

Public Consultation on the temporary changes to Urgent and Emergency Care services at Lagan Valley Hospital, Lisburn

June 2022

Alternative formats

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Acknowledgement

The Trust wishes to extend its thanks and appreciation to all those individuals, elected representatives, groups and organisations who responded to the consultation process. The Trust also wishes to thank all individuals and organisations who took the time to attend the online listening event and/or to meet with or contact the Trust to express their views.

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INTRODUCTION

On Monday 18 October 2021, opening hours at the Lagan Valley Hospital Emergency Department were temporarily changed from 8am – 8pm Monday to Friday, to 8am – 6pm Monday to Friday. A 'Phone First' service was also introduced on this date.

The decision to reduce the opening hours by two hours a day was taken by the Trust in response to the significant shortage of suitably qualified emergency medical staff and the ability to maintain high quality standards of care for patients. Patient safety is the Trust's key priority and there was no alternative to making this decision.

The 'Phone First' service involves patients being assessed by a senior doctor over the phone and ensures people receive the right care, first time. This system is being implemented across the region and is consistent with the Department of Health's Review of Urgent and Emergency Care services in Northern Ireland.

A formal public consultation was held between 23 February and 22 April 2022 to seek public views on the temporary changes outlined above. This report provides a summary of the feedback received and the Trust's response to this feedback. This report should be read in conjunction with the associated consultation document available at www.setrust.hscni.net or by contacting the Trust on 028 90 550434 or at consultation@setrust.hscni.net.

THE CONSULTATION PROCESS

Public Consultation Methods

The Trust used a variety of methods to engage with a wide range of organisations, members of the public and other stakeholders. Consultees had the opportunity to respond to the consultation using a variety of methods including;

In writing (i.e. via letter)

- Online questionnaire (available on Citizen Space) or paper questionnaire (i.e. Microsoft Word Document) (see Appendix 1)
- Email
- Telephone
- Individual meetings upon request
- An online listening event held on 23 March 2022 (18:00 20:30). The online listening event was organised in partnership with the Patient and Client Council, and gave the public an opportunity to learn more about the temporary changes to Lagan Valley Hospital Emergency Department and partake in group discussions to give their feedback. The event was hosted by an independent facilitator to ensure transparency and encourage open discussions. The event was promoted in a local newspaper (Ulster Star), on the Trust's website and social media pages and through the Patient and Client Council (via emails, newsletter and social media).

Promotion of the Public Consultation

The consultation was promoted through email notification to over 1500 individuals, groups and organisations listed in the South Eastern Trust's Consultee database and the Health and Social Care Trusts' Regional Consultee database. The email provided information on the consultation as well as a link to the consultation documents. A full consultation document, easy read consultation document, Equality Screening and Rural Needs Impact Assessment were published on the Trust's website (https://setrust.hscni.net/getinvolved/consultations/). Alternative formats of the document including Braille, disk, audio cassette and minority languages were available on request. The consultation was also promoted by the Trust via meetings, including a meeting with Lisburn and Castlereagh City Council on 29 March 2022.

The consultation was promoted via a press release (two newspaper articles in the local newspaper, Ulster Star, on 4 March 2022 and 22 April 2022) and an advert in the Ulster Star newspaper on 4 March 2022, as well as the Trust's social media platforms. The consultation was also promoted by the Patient and Client Council, including an email notification to over 6000 Patient and Client Council members, social media posts and a publication in the Patient and Client Council newsletter. The Patient and Client Council also presented consultation information and sought feedback from people attending their Citizen Hubs meetings which took

place in each Trust area during March 2022. The Patient and Client Council promoted the consultation and the online listening event via their social media pages.

Analysis of responses

All responses received in relation to the public consultation were reviewed and analysis was carried out to establish common themes emerging. Note that some responses included more than one theme.

PROMOTING EQUALITY, GOOD RELATIONS AND RURAL NEEDS

The Trust is committed to promoting equality, good relations, human rights and rural needs. As part of the consultation, we carried out an Equality, Good Relations and Human Rights Screening and Rural Needs Impact Assessment, both of which were made available on the Trust's website (https://setrust.hscni.net/getinvolved/consultations/). Feedback was sought from the public on our Equality and Rural Needs screenings as part of the consultation process.

FEEDBACK RECEIVED DURING THE CONSULTATION

There were 41 written responses to the public consultation, 39 of which were submitted via online questionnaire and two via email (see list of respondents in Appendix 2).

Alongside written responses, the Trust also engaged in discussions with a number of individuals, groups and organisations in relation to the consultation including;

- Lagan Valley Hospital staff
- Lisburn & Castlereagh City Council
- GP practices in Lisburn area
- Trade Unions
- Elected Representatives
- No More Silos Regional Team
- The Resurgam Trust

- Strategic Planning and Performance Group
- Department of Health
- Patient and Client Council

Feedback from the above discussions, as well as from the online listening event, has been included in the analysis. Ten members of the public attended the online listening event.

The feedback has been categorised into emerging themes as summarised in Figure 1. Comments received within each theme and Trust responses are discussed below.



Figure 1: Summary of common themes from public consultation responses

Theme: Impact on alternative services

Summary of consultation responses:

- Concern was raised that the temporary changes will have a negative impact on other Emergency Departments in surrounding areas which are already experiencing extreme pressure.
- It was highlighted that this could lead to longer waiting times in other Emergency Departments, as well as negatively impacting staff and patient safety.
- Concern was raised that there could be a negative impact on the Northern Ireland Ambulance Service, which could see an increase in the number of ambulances diverted to other Emergency Departments between the hours of 6pm – 8pm.
- Concern was raised that some patients may be reluctant to use the new Phone First service as they may lack confidence in the efficiency of the service, and that these patients might attend other Emergency Departments (which are already under extreme pressure) as a result. It was also noted that this will be difficult to monitor.

Trust response:

The Trust appreciates the concerns raised in relation to the changes adding additional burden to other Emergency Departments that are already experiencing extreme pressure. However, the data collected since the changes were implemented indicates that this has not been the case to date.

The majority (86%) of people who have used the Phone First service since its implementation (18 October 2021 – 31 May 2022) have either been seen at the Lagan Valley Hospital Emergency Department or discharged with advice over the phone. Additionally, there have been no significant increases in patients with Lisburn and Castlereagh postcodes using Emergency Departments in other Trusts in the surrounding area.

The Trust believes that the temporary changes will reduce pressure on the Northern Ireland Ambulance Service. Data comparing ambulance transfers from Lagan Valley Hospital Emergency Department between October 2018 – May 2019¹ and October 2021 – May 2022

(i.e. time period after the temporary changes were implemented) show a reduction in ambulance transfers from 562 to 269 respectively. Those who phoned first were less likely than those who arrived at the emergency department without phoning first to require ambulance transfer (1% versus 4%). This emphasises that the Phone First service helps to ensure that patients receive the right care, first time, meaning there is less chance of patients requiring an onward ambulance transfer.

The Phone First service is also having more contacts with patients on average during the new opening hours (8am – 6pm) than it did prior to the temporary changes (8am – 8pm) which suggests it is alleviating pressure on other services. Additionally, many patients who contact the Phone First service are categorised as non-urgent and are scheduled to be seen at the department the following day rather than attending other services.

The Trust will continue to monitor the impact of the changes on other services.

¹ Note that this time period was used as a comparison given the impact of the Covid-19 pandemic.

Theme: Increased travel time and impact on patient safety

Summary of consultation responses:

- Concern was expressed that increased journey times associated with travelling to other Emergency Departments poses a patient safety risk in relation to delaying treatment and reducing successful outcomes and recovery.
- The need to travel increased distances to other Emergency Departments as a result of the changes was also mentioned in relation to those who do not have access to a car, the expense of travelling via taxi and the availability of public transport.

Trust response:

The Trust acknowledges the concerns raised in relation to increased travel times and recognises that for many people it is important to feel close to an Emergency Department.

However, the Trust would like to reassure the public that the travel times to alternative Emergency Departments are within 35 minutes (see Equality Screening document for more information - https://setrust.hscni.net/wp-content/uploads/2022/02/LVH-ED-Equality-Screening.pdf).

Data collected prior to the temporary changes being implemented showed that on average, of those patients who attended Lagan Valley Hospital Emergency Department between 6-8 pm, 62% were categorised as non-urgent and could safely be seen in the department via an appointment the next day. When the Lagan Valley Hospital Emergency Department is closed (after 6pm on weekdays and at weekends) the local GP Out of Hours service is available to assist with urgent medical conditions. Lagan Valley Hospital Emergency Department is a Type 2 Emergency Department² which means that it cannot deal with life threatening conditions. As a result, even when the department is open, people with these conditions must travel to and be treated at an appropriate Type 1 Emergency Department³.

The Trust recognises that the temporary change to the opening hours may require service users to travel further to access services. A Rural Needs Impact Assessment has been carried out as part of the consultation process to identify the potential impact of the changes on people living in rural areas and can be found on the Trust's website. No major impacts were identified and the Trust hopes that the Phone First model will result in fewer people having to travel to our Emergency Departments unnecessarily. For example, 86% of people who have used the Phone First service from its introduction to 31 May 2022 (inclusive) have been seen at Lagan Valley Hospital Emergency Department or discharged over the phone. The Trust has implemented initiatives to mitigate the potential impact on patients from rural areas which are outlined in the Rural Needs **Impact** Assessment (available at https://setrust.hscni.net/getinvolved/consultations/). The Trust is committed to ongoing monitoring for any future adverse impact.

As outlined above, since the introduction of the temporary changes, the majority of patients have been seen at Lagan Valley Hospital. For the small proportion that need to attend other Emergency Departments, the Trust hopes that the Phone First service will improve patient safety and health outcomes as it ensures patients are seen in the right place, first time.

² **Type 2 Emergency Departments** are consultant-led services with designated accommodation for the reception of Emergency Care patients, but do not provide both Emergency Medicine and Emergency Surgical services and/or has time-limited opening hours.

³ **Type 1 Emergency Departments** are consultant-led services with designated accommodation for the reception of Emergency Care patients, providing both Emergency Medicine and Emergency Surgical services on a round the clock basis.

Theme: Staffing

Summary of consultation responses:

- It was suggested that an action plan and increased effort is needed to recruit the adequate staffing levels required to maintain 8am 8pm opening hours.
- Concern was highlighted regarding the Trust's continuing reliance on agency and locum staff and a suggestion was made that recruitment exercises and engagement must continue to secure an adequate supply of Specialty and Associate Specialist (SAS) and locum staff who work on the middle tier of the department rota.
- It was raised that the use of locums is a long-term issue over the past 10 years and it was queried why it has been allowed to reach this stage.
- The need for an investigation and long-term investment into increasing staffing was highlighted.
- It was also suggested that staff should be relocated/rotated from other Emergency Departments or from elsewhere in the Trust to deal with the pressures.
- A query was raised regarding whether final year/newly qualified doctors could be employed to help address the staffing shortages.
- It was suggested that exit questionnaires should be issued to all staff leaving positions in Emergency Departments across the Trust, in order to better understand the reasons behind persistent issues with staff retention at all levels in emergency and urgent care.
- It was highlighted that the consultation document states that 90% of shifts in July were covered by locums and a query was raised if the planning of annual leave had any influence on this.
- A query was raised on why the doctors appointed in the Trust's recent recruitment exercise were not qualified and skilled to undertake the role required.
- It was raised that the consultation document lacked evidence to show that cross site working is cost effective and is good for staff morale and retention.
- There was a request that UNISON will be fully engaged with, utilising a partnership approach to ensure that the concerns of staff are heard and acted upon and that staff will be issued with satisfaction surveys as well as patients.

Trust response:

As outlined in the consultation document, the Trust believes it has taken all available action to address the shortage in staff and continues to look for opportunities to improve staffing levels and reduce locum dependency. The shortage of adequately trained staff is not unique to Lagan Valley Hospital or the South Eastern Trust. It is a challenge experienced regionally and nationally and will require a regional effort to address. Unfortunately, while there is a one year funding cycle in operation, the Trust is unable to permanently recruit staff. The Trust welcomes the recommendation within the Review of Urgent and Emergency Care Northern Ireland that the Department of Health will oversee the development of a regional, multi-professional workforce plan to ensure we have the appropriately skilled staff to deliver the new models of care in Urgent and Emergency Care.

The Trust's Emergency Medicine team work across the three main Trust sites. However, the Trust is experiencing an overall shortage of suitably trained doctors equipped to act as senior decision makers to treat and care for patients across all three sites.

The Trust is unable to utilise final year/newly qualified doctors to fill the staff shortages as we need to ensure that staff have adequate training, skills and postgraduate experience to deliver the safest service possible. Similarly, staff recruited during the Trust's recruitment exercise in 2021 require additional specialist skills, particularly given that Lagan Valley Hospital Emergency Department is a Type 2 Emergency Department⁴ and therefore does not have onsite support from some service areas (e.g. paediatrics) that staff may be required to respond to. Patient safety remains the Trust's number one priority.

The Trust is committed to fully engaging with our staff and Trade Union colleagues in relation to Lagan Valley Hospital Emergency Department. The Trust has, and continues to engage with staff in relation to Lagan Valley Hospital Emergency Department and commits to distributing satisfaction surveys to staff.

⁴ **Type 2 Emergency Departments** are consultant-led services with designated accommodation for the reception of Emergency Care patients, but do not provide both Emergency Medicine and Emergency Surgical services and/or has time-limited opening hours.

Exit interviews are carried out with all staff leaving positions in Emergency Departments. The majority of staff who leave posts report leaving for training/progression purposes. Unfortunately the Trust is unable to mitigate against annual leave requests due to the overall shortage of staff.

Theme: Difficulty accessing other services

Summary of consultation responses:

- Concern was raised in relation to difficulties experienced accessing GP and GP
 Out of Hours services.
- Concern was also expressed that being unable to access GP appointments put more pressure on GP Out of Hours services and Emergency Departments.

Trust response:

The Trust is unable to respond in relation to the GP daytime service as GPs are independent contractors and not managed by the Trust (this is a matter for discussion with the Strategic Planning and Performance Group). However, we continue to work with GPs to improve patient pathways. For example, the Trust is playing an active role in delivering on No More Silo's, which is a regional action plan developed by the Department of Health to support and maintain urgent and emergency care services, making changes to existing services and introducing new ones to ensure that patients can access the right care, in the right place, first time.

In relation to GP Out of Hours, the service has experienced an increase in service demand along with difficulty at times getting full GP cover on all shifts across the three GP Out of Hours sites. This may result in a delay in patients being called back by the GP. At initial triage, any patient who can safely wait until the following day will be advised to contact their own GP when they are open. Patients with routine conditions or those requesting repeat prescriptions will be advised on options for self-care or sign posted to other services and advised to call back if their condition changes.

Theme: Communication

Summary of consultation responses:

- It was raised that clarity and/or education is required on the following:
 - The services that different facilities offer (e.g. Minor Injuries Unit versus Emergency Departments, Local Enhanced Hospitals, Urgent Care Centres).
 - Health service terminology (a comment was made that facilities are given names that are not easily understood by the public and that methods of accessing services differ depending on where you live).
 - The difference between urgent and emergency care.
 - What a Phone First Service is, how to access it, who can access it and when it should be used.
 - Whether patients are still able to 'walk in' at Lagan Valley Hospital Emergency Department.
 - The services provided by Lagan Valley Hospital Emergency Department.
 - How an Urgent Care Centre at Lagan Valley Hospital would work (a comment was made that Urgent Care Centres throughout the region are different).
 - What services patients should access depending on their condition to alleviate pressures on Emergency Departments.
- It was highlighted that the lack of public awareness and confidence in the efficiency of the Phone First service could lead to increased pressures on other services (Emergency Departments and Northern Ireland Ambulance Service).
- Recommendations to improve communication and/or promotion of the Phone First service included the following:
 - Better promotion of the Phone First service to GPs, and to GPs in Belfast Trust area which border the Lisburn area.
 - Communication systems to keep the public updated.
 - Communication and engagement with staff (both within the South Eastern Trust, and surrounding Emergency Departments and Urgent Care Services) regarding the changes and how this may continue to impact their own services, as well as involving staff in contingency planning.

Trust response:

The Trust appreciates how vital adequate communication is. The Trust issued leaflets to Lisburn postcodes with reminder information about the temporary changes at Lagan Valley Hospital Emergency Department and continues to promote how to choose the right service based on the symptoms/condition patients are experiencing via its social media pages and website.

The Trust welcomes the feedback and suggestions received throughout the consultation, and is committed to working towards improving communication with our service users and carers. For example, following feedback received at our online listening event, we wrote to Belfast Trust GPs in close proximity to the Lisburn area to provide information on the Phone First service and how to access it. The Trust will add further information about the Phone First service to its website in order to address some of the common queries raised during this consultation.

The comments received in relation to communication during this consultation are reflective of people's views regionally. The recently published Review of Urgent and Emergency Care in Northern Ireland identified communication as a key theme and priority in health and social care. The Review sets out proposals for improving communication and ensuring different aspects of the health care system work together to achieve the best experiences and outcomes for service users. This includes a regional directory of services, organisational interoperability and regionalised clinical pathways. The Trust will continue to work at a regional and organisational level to improve communication with our service users. For example, at an organisational level, the Trust will commit to adding descriptions of terminology relating to urgent and emergency care to its website.

Theme: Full-time Emergency Department

Summary of consultation responses:

- It was expressed that the reduction in the opening hours of the department was reasonable given the challenges faced.
- It was acknowledged that the issues faced at Lagan Valley Hospital Emergency
 Department are a reflection of challenges faced across the Health and Social Care
 system in Northern Ireland.
- It was raised that there is a need for a full-time, 24 hour Emergency Department, and that the size of Lisburn City population warrants a full-time Emergency Department.
- Concern was raised that Lagan Valley Hospital has not been operating to full capacity whilst other hospitals are reported to be overflowing.
- It was suggested that it is more important to provide a full, safe service in a limited number of locations and that there is a need to rationalise services in line with recommendations from the Bengoa report.

Trust response:

The Trust is committed to Lagan Valley Hospital and recognises how important the hospital is to the people of Lisburn and the surrounding areas. For many years it has provided a comprehensive range of inpatient, day-case and outpatient services. In addition to these core services, the Lagan Valley site will be further enhanced by a new Primary and Community Care Centre which will bring together a full range of GP, community care and hospital services. In addition, the Hospital is the first dedicated Regional Day Procedure Centre, and is providing vital planned day surgery for patients from right across Northern Ireland.

Lagan Valley Hospital will continue to provide 24/7 inpatient care, but there has not been a full-time, 24 hour Emergency Department on this hospital site since 2011. The option of a full-time 24 hour Emergency Department is not feasible, safe or sustainable due to the ongoing shortage of urgent and emergency care staff including Specialty and Associate Specialist (SAS) doctors

working on the middle tier of the department rota, nurses and administrative staff. This workforce challenge is not unique to the South Eastern Health and Social Care Trust, or Northern Ireland – it is a challenge echoed across Urgent and Emergency Care service providers throughout the UK. The Trust's priority has always been, and continues to be, patient safety. Additionally, Lagan Valley Hospital Emergency Department is a Type 2 Emergency Department⁵ and does not have the services to function as a full-time Type 1 Emergency Department⁶ on a round the clock basis.

Theme: Temporary nature of the changes

Summary of consultation responses:

- While it was expressed that the temporary changes were reasonable in response
 to the challenges faced and to allow the Trust time to address staffing challenges,
 there was some apprehension about whether they would become permanent in
 the future.
- Concern was expressed that the changes reflect a down-grading of services and possible future closure of Lagan Valley Hospital Emergency Department.

Trust response:

The Trust's aim is to continue to provide a service in Lagan Valley Hospital Emergency Department from 8am – 8pm. However, this is not possible at present with the current staff available, despite continued attempts to secure additional cover through ongoing recruitment exercises and agency locum doctor requests.

The Trust will continue to make every effort to address the staffing challenges we face. However, it is important to acknowledge that there is unlikely to be a significant change in our current staffing issues in the next five years due to a net loss of specialty doctors despite recruitment efforts.

⁵ **Type 2 Emergency Departments** are consultant-led services with designated accommodation for the reception of Emergency Care patients, but do not provide both Emergency Medicine and Emergency Surgical services and/or has time-limited opening hours.

⁶ **Type 1 Emergency Departments** are consultant-led services with designated accommodation for the reception of Emergency Care patients, providing both Emergency Medicine and Emergency Surgical services on a round the clock basis.

Following the consultation on the findings of the Review of Urgent and Emergency Care in Northern Ireland, proposals will be finalised and an investment and implementation plan will be developed for Ministerial consideration and will be published in due course. The Trust is committed to involving staff, service users, local communities and the general public in the decisions we make about our services.

Theme: Impact of changes on people with disabilities, living in rural areas and on low incomes

Summary of consultation responses:

- Concern was expressed about the impact of the changes on people on low incomes in terms of affordability of transport to Emergency Departments which are further away from their homes.
- Concern was also raised about the impact on people living in rural areas and their ability to access other Emergency Departments which are further from their homes, often with limited transport options when Lagan Valley Hospital Emergency Department is closed.
- Concern was expressed in relation to those with disabilities accessing the service
 as some individuals with disabilities may have difficulty verbalising how they are
 feeling over the phone and highlighted the value of face-to-face consultations in
 this instance.
- It was highlighted that consideration must be given to those who do not have telephone and social media access.
- It was commented that the reduced hours of operation do not suit people in employment. It was suggested that further detail on the number and category of attendances between 8am – 9am would have been helpful in the consultation document, and that 8.30am – 6.30pm might have given better coverage.
- It was raised that reassurance should be given that travel needs will be considered and accommodated if possible.
- Engagement with people with caring responsibilities was highlighted as an important as part of the public consultation process.

- Positive feedback was received regarding the Trust's actions to mitigate the potential negative impact on patients from rural areas.
- A recommendation was made that the Trust should review the Equality Screening in relation to the impacts (potential increased workload and pressure) on the workforce across other South Eastern Trust sites as well as the Belfast Trust.

Trust response:

The Trust is committed to promoting equality of opportunity, good relations and human rights in all aspects of its work. In keeping with the commitments in our Equality Scheme, we have carried out an Equality Screening of this proposal, the outcome of which was to subject the implementation of the proposal to 'on-going screening' in order to carry out further analysis throughout the implementation process. Where adverse impact is then identified, the Trust will take steps to mitigate its effects. The Trust completed the Section 75 screening of its proposal in line with the Equality Commission for Northern Ireland Section 75 Guidelines. Consultation on the screening outcome enables consultees to identify any potential adverse impact in relation to the nine equality categories, and allows the Trust to make a judgement on the extent of the impact on the Section 75 groups. A range of key stakeholders have been included in the discussions with regards to the proposed new model. At this stage, no major adverse impacts have been identified and the outcome of this proposal will result in positive impacts for the majority of Section 75 groups.

The Trust has considered, and will continue to consider, the specific needs of its disabled service users, to ensure that its Emergency Department is fully accessible and will ensure that specific needs are assessed and addressed. Service users who are deaf will be able to access Phone First through the remote interpreting service SignVideo. Deaf, hard-of-hearing and speech impaired service users can also access the Phone First service via text relay. The Trust anticipates that the proposal will have a potential positive impact on those with disabilities through accessing new pathways and alternatives to a regular Emergency Department, including the Phone First approach, and will more adequately provide the right care for service users at the right time, at the right place.

The Trust continues to consider the social and economic needs of people in rural areas including, for example, access to services in terms of economic cost, availability of public transport and broadband/internet/mobile communication access. Eligible service users can avail of the Hospital Travel Costs Scheme, a scheme which helps people on a low income or income-based benefits who may be entitled to reclaim travel expenses for hospital treatment. The Trust also identified that the travel times to alternative Emergency Departments are within 35 minutes.

The Trust continues to consider the needs of service users in rural areas, with not all members of society online or on social media and realises that this requires a more varied approach. This will be kept under review as part of the ongoing Equality Screening and Rural Needs Impact Assessment.

The Trust promoted the consultation to people with caring responsibilities via email notification which was sent to over 3000 carers on our Trust Carer Register.

Theme: Phone First Model

Summary of consultation responses:

- Positive feedback was received regarding Lagan Valley Hospital Phone First Model with respondents describing it as "efficient", "patient friendly" and "we were seen quickly and at the right time".
- One negative experience was reported (a report that the receptionist stated that the patient should be referred to the Phone First service by their GP).
- There were some perceived concerns with regards to the Phone First service including: concerns about receiving assessment/diagnosis over the phone; concerns over whether the phone would be answered; access to/awareness of the phone number; lack of clarity on whether people will be turned away if they don't phone first.
- A query was raised about whether it is cost effective for a senior doctor to answer calls and whether the Trust has considered employing an Emergency Nurse Practitioner to answer the Phone First line instead.

- Concern was raised that Phone First has resulted in the Emergency Department becoming a Minor Injuries Unit.
- Suggestions were made about making satisfaction survey results and other service related outcomes available to the general public.

Trust response:

The Trust welcomes the positive experiences from people who have used the Phone First Service. This corresponds with data we have collected which shows a 98% overall satisfaction rate since the service was introduced. As mentioned previously, the Trust will endeavour to address some of the concerns raised around Phone First by updating our webpage with further information on the service.

We would like to reassure patients that to date no issues relating to the accessibility of the Phone First line have been reported. Thus far, 94% of patients using the service felt it was easy to make contact with the service. In relation to the reliability of diagnosis via phone, an independent follow-up and review of telephone triage has been carried out on 80 cases from December 2021 to 31 March 2022, and 93% of patients were happy with their telephone triage outcome. We would also like to reassure patients that the Phone First service does not require referral from a GP i.e. you can access the service yourself without speaking to a GP first.

A key recommendation within the recently published findings from the Review of Urgent and Emergency Care Services is to implement one regional telephone number for Phone First which will hopefully address concerns raised in this consultation process in relation to the accessibility of the service.

The Trust is currently exploring the possibility of using Emergency Nurse Practitioners to answer phone calls (a recruitment exercise is currently underway to recruit Emergency Nurse Practitioners). We would also like to reassure the public that Phone First is not operating as a Minor Injuries Unit as it is a Consultant led service.

The Trust will commit to publishing monitoring information relating to patient satisfaction of the Phone First service on its website.

Theme: Name Change

Summary of consultation responses:

- It was expressed that the proposed name change more accurately reflected the services
 offered.
- Concern was expressed that a name change would send out the message that people should not go to Lagan Valley Hospital if they are ill.
- Concern was raised about the longer-term intention of the Trust in relation to renaming the department as an Urgent Care Centre and a request was made for the Trust to be open and transparent about its future plans.
- It was suggested that Urgent Care Centre implies that the hospital will not be receiving ambulances or trauma patients.
- It was suggested that most people assumed that the Emergency Department had changed to an Urgent Care Centre already.
- A query was raised about whether the change of name is necessary if this is a temporary measure.

Trust response:

The Trust believes changing the name of the Lagan Valley Hospital Emergency Department to Urgent Care Centre is important in terms of patient safety as this name more accurately reflects services delivered. We believe that the temporary name change better communicates to our patients that Lagan Valley Hospital Emergency Department is not the appropriate place to attend for life threatening injury or illness. The Trust also believes the term 'Urgent Care Centre' is likely to be clearer and more easily understood by patients than 'Type 2 Emergency Department'.

The recent findings from the Review of Urgent and Emergency Care services sets out plans to establish Urgent Care Centres and rapid access and treatment services in all Health and Social Care Trusts. Changing the name of the department is therefore also in line with regional direction in relation to urgent and emergency care services in Northern Ireland.

Theme: Comments on Consultation Process

Summary of consultation responses:

- The following comments were made about the consultation process:
 - More listening events would have given more people the opportunity to contribute.
 - There is a lack of information on monitoring throughout the document.
 - There are references within the consultation document to Emergency Department when it is the "new" Urgent Care Centre.
- Disappointment was expressed that Phone First was not consulted on before implementation.
- It was suggested that consultation sessions with GP practices should form an integral part of the consultation procedure.
- Positive feedback was received regarding the Trust's engagement with the Lisburn Castlereagh City Council.

Trust response:

The Trust welcomes feedback in relation to the consultation process and will take recommendations in relation to our consultation into consideration in the development of future consultation exercises.

The term Emergency Department was used throughout the consultation document as the Lagan Valley Hospital Emergency Department is the official title of the facility at the time of the consultation.

A public consultation was not carried out prior to the implementation of the Phone First system as it was introduced in response to the extreme workforce challenges faced and to further reduce the Trust's dependency on the inconsistent level of cover provided by agency locum doctors in Lagan Valley Hospital Emergency Department. The Phone First system is a regional initiative directed by the Department of Health and is operating in a number of hospitals across the region, including the Downe Hospital and Ards Minor Injury Unit within the South Eastern Trust.

A number of consultation sessions were carried out with Lisburn based GPs as part of the consultation process, including four Zoom sessions dedicated to the service change and a virtual presentation to Local GPs.

NEXT STEPS

The feedback received during the consultation process was presented to Trust Board on 29 June 2022. After careful consideration, the Trust Board approved the following recommendations:

- Continue with the temporary reduction in opening hours.
- Continue with the Phone First system.
- Temporarily rename the facility as an 'Urgent Care Centre' to better reflect the services currently delivered.

The recommendations were made in the absence of any suggestions of viable alternatives to address the significant shortage of suitably qualified emergency medical staff during the consultation process, and to ensure we maintain high quality, safe standards of care for patients.

The Trust continues to monitor the ongoing impact of the temporary changes and will continue to make every effort to address the staffing challenges we face.

All those who participated in the consultation will receive a copy of the consultation feedback report which includes a detailed response from the Trust.

The Trust is very grateful to all individuals and organisations who took the time to attend meetings and/or to respond to the consultation.

APPENDIX 1: Consultation Questionnaire

Consultation Questionnaire

The aim of this consultation is to obtain views from stakeholders. The Trust would be grateful if you could submit your feedback using the following questionnaire. The questionnaire is also available to complete online (https://setrust.hscni.net/getinvolved/consultations/), and in easy read and alternative formats (on request).

The closing date for this consultation is 22 April 2022 and we need to receive your completed questionnaire on or before that date.

Please return your questionnaire using the contact details below. Alternatively, you may also wish to give feedback to the Trust via letter, email or telephone:

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

Tel: 028 9055 0434

Text phone: 028 9151 0137

Email: consultation@setrust.hscni.net

So that we can acknowledge receipt of your comments please fill in your name and address or that of your organisation. You may withhold this information if you wish but we will not then be able to acknowledge receipt of your comments.

Name:		
Position:		
Organisation (if appropriate):		
Address:		
am responding: olease tick)	as an individual on behalf of an organisation	

1.	This document outlines the reasons why the Trust temporarily reduced the opening hours at LVH ED.				
Question : Do you consider that temporarily reducing the opening hours of the department was a reasonable response to the patient safety concerns outlined in the document? (If no, please provide alternative proposals).					

2. The Trust has implemented a 'Phone First' model to mitigate the risk to patient safety and proposes temporarily renaming the department an 'Urgent Care Centre to better reflect the services provided.					
	Question: Do you consider these actions are reasonable and will address some of the challenges faced by the service and facilitate patients receiving treatment in a timely, suitable and safe environment based on their clinical need? (If no, please provide any further or alternative actions that could be taken).				

	3. The outcome of initial equality screening considerations is available on the Trust website at https://setrust.hscni.net/getinvolved/consultations/ . Question: Do you have any further views on the assessed impact of the proposals and any other potential impacts you feel we should consider?				

departments, to have due regard to rural needs when developing, adopting, implementing or revising policies, strategies and plans and when designing and delivering public services.			
The Trust's Rural Needs Assessment for this consultation is available on the Trust website at https://setrust.hscni.net/getinvolved/consultations/ . Question: Do you have any evidence to suggest that the actions taken by the Trust create an adverse differential impact?			

4. The Rural Needs Act places a duty on public authorities, including government

5. General comments Please provide any other comments that you wish to make.

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

Trust Response and Freedom of Information Act (2000)

The South Eastern Health and Social Care Trust will publish an anonymised summary of the responses received to our consultation process. However, under the Freedom of Information Act (FOIA) 2000, particular responses may be disclosed on request, unless an exemption(s) under the legislation applies.

Under the FOIA anyone has the right to request access to information held by public authorities; the South Eastern Health and Social Care Trust is such a public body. Trust decisions in relation to the release of information that the Trust holds are governed by various pieces of legislation, and as such the Trust cannot automatically consider responses received as part of any consultation process as exempt. However, confidentiality issues will be carefully considered before any disclosures are made.

APPENDIX 2: LIST OF RESPONDENTS

35 members of the general public responded.

MPs/MLAs/Councillors

Alan Givan- Councillor, DUP

Jonathan Craig - Councillor, DUP

Alex Swan - Councillor, UUP

Organisations

Lisburn and Castlereagh City Council
Newry, Mourne and Down District Council
UNISON