



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

ENT

5 July – 31 October 2010

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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
1st Floor, Graham House
Knockbracken Healthcare Park
Saintfield Road,
Belfast BT8 8BH

Tel: 028 9096 0069
Fax: 028 9056 6701
Textphone: 028 9090 2863
E-mail: orla.barron@belfasttrust.hscni.net

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 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. It represents a formal consultation on specific proposals for service change in **Ears, Nose and Throat (ENT)**. Under the banner of Excellence and Choice these proposals give more detail on how we might change services for the better.

ENT is an important part of our hospitals' work. Our ENT teams deal with injuries and disease of the ears, nose, throat, head and neck and currently provide the service in two acute hospitals – at the Belfast City Hospital and The Royal Hospitals.

We are proposing that the inpatient and day case services currently located at the two hospitals are combined at the Royal Hospitals to form a specialist ENT inpatient service to Belfast and Northern Ireland.

It is important that the Trust delivers services locally where possible; therefore ENT outpatient services would continue to be delivered from the Belfast City Hospital, the Royal Hospitals and the Mater Hospital.

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

Ear, nose, and throat services deal with the assessment, diagnosis and treatment of diseases, injuries, or deformation of the ears, nose, throat, head and neck areas. The service is provided from both the Belfast City Hospital (35% of the inpatient and day case service) and Royal Hospitals (65% of the inpatient and day case service).

Service Location: Options Considered

The current accommodation at the Belfast City Hospital is below standard and is not capable of being brought up to an acceptable standard. The ENT multi-disciplinary project team comprising consultants, nursing staff, Allied Health Professionals (AHPs), administrative staff and trade union representatives identified and considered three potential locations for the service;

1. Continue with current arrangement – ie inpatients and day cases at both Belfast City Hospital and Royal Group of Hospitals;
2. Deliver all inpatient and day case services at the Royal Hospitals;
3. Deliver all inpatient and day case services at the Belfast City Hospital.

Service Recommendations

In summary, the project team recommendations were that:

1. ENT services should be located together in one acute hospital for the key benefits of improved streamlined clinical pathways, team working, clinical rota management and efficiency in service delivery.
2. The Royal Hospitals, in the EENT (Eyes, Ear, Nose and Throat) Building offers the best location for the service in Belfast because:
 - Whilst the relevant clinical linkages exist at both the Belfast City Hospital and the Royal Hospitals for this largely elective service (80%), the existing Belfast City Hospital service is based at the Dufferin building in sub-standard accommodation, which needs to be removed from clinical use as soon as possible. In addition, there is insufficient space elsewhere at the Belfast City Hospital to provide the necessary level of beds and operating theatres.
 - The ENT service at the Royal Hospitals, provided from the EENT Building, has bed and theatre capacity to enable the Belfast City Hospital service to relocate.

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 wellbeing 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 MORE¹ (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 inpatient and day case ENT services we provide, including the cochlear implant service, how we are redesigning these services and our commitment to ensuring they are of the highest possible quality. The Trust's proposed model for adult ENT Services is to locate adult inpatient and day case services at the Royal Hospitals bringing together all surgeons practising the same speciality interest to form a centre of excellence.

This document relates to changes in adult ENT only. In relation to Paediatric ENT, the Trust is committed to the delivery of paediatric services within a paediatric environment within or close to the Trust paediatric service at the Royal Belfast Hospital for Sick Children. This will mean that Paediatric ENT services at the Belfast City Hospital will initially move to The Royal Hospitals, based in the EENT building, and move into the Royal Belfast Hospital for Sick Children as soon as space is available.

Outpatient services will continue to be delivered locally within the Belfast City Hospital, The Royal Hospitals and Wellbeing and Treatment Centres.

The Trust previously consulted, in New Directions, on the direction of travel for all services delivered in Belfast, culminating in ten overarching principles were developed, which 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 ENT services are:

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

¹ 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.

- **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.
- **Provide clear directions to services**, developing clear pathways to access appropriate ENT 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.

Following our New Directions consultation, there was general support for the proposed focus of services on each site, with:

- 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, and
- Musgrave Park Hospital as the centre of specialist rehabilitation services.

The Trust has produced this document to ensure that our staff, service users, carers and the public at large have an opportunity to provide their views on the new model for adult inpatient and day case ENT services.

2. How are ENT services currently delivered?

The Ear, Nose, and Throat (ENT) service provides both local and regional services for the assessment, diagnosis and treatment of diseases, injuries, or deformation of the ears, nose, throat, head and neck area including facial plastics and some cosmetic surgery.

ENT provides a full range of general ENT services and also provides a number of specialist ENT services including:

- Mastoid surgery – surgery of the temporal bone behind the ear at the base of the skull
- Tympanoplasty – surgical correction or repair of defects or injuries in the eardrum or the bones of the middle ear
- Cochlear implant surgery
- Sinus surgery
- Head and Neck Cancer – diagnostics and surgery

Patients will receive their care in one or more of the following ways:

- As an inpatient: an admission to hospital which includes an overnight stay;
- As a day case: surgical 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.

All ENT services are delivered along one of two main routes or patient pathways²:

Elective: 80% of ENT inpatient attendances are elective. This is when treatment has been planned and booked in advance, for example a patient who is placed on a waiting list for an operation and then brought into hospital on a prearranged day.

Non-elective or emergency: 20% of ENT inpatient attendances are emergency. This is when a patient accesses ENT without prior planning, for example, with acute airway obstruction or acute nose bleed.

The service is provided from both the Belfast City Hospital (35% of the inpatient and day case service) and Royal Hospitals (65% of the inpatient and day case service).

² A patient pathway is the route that a patient will take from their first contact with an NHS member of staff (usually their GP), through referral, to the completion of treatment.

Royal Hospitals - Adult services are delivered from the EENT building at the Royal Hospitals. The regional head and neck cancer centre is also located there.

ENT Casualty is also provided at the Royal Hospitals and is not included in the review of inpatient and day case services.

Belfast City Hospital – inpatient and day case adult services are currently delivered from the Dufferin Hospital building at the Belfast City Hospital. The Dufferin accommodation is of poor quality. Services in this building need to transfer to other facilities in the Trust.

The cochlear implant service is currently provided in the same building as ENT at the Belfast City Hospital. While needing to maintain links with ENT, the outpatient element of the cochlear implant service does not need to be based at an acute hospital.

Dufferin currently operates Monday-Friday and closes at the weekend reflecting the trend towards short- stay and day case ENT service provision.

Activity Data

Patients receive ENT services in any one of four pathways, as outpatients, outpatients with procedures, daycases and inpatients. Across the sites activity levels are as follows:

- 83% of all attendances are at outpatient clinics;
- 2% of all attendances are at outpatient with procedure clinics;
- 5% of all attendances are for day case procedures; and
- 10% of all attendances are for inpatient procedures.

This service review is considering the location of inpatient and day case services which represent just 15% of all ENT attendances.

The duplication of activity across the hospitals is illustrated in the following graphs:

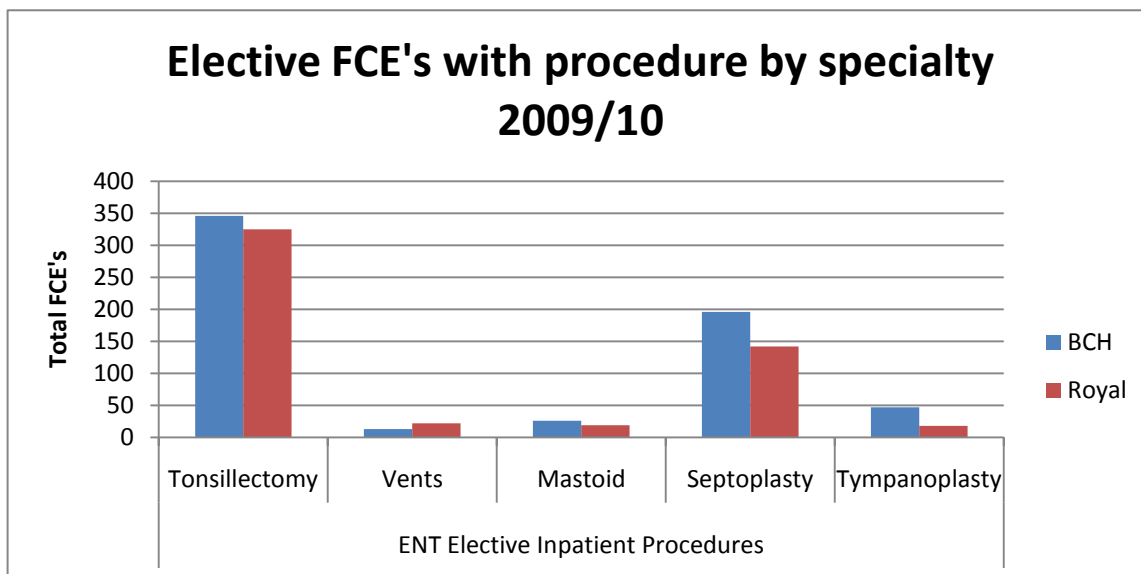


Figure 1: ENT elective inpatient Finished Consultant Episodes (FCE's) by Procedure 2009/10

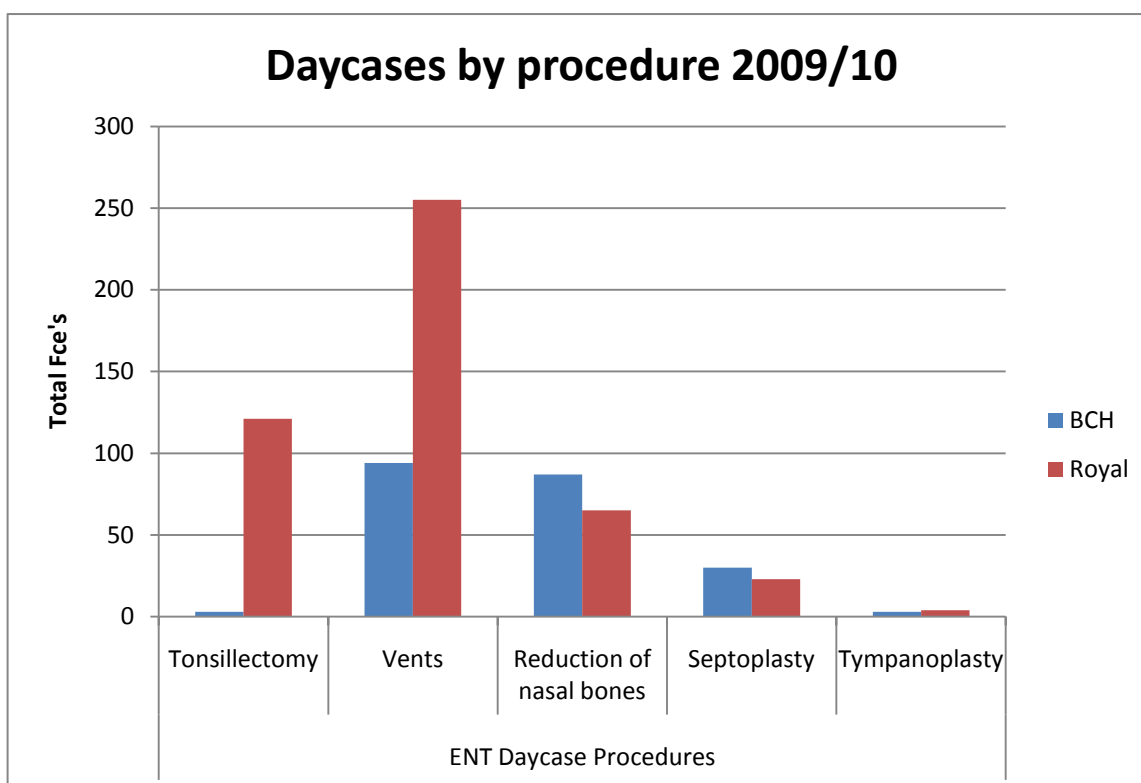


Figure 2: Daycase by procedure 2009/10

Outpatient clinics and outpatient with procedure clinics will continue to be provided at the Belfast City Hospital, Royal Hospitals and Mater Hospital and the ENT service will consider developing further local access with the potential use of Wellbeing and Treatment Centres.

3. Why reorganise ENT services now?

The formation of the Belfast Health and Social Care Trust provides an opportunity to build on the existing high quality ENT service delivered in the Belfast City Hospital and Royal Hospitals, ensuring that patients consistently get to the right person, in the right place, at the right time. There are a number of factors that contribute to this proposal to reorganise ENT services now. These include the need to:

Improved Clinical Linkages

There are a number of key linkages that are required within ENT services to ensure that a high quality service is provided for patients:

The head and neck cancer service need to have access to Intensive Care Unit (ICU) or High Dependency Unit (HDU) beds as well as inpatient beds and theatres. There is also a need for patients using this service to have access to physiotherapy and speech and language therapy. A key linkage within this element of the service is the provision of an oncology pathway.

Other key linkages or support services for inpatient services include audiology services, imaging, laboratories, pharmacy and medical records. All of these services do not necessarily need to be co-located with the inpatient service but they need to be provided as required on the patient pathway. At times there will also be links with neuro-surgery and dental professionals.

Pre-assessment clinics are a key element within the service to ensure that inpatient and day surgery lists operate as planned and to maximise both patient admission on day of surgery and patients being treated as day cases. These pre-assessment clinics do not need to be located on the same site as the inpatient service.

Meet Public Expectation for Improved Service Quality

In line with the Trust principle to 'localise where possible, centralise where necessary' the ENT service objective is to continue 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 Dufferin Building was built in the early 1900's and is based at the back of the Belfast City Hospital, isolated from the other services and is not fit for modern service delivery. The accommodation in the EENT Building of the Royal Hospital offers four bedded bays and single rooms and the theatre accommodation is undergoing complete refurbishment in summer 2010. The ability to provide improved service quality in ENT will be enhanced by providing services from one location.

Locating ENT services on one site will particularly facilitate the development of the nursing teams who currently operate on two sites. Locating the teams together will enable the development of skills and expertise and will also provide an opportunity to standardise processes, for example pre-assessment. Best practice from both sites can be developed resulting in the development of a nursing team that can provide a high quality service to patients.

Driving Forward Service Modernisation

Modernisation of ENT services has been underway for a number of years, for example, 80% of ENT patients are admitted on day of surgery. Also 100% of patients attending Belfast City Hospital and 80% of patients attending the Royal Hospitals are being pre-assessed (pre-surgery review of patient fitness for surgery).

In order to continue modernising, the ENT service has reviewed service delivery. Measures put in place include:

- Continuing to decrease length of stay. In 2008/09 the average length of stay in ENT was 1.85 days. In 2009/10 the average length of stay decreased to 1.6 days. It is anticipated that this will reduce further as additional support processes are put in place;
- Increasing the number of procedures that take place as day procedures, for example, 0.2% of tonsillectomies are currently carried out as day cases on the BCH site. This is planned to increase to 40% by December 2010; and
- Increasing the number of patients admitted on the day of surgery on the Royal site. This is planned to increase from 63.6% to at least 75% by September 2010.
- Further improvements will be made in ENT theatre utilisation.

As surgical and treatment techniques and skills are developed in the future there will be an increase in the number of patients treated as day cases and as outpatients with procedures. The ongoing use of pre-assessment clinics and admission on the day of surgery will reduce patient length of stay.

The modernisation agenda can be more fully realised within ENT if all inpatient and day case activity is located on one site.

In addition, this would facilitate the centralisation of referrals and streamline administration and clerical processes, resulting in more efficient working practices for the ENT service.

Address Current Duplication and Service Efficiency

The ENT specialty is currently fragmented having developed across two acute hospitals within Belfast.

Locating inpatient and day case services together will enable the ENT service to maximise outcomes and resources and reduce inefficiencies by removal of duplication of services, equipment and overhead costs.

Act on Staff Support

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

What are the main benefits of reorganising the delivery of ENT services?

Having identified the key reasons to review ENT, 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 inpatient and day surgery 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 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 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.
- The Trust must optimise the use of the current operating theatre 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, ENT patients will potentially need access to the skills of Neurosurgery and Dental services.

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, 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 team, 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 multidisciplinary project team, comprising consultants, nursing staff, Allied Health Professionals (AHPs), administrative staff and trade union representatives was established to identify and consider the options for the future delivery location of the service.

A range of options were considered and advantages and disadvantages of each option were identified to enable the team to reach a conclusion on the preferred option.

Proposed Options

Option 1 Continue with current arrangement providing ENT inpatient and day case services at Royal Hospitals and Belfast City Hospital

Option 2 Deliver all ENT inpatient and day case services on the Royal Hospitals

Option 3 Deliver all ENT inpatient and day case services on Belfast City Hospital

The key features of the analysis that was undertaken are as follows:

Option 1 – Continue with current arrangement providing inpatient and day case services at Royal Hospitals and Belfast City Hospital

ENT inpatient and day case services would continue to be provided on both the Royal Hospitals and Belfast City Hospital.

Advantages:

- Care and treatment currently provided on each site are of good quality;
- This option would mean no disruption for users, carers or staff;
- Good availability of public transport links across the two sites – road, bus and rail.

Disadvantages:

- The service at Belfast City Hospital is currently provided from the Dufferin building. This building is in a poor state of repair and is not capable of being brought up to an acceptable standard;
- The service currently based on two sites is fragmented and has resulted in duplication of expertise, staff and equipment;
- A two site option is not in line with the Trust strategic direction to reduce fragmentation of services.

Option 2 – Deliver all inpatient and day case services at the Royal Hospitals

ENT inpatient and day case services would be provided from the Royal Hospitals. The inpatient element of the cochlear service would also be provided at the Royal Hospitals with the outpatient element being provided in a more suitable environment outside the acute hospital.

Advantages:

- This option would bring together the expertise from both teams onto one acute hospital to develop a specialist centre for ENT;
- Locating ENT on Royal Hospitals will further develop the clinical linkages with head and neck cancer services, neurosurgery and dental services;
- Delivering services from one acute hospital is more resource efficient in terms of economies of scale and reduction in duplication of expertise, staff and equipment;
- There is sufficient capacity in terms of inpatient and day case theatres to locate services on Royal Hospitals;
- Good availability of public transport links – road and bus;
- Patients will only attend the acute site when an inpatient stay or day case procedure is required and outpatient services will be located more locally;
- Patients attending for cochlear implant services will also only need to attend the acute site for their inpatient visit and other services could be provided outwith the acute site.

Disadvantages:

- This option will mean split-site working for some staff, eg in the Cochlear Implant Services.

Option 3 – Deliver all inpatient and day case services at the Belfast City Hospital.

ENT inpatient and day case services and the Cochlear Implant service would be provided at the Belfast City Hospital.

Advantages:

- This option would bring together the expertise from both teams onto one acute hospital to develop a specialist centre for ENT;
- A one site option for service delivery is more resource efficient in terms of economies of scale and reduction in duplication of expertise, staff and equipment.

Disadvantages

- Locating ENT at Belfast City Hospital would result in the head and neck cancer service being isolated from the rest of the service as it is delivered from the Royal Hospitals;
- This option would not deliver improved clinical linkages with neurosurgery and dental services;
- Lack of space within BCH tower to provide the required number of beds;
- There is insufficient inpatient and day case theatre capacity at the Belfast City Hospital.

Conclusion

The ENT multidisciplinary team recommended that a single site location for inpatient and day case ENT services at the Royal Hospitals will best meet the future modernisation and reform of ENT services.

Outpatient services are not affected by this review and will continue to be provided locally, including the possible use of the range of Wellbeing and Treatment Centres across Belfast.

5. Paediatric ENT

Children's acute hospital services, because of their scale and complexity, face particular challenges in providing safe, high quality services because of changes in the delivery and organisation of clinical care and training requirements for doctors. In Belfast, where children's services are provided across four hospitals, this challenge is exacerbated by the poor quality of some of our ward and theatre accommodation which falls well short of the standards we want for the delivery of care and treatment for children, their carers, families and staff.

Paediatric ENT is currently delivered from three centres, the EENT Building and the Royal Belfast Hospital for Sick Children on the Royal Hospitals site and the Dufferin Building at the Belfast City Hospital. Activity levels are shown below:

Paediatric ENT Activity Profile

Activity 09/10	Royal Hospitals	Belfast City Hospital
Inpatients	535	296
Daycases	930	136
Outpatients New Outpatients Review	New: 2089 Review: 5384	New: 483 Review: 825
Outpatients Total	7473	1308

The EENT Building at the Royal Hospitals carries out about 75% of the paediatric ENT activity and has clear links to the Royal Belfast Hospital for Sick Children (RBHSC), where a paediatric ENT airways service is provided together with general paediatric ENT inpatient/daycase services. The accommodation in the EENT building of the Royal Hospitals, built in the 1960s, offers four bedded bays and single rooms and the theatre accommodation is undergoing complete refurbishment in summer 2010. Although two ENT theatre lists are delivered within the Royal Belfast Hospital for Sick Children, there is insufficient theatre space and accommodation for any additional ENT services.

The Paediatric ENT service in Dufferin is the only children's acute service on the Belfast City Hospital site, in accommodation which dates back to the early 1900's and which is not fit for modern service delivery. The key concern is the isolation of the Dufferin building, both from the general acute adult services in the Belfast City Tower Block and, in particular, the children's acute services in the Royal Belfast Hospital for Sick Children. The service shares its building with the adult ENT service, which is proposed to move to the EENT building at the Royal Hospitals.

It is proposed that this paediatric service should move to join the paediatric services already in Ward 31 in the EENT Building at the Royal Hospitals. The Belfast 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 2006, has been delayed.

The recently published paper, "Improving Services for Paediatric ENT Surgery – Policy & Standards of Care for Paediatric ENT Surgery in Northern Ireland", (May 2010, DHSSPS) highlights expected standards for inpatient and day case services. The table below highlights the expected standards for paediatric ENT inpatient services and identifies whether or not the Belfast City Hospital and the Royal Hospitals meet the standard:

Standards for Inpatient Services³

	Standard	BCH	RGH
For inpatient services:	On site inpatient paediatric medical units	X	✓
	Emergency ENT and anaesthetic cover	adult but not paediatric cover	✓
	Direct access (without need for ambulance transfer) to an emergency theatre that is appropriately equipped	X	*Specific arrangements in place
	A child friendly environment including appropriate security, furnishing and play opportunity	✓	✓

NOTE: * There are specific arrangements in place on the Royal Hospitals site. A Trust policy "Management of the post-operative ENT paediatric patient" ensures that arrangements are in place between the ENT and the Royal Belfast Hospital for Sick Children clinical teams to ensure a smooth patient transfer if required. These arrangements are being reviewed in the light of this most recent policy⁴ issued by the DHSSPS.

The Belfast Trust is therefore proposing that the Children's ENT service in the Belfast City Hospital should move to the Royal Hospitals, initially to join the paediatric services already in place in Ward 31 of the EENT Building and eventually into the Children's Hospital on the same hospital site.

The benefits of this proposal are to provide:

³ Improving services for Paediatric ENT surgery – policy and standards of care for paediatric ENT surgery in Northern Ireland (DHSSPS, May 2010)

⁴ Improving services for Paediatric ENT surgery – policy and standards of care for paediatric ENT surgery in Northern Ireland (DHSSPS, May 2010)

- An on-site inpatient paediatric medical unit with paediatric medical cover at all times, necessary to deliver 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;
- Rapid attendance and stabilisation by a paediatric specialist and ambulance transfer to the Children's Hospital (RBHSC) if required;
- Senior paediatric anaesthetic medical staff resident in RBHSC out-of-hours.

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.

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

The model favoured by the Trust is that adult inpatient and day case services will be provided from one location at the Royal Hospitals. Outpatient services will continue to be provided from their current locations.

The delivery of inpatient and day case ENT services on one site will enable the development of a seamless patient pathway, improving the patient experience for all patients. This will include:

- Patients being pre-assessed and pre-admitted reducing their need to attend hospital unnecessarily;
- Increasing the number of procedures that can be undertaken as day cases and outpatients with procedures. This will also reduce the need for unnecessary admission to an inpatient ward;
- Streamlined discharge procedures ensuring all aspects of a patient discharge are in place, for example, medication, to ensure that patients can leave hospital as soon as they are deemed medically fit.

What does this mean for patients?

The development of a single, adult inpatient and day case ENT service for Belfast will enable a more focused approach for patients, resulting in a more responsive, higher quality service than is currently possible with the service spread over two hospital sites.

Reducing duplication will ensure that patients are seen by the right staff in the right place, resulting in a more streamlined patient pathway. This will also provide equity of service provision for everyone accessing ENT services.

What does this mean for staff?

The development of a dedicated unit will bring together all ENT specialists enabling the formation of highly skilled, specialist teams of surgeons, anaesthetists, nurses and Allied Health Professionals and resulting in opportunities for shared learning and shared experience which is key to improving outcomes for patients.

Delivering the service from one location will develop team working further.

Training opportunities and personal development for medical and nursing staff will be enhanced as staff will have the opportunity to assess and treat the full range of ENT conditions that will be provided in one location and there will be more opportunities for shared learning.

Clinical support will be developed as there will be easy access to colleagues with expertise in all areas in one location.

What does this mean for each hospital?

The Royal Hospitals will be the centre from which all inpatient and day case ENT services will be provided.

Outpatient services will continue to be provided from Royal Hospitals, Belfast City Hospital and Mater 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 inpatient and day case services being delivered from the Royal Hospitals. The Trust has in place agreed protocols with Trade 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 where appropriate.

- New ways of working/retraining or reskilling

As the Trust is proposing to provide all ENT inpatient and day case services on the RGH 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 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 bring adult ENT services onto a single acute hospital site?

2. Do you agree with the proposal to locate adult ENT services in the EENT Building at the Royal Hospitals?

3. If you do not agree with the proposal to locate adult ENT services in the EENT Building at the Royal Hospitals, where do you think the service should be located and please give your reasons?

4. Do you agree with the proposal to transfer children's ENT services at the Belfast City Hospital to Ward 31 in the EENT Building at the Royal Hospitals?

5. If you do not agree with the proposal to transfer the children's ENT services at the Belfast City Hospital to Ward 31 in the EENT Building at the Royal Hospitals, 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
1st Floor, Graham House
Knockbracken Healthcare Park
Saintfield Road,
Belfast
BT8 8BH

Tel: 028 9096 0069

Fax: 028 9056 6701

Textphone: 028 9090 2863

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

Appendix 3 – Glossary

Glossary of abbreviations

BCH – Belfast City Hospital

BHSCT – Belfast Health and Social Care Trust

ENT – Ears, Nose and Throat

HDU – High Dependency Unit

ICU – Intensive Care Unit