



Belfast Health and
Social Care Trust

Excellence and Choice

Right Treatment, Right Place
A Consultation on a Proposal to Reorganise the
Delivery of Acute Services in Belfast

RHEUMATOLOGY AND DERMATOLOGY

5 July – 31 October 2010

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Availability in other formats

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Foreword – Jennifer Welsh, Director, Cancer and Specialist Services

We want health and social care in Belfast to be the best. We want our hospitals to provide safe, efficient, high quality care that meets patients' needs – and that's what this document is about.

We're aiming to offer higher standards of care through the reshaping of our services. Any changes we make will only happen after we have listened to everyone's views.

As a new Trust formed in 2007 from six previous Trusts in Belfast, we were always going to look at areas where we were duplicating effort or had an opportunity to work more effectively on behalf of service users. In 2008 in our New Directions consultation document, we opened a conversation on the best way to deliver services in Belfast over the next decade.

The attached document is part of the next steps for New Directions. It represents a formal consultation on specific proposals for service change in **Adult Rheumatology and Dermatology**. Under the banner of Excellence and Choice these proposals give more detail on how we might change services for the better.

We are proposing that adult rheumatology inpatient and day care would move to the Belfast City Hospital from their current location at Musgrave Park Hospital and be based alongside dermatology services. This enables those patients with chronic disease to be based at the Belfast City Hospital, the proposed chronic conditions centre, alongside renal, cancer treatment and supporting general medical specialties. This would result in adult inpatient and day care rheumatology being based alongside rheumatology outpatients at the Belfast City Hospital, supported by an outpatient service at the Royal Hospitals. Overall, this would bring the rheumatology service together onto two sites, rather than the current three, thereby reducing the fragmentation of our skilled staff. Services will be provided from a more modern building with the necessary clinical linkages to support the development of the service.

Whilst dermatology inpatients, day care and outpatients remain in their current and most appropriate settings for the service, the key additional change is in the delivery of the biologics infusion service. The use of biologic drugs has developed significantly and improved the treatment of rheumatology and dermatology conditions such as psoriasis, rheumatoid arthritis and psoriatic arthritis. This proposal brings together the skills and expertise of the staff delivering biologic infusions into a single service based at the Belfast City Hospital¹.

It is important that the Trust delivers services locally where possible; therefore adult rheumatology outpatients would continue to be delivered at the Belfast City Hospital

¹ Dermatology patients whose biologic drug is delivered as a sub-cutaneous injection will continue to be reviewed at their local Hospital.

and Royal Hospitals and dermatology outpatients would continue to be delivered from the Royal Hospitals, Belfast City Hospital and Mater Hospitals.

We want to do all of this to ensure patients get the best treatment possible, by the right person, in the right place, at the right time.

First, we want to listen to you. I hope you will take the time to read this document and let us know your views on the proposals. We remain committed to making improvements and delivering the type of service you expect. Help us to get it right.

Executive Summary

What is Rheumatology?

Rheumatology services focus on the diagnosis and management of disease of the joints and soft tissues such as muscles and tendons. There have been major advances in the treatment of severe arthritis in the last decade, particularly with the introduction of new biologic therapies.

One of the key features of our rheumatology service is its team approach with doctors, nurses, physiotherapists, occupational therapists, podiatrists and pharmacists all working closely together to improve the quality of life for patients and to reduce their pain and disability.

Inpatient and Day Care services are currently located at Musgrave Park Hospital.

What is Dermatology?

Dermatology services manage diseases of the skin, hair and nails and up to 50% of referrals into the Belfast Trust service are related to skin cancer and around 20% are for the three major inflammatory diseases, eczema, psoriasis and acne.

Inpatient services are currently located in the Belfast City Hospital and offer care to sick patients with severe skin disease or skin failure, a few of whom will require access to intensive care facilities. Patients with widespread chronic inflammatory diseases significantly benefit from an inpatient admission to hospital where treatment is provided by skilled dermatology nursing staff and there is mutual patient support.

Dermatology Day Care services are provided in both the Belfast City Hospital and the Royal Hospitals. Services provided include phototherapy, day treatment (including the delivery of disease-modifying drugs, such as biologics), and education and advice for patients with skin disease. In addition, Mohs' surgery, which is a highly specialised surgical technique to remove all the cancerous tissues and as little of the healthy tissue as possible, is delivered from the Royal Hospitals. Photodynamic therapy (PDT) is delivered at the Belfast City Hospital for the treatment of premalignant skin lesions and superficial skin cancers. In addition the regional photodiagnostic centre for the investigation of patients with light sensitivity is also based at the Belfast City Hospital.

What are Biologic Therapies?

Both Adult Rheumatology and Dermatology rely on biologic therapies to support treatment for a wide range of conditions including rheumatoid arthritis, ankylosing spondylitis, psoriatic arthritis and psoriasis. Although only introduced within the last

decade, these expensive drugs have greatly improved the treatment of patients by targeting specific proteins in the immune system known to cause inflammation and can be delivered in two methods, as an intravenous infusion or as a subcutaneous injection. By blocking these proteins biologic therapies suppress the disease process without causing too many side effects.

This biologic therapy service is currently provided on three sites – Belfast City Hospital, The Royal Hospitals and Musgrave Park Hospital and the skilled staff providing this service are duplicated across these sites.

Service Location: Options Considered

The multi-disciplinary adult rheumatology and dermatology team, including service users and trade union representatives, considered a number of options for the future location of the service:

Option 1 – Continue with the current arrangement. Inpatient dermatology services remain at the Belfast City Hospital and dermatology day care and biologics service remain at Royal Hospitals and the Belfast City Hospital. Rheumatology (inpatient, day care and biologics) services remain at Musgrave Park Hospital.

Option 2– Inpatient and day care dermatology services, including the biologics service, remain at the Belfast City Hospital and Royal Hospitals. Inpatient and day care rheumatology services move from their current inappropriate accommodation at Musgrave Park Hospital to an alternative location on the Musgrave Park Hospital site.

Option 3– Inpatient and day care adult rheumatology and dermatology services, including the biologics service, move to a single site at Musgrave Park Hospital.

Option 4 – Adult rheumatology and dermatology inpatient services are located at the Belfast City Hospital. Rheumatology day care is also delivered at the Belfast City Hospital. Dermatology day care continues to be delivered from the Belfast City Hospital and Royal Hospitals, including biologic therapies which are delivered subcutaneously. Rheumatology and dermatology biologic infusion therapies would be delivered at Belfast City Hospital.

Service Recommendations

In summary, the project team recommendations were:

- Adult Rheumatology and Dermatology inpatient services should be located together in one acute hospital for the key benefits of close clinical linkages to other chronic disease and medical specialties, streamlined clinical pathways, team working, rota management and efficiency in service delivery.

- The Belfast City Hospital offers the best location for a single inpatient adult Rheumatology and Dermatology unit, day care adult rheumatology and dermatology service and combined biologic infusions service because the strategic direction for the Belfast City Hospital as a chronic conditions centre means that all the relevant specialties are in the one building, providing the basis for a centre of excellence. In addition, this would enable the further development of biologic drug therapies within the appropriate pharmacy facility (ie an aseptic suite, which ensures the correct environment for preparation of biologic therapies at the Belfast City Hospital).
- To continue to provide locally accessible services, dermatology day care services will continue at the Royal Hospitals, supporting the current outpatient service. Dermatology outpatient services will also continue at the Mater Hospital and the Belfast City Hospital.
- Rheumatology outpatient services will continue at the Belfast City and Royal Hospitals.
- This proposal would enable the poor accommodation which houses the Rheumatology services at Musgrave Park Hospital to close in keeping with estate review recommendations.

A summary of the project team recommendations are shown in Table 1 overleaf:

Table 1: Adult Rheumatology and Dermatology - Current and Proposed Future Locations

Service	Current Location(s)	Future Location(s)
Adult Rheumatology (Inpatient and day case)	Musgrave Park Hospital	Belfast City Hospital
Biologics (Rheumatology)	Musgrave Park Hospital	Belfast City Hospital
Outpatients (Rheumatology)	Belfast City Hospital/Royal Hospitals	Belfast City Hospital/Royal Hospitals
Dermatology Inpatients	Belfast City Hospital	Belfast City Hospital
Dermatology Day Cases	Belfast City Hospital/Royal Hospitals	Belfast City Hospital/Royal Hospitals
Biologic Infusions (Dermatology) ²	Belfast City Hospital/Royal Hospitals	Belfast City Hospital
Dermatology Outpatients	Belfast City Hospital/Royal Hospitals	Belfast City Hospital/Royal Hospitals

² Dermatology patients whose biologic drug is delivered as a sub-cutaneous injection will continue to be reviewed at their local Hospital.

1. Introduction – Right Treatment, Right Place

The creation of the Belfast Trust has provided us with the opportunity to review how we can continue to improve quality, efficiency and sustainability of our acute services for the longer-term.

The Belfast Trust's overall purpose is to improve health and well-being and reduce health inequalities – putting people at the centre of all decisions, providing services locally where possible and making the best use of our buildings and other resources.

We are also making sure there is no unnecessary duplication of services and our modernisation programme MORE³ (Maximising Outcomes, Resources and Efficiencies) is helping us find the significant efficiency savings that the Northern Ireland Assembly has asked all public bodies to make.

This document describes the range of adult rheumatology and dermatology services we provide, how we propose to redesign them and our commitment to ensuring they are of the highest possible quality.

The Trust's proposed model for adult rheumatology and dermatology services is to locate inpatient services together in an acute hospital at the Belfast City Hospital, the Trust's proposed chronic admissions centre, alongside renal and cancer treatment services and supporting general medical specialties.

Outpatient services will continue to be delivered from the current range of locations, including the three acute hospitals – the Royal Hospitals, the Mater Hospital and the Belfast City Hospital.

The Trust previously consulted, in New Directions, on the direction of travel for all services delivered in Belfast. We outlined the ten overarching principles to guide our approach to reviewing and reorganising services and we developed specific principles for acute services, children's services, mental health and other services. Those principles of specific relevance to Adult Rheumatology and Dermatology services are:

Improve health and wellbeing and reduce health inequalities – This is the core purpose of the Trust.

Focus on prevention of illness, early assessment and intervention. This is a key objective of the Trust and any proposed change to adult rheumatology and dermatology services must ensure the continued focus on prevention, early assessment and intervention.

³ MORE: The co-ordination of strategic, clinical, operational and financial performance to deliver the best possible care for patients and deliver maximum value for money.

Provide safe, high quality, effective care – This is a core objective of the Belfast Trust and any proposed change to adult rheumatology and dermatology services must ensure the provision of safe, high quality and effective care.

Localise where possible, centralise where necessary – Services are more easily accessed by people when they are delivered locally, while specialist services benefit from the concentration of expertise and experience required to deliver the highest possible levels of clinical care.

The Trust therefore aims to provide its services locally where the standard of service can be assured and centralise its services where it will raise the quality of provision. Any proposed change to adult rheumatology and dermatology services will continue to provide local outpatient and day care services but will aim to bring together the inpatient and biologic infusion service.

Provide clear directions to services, reducing fragmented and frustrating services – Any proposed change to adult rheumatology and dermatology services must reduce fragmentation of chronic disease services by bringing services together where appropriate.

Maximise utilisation of assets – There is a clear need to make best use of all existing health and social care infrastructure across the Trust and keep the need for new buildings to a minimum while also addressing risk issues. Any proposed change to adult rheumatology and dermatology services must address the risk of continuing to provide the service in the rheumatology building at Musgrave Park Hospital.

To provide a single point of contact for emergency chronic condition admissions - Any proposed change to adult rheumatology and dermatology services must provide a single point of contact for emergency chronic conditions admissions at Belfast City Hospital.

In addition, New Directions proposed that there would be differentiation of services to improve patient care, based on the type of patient's condition and needs:

- Belfast City Hospital as the centre for cancer, genetics, renal and a range of general acute hospital services, with an increased focus on elective services and chronic conditions management;
- Royal Hospitals as the centre for major trauma services, including a heart centre, with an increased focus on emergency services;
- Mater Hospital as the centre for ophthalmology services and general acute hospital services.
- Musgrave Park Hospital as the centre of specialist rehabilitation services.

The Trust has produced this document to ensure that our service users, carers, staff and the public at large have an opportunity to provide their views on the modernisation and reform of adult rheumatology and dermatology services.

2. How are adult rheumatology and dermatology services currently delivered?

Rheumatology Services

Rheumatology services focus on the diagnosis and management of disease of the joints and soft tissues such as muscles and tendons. There have been major advances in the treatment of severe arthritis in the last decade, particularly with the introduction of the new biologic therapies.

One of the key features of rheumatology is the team approach with doctors, nurses, physiotherapists, occupational therapists, podiatrists and pharmacists all working closely together to improve the quality of patient lives and reduce their pain and disability.

Rheumatology services are currently delivered across the three acute Hospitals, the Royal Hospitals, Belfast City Hospital and Musgrave Park Hospital.

Dermatology Services

Dermatology services manage diseases of the skin, hair and nails and up to 50% of referrals into the Belfast Trust service are related to skin cancer and around 20% are for the three major inflammatory diseases, eczema, psoriasis and acne.

Dermatology services are currently delivered across the three acute Hospital sites in the Belfast Trust namely the Royal Hospitals, Belfast City Hospital and the Mater Hospital.

Both Adult Rheumatology and Dermatology services are delivered in one or more of the following ways:

As an inpatient: Rheumatology inpatient services are currently located in Musgrave Park Hospital and offer care to patients, particularly those in need of more intensive treatment. Inpatient beds have reduced significantly as a result of changes in patterns of care, with a move towards more day care services.

Dermatology inpatient services are currently located in the Belfast City Hospital and offer care to patients with severe skin disease or skin failure, a few of whom will require access to intensive care facilities. Patients with widespread chronic inflammatory diseases significantly benefit from an inpatient admission to hospital where treatment is provided by skilled dermatology nursing staff and there is mutual patient support.

As a Day Care Service: Rheumatology Day Care services cover complex assessment and treatment which does not require the patient to stay overnight. Rheumatology day care services include a “one-stop” shop where patients can meet with their clinical team and have all the necessary tests undertaken in one visit. This can include intravenous infusions, complex joint injections, ultrasound scans of joints and biologic drug therapies as well as patient education.

Dermatology Day Care services are provided in both the Belfast City Hospital and the Royal Hospitals. Services provided phototherapy, day treatment (including the delivery of disease-modifying drugs, such as biologics), and education and advice for patients with skin disease. In addition, Mohs’ surgery, which is a highly specialised surgical technique to remove all the cancerous tissues and as little of the healthy tissue as possible, is delivered from the Royal Hospitals. Photodynamic therapy (PDT) is delivered at the Belfast City Hospital site for the treatment of premalignant skin lesions and superficial skin cancers. In addition, the regional photodiagnostic centre for the investigation of patients with light sensitivity is also based at the Belfast City Hospital.

As an outpatient: Rheumatology outpatients receive care, such as joint injection therapy and patient education, without the need for a stay in hospital. Outpatient services are provided currently in Belfast City Hospital and the Royal Hospitals.

Dermatology outpatients are seen in all three acute hospitals, the Belfast City Hospital, Royal Hospitals and the Mater Hospital. Within dermatology a range of outpatient procedures such as cryotherapy, patch-testing, skin biopsies and excision of skin cancer are provided.

Table 2 below shows the activity levels within these largely elective (planned) specialties.

Table 2: Rheumatology and Dermatology Activity Levels

Adult Rheumatology Finished Consultant Episodes & Beddays 2009/10				
Hospital Description	Specialty Description	Elective/non elective	Episodes	Beddays
Musgrave Park Hospital	RHEUMATOLOGY	Elective	474	9816
		Non - Elective	132	1374
	RHEUMATOLOGY Total		606	11190
Dermatology Finished Consultant Episodes & Beddays 2009/10				
Hospital	Specialty Description	Elective/non elective	Episodes	Beddays
Belfast City Hospital	DERMATOLOGY	Elective	196	2283
		Non - Elective	33	565
	DERMATOLOGY Total		229	2848

3. Why reorganise adult rheumatology and dermatology services now?

The formation of Belfast Health and Social Care Trust provides an opportunity to build on the high quality adult rheumatology and dermatology services delivered on each of its hospital sites, ensuring that patients consistently get to the right person, in the right place, at the right time.

A number of drivers for change have been identified that influence the strategic direction for adult rheumatology and dermatology services:

Meet Public Expectation for Improved Service Quality

In order to deliver modern services for patients in adult rheumatology and dermatology, access to a modern building is essential for service quality, as is the necessary clinical linkages with other chronic disease and medical specialties. The Trust must ensure that the service can deliver on waiting time expectations for treatment whilst maintaining the highest quality of service to patients in the right environment.

Improved Clinical Linkages

Some services have more relevant clinical links than others, for example, chronic disease specialties including dermatology, rheumatology, renal and cancer treatment. Chronic disease specialties also require close links with general medical specialties. There would be real benefit in bringing chronic disease services onto one site, alongside acute general medical environment. Rheumatology and dermatology also share the provision of biologics and hence their co-location would bring together the specialist staff in this area.

These benefits were identified a decade ago, in the EHSSB review of acute services (1).

The report made the following recommendations for adult rheumatology and dermatology services:

- *Rheumatology* - The Eastern Board recommends as a result of examining the issue, that rheumatology inpatient services be transferred to the Belfast City Hospital. From a patient and carers perspective, there would need to be an enhancement of the physical accessibility of services in the Tower;
- *Dermatology* - Dermatology inpatient and day case services should be located in the Belfast City Hospital.

Address Current Duplication and Service Efficiency

Both rheumatology and dermatology services have already modernised their service delivery model, with a move towards increased day care and a smaller inpatient service. In order to sustain the inpatient service, it is essential to locate both services together to achieve maximum efficiency.

The changes proposed would also bring together the rheumatology service onto two sites, rather than the current three and the biologics infusion service, from three sites to one site, thereby reducing fragmentation of skills and staff.

Act on Staff Support

Clinical teams across the range of split-site specialties believe that there are potentially significant benefits in bringing specialties into an acute hospital with a chronic disease focus. This will ensure the sustainability of the adult rheumatology and dermatology inpatient services, reduce duplication of specialist staff support in the biologics service and reduce fragmentation of the rheumatology service across three sites. The benefit to the patient will be greater team working, arising from the concentration of specialist staff.

Drive Forward Service Modernisation

The ongoing service modernisation has resulted in an increased focus on day care provision and increased use of biologics. The 2010/11 Priorities for Action document, detailing the priorities for health and social care as set out by the Minister for Health, Social Services and Public Safety has set a target for 2010/11 that supports the continued delivery of biologic therapies in Rheumatology:

“No patient should wait longer than 9 months for Anti-TNF drugs by the 31 March 2011.”

This target can be more easily achieved within a combined biologics service.

The Trust's review of its estate has highlighted a number of buildings which are not fit for purpose and which require replacement to enable delivery of a quality service. The rheumatology service operates from very poor accommodation at Musgrave Park Hospital and the Trust has already committed to the relocation of this service from its current building. A recent estates survey of the building has highlighted that the building does not meet statutory standards, is functionally unsuitable, offers poor space utilisation and is unfit for purpose.

This internal review has been confirmed by a recent external inspection visit, undertaken by the Regulation, Quality and Improvement Authority (RQIA)(2).

Summary

In summary, the policies which endorse the need for change in the Trust's current adult rheumatology and dermatology service location are:

- The need to address the risk issues attached to the ageing building at Musgrave Park Hospital and in doing so provide safe, high quality and effective care;
- The need to improve health and wellbeing and reduce health inequalities by achieving the ministerial Priorities for Action targets;
- The need to reduce unnecessary duplication and fragmentation of services;
- Commissioner strategy to locate adult rheumatology and dermatology inpatient and day care services on Belfast City Hospital site (as per EHSSB document);
- The need to localise services where possible and centralise where necessary.

The proposals outlined in this document aim to build on the services already being delivered in the Belfast Trust, to respond to the drivers for change listed above and to improve the quality of care for all patients in adult rheumatology and dermatology.

3.1 What are the main benefits of reorganising the delivery of these acute services?

Having identified the key reasons to review these services, there are a number of benefits for patients, staff and the hospitals which must be delivered in any proposed change on delivery or location of service. These were summarised into five key areas, which guided the work of the project team in their review and reorganisation of acute services and they are:

The delivery of safe and sustainable services to our patients:

Providing safe services and ensuring patients are not at risk in our hospitals is our top priority. Having appropriately trained staff working in appropriately sized teams will assist in both improving patient safety and sustaining the continued provision of these services.

To improve service quality, effectiveness, reduce unnecessary duplication and fragmentation of services and deliver value for money:

Maintaining and improving the quality of care experienced by patients is fundamental to any proposals. Reducing the existing duplication of services across two or three acute sites will mean patients see the right staff in the right place and this will also help teams deliver a more effective and efficient service.

To ensure services are appropriately clinically linked:

Delivering services at the right time and in the right place requires certain services to be located close to one another; for example, rheumatology and dermatology as chronic conditions, would benefit from being on a shared site with other chronic conditions, such as renal, cancer services and general medical specialties.

To ensure services are accessible to service users and carers.

Service users, carers, families and visitors want to have easy access to their services, whether by public transport or by car.

To ensure the Acute Service Plan is compatible with the Trust Strategic Direction

The Trust Strategic Direction, which has been previously publicly consulted upon, for the four adult hospitals is:

- Belfast City Hospital as the centre for cancer, genetics, renal and a range of general acute hospital services, with an increased focus on elective services and chronic conditions management;
- Royal Hospitals as the centre for major trauma services, including a heart centre, with an increased focus on emergency services;
- Mater Hospital as the centre for Ophthalmology services and general acute hospital services;
- Musgrave Park Hospital as the centre of specialist rehabilitation services.

The service project teams, used these benefits criteria to assess how each service option would deliver improvements for patients and staff and considered their impact on each hospital.

4. Consideration of the options for future service delivery?

A project team was established which brought together a broad range of clinical and managerial staff from across the Trust. In addition, service user and trade union representatives were part of the team considering the possible options for the future location of the service.

The range of options considered by the Project Team are:

Option 1 – Continue with the current arrangement. Inpatient dermatology services remain at the Belfast City Hospital and dermatology day care and biologics service remain at Royal Hospitals and the Belfast City Hospital. Rheumatology (inpatient, day care and biologics) services remain at Musgrave Park Hospital.

Option 2– Inpatient and day care dermatology services, including the biologics service, remain on the Belfast City Hospital and Royal Hospitals. Inpatient and day care rheumatology services move out of their existing building at Musgrave Park Hospital to an alternative location on the Musgrave Park Hospital site.

Option 3– Inpatient and day care adult rheumatology and dermatology services, including the biologics service, move to a single location at Musgrave Park Hospital.

Option 4 – Adult rheumatology and dermatology inpatient services are located at the Belfast City Hospital. Rheumatology day care is also delivered at the Belfast City Hospital. Dermatology day care continues to be delivered from the Belfast City Hospital and Royal Hospitals, including biologic therapies delivered sub-cutaneously. Rheumatology and dermatology biologic infusion therapies would be delivered at Belfast City Hospital.

4.1 The advantages and disadvantages of each option

Option 1 – Continue with the current arrangement. Inpatient Dermatology services remain at the Belfast City Hospital and Dermatology day care and biologics service remain at Royal Hospitals and the Belfast City Hospital. Rheumatology (inpatient, day care and biologics) services remain at Musgrave Park Hospital.

Advantages

- Rheumatology at Musgrave Park Hospital benefits from good access to radiology, allied health professional support and good access to the hydrotherapy pool.
- Musgrave Park Hospital benefits from good free car parking.

- The junior medical rota at Musgrave Park Hospital, which is covered by staff from three services, namely Care of the Elderly, Brain Injury and Rheumatology, would be unaffected if rheumatology service remain at Musgrave Park Hospital.

Disadvantages

- Although current service provision on each site is good, the adult rheumatology accommodation at Musgrave Park Hospital falls short of expected standard, as verified by the recent Regulation Quality and Improvement Authority (RQIA) inspection report (2) which highlighted numerous estate issues with this building.
- The adult rheumatology and dermatology services are currently dispersed across four hospitals which does not contribute to the provision of a high quality, patient centred service.
- Risk to the long-term sustainability of both adult rheumatology and dermatology inpatient services as single service areas because of the small number of beds required in each service.
- This option maintains the duplication of the biologics service provision and associated pharmacy services, across three sites which is inefficient and unsustainable. Pharmacy services do not have access to an aseptic suite in Musgrave Park Hospital, which is the optimum environment for biologic drugs preparation.
- This option does not support the strategic direction for chronic conditions management in the Trust. This option does not enable adult rheumatology to be closely based with other chronic disease specialties and medical specialties. The New Directions document outlines the development of the Belfast City Hospital as the main base for chronic disease management.
- This option is not in line with Commissioner strategies as outlined in EHSSB review of acute services (1).
- Delivering a service across a number of sites is an inefficient use of staff and other service resources.

Option 2– Inpatient and day care dermatology services, including the biologics service, remain on the Belfast City Hospital and Royal Hospitals. Inpatient and day care rheumatology services move to an alternative location on the Musgrave Park Hospital site.

Advantages

- Transferring rheumatology services to an appropriate alternative location at Musgrave Park Hospital create a safer and sustainable environment to deliver care to our patients.
- Rheumatology at Musgrave Park Hospital continues to benefit from good access to radiology and allied health professional support and hydrotherapy pool.
- Musgrave Park Hospital benefits from good free car parking.
- The junior medical rota at Musgrave Park Hospital, which is covered by staff from three services, namely Care of the Elderly, Brain Injury and Rheumatology, would be unaffected if rheumatology services remain at Musgrave Park Hospital.
- The dermatology inpatient service will continue to benefit from being on an acute hospital site with the clinical linkages to other chronic diseases and medical specialties. In addition, there will continue to be access to intensive care and high dependency unit support when required for patients.

Disadvantages

- The adult rheumatology and dermatology services are currently dispersed across four hospitals which does not promote provision of a high quality, patient centred service.
- Risk to the long-term sustainability both adult rheumatology and dermatology inpatient services as single service areas because of the small number of beds required in each service.
- This option maintains the duplication of biologics service provision, and associated pharmacy services, across three sites which is inefficient and not sustainable. Pharmacy services do not have access to an aseptic suite in Musgrave Park Hospital, which is the optimum environment for biologic drugs preparation.
- This option does not support the strategic direction for chronic conditions management in the Trust. This option does not enable adult rheumatology to be closely based with other chronic disease specialties and medical specialties. The New Directions document outlines the development of the Belfast City Hospital as the main base for chronic disease management.
- This option is not in line with Commissioner strategies as outlined in EHSSB review of acute services (1).

- Delivering a service across a number of sites is an inefficient use of staff and other service resources.

Option 3 – Inpatient and day care Adult Rheumatology and Dermatology services, including the biologics service, move to a single location at Musgrave Park Hospital.

Advantages

- The adult rheumatology and dermatology services will have clinical linkages to each other but not to a chronic conditions management centre and acute general medical care in an acute hospital.
- The adult rheumatology and dermatology inpatient and day care services will be brought together in a single hospital promoting provision of a high quality, patient-centred service. This will bring together the bed stock of both specialties into one inpatient unit providing long-term sustainability.
- The biologic service will be developed in one hospital making better use of resources but the proposed location at Musgrave Park Hospital does not have an aseptic suite, which is the optimum environment for biologic drugs preparation.
- Transferring rheumatology services to an appropriate alternative location at Musgrave Park Hospital create a safer and sustainable environment to deliver care to our patients.
- The Musgrave Park Hospital offers good access to radiology and allied health professional support and the hydrotherapy pool.
- Musgrave Park Hospital benefits from good free car parking.
- The junior medical rota at Musgrave Park Hospital, which is covered by staff from three services, namely Care of the Elderly, Brain Injury and Rheumatology, would be unaffected if rheumatology service remain at Musgrave Park Hospital.

Disadvantages

- If dermatology services were transferred to Musgrave Park Hospital, dermatology patients who become sick and require intensive care or high dependency care would need to be transferred by ambulance to an acute hospital. This is a patient safety issue.
- This option does not offer access to an aseptic suite, which is the optimum

environment for biologics drugs preparation.

- This option does not support the strategic direction for chronic conditions management in the Trust. This option does not enable adult rheumatology to be closely based with other chronic disease specialties and medical specialties. The New Directions document outlines the development of the Belfast City Hospital as the main base for chronic disease management.
- This option is not in line with Commissioner strategies as outlined in EHSSB review of acute services (1).

Option 4 – Adult Rheumatology and Dermatology inpatient services are located at the Belfast City Hospital. Rheumatology day care is also delivered at the Belfast City Hospital. Dermatology day care continues to be delivered from the Belfast City Hospital and Royal Hospitals, including biologic therapies delivered sub-cutaneously. Rheumatology and dermatology biologic infusion therapies would be delivered at Belfast City Hospital.

Advantages

- The adult rheumatology and dermatology services would have clinical linkages to each other and be brought together at the chronic conditions management centre, alongside acute general medical care in an acute hospital.
- Dermatology and rheumatology patients who become sick and require intensive care or high dependency care will have immediate access to these services as the inpatient services will be based at Belfast City Hospital which is an acute Hospital site with intensive care and high dependency facilities.
- The adult rheumatology and dermatology inpatient services would be delivered together in a single acute hospital promoting provision of a high quality, patient centred service. This would bring together the beds from both specialties into the inpatient unit providing long-term sustainability for both services.
- The biologic infusion service would be developed on one site instead of three, making better use of resources and bringing together specialist staff.
- There would be access to an aseptic suite which is the optimum environment for biologics drugs preparation.
- Transferring rheumatology services to an appropriate alternative location at Belfast City Hospital would create a safer and sustainable environment to deliver care to our patients.

- The Rheumatology Building at Musgrave Park Hospital can be removed from clinical use and ensure better use of existing resources.
- Adult rheumatology services would be based on two sites, rather than three sites, reducing staff travel time and improving efficiencies.
- This option supports the strategic direction for chronic conditions management at the Belfast City Hospital.
- This option is in line with Commissioner strategies as outlined in EHSSB review of acute services (1).

Disadvantages

Bringing together the adult rheumatology and day care services at the Belfast City Hospital may impact on the quality of access to allied health professional facilities and hydrotherapy pool.

The junior medical rota at Musgrave Park Hospital, which is covered by staff from three services, namely Care of the Elderly, Brain Injury and Rheumatology, would be affected if rheumatology service move from Musgrave Park Hospital.

Car parking charges apply at the Belfast City Hospital.

4.2 Summary

Based on the consideration of the benefits criteria set out above, the Project Team recommended Option 4 as the preferred option: Dermatology and rheumatology inpatient services located at the Belfast City Hospital. Rheumatology day care is also delivered at the Belfast City Hospital. Dermatology day care continues to be delivered from the Belfast City Hospital and Royal Hospitals, including biologic therapies delivered sub-cutaneously. Rheumatology and dermatology biologic infusion therapies would be delivered at Belfast City Hospital.

There will be no change in the delivery of local outpatient services at the Mater Hospital, Royal Hospitals and Belfast City Hospitals for dermatology services and the Royal Victoria and Belfast City Hospitals for rheumatology services.

5. Paediatric Rheumatology

Paediatric rheumatology is currently delivered in Ward 2a, Withers and the Outpatient Department at Musgrave Park Hospital. The service is supported by a Paediatric Rheumatologist and the medical, nursing and allied health professional staff from within the paediatric orthopaedic service and adult rheumatology service with additional support from a paediatric consultant at the Royal Belfast Hospital for Sick Children.

Nationally recognised standards⁴ for children's acute care highlight particular gaps in service provision which will impact on the long term ability of the Belfast Trust to maintain the paediatric rheumatology service in its current location, in particular, the need to have;

- a named paediatric consultant on call available to attend within 30 minutes, serving only one clinical site;
- anaesthetic availability for resuscitation and stabilisation of the critically ill child with high dependency and critical care skills for advanced airway, cardiovascular and respiratory support;
- trained staff to accompany a child if they must be transferred to a Paediatric Unit and these staff must have a level of competence appropriate to the severity of the child's condition. This must not compromise the on-site service;
- education available for all children attending hospital;
- dedicated children's facilities, and facilities for play and play specialist input.

The Trust has identified the need to transfer the paediatric rheumatology service from Musgrave Park Hospital to the Royal Belfast Hospital for Sick Children.

The Trust has sought to bring together all acute children's services within a new children's hospital but the funding for the business case, submitted in 2006, has been delayed. In addition, in order for the paediatric rheumatology service to move, investment in medical, nursing and allied health professional services is required. A business case for this investment was submitted in 2006.

Whilst the majority of Paediatric Rheumatology services can be accommodated in Royal Belfast Hospital for Sick Children, there is insufficient space for all of the clinical support team. Paediatric rheumatology patients would therefore continue to attend Musgrave Park Hospital for outpatients services including physiotherapy and other allied health professional services.

⁴ Supporting Paediatric reconfiguration, A Framework for Standards; Royal College of Paediatrics and Child Health, July 2008

The benefits of the proposal are:

- around the clock access to acute paediatric medical cover, which is unavailable at present outside 9-5pm in Musgrave Park Hospital. This is necessary to support maximum patient safety in a paediatric environment with rapid access to specialist care and treatment;
- close proximity to a Paediatric Intensive Care Unit and associated paediatric specialist services e.g. cardiology, respiratory medicine;
- children would be located on a hospital site which meets the RCPCH⁵ framework for standards in paediatric services, a set of key essential standards of safety and quality that should be applicable in any reconfiguration of children's health services;
 1. specialist paediatric resuscitation team in RBHSC;
 2. senior paediatric anaesthetic medical staff resident out-of-hours;
 3. specialist paediatric pain management service;
 4. children's environment for acute care with play specialist service in all wards/theatres.

The Trust wishes to consult as widely as possible on this proposal. Please use the consultation questionnaire at Section 8 to register your comments by 31 October 2010.

⁵ Supporting Paediatric Reconfiguration, A Framework for Standards; Royal College of Paediatrics and Child Health, July 2008

6. What would this mean for patients, staff and each hospital?

6.1. The Proposed Model of Care

The proposed model for the future provision of adult rheumatology and dermatology services has five main elements:

- Belfast City Hospital would become the single point of entry for admissions to a centralised adult rheumatology and dermatology inpatient unit.
- Belfast City Hospital would become the centre of excellence for the delivery of rheumatology day care services.
- Belfast City Hospital would become a centre of excellence for the delivery of biologic infusion therapy services with specialised medical and nursing teams providing care of the highest quality in a specialist unit.
- No change in the delivery of local day care services at the Royal Victoria and Belfast City Hospitals for dermatology services.
- No change in the delivery of local outpatient services at the Mater Hospital, Royal Hospitals and Belfast City Hospitals for dermatology services and the Royal Hospitals and Belfast City Hospitals for rheumatology services.

The main drivers for this proposal include:

- The benefits of a single point of entry for patients requiring access to the chronic conditions management centre at the Belfast City Hospital;
- The need to ensure access to supporting medical specialties in the management of chronic conditions, particularly in the acute phases of illness as supported by Commissioner statements;
- The benefits of a combined pool of specialised medical and nursing teams in the delivery of biologic infusion therapy services and the preparation of these within the appropriate aseptic environments;
- The need to replace the physical environment within which the Rheumatology service is delivered.

However, the Trust will continue to provide dermatology outpatient services across the Belfast City Hospital, Royal Hospitals and Mater Hospital and rheumatology services from the Belfast City Hospital and Royal Hospitals.

Dermatology day care, including biologic therapies delivered sub-cutaneously continues to be delivered from the Belfast City Hospital and Royal Hospitals.

6.2 What does this mean for patients?

There is no change to how patients access the service as outpatients, which remain, for dermatology, in the Belfast City Hospital, Royal Hospitals and Mater Hospital and, for rheumatology services in the Belfast City Hospital and Royal Hospitals.

There will subsequently be greater benefit, for some patients, in accessing the combined inpatient and day care services at the Belfast City Hospital and enabling local, rapid access to other medical specialties for clinical opinion if required.

The Belfast City Hospital will become the entry point for adult rheumatology and dermatology chronic conditions management in line with the strategic direction of the Trust and Commissioner.

The single acute hospital location for the delivery of biologic infusion therapies will ensure the development of a specialised team rather than the fragmented service that currently exists. Dermatology patients whose biologic drug is delivered as a sub-cutaneous injection will continue to be reviewed at their local hospital;

Patients would no longer access Adult Rheumatology services in an outdated, not fit for purpose facility.

6.3 What does this mean for staff?

The preferred option would deliver:

- a viable and sustainable service for the future in which the identity of both specialties is preserved;
- a reduction in the number of service locations for many staff and the opportunity to develop a specialised team in one appropriate facility;
- The ability to access closer linkages with other chronic conditions and acute medical specialties.

6.4. What does this mean for each hospital?

The Belfast City Hospital would become the entry point for all chronic condition admissions to adult rheumatology and dermatology.

Belfast City Hospital would become a centre of excellence for inpatient and biologic infusion therapy services⁶ with highly specialised teams providing care of the highest quality in specialist units.

Belfast City Hospital would become the centre of excellence for the delivery of rheumatology day care services.

The Rheumatology Building at Musgrave Park Hospital would no longer provide clinical services.

There would be no change in the delivery of dermatology day care services with both the Belfast City Hospital and Royal Hospitals continuing to provide dermatology day care services to their local population.

There would be no change in outpatient service provision. The Mater Hospital, Belfast City Hospital and Royal Hospitals would continue to deliver outpatient dermatology services to their local populations. Both the Belfast City Hospital and Royal Hospitals would continue to deliver outpatient rheumatology services to their local populations.

⁶ Dermatology patients whose biologic drug is delivered as a sub-cutaneous injection will continue to be reviewed at their local Hospital.

7. Workforce

The Trust will put in place a range of support mechanisms for staff to manage the potential change process. These may include:

- Staff support
- Career counselling
- Training in application and interview preparation
- Retraining/re-skilling for new roles
- Advice and guidance on Human Resource policies and procedures.

The main impacts anticipated for staff are:

- Relocation

If the proposal is approved, it will require the relocation of some staff to facilitate all adult rheumatology and dermatology inpatient and rheumatology day care services being delivered from the Belfast City Hospital. The Trust has in place agreed protocols with Trades Unions on relocation and/or redeployment.

The protocols have been developed in recognition of the fact that location of work is of major importance to staff, and to provide assurance, guidance and a process incorporating best practice, and the provision for regional agreements on excess mileage and the application of the Trust's flexible working agreements. Consideration may be to redeploying staff to other posts where appropriate.

- New ways of working/retraining or reskilling

As the Trust is proposing to provide all adult rheumatology and dermatology inpatient and rheumatology day care services on the Belfast City Hospital site, staff, whose job roles may change will be offered appropriate training/retraining.

The Trust will work in partnership with Trade Union Side to consider how it will minimise any adverse impact on the workforce resulting from the proposed changes.

8. Your chance to have your say – Consultation Questions

The Trust wishes to consult as widely as possible on the proposal. Please use this consultation questionnaire to register your comments by 31 October.

Appendix 1 provides additional information on the Trust's communication, consultation and engagement processes and how you can be involved.

Question 1

Do you agree with the proposal to bring adult rheumatology inpatient, day care and biologic therapies into the Belfast City Hospital alongside dermatology?

Question 2

If you do not agree with the proposal to bring adult rheumatology inpatient, day care and biologic therapies into the Belfast City Hospital alongside dermatology, where do you think the services should be located and give your reasons?

Question 3

Do you agree with the proposal to transfer paediatric rheumatology from Musgrave Park Hospital to the Royal Belfast Hospital for Sick Children?

Question 4

If you do not agree with the proposal to transfer paediatric rheumatology from Musgrave Park Hospital into the Royal Belfast Hospital for Sick Children, where do you think the service should be located and please give your reasons.

Appendix 1 – Programme of Consultation and Your Invitation to Comment

This document is one of a suite of documents that represent a formal public consultation between Belfast Trust and the citizens we serve on how we would like to deliver our acute services. The consultation period will open on 5 July 2010 and close on 31 October 2010.

All the documents will be available to our staff and the public using both the Trust's intranet and internet pages, and by posting them to relevant organisations.

We will hold a series of meetings with staff, Trade Unions, service users, carers and clients to ensure they are fully engaged in the consultation papers.

A report will be presented to Trust Board in December 2010. The Trust Board meeting is open to the public.

We are committed to ensuring that we consult broadly on these proposals. If you have any enquiries regarding the consultation programme, please contact the Communication Department at Belfast Trust on 9096 0077.

Your invitation to comment

Please tell us your name and address at the beginning of your reply. If you are commenting on behalf of an organisation, please tell us its name and what it does. If you have consulted other people or organisations, please let us know.

Responses in writing should be sent to:

William McKee, Chief Executive
Belfast Health and Social Care Trust
c/o Public Liaison Services
Communications Department
1st Floor, Nore Villa
Knockbracken Healthcare Park
Saintfield Road
Belfast
BT8 8BH

Alternatively, comments may also be emailed to:

stakeholdercomms@belfasttrust.hscni.net

Availability in other formats

If you have any queries about this document, and its availability in alternative formats then please contact:

Orla Barron
Acting Health & Social Inequalities Manager
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Knockbracken Healthcare Park
Saintfield Road,
Belfast
BT8 8BH

Tel: 028 9096 0069

Fax: 028 9056 6701

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E-mail: orla.barron@belfasttrust.hscni.net

Freedom of Information Act (2000) – Confidentiality of Consultations

Belfast Trust will publish an anonymised summary of responses following completion of the consultation process; however your response, and all other responses to the consultation, may be disclosed on request. We can only refuse to disclose information in limited circumstances. Before you submit your response, please read the paragraphs below on the confidentiality of consultations and they will give you guidance on the legal position about any information given by you in response to this consultation.

The Freedom of Information Act gives the public a general right of access to any information held by a public authority, in this case, Belfast Trust. This right of access to information includes information provided in response to a consultation. We cannot automatically consider information supplied to us in response to a consultation as information that can be withheld from disclosure. However, we do have the responsibility to decide whether any information provided by you in response to this consultation, including information about your identity, should be made public or withheld.

Any information provided by you in response to this consultation is, if requested, likely to be released. Only in certain circumstances would information of this type be withheld.

Appendix 2 – Equality and Human Rights

Equality and human rights underpin the services that health and social care provide. They are integral to all functions of the Belfast Health and Social Care Trust such as service delivery, policy formulation, employment and procurement.

The Trust recognises that equality in health and social care is not about people getting the same treatment – equality means people accessing person-centred, person-led, quality care which meets their needs.

Human rights are founded on 5 fundamental values: fairness, respect, equality, dignity and autonomy. The Trust has incorporated both respect and dignity in its corporate values and behaviours.

Moreover, the Trust's higher purpose is to improve health and well-being and reduce health inequalities - by working in partnership with others and by engaging with staff to deliver safe, improving, modernising cost effective health and social care.

Under Section 75 of the Northern Ireland Act 1998, the Belfast HSC Trust is obliged to consider the implications for equality of opportunity and good relations. As part of this assessment, the Trust also considers implications for human rights and disability. This means the Trust is not only morally and ethically bound to deliver its acute services to its users in an equitable fashion with respect and dignity; but it also is statutorily bound to do so.

Section 75 of the Northern Ireland Act 1998

Section 75 (1) of the NI Act 1998 requires Belfast HSC Trust, in carrying out its work, to have due regard to the need to promote equality of opportunity between persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation, between men and women generally, between persons with a disability and persons without and between persons with dependants and persons without. Section 75 (2) requires the Trust to promote good relations between persons of different religious belief, political opinion or racial group.

The Trust is carrying out an equality impact assessment on this proposal to ensure that it undergoes a full and systematic analysis to firstly, determine the extent of differential impact upon the 9 aforementioned groups and secondly establish if that impact is adverse

If so, the Trust must consider alternative policies to better achieve equality of opportunity or measures to mitigate the adverse impact.

The Belfast Health and Social Care Trust is committed to listening to the view of staff, service users, carers and families and advocacy groups and the wider public and making an informed decision on the basis of these consultation responses.

The EQIA pertaining to this proposal can be found at
<http://www.belfasttrust.hscni.net/involving/Consultation.html>

Should you require further information or need this document in an alternative format,
please contact:

Orla Barron
(Acting) Health and Social Inequalities Manager

028 90 960069

orla.barron@belfasttrust.hscni.net

Bibliography

- (1)** Taking Forward the Pattern of Acute Hospital Services in the Eastern Board Area, EHSSB, 2000
- (2)** RQIA Unannounced Hygiene Inspection – Preliminary Findings, RQIA, 2009