

**Public Consultation on 'Western Health and Social Care Trust's 2017/2018
Financial Savings Plan'.
[Western Health and Social Care Trust]
Draft Consultation Response from Fermanagh and Omagh District Council**

Brief Background to the Fermanagh and Omagh District Council Area

The District Council area is home to 115,799 people, approximately 52,500 jobs and 7,175 businesses. The District Council area is Northern Ireland's largest region in terms of land mass - approximately 3,000km² (or 20% of NI) - and is the smallest in terms of population. As a result, the population density of approximately 41 people per km² is the sparsest in Northern Ireland. This is a key feature of the district but presents challenges in terms of accessibility and service delivery.

Consultation Response

Fermanagh and Omagh District Council (Council) welcomes the opportunity to respond to the Western Health and Social Care Trust's (WHST) public consultation on the 2017/2018 Financial Savings Plan.

The Council acknowledges that the Health and Social Care Trusts have been tasked by the Department of Health to develop draft savings plans to a combined £70 million, with the WHST total savings requiring to be £12.5 million; a significant percentage of the WHST's annual budget.

The Council has serious concerns about the proposals outlined as part of the consultation document, however these will be outlined further throughout this consultation response.

The Council's response centres around three main issues – which should be addressed before any Savings Plan is enforced upon individual HSC Trusts. These three issues include:

1. **Rural Proofing** – service delivery, availability of/access to services as well as budgets.
2. The need for a standalone **Healthcare Budget** – which is not impacted upon during the financial year.
3. **Healthcare systems**, or programmes, from other Trust areas which have a distinct adverse impact on service delivery within the WHST area.

General Comments

The Western Health and Social Care Trust was established on 1 April 2007 and the Council understands that this financial year (2017/2018) is the **eighth consecutive year** that the WHST is expected to make savings. The Council believes that this is unacceptable for an organisation with the objective of delivering Healthcare services – particularly to an ageing population.

Growing / Ageing Population

The issues surrounding a growing population, as well as an ageing population, are very relevant to the Fermanagh and Omagh District. The population of the District has increased by 6.2% since 2006.

Between 2005 and 2015 there was an increase of 27.41% (3,906 people) in the number of individuals living within the District aged 65 years and over. In 2015 there were 18,156 people living within the District aged 65 years and over.

Going forward over the next ten years, population projections estimate that the District's population will rise by a further 3.63% by 2025 (to just over 120,000 people) with the number of individuals aged 65 years and over estimated to increase by a further 34.52% (6,267 individuals).

The Health Care Trusts in Northern Ireland have been dealing with 'rising demand' for several years. The Bengoa Report references that the demand for health services will continue to grow and this will be driven by demography, an increase in chronic conditions, changing practice in health care and the emergence of new technologies.

The growing and ageing population issues, currently being experienced across Northern Ireland (not just the Fermanagh and Omagh District), will continue to place additional pressures on Trust services going forward and as such the WHSCT needs to ensure that service delivery is sufficient to address these demands. Reductions in the level of funding at this stage will inevitably impact on the ability of the WHSCT to deliver services in a way which meets demand currently and which do not exacerbate existing waiting lists.

Rural Disadvantage

WHSCT, like many other organisations in the western parts of Northern Ireland, has experienced severe disadvantage in terms of its location and rurality.

The vacancy rate within the WHSCT area is currently at a critical level, and continually increasing. A vacancy rate of close to 30% is of concern for any organisation not least an organisation which is aiming to provide healthcare to people in need.

The Council understands that one of the solutions to issues such as the 'vacancy rate' is to employ locum staff, as well as other temporary agency staff and until the vacancy rate is properly addressed, there should not be a reduction in Locum Staff.

The services delivered by the WHSCT are of major importance to the Fermanagh and Omagh District, particularly within rural areas. The Council is clear that all individuals should have access to quality healthcare – regardless of their location, and if locum staff are reduced/removed, then this will have a significant detrimental impact upon service delivery.

Locum staff, across the WHSCT area, play vital roles (as medical staff, nurses, social workers and other health professionals) in both acute hospital settings and in the community services. A reduction in the number of locum staff will only place additional pressures on services which are already under duress.

The Council has raised such issues several times, including in recent consultation responses to the Northern Ireland Executive, the Department of Health as well as within this consultation response.

The necessary reliance on Locum staff in the WHSCT area, and particularly within the South West Acute Hospital, needs to be recognised and special budget adjustments should be made to recognise this reality.

There are several local examples of GP surgeries, in rural areas, where there has been difficulty in recruiting GPs. This has resulted in GP surgeries being closed and/or amalgamated with other surgeries. Examples include areas such as Ederney and Rosslea.

Residents of rural areas within the Fermanagh and Omagh District are already experiencing disadvantage in terms of accessing healthcare services and as such, it is unacceptable that further difficulties are placed upon these areas.

The only circumstance where the Council could support the reduction in the number of Locum staff, would be if the WHSCT were successful in attracting sufficient numbers of permanent health professionals (including: GPs, medical staff, nurses, social workers and other health professionals) into the District. This would ensure that services are appropriately delivered and that there is sufficient access to services for all.

More needs to be done to attract medical professionals to South West Acute Hospital in Enniskillen, and it would help if some of the regional services were provided from this location – this would strengthen the service offering available locally as well as attracting professionals to the area.

Another significant issue facing people who live in rural areas is **travel times** – and this is no different in terms of Healthcare Services.

Additional information on the travel times and distances from each Electoral Ward, within the Fermanagh and Omagh District is attached in Appendix 1. The travel times have been inserted for a town in each Electoral Ward, travelling to the four closest hospitals to the Fermanagh and Omagh District, namely: South West Acute Hospital (Enniskillen), Omagh Hospital and Primary Care Complex, Altnagelvin Hospital (Derry/Londonderry) and Craigavon Area Hospital.

As is demonstrated in Appendix 1, the distances which some individuals in rural areas of the District would have to travel (to Altnagelvin/Craigavon) would be unacceptable – particularly for those who are quite unwell.

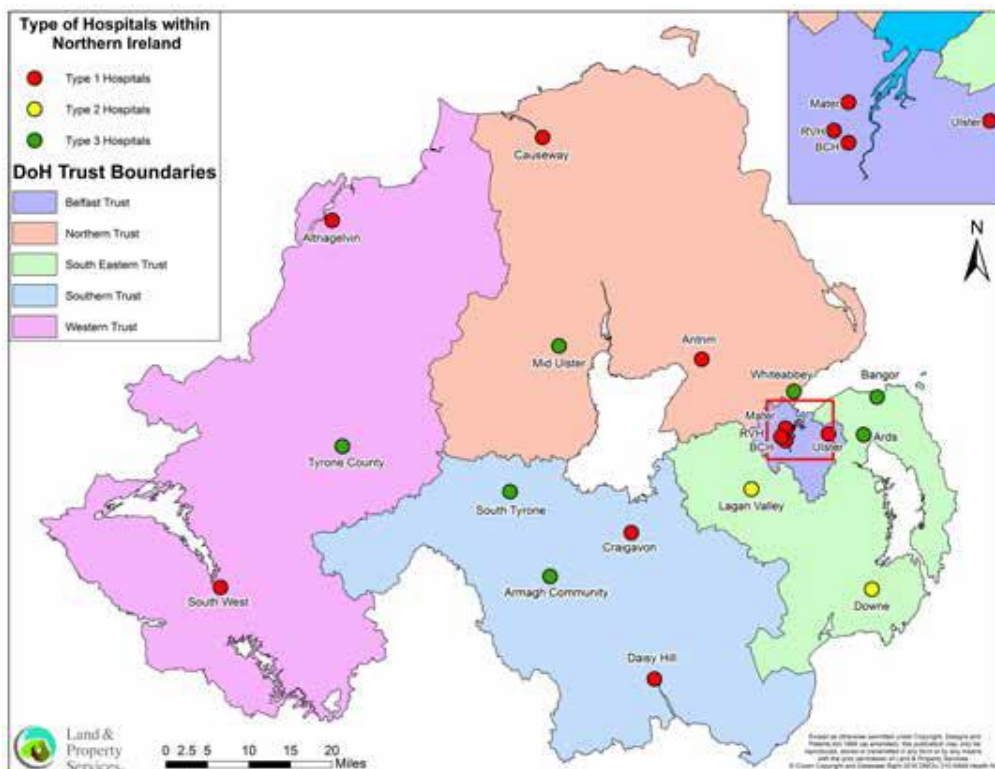
As such it is vital that Healthcare services within the District remain at a satisfactory level to ensure that there is a level of equality in terms of access to services.

It is now time to address the issue of the number of acute hospitals in Northern Ireland as this is having an adverse impact on the amount of funding available to acute hospitals, particularly those in the West and South West of Northern Ireland (e.g. South West Acute Hospital). Hospitals in these areas provide vital services to large numbers of rural dwelling individuals and as such retaining services is of crucial importance.

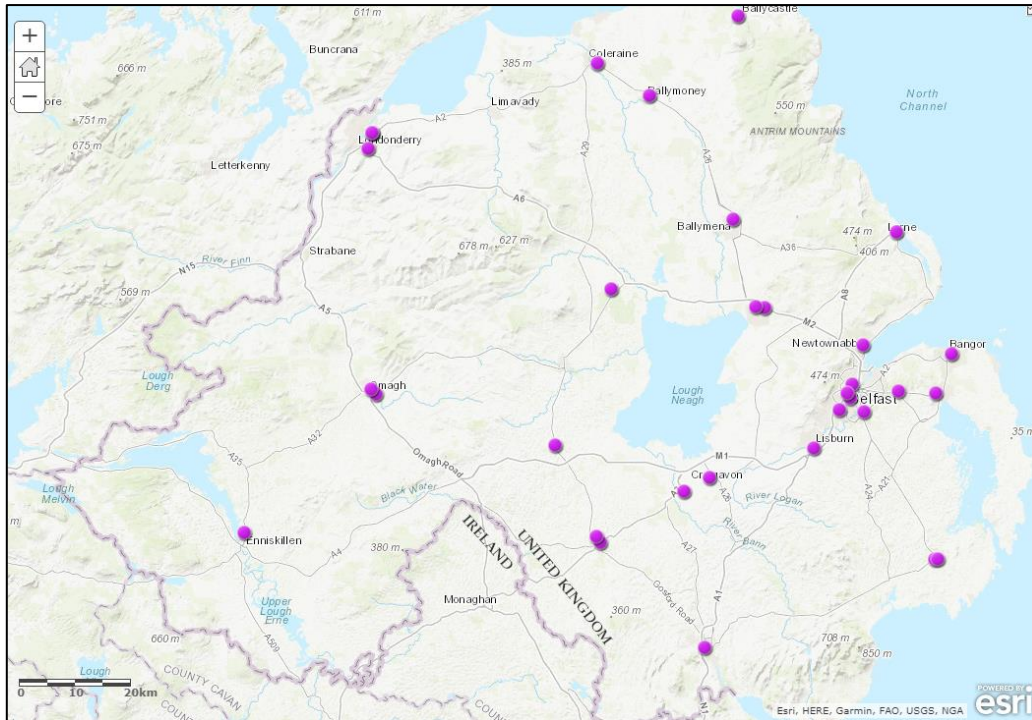
Local Concerns

Through Council's Community Planning engagement process local residents raised concerns about future access to the health services. There are two hospitals within the District (South West Acute Hospital [Enniskillen] and Omagh Hospital and Primary Care Complex) and these should be fully utilised to ensure that all residents have access to health services.

The Bengoa Report (published in October 2016) included map which included all of hospitals within Northern Ireland, and their 'type'. This is demonstrated in image 1 and image 2 (below and overleaf).



(Image 1 – HSC Hospitals by type and HSC Trust)



(Image 2 – HSC Hospitals set on a ‘land map’ of Northern Ireland)

The images included, clearly demonstrate large areas of rural Northern Ireland that are currently disadvantaged by a lack of immediate access to healthcare, particularly in a hospital setting.

Most hospitals in Northern Ireland are established in, or close to, the larger urban centres, particularly in the east.

Actions (such as the closure of beds/care spaces in Medical or Care of the Elderly Wards and Increasing Waiting times for routine care) will have significant detrimental impacts on patients, visiting family members and HSC staff in nearby hospitals who would be expected to deal with a significant increase in the demand for services.

The Council understands the current difficulty that the WHSCT faces, in relation to Financial Saving Proposals, however it also strongly opposes any action resulting in the closure of beds, increasing waiting times or the reduction of hospital sites. These actions would result in further disadvantage for rural dwellers in accessing services, potentially having a significant impact on diagnosis, treatment and recovery.

The Council believes that the WHSCT area, in particular the Fermanagh and Omagh District, has been negatively impacted upon because of the number of hospitals in the Eastern area of Northern Ireland. The Council believes that this should be presented to the Department of Health and would be happy to liaise with the WHSCT representatives on this.

Cross Border Healthcare – Additional Income

When the South West Acute Hospital was developed, one of the advantages of the new hospital was its proximity to the border – allowing for greater cross-border partnership working.

The Council proposes that the WHSCT progress this type of work, which may provide an additional revenue stream and as such much needed additional income.

There are several other hospitals (in the Republic of Ireland) located in close proximity to the border, however there are significant differences in terms of services/healthcare on offer in each. The provision of opportunities for hospitals to send patients to the South West Acute Hospital – in return generating income – should be further explored.

Some service differences within the local ‘cross-border’ hospitals include those which have a stroke unit. Hospitals in Monaghan (General Hospital), Donegal Town (Community Hospital) and Manorhamilton (Our Lady’s Hospital) do not offer stroke units and as such patients requiring such services could be transported to the South West Acute Hospital within 58 mins (from Monaghan), 51 mins (from Donegal Town) or 43 mins (Manorhamilton).

‘Temporary’ Measures

Within the consultation documents, reference is made to ‘Temporary’ measures in areas such as routine elective activity, domiciliary care, vacancy controls and service developments.

The Council is concerned that these ‘temporary’ measures, if implemented, may remain in place after 31 March 2018 and well into the 2018/2019 financial year.

In relation to Vacancy Controls, the Council would have further concerns because of a number of issues facing the WHSCT area and the organisations in general. Firstly, the Council understands that the WHSCT has an ageing staff profile. With this in mind, if vacancy controls are implemented (even if temporary) it will create a backlog of vacancies that will require filling. Not only will this affect service delivery for this financial year, but it will also have an added impact on service delivery for the 2018/2019 year as a result of the delay in filling new and historical vacancies.

Domiciliary Care

Domiciliary care is extremely important to thousands of people in Northern Ireland. It enables people to live in their own homes as well as reducing the pressure on other healthcare services.

Currently, there are major concerns regarding the long-term sustainability of the healthcare system. Domiciliary Care provides assistance to those who have

substantial/critical levels of need, relieving additional pressures on other parts of the service such as hospital beds.

Figures for the WHSCT area show that in 2016, there were an estimated 50,989 Domiciliary Care contact hours provided by HSC Trust and the independent sector. This has increased by 13.15% from 2014 when 45,063 hours were provided.

If we look at the number of clients in receipt of Domiciliary Care, this has also increased significantly within the WHSCT area year on year. For example, in 2016 there were 4,459 people who were in receipt of Domiciliary Care compared to 4,052 people in 2014.

Additionally, the reduction in the number of care packages may not create the savings envisaged – it may simply push these costs on to other areas/services within the WHSCT. For example, as care packages are reduced they will become harder for patients to receive, which may result in patients remaining in hospital wards, or Accident and Emergency units, for longer than normal. Without these care packages in place, patients will be unable to return to their preferred accommodation and will therefore require treatment and services until such care packages are put in place. Not only will this result in costs, to service areas which may be unprepared, but it will also place increased pressures on already limited resources.

The Council is concerned that any potential changes to Domiciliary Care packages (even temporary) will make it harder for those in need to access care packages in the long term going forward. In the short-term (until March 2018), if these actions are implemented, it will create a backlog of patients who not deemed to be at the 'highest risk'. Once services are resumed to standard (April 2018), this 'backlog' will have to worked through once again before Domiciliary Care packages are allocated going forward.

Neonatal Service Provision

The Council strongly opposes the proposed reforms to the neonatal service provision based at the South West Acute Hospital. Proposals outlined within the consultation documentation include services being managed within the Paediatric Ward, with a specialist Neonatal Nurse in attendance.

The Council feels that any change to the Neonatal services could have a long-term detrimental impact to hospital. If these changes are implemented, expectant mothers may wish to have their babies elsewhere causing the numbers using the maternity ward to fall as well as causing long-term reputational damages to the hospital.

In relation to the equipment and facilities provided within the Neonatal Unit, the Council is concerned that some of the equipment is not transferable to other Wards e.g. Paediatric Ward. WHSCT should ensure that all babies that require high-dependency care (such as those offered within Neonatal units) are not placed at a disadvantage.

Other Trust Proposals

The Council acknowledges that the savings required from each Trust area differs, however there is a significant difference in the types of proposals outlined. For example:

Northern Health and Social Care Trust:

- Mentions services that are currently operating on 'exit plans' (e.g. Domiciliary Meals Provisions).

South Eastern Health and Social Care Trust:

- Limiting the use of agency positions / locum positions.
- New procurement procedures, to benefit from efficiencies of 'bulk purchasing', and other such initiatives, were possible.

Southern Health and Social Care Trust

- Natural Slippage.

The Council encourages the WHSCT to explore the possibilities of similar options to those outlined above – as these could lead to increased savings and/or efficiencies, which may allow for other services to run as normal as possible.

Healthcare Budgets

Going forward, the Council hopes that the five Health and Social Care Trusts can work in partnership to ensure that future budgets are fixed, and unchangeable mid-year. It would be beneficial for all – HSC Trusts, residents, staff, etc. – if budgets for health could be allocated for future years, well in advance.

This would allow for appropriate long-term planning, as well as removing the need for individual HSC Trusts to apply for slippage funding, for routine services, during the financial year.

Capital Repayments – South West Acute Hospital

The Council understands that there is over £10 million per year (approximately) which has to be set aside to meet the annual capital repayments for the South West Acute Hospital in Enniskillen.

The state of the art hospital, which officially opened in June 2012, was developed through a 'Private Finance Initiative' and as such annual repayments must be made for 25 years.

The Council encourages WHSCT to collaborate with the Department for Health, to secure a more cost-efficient method of meeting these repayments. If, for example, the Department for Health (or WHSCT) secured funding then this would free up an

additional £10 million (approx.) per year which could be spent on other healthcare services.

Conclusion

Fermanagh and Omagh District Council welcomes the opportunity to respond to the public consultation on the WHSCT's 'Financial Savings Plan'. The Council understands that the funding arrangements for WHSCT is under severe pressures – however, the WHSCT has a duty of care to provide healthcare to individuals in need.

As such, the Council has severe concerns with some of the proposals outlined within the WHSCT Financial Savings Plan for 2017/2018 particularly in relation to:

- Vacancy Controls.
- Locum/Temporary Staff.
- Domiciliary Care Packages.
- Rural Access to Services.
- Provision of Neonatal Services.

Unless a strategic approach is taken to resolve the difficulties with Health Service budgets, then these piecemeal initiatives will continue to be required and this will also continue to significantly adversely impact on health provision to local communities.

The Government needs to commit to the implementation of the Bengoa Report and to establish an appropriate network of acute hospitals in Northern Ireland. It is the Council's view that local acute hospital provision is necessary, given the demographics of the West and South West regions of Northern Ireland, but resources are being spread too thinly if the appropriate configuration of acute hospitals is not in place.

The Council is totally opposed to these short-term initiatives aimed at achieving the budget deficiencies. The Council strongly advocates for the for the implementation of the strategic initiatives as outlined within the Bengoa Report, as well as the identification of an appropriate profile of acute hospitals.

The WHSCT should take note of the contents within this response, especially the significant challenges and disadvantages facing rural communities and residents of the District itself.

Appendix 1

Electoral Ward	Population of Electoral Ward	Town/area within the Electoral Ward	Average travel time to Altnagelvin Hospital (Derry/Londonderry)	Average travel time to Omagh Hospital and Primary Care Complex	Average travel time to South West Acute Hospital (Enniskillen)	Average travel time to Craigavon Area Hospital
Ballinamallard	2,578	Ballinamallard	1 hour 23 minutes (49.2 miles)	39 minutes (22.1 miles)	7 minutes (4.4 miles)	1 hour 14 minutes (57 miles)
Belcoo and Garrison	2,736	Garrison	1 hour 35 minutes (59 miles)	1 hour 1 minute (41.6 miles)	39 minutes (26 miles)	1 hour 47 minute (85.8 miles)
Belleek and Boa	2,673	Belleek	1 hour 28 minutes (54.9 miles)	54 minutes (37.6 miles)	39 minutes (25.7 miles)	1 hour 41 minute (81.7 miles)
Boho Cleenish and Letterbreen	3,519	Boho	1 hour 40 minutes (60.4 miles)	1 hour 1 minute (36.1 miles)	18 minutes (9 miles)	1 hour 29 minutes (67.9 miles)
Brookeborough	2,553	Brookeborough	1 hour 31 minutes (56.8 miles)	39 minutes (23 miles)	22 minutes (13.3 miles)	57 minutes (48.9 miles)
Castlecoole	3,851	Enniskillen	1 hour 30 minutes (54.1 miles)	43 minutes (27.5 miles)	5 minutes (2 miles)	1 hour 11 minutes (59.8 miles)
Derrygonnelly	2,863	Derrygonnelly	1 hour 41 minutes (63.2 miles)	1 hour 1 minute (38 miles)	18 minutes (10.9 miles)	1 hour 29 minutes (69.7 miles)
Derrylin	2,767	Teemore	1 hour 54 minutes (69.6 miles)	1 hour (37.5 miles)	29 minutes (17.5 miles)	1 hour 18 minutes (63.2 miles)
Devenish	1,582	Enniskillen	1 hour 30 minutes (54.1 miles)	43 minutes (27.5 miles)	5 minutes (2 miles)	1 hour 11 minutes (59.8 miles)
Donagh	2,373	Donagh	1 hour 46 minutes (66.6 miles)	54 minutes (32.5 miles)	30 minutes (17.1 miles)	1 hour 12 minutes (58.5 miles)
Erne	2,540	Enniskillen	1 hour 30 minutes (54.1 miles)	43 minutes (27.5 miles)	5 minutes (2 miles)	1 hour 11 minutes (59.8 miles)
Florencecourt and Kinawley	2,761	Kinawley	1 hour 47 minutes (64.6 miles)	1 hour 1 minute (33.7 miles)	24 minutes (12.5 miles)	1 hour 22 minutes (63 miles)

Electoral Ward	Population of Electoral Ward	Town/area within the Electoral Ward	Average travel time to Altnagelvin Hospital (Derry/Londonderry)	Average travel time to Omagh Hospital and Primary Care Complex	Average travel time to South West Acute Hospital (Enniskillen)	Average travel time to Craigavon Area Hospital
Irvinestown	2,460	Irvinestown	1 hour 15 minutes (45.1 miles)	33 minutes (19.5 miles)	11 minutes (7.6 miles)	1 hour 13 minutes (58 miles)
Kesh Ederney and Lack	3,847	Kesh	1 hour 7 minutes (39.9 miles)	35 minutes (21.1 miles)	17 minutes (12.3 miles)	1 hour 18 minutes (64.8 miles)
Lisbellaw	3,074	Lisbellaw	1 hour 36 minutes (59.4 miles)	43 minutes (24.6 miles)	14 minutes (6.9 miles)	1 hour 3 minutes (54.9 miles)
Lisnarrick	2,042	Lisnarick	1 hour 11 minutes (43.3 miles)	38 minutes (23.6 miles)	13 minutes (9.1 miles)	1 hour 20 minutes (60.7 miles)
Lisnaskea	2,564	Lisnaskea	1 hour 42 minutes (63.7 miles)	46 minutes (28.8 miles)	23 minutes (13.5 miles)	1 hour 6 minutes (54.8 miles)
Maguiresbridge	3,258	Maguiresbridge	1 hour 33 minutes (59.6 miles)	43 minutes (26 miles)	18 minutes (10.2 miles)	1 hour 1 minutes (52 miles)
Newtownbutler	2,525	Newtownbutler	1 hour 49 minutes (69.1 miles)	56 minutes (35 miles)	33 minutes (19.5 miles)	1 hour 15 minutes (61 miles)
Portora	3,112	Enniskillen	1 hour 30 minutes (54.1 miles)	43 minutes (27.5 miles)	5 minutes (2 miles)	1 hour 11 minutes (59.8 miles)
Rosslea	2,145	Rosslea	1 hour 49 minutes (64.8 miles)	55 minutes (30.7 miles)	43 minutes (26.5 miles)	1 hour 7 minutes (39 miles)
Rossorry	2,478	Enniskillen	1 hour 30 minutes (54.1 miles)	43 minutes (27.5 miles)	5 minutes (2 miles)	1 hour 11 minutes (59.8 miles)
Tempo	2,816	Tempo	1 hour 24 minutes (53.6 miles)	32 minutes (18.8 miles)	14 minutes (9.2 miles)	59 minutes (49.8 miles)
Beragh	2,668	Beragh	1 hour 8 minutes (41.9 miles)	11 minutes (5.8 miles)	44 minutes (28 miles)	44 minutes (40 miles)
Camowen	2,328	Omagh	57 minutes (34.1 miles)	6 minutes (1.6 miles)	37 minutes (24.9 miles)	51 minutes (46 miles)

Electoral Ward	Population of Electoral Ward	Town/area within the Electoral Ward	Average travel time to Altnagelvin Hospital (Derry/Londonderry)	Average travel time to Omagh Hospital and Primary Care Complex	Average travel time to South West Acute Hospital (Enniskillen)	Average travel time to Craigavon Area Hospital
Clanabogan	3,250	Clanabogan	1 hour (37 miles)	15 minutes (5.7 miles)	31 minutes (22.6 miles)	58 minutes (49.1 miles)
Coolnagard	3,508	Omagh	57 minutes (34.1 miles)	6 minutes (1.6 miles)	37 minutes (24.9 miles)	51 minutes (46 miles)
Dergmoney	1,710	Omagh	57 minutes (34.1 miles)	6 minutes (1.6 miles)	37 minutes (24.9 miles)	51 minutes (46 miles)
Dromore	2,389	Dromore	1 hour 9 minutes (42.4 miles)	19 minutes (10.4 miles)	24 minutes (16.2 miles)	1 hour 2 minutes (49.9 miles)
Drumnakilly	2,998	Drumnakilly	1 hour 2 minutes (37.3 miles)	10 minutes (4.8 miles)	47 minutes (31.2 miles)	53 minutes (40.8 miles)
Drumquin	2,263	Drumquinn	54 minutes (31.6 miles)	22 minutes (11.5 miles)	32 minutes (21.7 miles)	1 hour 5 minutes (54.8 miles)
Drumragh	2,255	Omagh Town Centre	57 minutes (34.1 miles)	6 minutes (1.6 miles)	37 minutes (24.9 miles)	51 minutes (46 miles)
Fairy Water	2,128	Mountjoy	49 minutes (31 miles)	16 minutes (6.7 miles)	41 minutes (28.4 miles)	59 minutes (50.1 miles)
Fintona	2,073	Fintona	1 hour 11 minutes (42.7 miles)	15 minutes (8.6 miles)	31 minutes (20.1 miles)	49 minutes (43.1 miles)
Gortin	2,965	Gortin	39 minutes (24.6 miles)	20 minutes (10.7 miles)	56 minutes (34.8 miles)	1 hour 6 minutes (47.8 miles)
Gortrush	2,842	Omagh	57 minutes (34.1 miles)	6 minutes (1.6 miles)	37 minutes (24.9 miles)	51 minutes (46 miles)
Killyclogher	3,157	Killyclogher	55 minutes (33.9 miles)	7 minutes (2 miles)	41 minutes (26.9 miles)	53 minutes (46.4 miles)
Lisanelly	2,036	Omagh	57 minutes (34.1 miles)	6 minutes (1.6 miles)	37 minutes (24.9 miles)	51 minutes (46 miles)

Electoral Ward	Population of Electoral Ward	Town/area within the Electoral Ward	Average travel time to Altnagelvin Hospital (Derry/Londonderry)	Average travel time to Omagh Hospital and Primary Care Complex	Average travel time to South West Acute Hospital (Enniskillen)	Average travel time to Craigavon Area Hospital
Newtownsaville	2,451	Seskinore	1 hour 6 minutes (41 miles)	14 minutes (6.2 miles)	35 minutes (23 miles)	46 minutes (41.3 miles)
Owenkillew	2,411	Greencastle	50 minutes (31.9 miles)	19 minutes (11.8 miles)	54 minutes (37 miles)	55 minutes (40.4 miles)
Sixmilecross	2,395	Sixmilecross	1 hour 10 minutes (44.4 miles)	16 minutes (8.5 miles)	47 mins (30 miles)	43 minutes (34.8 miles)
Strule	1,481	Omagh	57 minutes (34.1 miles)	6 minutes (1.6 miles)	37 minutes (24.9 miles)	51 minutes (46 miles)
Termon	2,426	Carrickmore	1 hour 2 minutes (39.4 miles)	19 minutes (10.5 miles)	56 minutes (35.1 miles)	44 minutes (35.6 miles)
Trillick	2,446	Trillick	1 hour 14 minutes (47.8 miles)	29 minutes (16.6 miles)	18 minutes (10.2 miles)	1 hour 6 minute (51.4 miles)