valley Hospital Emergency Department

From October 2021, the Trust temporarily reduced the opening hours at Lagan Valley Hospital Emergency Department in response to significant medical staff shortages. This temporary change was publicly consulted on between February and April 2022.

The consultation outcome was to continue with the successful and positively received 'Phone First' model, the temporary reduction in opening hours, and to rename the facility as an 'Urgent Care Centre' to better reflect the services currently delivered. This model of care remains in place today and is subject to ongoing Trust review.

Ulster Hospital Emergency Department

The Ards and North Down community receives emergency care from the Emergency Department at the Ulster Hospital. The Emergency Department is open 24 hours, 7 days per week (24/7).

Urgent care is also provided within the existing Ulster Hospital Emergency Department including the treatment of minor injuries Monday - Sunday 8.00am to 8.00pm with those attending outside these hours being seen by the doctor and nurses in the 24/7 Emergency Department.

Current Urgent and Emergency Care Provision Ards and North Down area

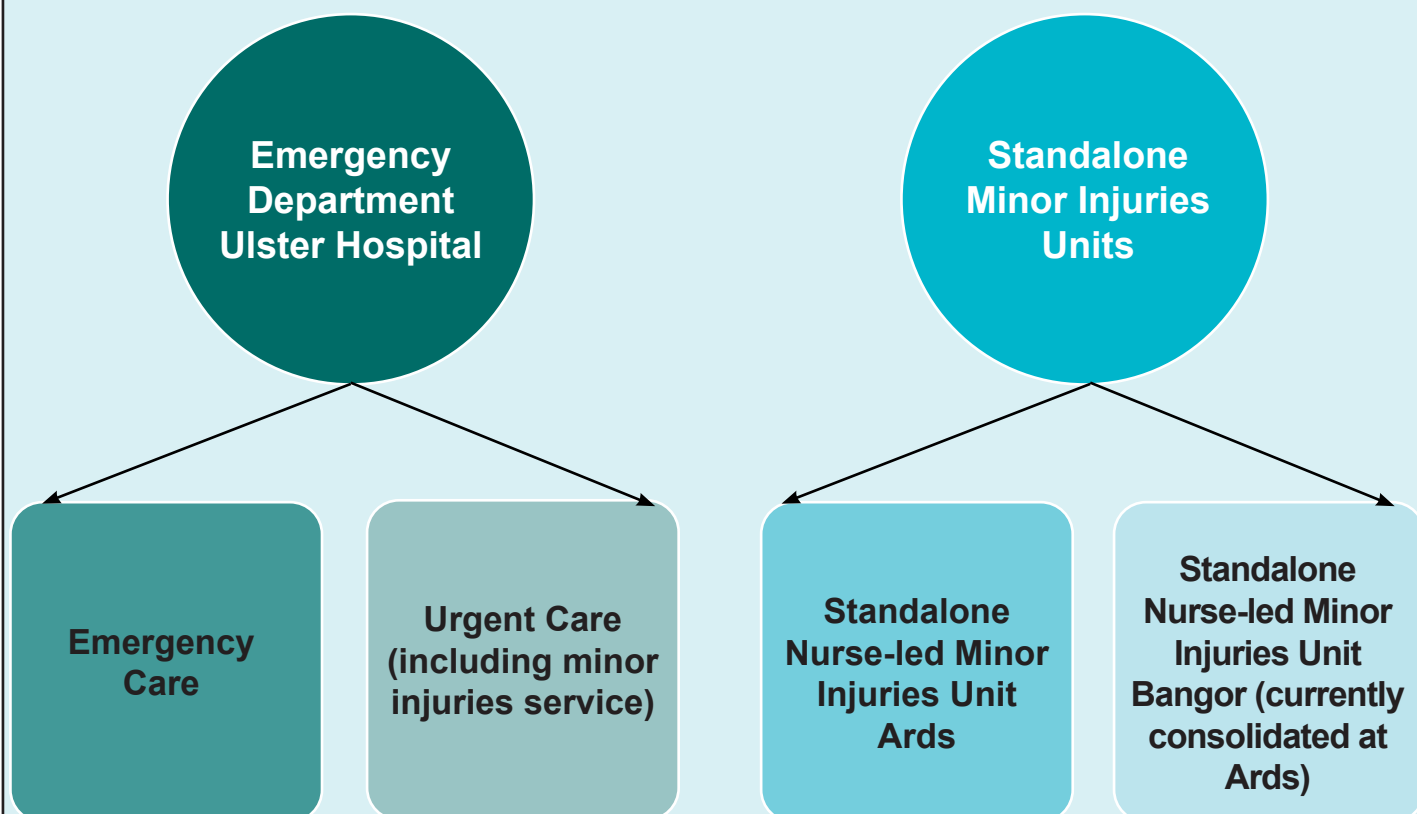


Figure 1: Current provision of urgent and emergency care in the Ards and North Down area

Why change is needed

Scope of service, resource and capacity

The Minor Injuries Unit in the Ards Hospital is staffed by Emergency Nurse Practitioners and supporting staff. There are no doctors present in the unit. The unit is Nurse-led and stands alone. There are significant challenges in delivering this service for the local community sustainably into the future.

Emergency Nurse Practitioner recruitment to the standalone Minor Injuries service has been challenging, even though there have been numerous attempts to recruit over a number of years. Despite the temporary consolidation of the service to Ards Community Hospital in March 2020, having sufficient staff available presents daily challenges. The Unit currently relies on 'bank' staff to supplement the shortfall in Emergency Nurse Practitioners. The 'bank supply' of staff has also continued to decrease over the past number of years. The over reliance on bank staff is not sustainable and is not a reliable long term solution for a working staff model.

This Minor Injuries service in Ards has limited opening hours due to the on-going staff challenges. It is only open Monday to Friday 9.00am to 5.00 pm and is closed at weekends and on Bank Holidays.

Not all patients with minor injuries can be seen and treated at this standalone Minor Injuries Unit. The Minor Injuries Unit in Ards Community Hospital is limited in its scope of service due to there not being any doctors present, as well as lack of access to enhanced diagnostics such as CT scanning or blood testing which are not available. Currently there is X-Ray radiology services alongside the Minor Injuries service at the Ards Hospital. Staffing this radiology unit is also challenging for the Trust due to a region-wide shortage of Radiographers despite continued staff recruitment exercises.

Due to the limited diagnostic service on site and no doctors being present there are strict criteria that excludes some people for being able to be treated at the stand-alone Minor Injuries Unit in Ards Community Hospital. This is to ensure patient safety. For example, people with more complex injuries and very young children are required to attend an Emergency Department to access or complete their care. On average 21 patients per month who attend Ards Minor Injuries Service are referred to the Ulster Hospital. This is primarily to access medical examination and appropriate investigations to deal with more complex minor injuries, such as ultra-sound or CT scanning or blood testing.

One example of this is patients attending with a dislocated shoulder joint or displaced fracture. Currently these patients can only receive part of their treatment in Ards Minor Injuries Unit. Patients with more complex presentations like this are currently required to travel to the Ulster Hospital Emergency Department for a joint reduction or fracture manipulation carried out by an Emergency Nurse Practitioner under medical supervision.

In addition, currently children over the age of five with limited conditions can be seen by an Emergency Nurse Practitioner in a standalone Minor Injuries Unit and people only between the ages of 16 and 65 who have suffered a head injury and who are not presenting with any significant symptoms can be assessed and treated at a standalone Minor Injuries Unit.

Clinical environment

A significant challenge in delivering the Ards Minor Injuries service is the condition of the estate in which the service operates. The building where the service is located is in need of major investment or replacement. When the decision was made to temporarily consolidate the two units in March 2020, Ards Community Hospital was considered to be more suitable than Bangor because it has more capacity to support the activity previously split over the two sites. There are plans, in the future, to provide new Primary Care and Community Centres in Ards and Bangor. These projects are subject to investment and commissioning by the Department of Health.

The challenges outlined are difficult, particularly for our staff who are working to provide the best possible care they can. The well-being of all our staff is vitally important and it is recognised that too many of our staff right across our hospital and community services are working under relentless pressure, which is not sustainable. This is having an impact not only on staff recruitment, but also with retaining current staff.

The Trust's vision

The Trust is committed to providing safe and appropriate unscheduled care services in the most appropriate setting. This is to ensure patients receive the right care, at the right time to achieve the best possible outcome.

The Trust understands that further work and investment in unscheduled care services will be taken forward at a regional level and is committed to working with the entire health and social care system to achieve the vision of better urgent and emergency care services for Northern Ireland.

It is imperative that the Trust proactively works to mitigate service pressures, whilst also working to develop a model of urgent and emergency care that is safe, sustainable into the future and in line with strategic vision.

Proposed future model of urgent and emergency care services - Ards and North Down

The Trust's vision is to provide a consultant-led 'Urgent Care Centre' at the Ulster Hospital, co-located with the Emergency Department. This model would provide urgent care services, as well as existing emergency care from the Ulster Hospital, to the entire population of the Ards and North Down area.

Urgent Care Centres are one of the new ways hospital medical and nursing staff teams are working together to assess and treat adults and children who present with illnesses and injuries which require urgent attention but are not life threatening.

Whilst co-located on the Ulster Hospital site, the Trust's vision would be that the Emergency Department and the proposed Urgent Care Centre would be developed alongside each other, though with their own dedicated physical space. This would be in the new Acute Services Block at the Ulster Hospital which opened in 2022, with the new Emergency Department planned to open later this year.

This model would enable the clinical needs of all those requiring care to be seen on one acute hospital site, regardless of presentation. It would also mean the patients with more complex presentations would not need to travel to an additional site to complete their care.

South Eastern Trust's future urgent and emergency model of care

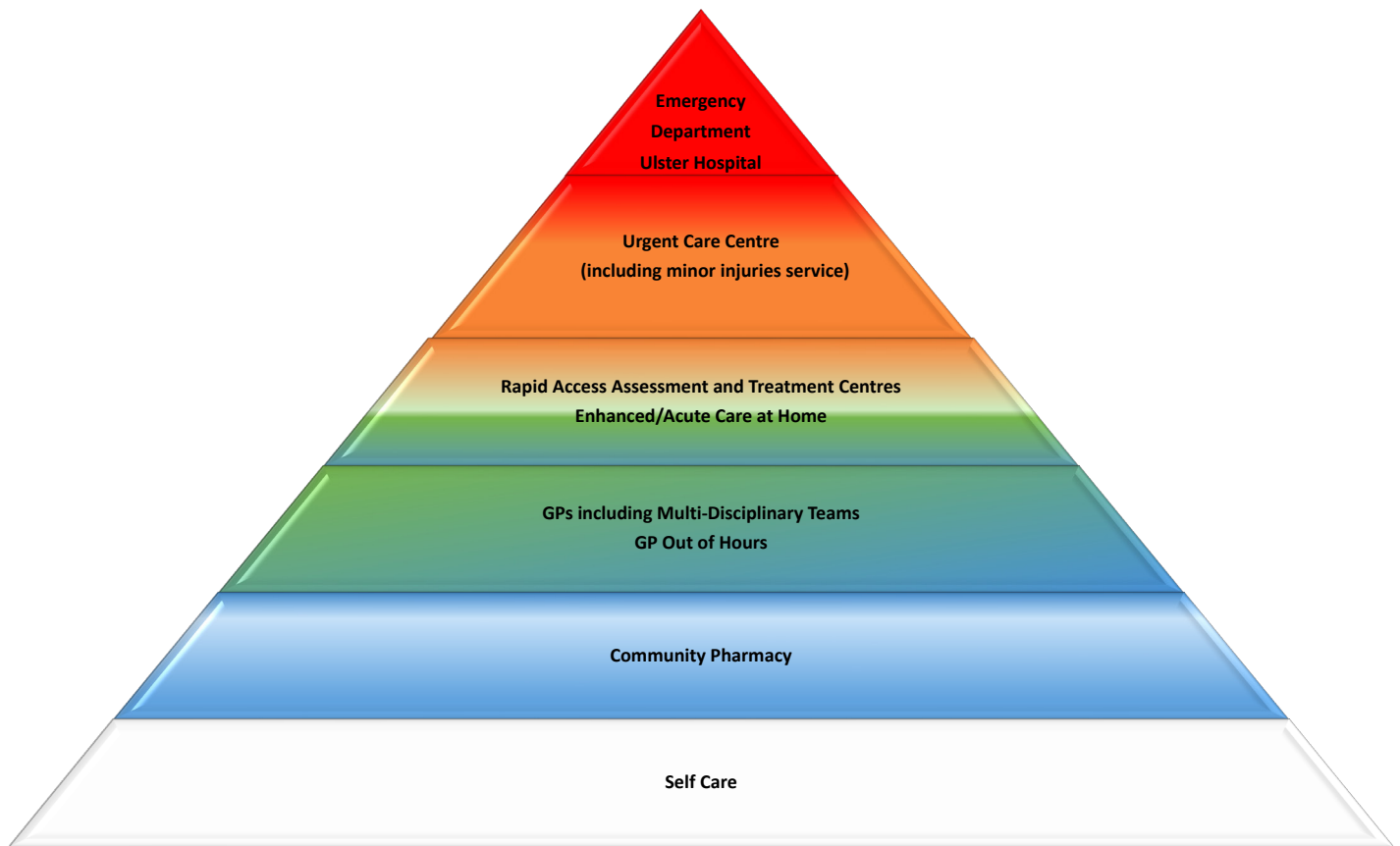


Figure 2: Proposed model of urgent and emergency care provision

In addition to an Urgent Care Centre, as outlined in Figure 2 above, the proposed model of urgent and emergency care services for the population of Ards and North Down would also be supported by existing urgent care services across primary and secondary care including Rapid Access Assessment and Treatment Centres, Enhanced Care at Home, GPs (including Multi-Disciplinary Teams), GP Out of Hours service and Community Pharmacy. These services will continue to be reviewed in line with regional strategic direction for urgent and emergency care.

It should be recognised that our urgent and emergency care services are provided by a limited number of staff across a number of hospital sites within the South Eastern Trust area, and moving forward all plans and proposals would be considered in the context of the wider Trust network and all of the populations we serve. This proposal takes account of regional strategic direction in the provision of better urgent and emergency care services for the entire population of Northern Ireland and would be subject to the outcome of public consultation processes and necessary approvals.

A message from our emergency staff

“Our Urgent and Emergency medical and nursing teams strive to provide the highest standard and quality of care to the people who need us. We are only able to do this in an environment which provides appropriate and timely access for people to be seen and treated.

Our services are under sustained pressure to meet the needs of our population for Urgent and Emergency care. The Emergency Department at the Ulster Hospital continues to see significant year on year growth in attendances and this is not sustainable in the future with the current service model we operate. Change is required to enable us to not only provide high quality urgent and emergency care but also to reduce the risk of avoidable harm.



The regional strategic direction outlined in the ‘No More Silos’ action plan and the Urgent and Emergency Care Review focuses on the delivery of co-located Urgent Care Centres to reduce the demand in the Emergency Department and ensure patients get timely care in the right place, first time.

We believe that the creation of an Urgent Care Centre at the Ulster Hospital would provide the population of Ards and North Down area with a more comprehensive service than is currently available at Ards Minor Injuries Unit. This service would include longer opening hours, access to a wider range of clinical investigation and ease of access, if required, to medical staff assessment and opinion.

This would reduce the demand and crowding in the Emergency Department, keeping our Emergency Departments for emergencies only. It is vitally important that those most at need, receive the care and interventions they deserve to improve outcomes. As a consequence of the proposed model outlined within this consultation, there would also be an improvement in ambulance offload and turnaround times which has a further reaching effect within the community we serve in relation to 999 response times.

The changes outlined within this proposal would enable us to provide better care than is currently possible. They would also ensure that the care we provide is safer and more sustainable for the future.”

**Dr Andrew Dobbin
Emergency Medicine Consultant
Clinical Director of Unscheduled Care**

“It is a privilege to care for patients requiring urgent and emergency care. Our vision is to provide safe, compassionate, quality and timely care for all of our service users regardless of their presenting condition.

As Emergency Nurse Practitioners we strive to deliver care in the right place, at the right time, every time. Ensuring our service users have access to all treatment options appropriate for their needs and completion of care.

We have a committed team of specialist nurses who work together to ensure that all our patients receive the best possible care. We have invested time in education and support to ensure the team is fully equipped and supported to deliver this care.



However, one of the biggest challenges is using our skilled staff and our physical environment in the best way we can whilst keeping in line with best practice.

We want to ensure our urgent and emergency services are safely staffed, have access to advanced diagnostics and are able to work alongside the wider team in order to achieve the best possible outcomes for our patients.

I believe the Trust’s vision and the proposed model outlined in this consultation will help us to deliver that.”

Maggie Magowan
Emergency Nurse Practitioner
Urgent Care Service Development Lead

Considering the options

There are a range of potential options set out in the table below on how the Trust could potentially realise the future vision for urgent and emergency care services. These options have been considered against a range of key factors.

Potential options identified included:

No	Description
1	Operate the service model as it was before the COVID-19 pandemic, ie. operating two stand-alone Nurse-Led Minor Injuries Units at both Ards Community Hospital and Bangor Community Hospital and a minor injuries stream at the Ulster Hospital Emergency Department.
2	Continue to operate the service as it is currently, ie. operating <u>one</u> stand-alone Nurse-Led Minor Injuries Unit at Ards Community Hospital and a minor injuries stream at the Ulster Hospital Emergency Department.
3	Operate <u>one</u> stand-alone Nurse-Led Minor Injuries Unit at Bangor Community Hospital and a minor injuries stream at the Ulster Hospital Emergency Department.
4	Implement a co-located and enhanced Urgent and Emergency Care service at the Ulster Hospital. Under this option, the existing stand-alone Nurse-Led Minor Injuries Unit services in Ards and North Down would be relocated and within the existing minor injuries stream at the Ulster Hospital.
5	Implement a co-located and enhanced Urgent and Emergency Care service at the Ulster Hospital, plus a minor injuries service located in both Bangor Hospital and Ards Hospital. This option combines options 4 and 1 above.
6	Implement a co-located and enhanced Urgent and Emergency Care service at the Ulster Hospital, plus a minor injuries service located in Ards Hospital. This option combines options 4 and 2 above.
7	Implement a co-located and enhanced Urgent and Emergency Care service at the Ulster Hospital, plus a minor injuries service located in Bangor Hospital. This option combines options 4 and 3 above.
8	Implement an Urgent Care service, including minor injuries in the Ards and North Down area. This would require suitable accommodation in the local area via either: a) Refurbishment / extension / construction within Trust existing estate; or b) Purchase of a site and construction of a new facility within the Ards and North Down Area.
9	Incorporate Urgent Care and Minor Injuries Services with the proposed new Primary and Community Care Centres to be constructed with the Ards and North Down locality (sites to be determined).

Key factors in considering the options

Each of the potential options above were considered against a range of factors, including:

Key Factor	Ability to:
Improving Patient Safety and Clinical Quality	<ul style="list-style-type: none"> • Provide safe and effective Urgent and Emergency Care services • Support improved / enhanced service • Promote good clinical adjacencies • Deliver improved patient experience and outcomes • Provide an efficient and seamless service to the patient • Support best practice working • Provide a functionally suitable environment for both patients and staff.
Accessibility	<ul style="list-style-type: none"> • Provide accessible services for the Ards and North Down population.
Deliverability, Sustainability and Effective use of Resources	<ul style="list-style-type: none"> • Be affordable and deliverable • Improve sustainability of the workforce and reduce dependence on 'bank' resource • Maximise service efficiency, flexibility and optimise resources • Make efficient use of existing estate.
Speed and Ease of Implementation	<ul style="list-style-type: none"> • Speed of implementation • Ensure minimal disruption to the delivery of services / ability to maintain service continuity.
Compatibility with Strategic Vision	<ul style="list-style-type: none"> • Compliance with and ability to be broadly consistent with the strategic vision for Urgent and Emergency Care services.

Discounted Options

When considered against the above key factors, a number of options were discounted, these included:

Option Number	Discounted Rationale - Overview of Key Reasons
Option 1, 2 and 3	<ul style="list-style-type: none"> • Options do not deliver the future vision for Urgent and Emergency Care Services, as they do not enable the provision of an Urgent Care Centre • Options do not improve patient safety and clinical quality • Options do not improve the sustainability of the workforce.
Option 5, 6 and 7	<ul style="list-style-type: none"> • Options are not affordable or clinically deliverable in the current and foreseeable financial and resource climate • Options do not optimise use of existing resources.
Option 8 and 9	<ul style="list-style-type: none"> • Options are not affordable or clinically deliverable in the current and foreseeable financial and resource climate • Options are not deliverable within the next 5 years • Options will not benefit from wider diagnostics, or medical specialities / support, as these services are only available on the acute hospital site.

Only one option, option 4, was considered to be able to deliver on the future vision for Urgent and Emergency Care Services, improve patient safety and clinical quality and be deliverable within the current and foreseeable financial and resource climate. This option is outlined in more detail overleaf.

What is the Trust proposing?

Implement a co-located and enhanced Urgent and Emergency Care service at the Ulster Hospital

Stages to deliver this proposal

The Trust recognises that it will take time and investment to develop the above model and therefore this proposal would be implemented in a phased way, through a number of stages.

Stage 1

Initially, this proposal would provide an enhanced Minor Injuries Service operating from the existing Emergency Department at the Ulster Hospital (this space is soon to be vacated by the Emergency Department when it relocates to the Acute Services Block, Ulster Hospital).

The Trust would intend to operate this service from 8.00am - 6.00pm, 7 days per week.

The Emergency Department will continue to operate 24 hours per day, 7 days per week.

Under this proposal, the existing minor injuries services in Ards and North Down would be re-located and provided within the existing minor injuries stream at the Ulster Hospital.

Stage 2

As investment becomes available, the Trust would further develop this service into a Consultant-led Urgent Care Centre at the Ulster Hospital co-located alongside the new Emergency Department, Acute Services Block, in its own physical space.

It is the Trust's vision that the Urgent Care Centre would operate initially from 8.00am - 6.00pm, 7 days a week.

Subject to future resourcing, the Trust's aim would be to operate the Urgent Care Centre from 8.00am - 8.00pm, 7 days per week.

The Emergency Department will continue to operate 24 hours per day, 7 days per week.

This model would provide urgent care services, including minor injuries, as well as existing emergency care from the Ulster Hospital, to the population of the Ards and North Down area.

What would this option deliver?

The key reasons supporting the proposal include:

- The Trust believes that this model will provide better care and an enhanced and more comprehensive service for our communities in a safe and sustainable way. Access to the service would increase as a result of the proposed longer opening hours, both in terms of hours per day and weekend opening.
- It is recognised that the Emergency Department at the Ulster Hospital is experiencing high levels of demand. Projections highlight that approximately 115,000 people will attend the Emergency Department at the Ulster Hospital in 2022/23. Patients who are sickest and need admitted to an inpatient bed for on-going care may wait for long periods of time within the Emergency Department. This leads to overcrowding.
- People who are triaged and meet the criteria to be treated through the minor injuries stream are managed separately to those acutely unwell patients requiring hospital admission. The Trust performs well in terms of the time these patients with minor injuries spend in the Emergency Department before being discharged home within 4 hours. These patients do not lead to overcrowding of the department.
- The Trust has considered the impact of this option in relation to the number of additional patients who would attend the Ulster Hospital under this proposal. The Trust anticipates that this proposal would have minimal impact with an anticipated additional 5 patients per hour attending the Minor Injuries stream at the Ulster Hospital. The Trust believes that this service would be safe and sustainable due to the dedicated clinical space and staffing this proposal would provide.
- This proposal would enable the clinical needs of all those requiring care to be seen on one acute hospital site, regardless of presentation. It would also mean patients with more complex presentations would not need to travel to an additional site to complete their care, ensuring a more seamless service for the patient while receiving treatment. An example of this would be, patients attending with a dislocated shoulder joint or displaced fracture. Currently these patients can only receive part of their treatment in Ards Minor Injuries Unit. Patients with more complex presentations like this are currently required to travel to the Ulster Hospital Emergency Department for a joint reduction or fracture manipulation carried out by an Emergency Nurse Practitioner under medical supervision.
- The Urgent Care Centre would be staffed by highly skilled clinicians from a Multi-Disciplinary Team, including Emergency Nurse Practitioners, Advanced Nurse Practitioners, First Contact Physiotherapists and Senior Medical staff. This would enable the Trust to provide an enhanced and more comprehensive service with the ability to assess, investigate and treat patients with more complex minor injuries. There would be no age restriction for those people presenting to the Urgent Care Centre.

- The proposed model would offer wider access to both urgent and emergency care, through the provision of 24/7 access to emergency care; supported by 8.00am - 6.00pm access to urgent care, including minor injuries, 7 days per week (this would include access to an enhanced urgent care service at weekends and bank holidays). This service would be co-located in a dedicated space alongside the Emergency Department. The Trust would be aiming to extend the opening hours of the Urgent Care Centre in the future to 8.00am - 8.00pm, 7 days per week, subject to adequate resources.
- The proposed new model of care would allow for the role of the Emergency Nurse Practitioner to be optimised, enabling them to treat a greater range of patients which would significantly help with resourcing issues and also enable more patients to be seen by Emergency Nurse Practitioners who are highly qualified specialist nurses. Emergency Nurse Practitioners work autonomously, within an agreed scope, treating patients with some minor injuries and illnesses. Emergency Nurse Practitioners are continually expanding their role and capability supported by ongoing education programmes and medical support. The scope and role of the Emergency Nurse Practitioner can further be developed when working alongside medical support.
- This proposal would allow access to a wider range of diagnostics and clinical specialty care, further supporting the expansion of the existing Emergency Nurse Practitioner role. In addition, staff nurses working in an Urgent Care Centre environment would be exposed to the Emergency Nurse Practitioner role and have opportunities to work alongside these teams creating opportunities for interest in this specialist career pathway.
- The implementation of this service is clinically and financially deliverable and could be established relatively quickly, utilising existing estate and finite resources. Thereby enabling the Trust to improve the sustainability of urgent care services.

Impact on staff

We value and respect our staff. Meetings have taken place with staff and engagement will continue during and following the consultation period to discuss any issues or concerns and to ensure that staff are kept fully informed of any proposed action and developments.

The Trust will work in partnership with trade unions to assess the impact on staff and to put robust mitigating measures in place.

The principles of the Trust's Management of Change Human Resource Framework provides a robust and transparent process for proposals that impact on our staff. We have systems in place to support staff through the changes, such as the availability of retraining opportunities and eligibility for excess travel allowance payments.

Equality and rural needs

The Trust is committed to promoting equality of opportunity, good relations and human rights in all aspects of its work.

We are also committed to understanding the impact the option is likely to have on people in rural areas. In line with this, the Trust has completed an Equality Impact Assessment and Rural Needs Impact Assessment in relation to the proposed options for the future provision of urgent and emergency care in the Ards and North Down area. Both assessments can be found on the Trust's website at:

<https://setrust.hscni.net/getinvolved/consultations/>

The Trust invites views on these assessments and will consider all feedback received during the public consultation.

Tell us what you think

We are consulting with you on a change to the provision of urgent and emergency care services in the Ards and North Down area. We wish to consult as widely as possible on the option within this document and the findings of our Equality Impact Assessment and our Rural Needs Impact Assessment over a 12 week period commencing 8 February 2023.

Please take time to read this document as well as the additional supporting information on the Trust's website (<https://setrust.hscni.net/getinvolved/consultations/>).

There are a range of ways to give your feedback. **You can respond to the consultation by:**

Online questionnaire

Complete the online questionnaire available [here](#) or contact us using the details below to request a paper version.

Email and telephone

You can also send your comments in writing by emailing or writing to us, or by telephoning us (see contact details below).

Consultation engagement events

The Trust will facilitate a number of public engagement events to provide further information on proposed plans and offer the opportunity for the public to provide feedback directly to the Trust.

Details on these meetings will be published on the Trust's website (<https://setrust.hscni.net/getinvolved/consultations/>). In addition, the Trust is also happy to meet with any group or representative organisation during the consultation period upon request.

If you have any queries or comments regarding this consultation document, Equality Impact Assessment or Rural Needs Impact Assessment and their 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 please contact:

Strategic & Capital Development Department
South Eastern Health and Social Care Trust
Kelly House, Ulster Hospital
Dundonald
BT16 1RH

Tel: **(028) 9055 0434**

Email: **consultation@setrust.hscni.net**

In compliance with the legislation, 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.

