



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

**VASCULAR SURGERY**  
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 would 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 **vascular surgery**. Under the banner of Excellence and Choice this document gives more detail on how we might change services for the better.

Vascular surgery is an important part of our hospital's work. Our vascular teams deal with everything from varicose veins and strokes to aneurysms. Currently we deliver vascular surgery in both the Belfast City Hospital and the Royal Hospitals and we believe there are real benefits in bringing these separate services together.

We are therefore proposing that the two separate vascular inpatient and day case services currently located at the Belfast City Hospital and the Royal Hospitals are combined on the Royal Hospitals to form a specialist vascular inpatient and day case service to Belfast and Northern Ireland.

Outpatient services would continue to be delivered locally and are not part of this review. 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 would 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 vascular services?**

Vascular services deal with the diagnosis, treatment and management of conditions affecting the health of the body's circulation. Usually, this involves treating diseases of the arteries, veins and lymphatic vessels. Typical conditions that the vascular service would manage include:

- peripheral vascular disease - diseases resulting in poor circulation to the limbs or vital organs, frequently due to atherosclerosis (“furring-up”) of the arteries;
- aneurysmal disease - diseases causing localised weaknesses in the walls of arteries resulting in formation of an aneurysm;
- stroke prevention - prevention of stroke and mini-stroke, in patients where the arteries supplying the brain have become diseased;
- venous disease - treatment of varicose veins and their associated conditions including intervention for deep vein thrombosis.
- lower limb ulceration – the vascular service provides wound management expertise and intervention for lower ulceration arising from arterial disease, venous disease, diabetes and lymphatic disease, in conjunction with podiatry and tissue viability nursing services.

Vascular services support several other surgical specialties which involve dissection around major blood vessels.

Vascular surgical care is provided by the two regional units at the Royal Hospitals and at the Belfast City Hospital. Both services provide the same range of procedures, however the patient profile may be different at each hospital. These units alternate on a daily basis to provide emergency vascular surgical cover across Northern Ireland.

A multi-disciplinary project team was established which brought together a broad range of clinical and managerial staff from across the Trust. Consultant vascular surgeons, imaging, nursing, AHP, service user and trade union representatives identified, considered and made recommendations on the possible options for the future delivery of the service.

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

1. Continue with current arrangement – inpatient emergency and elective (planned) vascular services in both the Belfast City Hospital and Royal Hospitals.
2. Deliver vascular inpatient emergency and elective (planned) vascular services at the Belfast City Hospital.

3. Deliver vascular inpatient emergency and elective (planned) services at the Royal Hospitals.

### **Service Recommendations**

In summary the project team recommendations were that:

- The service should be located together at one acute hospital for the key benefits of streamlined clinical pathways, team working, clinical rota management and efficiency in service delivery which will all positively benefit the patient experience.
- The single site location for inpatient and day case vascular services should be at the Royal Hospitals. The most important clinical linkages for vascular services include emergency and trauma services, interventional radiology, cardiac surgery, renal services and cardiology services. These services are currently located as follows:

- Trauma services – The major Trauma centre for the Trust is identified as the Royal Hospitals.
- Cardiac surgery - this service is only available at the Royal Hospitals, there is no proposal to change this.

Cardiology – the specialist cardiology facilities needed to support vascular patients are currently duplicated at the Royal Hospitals and the Belfast City Hospital. As part of these proposals, the Trust is proposing to locate all the cardiac catheterisation laboratories and associated beds/patient couches at the Royal Hospitals.

- Renal Service - This service is currently mainly provided at the Belfast City Hospital with a limited dialysis and consultation service provided at the Royal Hospitals.

The Trust will continue to work with commissioners to ensure the provision of an appropriate renal service at the Royal Hospitals for all patients, including vascular patients.

A vascular consultation service will continue for patients at the Belfast City Hospital.

Outpatient services would continue to be delivered locally and are not part of this review. The outpatient wound management service currently located at Belfast City Hospital will be maintained, with admissions from that service requiring vascular expertise directed to the Royal site. Table 1 summarises the vascular conditions, and proposed future location of services.

**Table 1 - Vascular Surgery - Current and Proposed Service Location(s)**

<b>Key Vascular Conditions</b>	<b>Current Location(s)</b>	<b>Proposed location(s)*</b>
1. Peripheral vascular disease	Belfast City Hospital/ Royal Hospitals	Royal Hospitals
2. Aneurysmal disease	Belfast City Hospital/ Royal Hospitals	Royal Hospitals
3. Stroke prevention	Belfast City Hospital/ Royal Hospitals	Royal Hospitals
4. Venous disease	Belfast City Hospital/ Royal Hospitals	Royal Hospitals
5. Lower limb ulceration	Royal Hospitals Belfast City Hospital (outpatients)	Royal Hospitals Belfast City Hospital (outpatients)

\* Proposed location along with supporting dialysis stations at RGH to provide necessary service for patients.

## 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 vascular 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 vascular centre at the Royal Hospital, bringing together the two separate teams to deliver a regional and local service, providing the full range of procedures in a modern environment.

The Trust previously consulted, in New Directions, on the direction of travel for all services delivered in Belfast. Ten overarching principles were identified which have guided 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 vascular 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.
- **Provide clear directions to services**, developing clear pathways to access appropriate care.

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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.

- **To re-profile services** to make best use of each of all our clinical teams and to improve patient flows.
- **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 with an increased focus on emergency services.
- 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, service users, carers and the public at large have an opportunity to provide their views on the new model for provision of vascular services.

## 2. How are vascular services currently delivered?

The vascular service is provided by a multi-disciplinary team including vascular surgeons, interventional radiologists, anaesthetists, physicians, specialist nursing staff, podiatrists, radiographers, other allied health professionals and administration staff. Vascular services deal with the diagnosis, treatment and management of conditions affecting the health of the body's circulation. Usually, this involves treating diseases of the arteries, veins and lymphatic vessels. Blood vessel disease within the skull is usually managed by neurology or neurosurgery services.

Typical conditions that the vascular service would manage include:

- peripheral vascular disease - diseases resulting in poor circulation to the limbs or vital organs, frequently due to atherosclerosis (“furring-up”) of the arteries;
- aneurysmal disease - diseases causing localised weaknesses in the walls of arteries resulting in formation of an aneurysm;
- stroke prevention - prevention of stroke and mini-stroke, in patients where the arteries supplying the brain have become diseased;
- venous disease - treatment of varicose veins and their associated conditions including intervention for deep venous thrombosis;
- lower limb ulceration – ulceration related to venous disease, lymphatic disease or diabetic foot.

Patients can access this 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. Vascular outpatient services are not part of this review.

Vascular services can be delivered along one of three 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 an operation and then brought into hospital on a prearranged day.
- Non-elective – urgent: This is when a patient attends a planned outpatient clinic or is referred from another hospital and is admitted for urgent intervention and subsequent surgery which is carried out within two – three days.

- Non-elective emergency: This is when a patient accesses vascular services without prior planning, for example a patient with ruptured aneurysm who goes to one of the Trust's Emergency Departments (EDs) and is admitted to a vascular surgical ward for assessment and treatment.

The Belfast Trust Vascular Team provides a regional service to Northern Ireland addressing the full range of vascular conditions. A local vascular service is also present at Altnagelvin and Craigavon Hospitals. Major vascular surgery is largely performed in Belfast, with an increasing trend for minor vascular procedures also being referred from around the province to Belfast. In the present system, emergency surgical patients are accepted at the Mater Hospital every day and at the Royal Hospitals and Belfast City Hospital on alternate days (this is known as 'alternate take'). If a patient presents at the Royal or City Emergency Department on a day when the hospital is not accepting emergency surgery and requires a surgical admission, they are transferred to the other hospital. If a patient presents to the Mater Hospital and requires vascular specific surgical intervention they are transferred to the hospital 'on take'. In this way these two units provide vascular surgical care across Northern Ireland.

Radiology and renal services both provide a significant input as part of the team treating patients with vascular disease. Currently, the radiology service is provided within the radiology departments and vascular laboratories in both the Belfast City Hospital and Royal Hospitals. This service includes diagnostic imaging and interventional procedures to diagnose and treat many vascular patients.

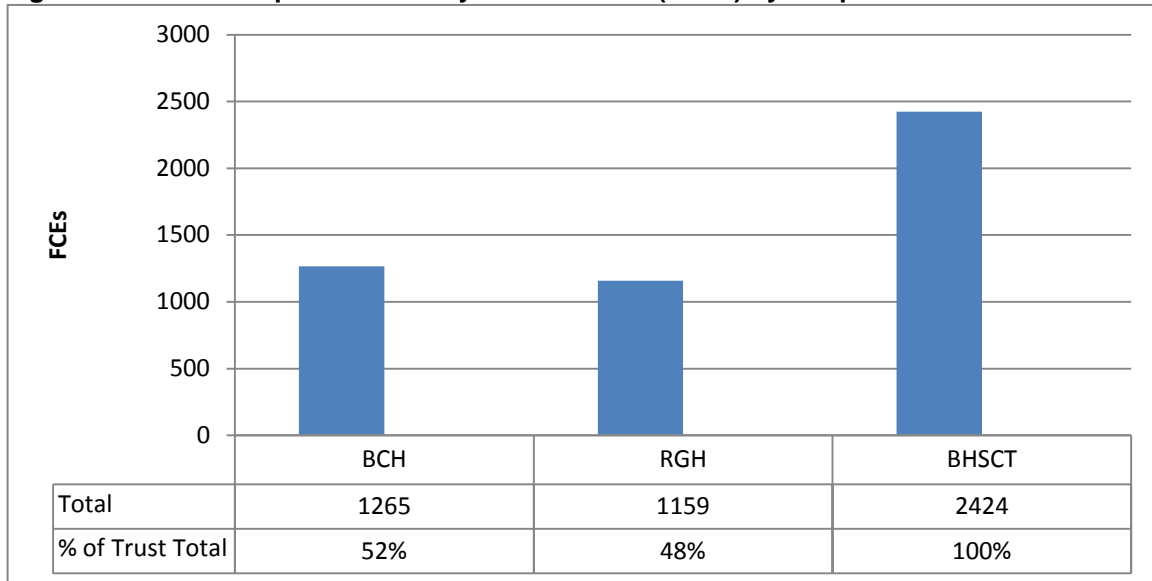
Some vascular patients also require haemodialysis and renal medical support in the management of their conditions and this is provided as part of the Trust's main renal service at the Belfast City Hospital and as a limited service at the Royal Hospitals.

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

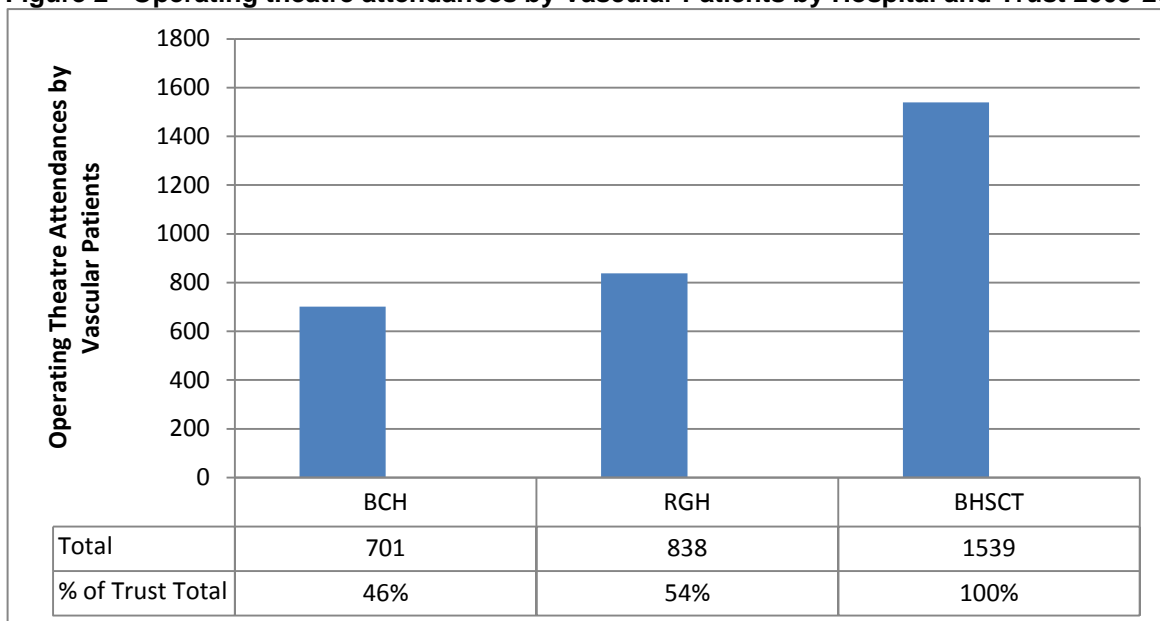
Figure 1 illustrates the finished consultant episodes (FCEs) that vascular inpatient and day case services have delivered in 2009-2010 from the Belfast City Hospital (BCH) and the Royal Hospitals (RGH) as well as the combined Trust figure (BHSCT).

Figure 2 illustrates operating theatre attendances by vascular patients in 2009-2010 at the Belfast City Hospital and the Royal Hospitals as well as the combined Trust figure.

**Figure 1 - Vascular Inpatient and Daycase Services (FCEs) by Hospital & Trust 2009-2010**



**Figure 2 - Operating theatre attendances by Vascular Patients by Hospital and Trust 2009-2010**



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

The formation of the Belfast Health and Social Care Trust provides an opportunity to build on the existing high quality vascular services, 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 vascular services now. These include:

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

In line with the Trust principle to 'localise where possible, centralise where necessary' the aim of the vascular 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.

Specifically, the way services have developed in Belfast has resulted in a duplicated system, with vascular surgeons that practise the same specialty and deliver the same service based on two different sites. This is not the optimum method of delivering care to patients as described by the Vascular Society of Great Britain and Ireland (VSGBI). The VSGBI have recommended that bringing together adjacent vascular services onto a single site is the optimal model for service delivery. They recorded that the main driver for this change has been the need to provide a comprehensive emergency vascular service.

The VSGBI represents vascular surgeons, vascular radiologists and others in Great Britain and Ireland and supports these clinicians by advancing innovation in vascular health, through education, audit and research. The VSBGI have made recommendations<sup>2</sup> that combining adjacent vascular services onto a single centre contributes to the best outcomes for patients. This also meets public expectation for improved service delivery.

This has been achieved in many urban areas where existing services were already in close proximity. The VSGBI state that certain complex procedures should be carried out in high volume units serving a population of at least 1.5 million because a high volume of patients and improved patient safety are interrelated.

This is supported by research<sup>3</sup> which is referred to by the VSGBI. It was found that reorganising vascular services, as discussed in this proposal, improved patient outcomes in both abdominal aortic aneurysm repair and carotid endarterectomy which are two major types of vascular surgery. The target figures recommended by

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<sup>2</sup> VSBGI (2009) *The Provision of Services for Patients with Vascular Disease*

<sup>3</sup> Holt et al. (2008) *British Journal of Surgery*; **95**: 1469–1474

VSGBI for both these conditions are already achieved by the Belfast City Hospital and the Royal Hospitals.

Therefore, the ability to provide improved service quality in vascular services may be enhanced by providing services from one location facilitating the development of a specialist vascular unit.

### **Drive Forward Service Modernisation**

As surgical and treatment techniques and skills are developed, there will be an increase in the number of patients treated as day cases and as outpatients with procedures. In addition, the increased use of pre-assessment clinics, admission on the day of surgery and reduced lengths of stay should result in a decrease in demand for inpatient beds. The vascular service is embracing these changes including taking action to deliver increased admission on day of surgery for many conditions including venous disease. Locating services together could facilitate the implementation of best practice and modernisation throughout the clinical team.

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**

Vascular services are currently duplicated, having developed across two hospitals within Belfast, however there is a slightly different profile of patients at each hospital. Locating inpatient and day case 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**

Both clinical teams from the Royal and City Hospitals believe that there are potentially significant benefits in bringing specialties together in the same hospital to form a dedicated specialist unit, for example, ensuring the sustainability of smaller specialist services, flexibility in developing staff rotas, easier access to specialist

nursing and other limited resources including training and development and thereby, improving team working, access and quality of service to the patient.

### **Improved Clinical Linkages**

Patients receiving vascular services often need to use other services as part of their treatment. The specialties that have the most relevant clinical linkages for vascular services are:

- Imaging and Interventional Radiology services

Vascular patients often require imaging and interventional procedures delivered by the radiology department as part of their diagnosis and treatment at both the Belfast City Hospital and Royal Hospitals. Radiology is an integral part of the vascular service, and will continue to provide a service to vascular patients from both hospitals by making best use of the equipment and expertise of each hospital.

- Renal

Patients with renal impairment or end stage renal disease require multidisciplinary care on a daily basis. Vascular patients may require haemodialysis for the first time during their admission, and therefore also need the input of the renal service. A comprehensive service is provided at the Belfast City Hospital and a more limited service is currently available at the Royal Hospitals.

An essential component of bringing together the vascular service at the Royal Hospitals is the provision of an appropriate acute haemodialysis service which could be co-located with the vascular service to ensure a quality dialysis service is in place across the Trust. The Trust is working with commissioners on delivering this service.

Renal inpatients and outpatients on the Belfast City Hospital will still require vascular presence for consultation and assessment.

- 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 vascular team as part of a comprehensive trauma service.

- Cardiology 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 tertiary cardiology 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 co-ordinated 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.

- Surgical Oncology (cancer)

Urological gastrointestinal, gynae-oncology and orthopaedic surgery manage malignant tumours which invade and surround the major blood vessels of the abdomen, pelvis and limbs. The vascular service currently input to the management of patients requiring these services at both the Belfast City Hospital and Royal Hospitals and will continue to do so.

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

Currently the Specialist Registrar rota for vascular services in the Belfast Trust (covering both Belfast City Hospital and Royal Hospitals) is not fully compliant with WTD and locum medical staff need to be employed to deliver the rota. Bringing services together would facilitate (although not totally resolve) compliance with WTD and improve training opportunities and experiences for doctors.

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

Having identified the key reasons to review vascular services, there are a number of benefits for patients, staff and the hospitals which must be delivered in any proposed change on delivery or location of service. These were summarised into five key areas, which guided the work of the project team in their review and 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 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, vascular patients will potentially need the skills of the renal, trauma, cardiology or cardiac surgery teams. In addition, the trauma team at the Royal Hospitals may need input from vascular 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 4 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 services**

A multi-disciplinary project team was established which brought together a broad range of clinical and managerial staff from across the Trust. Consultant vascular surgeons, imaging, nursing, AHP, service user and trade union representatives identified, considered and made recommendations on the 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 – inpatient emergency and elective (planned) vascular services in both the Belfast City and Royal Hospitals.
- Option 2      Deliver vascular inpatient emergency and elective (planned) services at the Belfast City Hospital.
- Option 3      Deliver vascular inpatient emergency and elective (planned) services at the Royal Hospitals.

The project team considered the options against the 5 key benefits criteria:

##### Providing safe and sustainable services

It is important that patients are able to benefit from the improved outcomes of combining adjacent vascular centres onto a single site as recommended in guidelines produced by VSGBI.

Patients should also be able to benefit from having a vascular service which is more flexible to respond to WTD challenges. Combining services in a single hospital will aid compliance with WTD even if it does not completely resolve the problem.

Option two and three offer these potential advantages but option one would not provide these potential benefits.

##### Improving service quality and reducing fragmentation and deliver value for money

Bringing services together into one hospital can deliver service efficiencies through the development of a streamlined clinical pathway and improved staff rota management. Ensuring the highest standard of care and treatment is maintained through shared learning and audit in the single site location will improve quality of care for patients.

Again, options two and three offer these potential advantages but option one would not provide these potential benefits.

### 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 tertiary cardiology 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 vascular 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 realise these advantages of a cardiovascular and trauma centre. The Trust will continue to work with commissioners to ensure the provision of an appropriate renal service at the Royal Hospitals for all patients, including vascular patients.

### Access for users and carers

Both the Belfast City 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.

At the Belfast City Hospital, vascular patients requiring acute haemodialysis have access to a purpose built unit in Level 11. Patients at the Royal Hospitals currently receive haemodialysis on a short-term basis in the intensive care unit. It is essential to ensure appropriate access for vascular patients to haemodialysis in the Royal Hospitals.

Option 2 would locate vascular patients at the Belfast City Hospital offering those vascular patients, who require renal input, close access to the comprehensive renal and dialysis service there. It would not however provide close access for vascular patients to specialist Cardiology and Cardiac Surgery services and would prevent the development of a single site 'Cardiovascular Centre'.

Option 3 would deliver the benefit of close clinical links with specialist cardiology and cardiac surgery to all vascular patients and the combined expertise in the 'cardiovascular centre' but does require a dialysis service to be fully available at the Royal Hospitals.

### Compatibility with Trust strategic direction

Vascular inpatient and day case services benefit from being located at the hospital identified as the major trauma and 'heart centre' due to the appropriate clinical linkages with trauma, cardiology and cardiac services. This is the Royal Hospitals.

Again, only option three can realise these advantages.

### Preferred option

The Project Team recommendation is for option three - bringing together the teams currently based in the Belfast City Hospital and the Royal Hospitals, to be located in a single specialist vascular unit at the Royal Hospitals, forming part of a cardiovascular centre and delivering vascular specialist access to the Trust's major trauma centre. The vascular team will continue to provide a consultation service for inpatients in the Belfast City Hospital

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

The Trust is proposing that inpatient emergency and elective (planned) vascular services should be provided from a single site, the Royal Hospitals. The development of a single, dedicated vascular service will entail changes for patients, staff and hospitals.

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

Emergency vascular surgery patients are currently accepted at the Royal Hospitals and Belfast City Hospital Emergency Departments (EDs) on alternate days (this is known as 'alternate take'), and every day in the Mater Hospital (and then transferred to the 'take' site as necessary). In the proposed system all emergency vascular surgical patients would be directed initially to the Royal Hospitals.

This change would be made in collaboration with the NI Ambulance Service (NIAS), so that any patient presenting with a suspected vascular surgical problem to the Ambulance Service would be taken to the Royal Hospitals. The Trust will also engage with other clinicians that may refer to vascular services to ensure that patients are referred to the right place.

The development of the cardiovascular centre would bring together the vascular, cardiology and cardiac surgery teams, enabling the formation of a highly skilled, specialist team of surgeons, cardiologists, anaesthetists, nurses, Allied Health Professionals, professional & technical staff resulting in a higher, more consistent standard of care for vascular patients. Patients requiring major trauma services would also have access to this specialist team on site.

Vascular patients would be able to have equality of access to haemodialysis regardless of the Hospital they are attending.

The move to a single site would facilitate implementation of VSGBNI guidelines, comply with the guidance for vascular networks participating in aneurysm screening and be in line with the organisation of vascular services in the UK.

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

All members of the vascular team 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 vascular team would have an increased opportunity to engage in multi-disciplinary working with colleagues. Multi-disciplinary working has been shown to improve patient outcomes.

There would be a greater number of surgeons and other multi-disciplinary team members available for a single site rota than is possible with the current situation

where multiple rotas are necessary. Combining services onto a single site will aid compliance with WTD even if it does not completely resolve the problem.

The vascular team would work more flexibly with staff, facilities and equipment when located in one centre and not split across two. This would facilitate economies of scale.

The proposal would also impact upon staff in renal and radiology services, who support vascular services and who will continue to provide services at both the Royal Hospitals and Belfast City Hospital.

### **What would this mean for each hospital?**

The Royal Hospitals would be the entry point for all vascular elective and emergency patients, both inpatients and day cases. The Belfast City Hospital would no longer provide vascular inpatient and day case care. The haemodialysis service provided for vascular patients at the Royal Hospitals will require further development to enable the necessary service to be delivered to an appropriate standard. The vascular services team will continue to provide a consultation service for inpatients in the Belfast City Hospital.

## 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 vascular inpatient and daycase 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 vascular inpatient emergency and elective (planned) 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.

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 inpatient emergency and elective (planned) vascular services at the Royal Hospitals?

2. If you do not agree with the proposal to provide all inpatient emergency and elective (planned) vascular 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

Textphone: 028 9090 2863

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 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](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
VSGBI	Vascular Society of Great Britain and Ireland

### **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
Day case	A surgical procedure carried out without an overnight hospital stay
Elective surgery	A surgical procedure which has been planned and booked in advance
Emergency surgery	A surgical procedure which is of an urgent nature and has not been planned or booked in advance
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
Vascular surgery	Surgery concerned with conditions affecting the health of the body's circulation. Usually, this involves diseases of the arteries, veins and lymphatic vessels.