

**Strategic Framework for Imaging Services in Health and Social Care  
Draft Consultation Response from Fermanagh and Omagh District Council  
[Department of Health]**

## **Brief Background to the Fermanagh and Omagh District Council Area**

The District Council area is home to 114,992 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 3,000km<sup>2</sup> (or 20% of NI) - and is the smallest in terms of population. As a result, the population density of approximately 41 people per km<sup>2</sup> 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 public consultation on the Strategic Framework for Imaging Services in Health and Social Care.

The Council is concerned with the recent number of consultations on 'Health and Social Care' services which will directly impact upon service delivery with the District. Although the Council acknowledges the work that is ongoing within the Health and Social Care setting – it is vital that each consultation is adequately promoted outlining its impacts on the local community as well as consulting with the relevant individuals and groups on each particular issue.

In terms of this consultation there are several issues where the Council has concerns – however, these will be explored fully within this response document.

The Council is adamant that local imaging services, within the Fermanagh and Omagh District, should not be removed from the current locations (South West Acute Hospital and Omagh Hospital and Primary Care Complex). To do so, and to include these imaging services within a 'regional hub/centre' would be damaging to the sustainability of the hospital and to patients locally.

The Council acknowledges that the proposals contained within the Consultation Document have been under consideration and development for a long period of time – dating back to 2011. It is also acknowledged that the proposals within the Consultation have been developed through extensive work with doctors, consultants, and clinicians.

The Council believes that there are several key factors which should be considered, some of which stem from a recent Patient and Client Council survey including:

- Timing of appointments should suit individuals – this would also mitigate against missed appointments.
- No individuals should be waiting for long periods of time for imaging / scans, or indeed any reporting which directly results from this.
- All individuals should be seen as close to their home as possible.

- The process should always be individual-centred as opposed to process-centred.

The fact that the strategy being consulted upon is a ten-year strategy is encouraging as it shows the Department putting forward a long-term vision for Imaging Services within Northern Ireland.

## **Guiding Principles**

The overarching Guiding Principles provided should establish the type of Imaging Services to best suit the people of the Fermanagh and Omagh District, as well as all individuals within Northern Ireland.

At the first public consultation event in Enniskillen, it was stated by Department Officials that, at that time, the longest waiting list time within the local area was nine weeks.

Even though this compares very favourably to the regional figures of 'over 26 weeks', the Council believes that it is still unacceptable for individuals to wait nine weeks for a scan to be taken.

Consideration should be given to the fact that, as the services locally are performing quite well compared to other hospitals within Northern Ireland, the services/machines within the local hospitals could be utilised to improve services, and waiting lists, across Northern Ireland.

For example, if there are vacant slots in the South West Acute Hospital and these cannot be filled by local individuals they should be offered wider afield and this may alleviate pressures elsewhere, including cross-border patients.

The Council believes that there is scope for more partnership working – both in terms of obtaining images/scans, sharing these images and reporting on the findings from these images. With ever-changing modern technology, there is no reason that the reporting of scans (particularly for specialist scans) cannot be achieved more quickly. Where possible, immediate reporting' should be facilitated.

## **Unfilled Vacancies in Radiology Workforce**

The Council acknowledges that there are some concerning figures in relation to the Radiology workforce. It is also apparent that Northern Ireland seems to be statistically worse than any other part of the UK, and the UK average.

The UK average for vacant Radiologist posts is currently 8.5%, whereas in Northern Ireland the vacancy rate for Radiologist posts is currently sitting at just over 20%.

Despite the shortage in Radiologists, and the vacancy rate, the need for scans continues to increase. For example, this year (in Northern Ireland) there will be approximately 1.8 million imaging examinations. When this level of activity is paired with the current vacancy rate – it is clear to see why there are waiting lists and backlogs.

Scans and imaging examinations are integral to patient care, and with the extra demands being placed upon the Imaging workforce, scans are taking a longer timeframe to interpret.

There is also the issue of the on-going development of 'cutting edge' radiology such as life altering stroke intervention and cardiac imaging – this can only keep pace if there are enough radiologist doctors and staff in place.

Without an adequate number of staff, patients will potentially miss out on new interventional procedures. This could mean that patients will wait even longer for diagnosis – which could in-turn lead to complications in terms of treatment.

### **Recently Retired Radiology Staff / Staff Approaching Retirement**

The Council acknowledges that there is a severe shortage of Radiology staff in Northern Ireland – the current vacancy rate (at just over 20%) is unacceptable and needs to be addressed immediately.

There are a number of benefits from having 'recently retired' Radiologists, or those who will be retiring shortly, remaining on in a part-time capacity. These benefits may include:

- Retaining valuable skills and knowledge which can be conveyed to newer and less experienced members of staff.
- Supporting the health and wellbeing of older employees, as they prepare for retirement on a more 'phased basis'.
- Ensuring the transition from work to retirement is more supported – allowing staff to fully prepare themselves for retirement when they are still working.

The Council believes that due to the current vacancy rates, there should be a joint-approach involving both 'recently retired staff / those approaching retirement' along with newly qualified staff – ensuring that the skillsets of newly qualified staff are increased and strengthened by working with more experienced colleagues.

The Council also believes that there should be substantial investment (resources/staff) to ensure that as many vacant positions (across Imaging Services in Northern Ireland) are filled as is possible.

### **New / Existing Radiology Staff**

The Council understands that there are a number issues within the Health and Social Care system in relation to the filling of posts and vacant positions – particularly for Radiology positions.

When positions become vacant – or are about to become vacant – there should be the opportunity for a more open and transparent recruitment process. There can be issues with filling positions from waiting lists, meaning that you may not get the most suitable person for the position. There are also issues from a 'potential employee' perspective as, for example, it could mean that individuals who can't accept a

maternity post in a certain area are not considered for maternity positions in other areas, where they may have the ability to work.

Whilst there is a need for Radiology staff to receive positions 'on merit', there should be a more open, transparent and competitive process for staff recruitment. This will help to ensure that the best candidate, available for a particular job/area, will be chosen for each vacant position.

### **Career Progression Pathway**

The Council believes that Radiographers should have a clear career progression pathway for to enable movement into the field of Radiology, where this is required. There should be a structured progression in place – for example, there should be opportunities for on-going learning and skills development with staff being encouraged to attend training sessions, post-graduate degrees and other relevant sessions.

### **Plain Film Reporting**

The Council understands that the current level of 'plain film reporting' stands at approximately 20%. In order for Radiographers to report on scans, there should be a willingness and a 'two-way' understanding of responsibilities. Although, any increase in the level of 'plain film reporting' should help to reduce waiting list numbers, it should only be done so in a safe environment – for both staff and patients.

### **Local Radiology Staff Issues**

The Council acknowledges that due to the current staff numbers it may be difficult to achieve 24-hour care and reporting. However, with the introduction of new technology, it would be extremely beneficial to ensure that scans can be taken in all hospitals (closest to the patient), whilst a specialist can read/interpret them from anywhere (e.g. anywhere in Northern Ireland / in the world, where specialists are contracted by the relevant Health authority).

This would ensure that patients will receive a report, no matter how specialist, on a more timely basis – allowing potential treatment to commence in a more timely manner as well.

There is also the issue of skills shortages in certain areas of Interventionalist Radiology, for example – blockages. The reasoning for this could be quite simple, e.g. the number of procedures locally can be substantially smaller than other areas where there are larger population centres. Therefore, there is a need to ensure that the skillsets of Radiologist staff locally are prioritised (and up to date) as those individuals who are based in larger, more urban, settings.

## **Cardiac MRI / Echocardiography**

The Council understands that at present there are two centres which provide Cardiac MRI and Echocardiography services in Northern Ireland. These locations are the Mater Hospital in Belfast and the South West Acute Hospital in Enniskillen.

The Council believes that it is vital that these services remain local, and within the South West Acute Hospital. It would be entirely unacceptable to expect patients to travel to the larger more urban centres to receive such treatment. The equipment, skills and staff are already in place – and to remove this would be detrimental to current processes. The Council totally opposes any potential diminution of the services provided in the South West Acute Hospital which will further exacerbate health inequalities, particularly for the most disadvantaged people in the council district.

## **Existing Systems**

The Council believes that Northern Ireland could benefit from additional resources in Radiology services – both in terms of staff and equipment. It is vital that current practice amongst some Radiologists in Northern Ireland (e.g. reporting on images / scans 'online' after it is taken in a location close to the patient's home) continues and is further enhanced.

The patient should be seen, with an image taken, in a suitable location which is close to their home – without the necessity to travel for long periods of time and putting additional pressures/stresses on patients and their families/carers.

It is also vital to ensure that systems within Northern Ireland are compatible with those in other areas, for example other parts of the UK or the Republic of Ireland's NEMUS system (particularly in terms of the existing Cardiac / Heart Disease Network).

The Council, in liaising with Department of Health and HSCT Officials understands that there are certain limitations placed upon current systems, not least of all that they are reliant on other networks – e.g. phone/broadband networks, etc.

In order to improve current systems, including the potential for individuals to receive their scan as close as possible to their homes, there needs to be a continual investment in existing systems – ensuring they are up-to-date and compatible with the other modern technologies. This would ensure that whilst patients do not have to travel long journeys to receive a scan – that scans can be read by consultants (no matter how specialist) quickly and efficiently with the results being reported by video link if most appropriate.

The Council emphasises the need for patients to receive scans close to their homes – and would not accept any reasoning for Imaging Services to be removed from either the local South West Acute Hospital in Enniskillen or the Omagh Enhanced Hospital and Primary Care Complex. To do this, and to have patients travel to a 'regional hub' would be totally unacceptable.

The diagram contained within Appendix 1, at the conclusion of this document, shows the distance patients may have to travel to various hospitals (from a number of locations within the Fermanagh and Omagh District). As demonstrated, a number of patients (and their families) already have to travel considerable distances to the South West Acute Hospital and any increase to any of these journeys would be unacceptable.

### **Level of Investment**

The Council is encouraged by the level of resources and the fact that £3.5 million worth of resources will be invested to deliver the Strategy. It is vital that this investment is 'recurrent' and made available annually – to ensure that imaging services can provide the necessary level of examinations/reports to meet current, and projected, demand as well as meeting any identified backlogs or waiting lists.

The additional resources should:

- Ensure equipment is used as effectively as possible.
- Promote an effective skill mix in each location.
- Ensure there is a 7-day access to services.
- Ensure all 'out of hours' services have the ability to be delivered in each location.

It is also vital that sufficient investment is made to imaging equipment – ensuring it is up-to-date and utilised as effectively as possible. For example, some of the equipment in the South West Acute Hospital could potentially be up to five years old. This equipment should be replaced with newer and more up-to-date equipment installed to cope with the demand and use over the last number of years.

On top of this, it is vital that adequate training is provided to ensure that staff are operating the equipment in the most effective manner.

### **Other aspects which should be addressed by the Department:**

#### **Real-Time Feedback**

With modern technology, and the benefits of the NIPAC system, there is no reason why some images and scans cannot be read immediately – with results/reports given via video link where possible. This would allow patients the opportunity to receive reports immediately, as well as the opportunity to receive treatment/medication sooner.

However – the Council is adamant that any sort of Real-Time Feedback should only be undertaken when the patient is:

- Content to receive the information in this way.
- There is medical staff with the patients to ensure they are satisfied and understand the information given.
- The patient is not asked to travel further to receive the report.

## **Service User Input**

The Council believes that there should be direct consultation with service users in each locality. These individuals understand the process and may be in the best place to offer constructive feedback.

Constructive 'Service User' feedback should therefore be encouraged, with the Department working with these service users and other appropriate stakeholders to ensure a 'co-design' element to Imaging Services within Northern Ireland.

It should be stressed that 'Service User' feedback should be encouraged from across Northern Ireland, including the remote and more isolated areas such as some of those areas within the Fermanagh and Omagh District.

## **Justification Audit**

Current statistics show that within the Western Health and Social Care Trust:

- 1 out of every 5 people will come into contact with imaging services every year.
- 1 out of every 3 people (aged 65 years and over) will come into contact with Imaging Services every year.

It may be worthwhile for the Department to undertake an audit to assess the levels of unnecessary, or duplicated, images. The NIPAC system should address some of this – however, it would be worthwhile to understand where/why/how these duplicated/unnecessary images occur.

## **Cross Border Working**

With the proximity of a number of locations (e.g. the South West Acute Hospital) to the border with the Republic of Ireland, the Council believes that the opportunity for Cross Border Working could offer the Department another revenue stream as well as offering cross border patients an opportunity to avail of a service closer to their home (regardless of their jurisdiction).

## **Conclusion**

The Council wishes to re-emphasise its belief that any relocation of Imaging Services, away from its current locations within the Fermanagh and Omagh District (i.e. South West Acute Hospital and the Omagh Hospital and Primary Care Complex), would be damaging not just to the reputation of the hospital, but also to reputation of the Department and the Health and Social Care Trust.

Most importantly, any relocation of services to a 'regional centre/hub' compared to localised services will have a huge detrimental impact on patients within the District – including the potential for a delay in treatment.

The Council would also endorse the introduction of a new Imaging Board to oversee (and ensure) patient safety, fairness, openness and transparency. The Board should

be clinically led, as well as comprising of Senior Level Officials from the both the Trusts and the Department and focus on the needs of patients and adding value to the Imaging Services across the Region.



### Appendix 1 – Average journey times to hospitals from the Fermanagh and Omagh District

Town/area	Average travel time to South West Acute Hospital (Enniskillen)	Average travel time to Omagh Hospital and Primary Care Complex	Average travel time to Altnagelvin Hospital (Derry/Londonderry)	Average travel time to Craigavon Area Hospital
Ballinamallard	7 minutes (4.4 miles)	39 minutes (22.1 miles)	1 hour 23 minutes (49.2 miles)	1 hour 14 minutes (57 miles)
Garrison	39 minutes (26 miles)	1 hour 1 minute (41.6 miles)	1 hour 35 minutes (59 miles)	1 hour 47 minute (85.8 miles)
Belleek	39 minutes (25.7 miles)	54 minutes (37.6 miles)	1 hour 28 minutes (54.9 miles)	1 hour 41 minute (81.7 miles)
Boho	18 minutes (9 miles)	1 hour 1 minute (36.1 miles)	1 hour 40 minutes (60.4 miles)	1 hour 29 minutes (67.9 miles)
Brookeborough	22 minutes (13.3 miles)	39 minutes (23 miles)	1 hour 31 minutes (56.8 miles)	57 minutes (48.9 miles)
Enniskillen	5 minutes (2 miles)	43 minutes (27.5 miles)	1 hour 30 minutes (54.1 miles)	1 hour 11 minutes (59.8 miles)
Derrygonnelly	18 minutes (10.9 miles)	1 hour 1 minute (38 miles)	1 hour 41 minutes (63.2 miles)	1 hour 29 minutes (69.7 miles)
Teemore	29 minutes (17.5 miles)	1 hour (37.5 miles)	1 hour 54 minutes (69.6 miles)	1 hour 18 minutes (63.2 miles)
Donagh	30 minutes (17.1 miles)	54 minutes (32.5 miles)	1 hour 46 minutes (66.6 miles)	1 hour 12 minutes (58.5 miles)
Enniskillen	5 minutes (2 miles)	43 minutes (27.5 miles)	1 hour 30 minutes (54.1 miles)	1 hour 11 minutes (59.8 miles)
Kinawley	24 minutes (12.5 miles)	1 hour 1 minute (33.7 miles)	1 hour 47 minutes (64.6 miles)	1 hour 22 minutes (63 miles)
Irvinestown	11 minutes (7.6 miles)	33 minutes (19.5 miles)	1 hour 15 minutes (45.1 miles)	1 hour 13 minutes (58 miles)
Kesh	17 minutes (12.3 miles)	35 minutes (21.1 miles)	1 hour 7 minutes (39.9 miles)	1 hour 18 minutes (64.8 miles)

<b>Town/area</b>	<b>Average travel time to South West Acute Hospital (Enniskillen)</b>	<b>Average travel time to Omagh Hospital and Primary Care Complex</b>	<b>Average travel time to Altnagelvin Hospital (Derry/Londonderry)</b>	<b>Average travel time to Craigavon Area Hospital</b>
<b>Lisbellaw</b>	<b>14 minutes</b> (6.9 miles)	<b>43 minutes</b> (24.6 miles)	<b>1 hour 36 minutes</b> (59.4 miles)	<b>1 hour 3 minutes</b> (54.9 miles)
<b>Lisnarick</b>	<b>13 minutes</b> (9.1 miles)	<b>38 minutes</b> (23.6 miles)	<b>1 hour 11 minutes</b> (43.3 miles)	<b>1 hour 20 minutes</b> (60.7 miles)
<b>Lisnaskea</b>	<b>23 minutes</b> (13.5 miles)	<b>46 minutes</b> (28.8 miles)	<b>1 hour 42 minutes</b> (63.7 miles)	<b>1 hour 6 minutes</b> (54.8 miles)
<b>Maguiresbridge</b>	<b>18 minutes</b> (10.2 miles)	<b>43 minutes</b> (26 miles)	<b>1 hour 33 minutes</b> (59.6 miles)	<b>1 hour 1 minutes</b> (52 miles)
<b>Newtownbutler</b>	<b>33 minutes</b> (19.5 miles)	<b>56 minutes</b> (35 miles)	<b>1 hour 49 minutes</b> (69.1 miles)	<b>1 hour 15 minutes</b> (61 miles)
<b>Rosslea</b>	<b>43 minutes</b> (26.5 miles)	<b>55 minutes</b> (30.7 miles)	<b>1 hour 49 minutes</b> (64.8 miles)	<b>1 hour 7 minutes</b> (39 miles)
<b>Tempo</b>	<b>14 minutes</b> (9.2 miles)	<b>32 minutes</b> (18.8 miles)	<b>1 hour 24 minutes</b> (53.6 miles)	<b>59 minutes</b> (49.8 miles)
<b>Beragh</b>	<b>44 minutes</b> (28 miles)	<b>11 minutes</b> (5.8 miles)	<b>1 hour 8 minutes</b> (41.9 miles)	<b>44 minutes</b> (40 miles)
<b>Omagh</b>	<b>37 minutes</b> (24.9 miles)	<b>6 minutes</b> (1.6 miles)	<b>57 minutes</b> (34.1 miles)	<b>51 minutes</b> (46 miles)
<b>Clanabogan</b>	<b>31 minutes</b> (22.6 miles)	<b>15 minutes</b> (5.7 miles)	<b>1 hour</b> (37 miles)	<b>58 minutes</b> (49.1 miles)
<b>Dromore</b>	<b>24 minutes</b> (16.2 miles)	<b>19 minutes</b> (10.4 miles)	<b>1 hour 9 minutes</b> (42.4 miles)	<b>1 hour 2 minutes</b> (49.9 miles)
<b>Drumnakilly</b>	<b>47 minutes</b> (31.2 miles)	<b>10 minutes</b> (4.8 miles)	<b>1 hour 2 minutes</b> (37.3 miles)	<b>53 minutes</b> (40.8 miles)
<b>Drumquinn</b>	<b>32 minutes</b> (21.7 miles)	<b>22 minutes</b> (11.5 miles)	<b>54 minutes</b> (31.6 miles)	<b>1 hour 5 minutes</b> (54.8 miles)
<b>Mountjoy</b>	<b>41 minutes</b> (28.4 miles)	<b>16 minutes</b> (6.7 miles)	<b>49 minutes</b> (31 miles)	<b>59 minutes</b> (50.1 miles)

<b>Town/area</b>	<b>Average travel time to South West Acute Hospital (Enniskillen)</b>	<b>Average travel time to Omagh Hospital and Primary Care Complex</b>	<b>Average travel time to Altnagelvin Hospital (Derry/Londonderry)</b>	<b>Average travel time to Craigavon Area Hospital</b>
<b>Fintona</b>	<b>31 minutes</b> (20.1 miles)	<b>15 minutes</b> (8.6 miles)	<b>1 hour 11 minutes</b> (42.7 miles)	<b>49 minutes</b> (43.1 miles)
<b>Gortin</b>	<b>56 minutes</b> (34.8 miles)	<b>20 minutes</b> (10.7 miles)	<b>39 minutes</b> (24.6 miles)	<b>1 hour 6 minutes</b> (47.8 miles)
<b>Omagh</b>	<b>37 minutes</b> (24.9 miles)	<b>6 minutes</b> (1.6 miles)	<b>57 minutes</b> (34.1 miles)	<b>51 minutes</b> (46 miles)
<b>Killyclogher</b>	<b>41 minutes</b> (26.9 miles)	<b>7 minutes</b> (2 miles)	<b>55 minutes</b> (33.9 miles)	<b>53 minutes</b> (46.4 miles)
<b>Seskinore</b>	<b>35 minutes</b> (23 miles)	<b>14 minutes</b> (6.2 miles)	<b>1 hour 6 minutes</b> (41 miles)	<b>46 minutes</b> (41.3 miles)
<b>Greencastle</b>	<b>54 minutes</b> (37 miles)	<b>19 minutes</b> (11.8 miles)	<b>50 minutes</b> (31.9 miles)	<b>55 minutes</b> (40.4 miles)
<b>Sixmilecross</b>	<b>47 mins</b> (30 miles)	<b>16 minutes</b> (8.5 miles)	<b>1 hour 10 minutes</b> (44.4 miles)	<b>43 minutes</b> (34.8 miles)
<b>Carrickmore</b>	<b>56 minutes</b> (35.1 miles)	<b>19 minutes</b> (10.5 miles)	<b>1 hour 2 minutes</b> (39.4 miles)	<b>44 minutes</b> (35.6 miles)
<b>Trillick</b>	<b>18 minutes</b> (10.2 miles)	<b>29 minutes</b> (16.6 miles)	<b>1 hour 14 minutes</b> (47.8 miles)	<b>1 hour 6 minute</b> (51.4 miles)