



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

**CARDIOLOGY**

5 July – 31 October 2010

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## Foreword – Patricia Donnelly, Director of Acute 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 patients. 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. It represents a formal consultation on specific proposals for service change in **Cardiology**. Under the banner of Excellence and Choice this document gives more detail on how we might change some of the services for the better.

Cardiology services include both general cardiology services and tertiary cardiology services. General cardiology services include the range of assessments, diagnostics and treatments required to support emergency departments and general medical departments - for example, patients who attend with chest pain and require echocardiograms and coronary care monitoring. These services are currently provided at the Belfast City Hospital, Mater Hospital and Royal Hospitals and will continue to be provided on these sites as they are not part of this review.

Tertiary cardiology services are diagnostic or interventional procedures performed on patients such as an angioplasty, pacemaker insertion or an electrophysiology study with the overall aim of correcting abnormal activities in the heart. These are undertaken in very specialist facilities called catheterisation laboratories by specialist teams of staff, with associated beds or patient couches used to support patient recovery after procedure(s).

We are proposing to bring together the tertiary cardiology services at the Royal Hospitals by combining the catheterisation laboratories, specialist teams and beds/patient couches used to support patient recovery, from both the Belfast City Hospital and the Royal Hospitals. Also, it is important that the Trust continues to deliver services locally where possible; therefore general cardiology inpatient services, outpatient services and diagnostics would continue to be delivered from the Belfast City Hospital, Mater Hospital and Royal 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.

**Patricia Donnelly**

## **Executive Summary**

### **What are cardiology services?**

Cardiology is the branch of medicine which deals with a range of heart problems including the treatment of:

- Coronary heart disease
- Heart valve disease
- Heart rhythm disturbance (arrhythmia)
- Heart failure

### **There are two types of cardiology services:**

- General cardiology services

General cardiology services are required to support patients attending Emergency Departments and general medical and surgical services in assessment, diagnosis and treatment of heart problems. These services are available at the Belfast City Hospital, Mater Hospital and Royal Hospitals.

- Tertiary cardiology services

The Belfast Trust also offers tertiary cardiology services to the population of Northern Ireland from the Belfast City Hospital and the Royal Hospitals. These are diagnostic or interventional procedures performed on patients such as angioplasty, pacemaker insertion or an electrophysiology study with the overall aim of correcting abnormal activities in the heart. These are undertaken in very specialist facilities called catheterisation laboratories by specialist teams of staff, with associated beds or patient couches used to support patient recovery after procedure(s).

This is what differentiates tertiary cardiology services from general cardiology services.

### **Service location: options considered**

A multi-disciplinary cardiology project team, including patient and trade union representatives, considered a number of options for the future location of this specific tertiary service:

1. Continue with current arrangement – all emergency and elective (planned) tertiary services at both the Belfast City Hospital and Royal Hospitals.
2. Deliver all emergency and elective (planned) tertiary services at the Belfast City Hospital.
3. Deliver all emergency and elective (planned) tertiary services at the Royal Hospitals.
4. Deliver all elective (planned) tertiary services at the Belfast City Hospital and all emergency tertiary services at the Royal Hospitals.

## Service recommendations

In summary, the Project Team recommendations were that:

- General cardiology services would continue to be provided at the Belfast City Hospital, Mater Hospital and Royal Hospitals.
- Tertiary Cardiology services should be located together at one hospital for the key benefits of streamlined clinical pathways, team working, clinical rota management and efficiency in service delivery.
- The Royal Hospitals offers the best location for the single, specialised cardiology service because:
  - The most important clinical linkages for cardiology services include cardiac surgery and vascular services because patients with cardiovascular disease often require treatment from a range of specialists. These specialists either work together to treat complex problems or more commonly manage a patient with a range of organs affected by cardiovascular disease. As part of Excellence and Choice, it is proposed that vascular services would also be based at the Royal Hospitals while cardiac surgery is already based at the Royal Hospitals. Bringing together tertiary cardiology, cardiac surgery and vascular services provides an opportunity for physicians, surgeons and radiologists to provide optimal coordinated care for such patients in a 'cardiovascular centre'. Recent developments in less invasive techniques for managing cardiovascular disease and the requirement for fast intervention in cardiovascular emergencies further support bringing these services together.
  - Trauma services deal with multiple, serious injuries that could result in death or serious disability. These might include serious head injuries, severe gunshot wounds or road traffic accidents. Patients with multiple, serious injuries will need to be admitted to the Major Trauma Centre at the Royal Hospitals and may require rapid input from the tertiary cardiology team as part of a comprehensive trauma service.
  - There are four new Catheterisation Laboratories at the Royal Hospitals. One laboratory at the Belfast City Hospital needs to be replaced currently and the remaining two shortly thereafter. There is insufficient capacity to house seven Catheterisation Laboratories at the Belfast City Hospital whereas there is sufficient space in the Royal Hospitals.

**Table 1 - Tertiary Cardiology Services - Current and Proposed Service Locations(s)**

<b>Cardiology Services</b>	<b>Current Location(s)</b>	<b>Proposed Location(s)</b>
Coronary and structural heart procedures	Belfast City Hospital/ Royal Hospitals	Royal Hospitals
Cardiac Pacing and device implantation procedures	Belfast City Hospital/ Royal Hospitals	Royal Hospitals
Cardiac Electrophysiology procedures	Belfast City Hospital/ Royal Hospitals	Royal Hospitals
General cardiology wards & diagnostic services	Belfast City Hospital/ Mater Hospital/ Royal Hospitals	Belfast City Hospital/ Mater Hospital/ Royal Hospitals

## 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 MORE<sup>1</sup> (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 cardiology services we provide, how we are redesigning them and our commitment to ensuring they are of the highest possible quality. We want to develop a single tertiary centre at the Royal Hospitals, bringing together the two separate teams to deliver a regional and local service providing the full range of procedures in a modern environment. We are also streamlining our patient journey, ensuring that patients receive potentially life-saving interventions faster with improved outcomes.

The Trust's proposed model is to combine the two separate catheterisation laboratory units, currently there are three catheterisation laboratories at the Belfast City Hospital and four at the Royal Hospitals, eventually locating all seven catheterisation laboratories and staff at the Royal Hospitals. This would form a specialist centre for tertiary cardiology services.

The Trust previously consulted, in New Directions, on the direction of travel for all services delivered in Belfast. Ten overarching principles were developed to guide our approach to reviewing and reorganising services. Specific principles were identified for acute services, children's services, mental health and other services. Those principles of specific relevance to cardiology services are:

- **To provide safe, high quality, effective care** – This is a core objective of the Belfast Trust.
- **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.

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<sup>1</sup> 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 clear directions to services**, developing clear pathways to access appropriate care.
- **To reduce unnecessary duplication and fragmentation of services.**
- **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, such as those attached to ageing buildings.

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, renal and a range of general acute hospital services, with an increased focus on elective services and chronic conditions management.
- The Royal Hospitals as the centre for major trauma services, including a heart centre.
- The 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 staff, patients, carers and the public at large have an opportunity to provide their views on the new model for tertiary cardiology services.

## **2. How are general and tertiary cardiology services currently delivered?**

The cardiology multi-disciplinary team is made up of cardiologists, nursing staff, cardiac physiologists, allied health professionals and administration staff. Cardiology is the branch of medicine which deals with a range of heart problems including the treatment of:

- Coronary heart disease

Coronary heart disease occurs when plaque builds up on the walls of the coronary arteries causing them to narrow which reduces the flow of blood and supply of oxygen to the heart. This can result in chest pain and in some cases, when one or more of the coronary arteries become critically blocked, a heart attack. The greater length of time that the heart does not receive oxygen due to a blockage within an artery, the more damage is caused to the heart muscle.

- Heart rhythm disturbance (arrhythmia)

Heart rate is controlled by the electrical system of the heart, when this electrical system is unable to function correctly it creates a heart rhythm disturbance or arrhythmia. This can mean the heart is beating too quickly, too slowly or irregularly. Symptoms include an awareness of premature beats, skipped beats, rapid heart rhythms, dizziness, fatigue, light-headedness or fainting.

- Heart failure

Heart failure refers to a collection of symptoms caused by an inability of the heart to meet the blood supply needs of the body. Symptoms include increasing breathlessness, fluid retention and worsening exercise capacity.

In adults, heart failure is commonly caused by coronary artery disease, high blood pressure or damaged heart valves. It is a frequent cause of repeated hospital admissions, and the prognosis of some patients can be life-threatening.

### **There are two types of cardiology services:**

- General cardiology services

General cardiology services are required to support patients attending Emergency Departments and general medical and surgical services in assessment, diagnosis and treatment of cardiac problems. These general cardiology services are available at the Belfast City Hospital, Mater Hospital and Royal Hospitals.

- Tertiary cardiology services

Belfast Trust also provides tertiary cardiology services to the population of Northern Ireland from the Belfast City Hospital and the Royal Hospitals. These are diagnostic or interventional procedures performed on patients such as angioplasty, pacemaker insertion or an electrophysiology study with the overall aim of correcting abnormal

activities in the heart. These are undertaken in very specialist facilities called catheterisation laboratories by specialist teams of staff. This is an examination room with diagnostic imaging equipment used to support the catheterisation process. Tertiary services delivered by the Trust include:

- Percutaneous coronary intervention (PCI) or angioplasty;

This is where a cardiologist uses a small inflatable balloon, often with a stent (cylinder of stainless steel mesh) mounted on it, to inflate a narrowed coronary artery. The balloon compresses the blockage thereby allowing the blood to flow more easily. As the balloon is inflated, the stent expands so it holds open the narrowed blood vessel. The balloon is then deflated and removed, leaving the stent in place

In addition, the Belfast Trust is also undertaking a pilot of providing Primary PCI to patients within the Belfast Trust catchment area on a 24 hours a day, seven days a week basis. This is the gold standard to which all UK Trusts aim to reach for patients suffering a ST Elevation Myocardial Infarction (STEMI heart attack). In this instance the patient having a heart attack has, within a defined time period, a stent inserted to improve blood flow rather than clot busting drugs.

According to the National Infarct Angioplasty Project (NIAP)<sup>2</sup>, trials have shown that Primary PCI reduces the risk of death, further heart attack, stroke and the need for heart surgery compared to the use of clot busting drugs.

This service is currently delivered from a catheterisation laboratory at the Royal Hospitals. Northern Ireland Ambulance Service have supported the Belfast Trust in delivering this pilot by immediately transporting patients with this suspected diagnosis to the Royal Hospitals.

- Electrophysiology studies;

Arrhythmia may take different forms and there are differing respective interventions to diagnose and treat. Electrophysiology studies are a tool to diagnose problems of the conduction (electrical) system within the heart.

- Ablation;

Patients sometimes have a malfunctioning electrical circuit in the heart causing arrhythmias which is best treated by this circuit being shut down. Ablation is the method for doing this using energy focused on the appropriate area of the heart to address this problem.

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<sup>2</sup> British Cardiovascular Society & Department of Health (2008) Treatment of Heart Attack National Guidance, Final Report of the National Infarct Angioplasty Project (NIAP).

- Insertion of pacemaker

Pacemakers can be used in patients when the heart's own natural pacemaker is not functioning effectively. This may happen if the right and left side of the heart are not beating together because the generation or conduction of electrical impulses is not happening as normal.

- Implantable cardiac defibrillator (ICD)

An implantable cardiac defibrillator (ICD) can be inserted in a similar way to a pacemaker if the heart rhythm is prone to developing a life threatening arrhythmia. In these instances, the ICD will deliver electrical pulses to correct the rhythm of the heart.

This is what differentiates tertiary cardiology services from general cardiology services. A range of procedures are delivered as part of tertiary services, such as:

**Table 2 - Examples of General and Tertiary Cardiology Services**

Cardiology service	Examples of services
<p><b>General cardiology services</b></p>	<p>Diagnostic and interventional methods that <u>do not require the use of cardiac catheterisation laboratories</u>:</p> <ul style="list-style-type: none"> <li>• Inpatient cardiology services including Coronary Care Unit (CCU)</li> <li>• Consultant-led outpatient clinics</li> <li>• Nurse-led heart failure clinic</li> <li>• Rapid Access Chest Pain Clinic</li> <li>• Full range of non-invasive cardiac investigations</li> <li>• Day case and in-patient Transesophageal Echocardiogram</li> <li>• Exercise stress test</li> <li>• Nurse-led cardiac rehabilitation and secondary prevention service</li> <li>• Emergency department support from a chest pain nurse.</li> </ul>
<p><b>Tertiary cardiology services</b></p>	<p>Diagnostic and interventional procedures that <u>do require the use of a cardiac catheterisation laboratory</u> such as:</p> <ul style="list-style-type: none"> <li>• Percutaneous coronary intervention (PCI)</li> <li>• Primary PCI</li> <li>• Electrophysiology studies / Ablation</li> <li>• Insertion of Pacemaker / ICD</li> </ul>

Patients can access cardiology in one or more of the following ways:

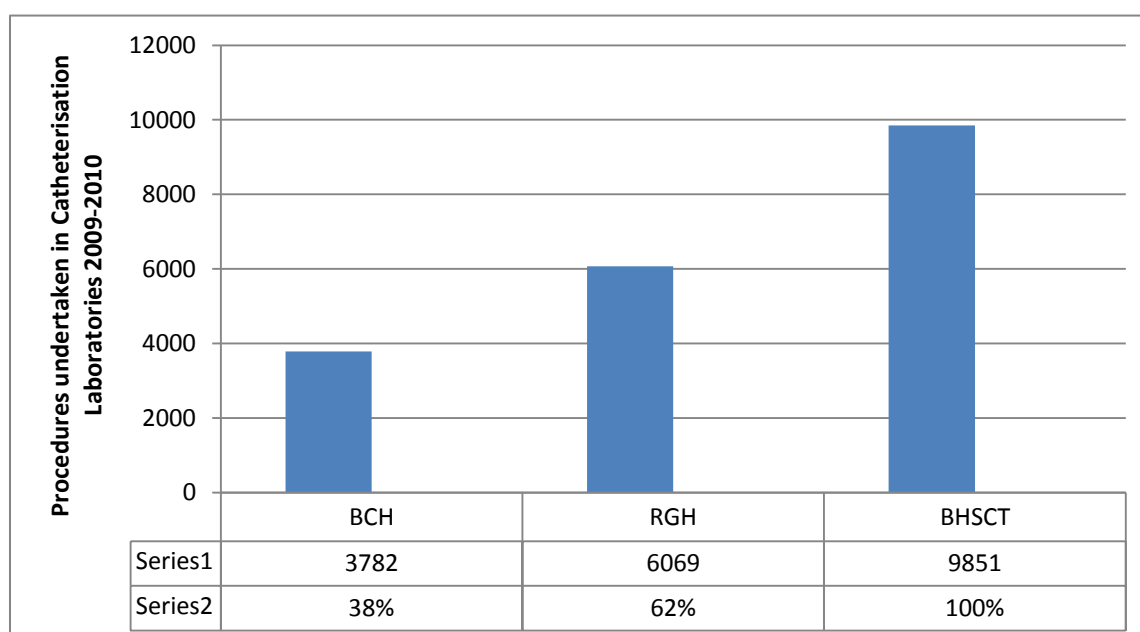
- As an inpatient: an admission to hospital which includes an overnight stay
- As a day case: treatment which is carried out in a single day, without the patient having to stay in hospital overnight
- As an outpatient: care provided on an appointment basis without requiring admission to hospital. Cardiology outpatient services are not part of this review and will continue to be provided at the Belfast City, Mater and Royal Hospitals.

Cardiology services can be delivered along one of two key patient pathways:

- Elective: This is when treatment has been planned and booked in advance, for example, a patient who is placed on a waiting list for pacemaker insertion and then brought into hospital on a prearranged day.
- Non-elective or emergency: This is when a patient accesses cardiology services without prior planning, for example a patient suffering a certain type of heart attack who goes to one of the Trust's Emergency Departments (EDs) and is then brought to the catheterisation laboratory for treatment.

Figure 1 illustrates the number of procedures that have been undertaken in 2009-2010 from the Belfast City Hospital and Royal Hospitals (RGH) catheterisation laboratories as well as the Trusts combined figure.

**Figure 1 - Procedures undertaken in catheterisation laboratories by Hospital & Trust 2009-2010**



### **3. Why reorganise cardiology services now?**

The formation of the Belfast Health and Social Care Trust provides an opportunity to build on the current high quality tertiary cardiology services, ensuring that patients are consistently treated by the right person, in the right place, at the right time.

Specifically, the way specialties have developed in Belfast has resulted in a fragmented system, with cardiologists that practise the same sub-specialty and delivering the same service not based on the same site. Tertiary services are currently safe and highly effective in both the Belfast City Hospital and the Royal Hospitals however there are reasons to change in order to further improve effectiveness.

#### **Meet Public Expectation for Improved Service Quality**

In line with the Trust principle to 'localise where possible, centralise where necessary' the aim of tertiary cardiology services is to deliver safe, effective and sustainable services into the future. In order to ensure that the public expectation for access to modern, efficient services is achieved there needs to be ongoing review of how and where services are provided. The ability to provide an improved quality of service in tertiary cardiology services will be enhanced by providing services from one location facilitating further development of sub-specialties.

#### **Drive Forward Service Modernisation**

As treatment techniques and skills are developed there will be an increase in the number of patients treated as day cases and as outpatients. In addition, the increased use of pre-assessment clinics, admission on the day of procedure combined with reduced lengths of stay will result in a decrease in demand for inpatient facilities. The tertiary cardiology service is embracing these changes, for example, taking actions to deliver increased days cases in Percutaneous Coronary Intervention. Locating these services together better facilitates best practice and modernisation throughout the clinical team.

The Priorities for Action (PfA) 2010/11 document sets out the key priorities for Health and Social Care services as identified by the Minister for Health and Social Services and Public Safety. It states:

“In meeting all challenges faced by the service, the primary issue is how health and social care services are best configured to respond safely and effectively to the emerging needs of the individuals and populations they serve. As those needs and the technology to meet those needs develop, it may be right to provide some services on single sites. Whilst other services may continue to be provided at local hospitals, the goal must be to ensure that the services provided are safe and of a high quality, delivering effective outcomes for patients.”

## **Address Current Duplication and Service Efficiency**

Tertiary cardiology services are currently duplicated, having developed across two hospitals within Belfast. Locating tertiary cardiology services together will enable the specialty to maximise outcomes and resources and reduce any inefficiencies as there will be reduced duplication of services, equipment and overhead costs.

## **Act on Staff Support**

Clinical teams across the range of split-site specialties believe that there are potentially significant benefits in bringing specialties together in the same hospital to form dedicated specialist units, for example, ensuring the development of sub-specialist services, flexibility in developing staff rotas, easier access to specialist nursing and other limited resources, improving team working and quality of service to the patient.

## **Improved Clinical Linkages**

Patients who access tertiary cardiology services may need to interface with other services, such as:

- Vascular surgery and Cardiac surgery

Patients with cardiovascular disease often require treatment from a range of specialists. These specialists either work together to treat complex problems or more commonly manage a patient with a range of organs affected by cardiovascular disease. As part of Excellence and Choice, it is proposed that vascular services would also be based at the Royal Hospitals while cardiac surgery is already based at the Royal Hospitals. This creates the potential for a 'cardiovascular centre' at the Royal Hospitals and provides the best possible service for patients whether their primary condition is cardiac or vascular in nature as clinicians are in close proximity to plan patient's care in a holistic nature.

- Radiology services

Patients of the tertiary cardiology service require radiology services as part of their diagnosis and treatment. Both the Belfast City Hospital and Royal Hospitals deliver these radiology services and will continue to provide a service to patients from both hospitals by making best use of the equipment and expertise of each hospital.

- Trauma services

Trauma services deal with multiple, serious injuries that could result in death or serious disability. These might include serious head injuries, severe gunshot wounds or road traffic accidents. Patients with multiple, serious injuries will need to be admitted to the Major Trauma Centre at the Royal Hospitals and may require rapid input from the tertiary cardiology team as part of a comprehensive trauma service.

The key benefit of this is the potential to improve the knowledge base and staff training opportunities, resulting in better care for patients.

### **Delivery on the Working Time Directive (WTD)**

Tertiary cardiology services have a significant challenge in complying with the WTD because of the unpredictability of on-call duties for staff delivering interventions for out-of-hours emergencies. This is because there is also a requirement to provide a range of tertiary cardiology services including elective (planned) diagnostic and interventional procedures the following day.

The service requires a specialist multi-disciplinary team to deliver these diagnostic and interventional procedures in normal working hours and out of hours (for emergencies). Some of the various disciplines that form the multi-disciplinary team have small numbers of total staff. Therefore, bringing together all elements of this multi-disciplinary team at a single hospital facilitates staff having appropriate rest time and prevents cancellation of elective (planned) patient's procedures.

### **Consultant contract and service delivery**

The proposed amalgamation of tertiary cardiology services at one hospital has positive implications for the use of the consultant workforce to deliver a more coherent service and also gives the service the opportunity to modernise together rather than trying to develop tertiary services across two hospitals. The development of one coherent service will also provide opportunities for shared learning and peer support for both junior doctors and consultants.

## **What are the main benefits of reorganising tertiary cardiology services now?**

Having identified the key reasons to review tertiary cardiology 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. 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 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 proposal. Reducing the existing duplication of services across two acute hospitals will mean patients see the right staff in the right place and this will also help teams deliver a more effective and efficient service.
- The Trust must optimise the use of the current catheterisation laboratory stock and the support accommodation available to us and ensure that there is some room for future growth, should the funding be available.

### 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, cardiology patients will potentially need the skills of the vascular or cardiac surgery teams. Cardiology services are also required to support trauma services.

### To ensure services are accessible to patients and carers.

- Patients, 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, 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 the future delivery of cardiology services**

A multi-disciplinary project team was established which brought together a broad range of clinical and managerial staff from across the Trust including Consultant Cardiologists, imaging staff, nursing staff, AHP staff as well as patient and Trade Union representatives, to generate and consider possible options for the future delivery of the service.

The range of options considered by the Project team were:

- Option 1 Continue with current arrangement – all emergency and elective (planned) tertiary services at both the Belfast City Hospital and Royal Hospitals.
- Option 2 Deliver all emergency and elective (planned) tertiary services at the Belfast City Hospital.
- Option 3 Deliver all emergency and elective (planned) tertiary services at the Royal Hospitals.
- Option 4 Deliver all elective (planned) tertiary services at the Belfast City Hospital and all emergency tertiary services at the Royal Hospitals.

There is no change of service provision proposed at the Mater Hospital. Therefore each option accounts for the Belfast City Hospital and the Royal Hospitals only.

##### Providing safe and sustainable services

Bringing together all tertiary services at a single hospital would better facilitate the delivery of the Primary Percutaneous Coronary Intervention service because the single specialist team will be specifically focussed on best practice delivery of these procedures.

In addition, bringing together all elements of the multi-disciplinary team required to deliver tertiary cardiology services at a single hospital increases the pool of staff available to cover emergencies at all times, facilitates staff having appropriate rest time in accordance with the WTD, and reduces the possible need for cancellation of elective (planned) patient procedures.

The single delivery teams in options two and three offer these potential advantages but the dual site options one and four do not.

##### Improving service quality, reduce fragmentation and deliver value for money

Single site working would deliver service efficiencies such as a streamlined clinical pathway and improved clinical rota management by reducing the duplication of providing the same service on adjacent sites. The single site team would more easily maintain best practice through increased sharing of expertise and learning facilitated by clinicians working together in one unit. The overall volume of activity at the Trust

will not increase but this total volume through a single hospital, rather than split across multiple hospitals, can improve quality of care.

Again, the single delivery teams in options two and three offer these potential advantages.

#### Appropriate clinical links

Patients with cardiovascular disease often require treatment from a range of specialists. These specialists either work together to treat complex problems or more commonly manage a patient with a range of organs affected by cardiovascular disease. As part of Excellence and Choice, it is proposed that vascular services would also be based at the Royal Hospitals while cardiac surgery is already based at the Royal Hospitals. Bringing together tertiary cardiology, cardiac surgery and vascular services provides an opportunity for physicians, surgeons and radiologists to provide optimal coordinated care for such patients in a 'cardiovascular centre'. Recent developments in less invasive techniques for managing cardiovascular disease and the requirement for fast intervention in cardiovascular emergencies further support bringing these services together.

In addition, the Royal Hospitals is identified as the Trust's major trauma centre and tertiary cardiology services form part of the range of services that are required to deliver a comprehensive trauma service.

Option three is the only option that can fully realise the development of a cardiovascular centre.

#### Access for patients and carers

Both the Belfast City Hospital and Royal Hospitals are accessible for public transport access and a bus service runs between these sites and the City Centre continually during the day. Car parking availability is better at the Belfast City Hospital but work is ongoing to increase parking spaces at the Royal Hospitals site.

All of the options provide access to a specialist tertiary cardiology team for both planned and emergency activity. Option three would enable patients to also access the cardiovascular centre which would bring the additional benefit of joined-up care with vascular surgeons where appropriate.

Option four would mean a change of service for patients of all hospitals and would require significant input from the Northern Ireland Ambulance Service.

#### Compatibility with Trust strategic direction

The Royal Hospitals is identified as the major trauma and 'heart centre' due to the appropriate clinical linkages with trauma, cardiac and vascular services. The combined multi-disciplinary teams from these specialties support the development of a cardiovascular centre, incorporating the tertiary cardiology service, and this is most feasible at the Royal Hospitals.

Option three is best placed to realise this ambition.

Preferred option

Considering this, the Project team's recommendation is for option three – deliver all emergency and elective (planned) tertiary services at the Royal Hospitals therefore forming part of a cardiovascular centre and providing tertiary cardiology access to the Trust's major trauma centre.

General cardiology services and outpatient services including assessment, diagnostic and treatment services required to support emergency and general medical and surgical departments would continue to be delivered from the Belfast City Hospital, Mater Hospital and Royal Hospitals.

## **5. What would this mean for patients, staff and hospitals?**

The Trust is proposing that tertiary cardiology services currently delivered from the Belfast City Hospital and the Royal Hospitals should be provided from a single site, the Royal Hospitals. This contributes to the development of the Royal Hospitals as the 'heart centre' as described in New Directions.

### **What would this mean for patients?**

General cardiology services and outpatient services including the range of assessment, diagnostic and treatment services required to support emergency departments and general medical and surgical departments would continue to be delivered from the Belfast City Hospital, Mater Hospital and Royal Hospitals.

Therefore in future, any patient that requires cardiology services arising from, for example, chest pain, would be able to access these services at the Belfast City Hospital, Mater Hospital and Royal Hospitals. Most patients would continue to be treated at the hospital to which they were admitted.

However, some patients with more serious symptoms may be transferred to the tertiary cardiology team at the Royal Hospitals for a specialist diagnostic and/or interventional procedure before being discharged home or repatriated to the hospital in which they were initially admitted. This process is already in place for patients that initially present to the emergency department at the Belfast City Hospital and Mater Hospitals with a certain type of heart attack (STEMI).

Patients would benefit from a single tertiary cardiology team that can support the development of a number of sub-specialist services.

Patients will also have improved access to specialist nursing and other limited services.

### **What would this mean for staff?**

All members of the cardiology team delivering tertiary services would be able to work more closely on a single site and therefore share expertise and learning which is key to improving outcomes for patients.

All of the cardiology team delivering tertiary services would have an increased opportunity to engage in multi-disciplinary working with colleagues in vascular surgery and cardiac surgery, for example. Multi-disciplinary working has been shown to improve patient outcomes.

There would be a greater number of cardiologists and other multi-disciplinary team members available for a single site rota than is possible with the current situation where multiple rotas are necessary and will help ensure WTD compliance.

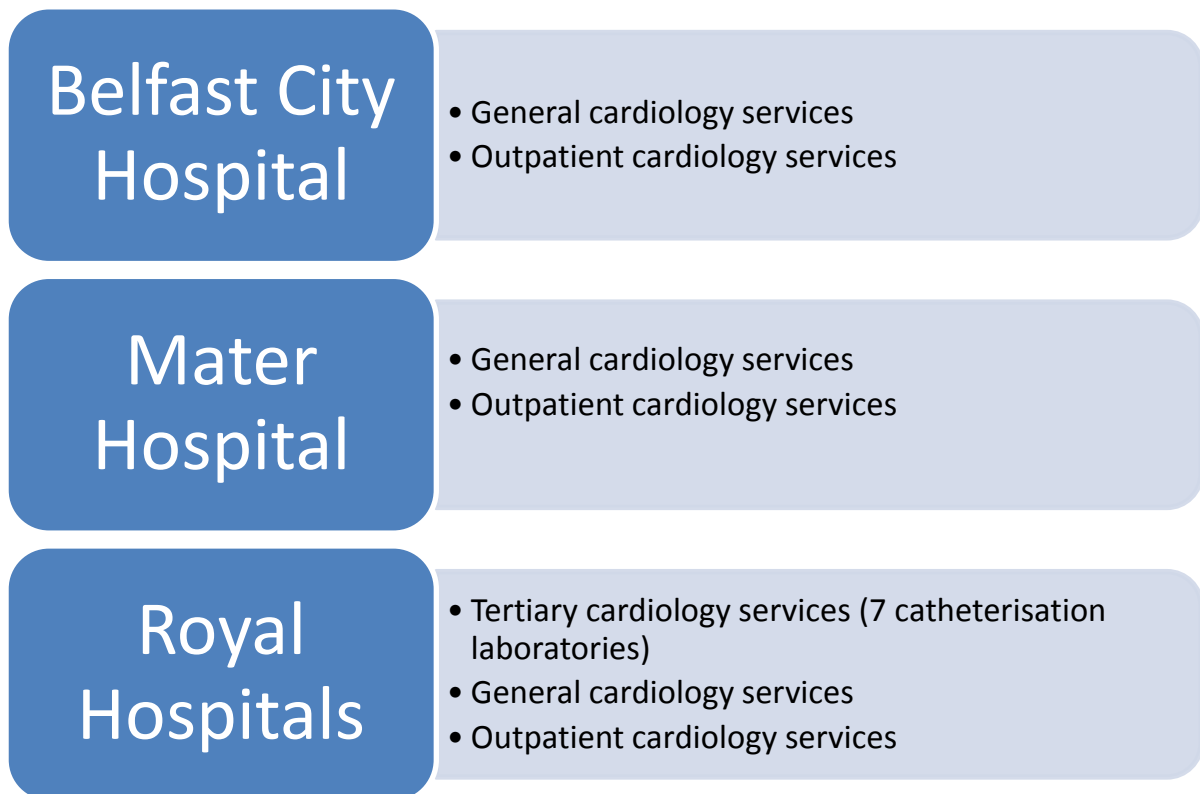
The cardiology team delivering tertiary services may be able to better utilise the resources available such as staff, facilities and equipment when located in one centre and not split across two. This may be found in economies of scale, for example equipment required on one centre instead of duplicated on two, as is the case currently.

### What would this mean for each hospital?

The Royal Hospitals would be the entry point for all tertiary cardiology procedures. In order to facilitate this proposal, all of the Trust's catheterisation laboratories would be located at the Royal Hospitals. It is proposed that when the catheterisation laboratories currently located at the Belfast City Hospital are funded for replacement, this replacement facility would be located at the Royal Hospitals.

The Royal Hospitals would therefore eventually accommodate all seven of the Trust's catheterisation labs required to deliver tertiary cardiology services. An overview of services that would be available at each acute hospital is illustrated in Figure 2.

**Figure 2 - Proposed Organisation of Cardiology Services**



## 6. Workforce

The Trust would 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 would require the relocation of some staff to facilitate all tertiary cardiology services being delivered from the Royal Hospitals. 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 given to redeploying staff to other posts in the Belfast City Hospital.

- New ways of working/retraining or reskilling.

As the Trust is proposing to provide all tertiary cardiology services on the Royal Hospitals site, staff would be offered appropriate training/retraining if their job roles change.

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

## 7. 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 2010.

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

1. Do you agree with the proposal to provide all tertiary cardiology services at the Royal Hospitals?

2. If you do not agree with the proposal to provide all tertiary cardiology services at the Royal Hospitals, where do you think the service should be located and 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  
1<sup>st</sup> Floor, Nore Villa  
Knockbracken Healthcare Park  
Saintfield Road  
Belfast  
BT8 8BH

Alternatively, comments may also be emailed to:

[stakeholdercomms@belfasttrust.hscni.net](mailto: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  
1<sup>st</sup> Floor, Graham House  
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](mailto: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 patients 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, patients, 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](mailto:orla.barron@belfasttrust.hscni.net)

## **Appendix 3 – Glossary**

### **Glossary of abbreviations**

AHP	Allied Health Professional
ED	Emergency Department
EQIA	Equality Impact Assessment
WTD	Working Time Directive
FCE	Finished Consultant Episode
NIAS	Northern Ireland Ambulance Service
SpR	Specialist Registrar

### **Glossary of terms**

Allied Health Profession	A clinical profession distinct from medicine, dentistry and nursing, such as physiotherapy, occupational therapy, speech and language therapy and dietetics
Working Time Directive	A law seeking to protect the health and safety of workers which limits the number of hours that doctors are allowed to work over an average week
Finished Consultant Episode	An episode of medical treatment during which a patient is under the care of a single, named consultant