Contents

Foreword – Jennifer Welsh, Director, Cancer and Specialist Services ...................... 3

Executive Summary ................................................................................................... 4

1. Introduction – Right Treatment, Right Place ........................................................ 9

2. How are adult rheumatology and dermatology services currently delivered? .... 11

3. Why reorganise adult rheumatology and dermatology services now? ............... 14

4. Consideration of the options for future service delivery ...................................... 17

5. What would this mean for patients, staff and each hospital? ............................ 24

6. Workforce .......................................................................................................... 27

7. Your chance to have your say – Consultation Questions .................................... 27

Appendix 1 – Programme of Consultation and Your Invitation to Comment ............ 30

Appendix 2 – Equality and Human Rights ................................................................ 32

Availability in other formats

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

Orla Barron
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 90 566755
E-mail: orla.barron@belfasttrust.hscni.net
Foreword – Jennifer Welsh, Director, Cancer and Specialist Services

In 2008, in our New Directions document, we opened a conversation on the best way to deliver services in Belfast over the next decade.

We are aiming to offer higher standards of care through the reorganisation of our adult rheumatology and dermatology services. Any changes we make will only happen after we have listened to everyone’s views.

When we previously consulted on a reorganisation of Adult Rheumatology and Dermatology services in 2010, as part of a large scale review of acute hospital services, our proposal was to bring these services together to improve:

- rheumatology accommodation on the Musgrave Park Hospital site (patients currently in sub-standard accommodation);
- service delivery arrangements for day care dermatology and rheumatology services (removal of service duplication on 2 sites);
- access to Biologics Therapy services (removal of service duplication on 2 sites).

Our objectives remain the same but we are proposing a different solution to the proposed location for the Adult Rheumatology and Dermatology service which we are confident addresses some of the concerns raised during the original consultation.

We are proposing that adult rheumatology and dermatology inpatient, day care and day surgery services, along with the majority of outpatient services, would all be located in Musgrave Park Hospital. This will maintain access for patients to the excellent therapy services on this site whilst ensuring the shared service is provided in a much more modern environment, with excellent car parking facilities. This consultation goes one step further than the last consultation which did not address the need to centralise the majority of outpatient services to avoid duplication across sites.

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

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

Background

Rheumatology services focus on the diagnosis and management of disease of the joints and soft tissues such as muscles and tendons. Dermatology services manage diseases of the skin, hair and nails and up to 50% of referrals into the Belfast Trust service are related to skin cancer and around 20% are for the three major inflammatory diseases, eczema, psoriasis and acne.

Both services are provided separately from a combination of outpatient, day care, day surgery and a small number of inpatient beds but have much in common, for example, the long term service requirements of the majority of their patients and the nature of the day care provided, including the provision of biologic drug therapies. The services are to combine to form an Adult Rheumatology and Dermatology Service.

Service Location: Options Considered

The multi-disciplinary adult rheumatology and dermatology team, including service users and trade union representatives, considered a number of options for the future location of the adult service. This consultation does not consider paediatric services:

Option 1 – Continue with the current arrangement. Inpatient dermatology services remain at the Belfast City Hospital and dermatology day care, day surgery and biologics service remain at the Royal Hospitals and the Belfast City Hospital. Rheumatology (inpatient, day care and biologics) services remain at Musgrave Park Hospital. Outpatient services remain unchanged with both dermatology and rheumatology outpatient services being delivered from both the Royal Hospitals and the Belfast City Hospital.

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

Option 3 – Inpatient and day care adult rheumatology and dermatology services, including the biologics service, and dermatology day surgery services move to the Musgrave Park Hospital. The majority of outpatient services relocate to Musgrave Park Hospital with a daily clinic being maintained for both specialties at the Belfast City Hospital and/or Royal Victoria Hospital.
**Option 4** – Adult rheumatology and dermatology inpatient services are located at the [Belfast City Hospital](#). Rheumatology day care is also delivered at the [Belfast City Hospital](#). Dermatology day care and day surgery continues to be delivered from the [Belfast City Hospital and Royal Hospitals](#), including biologic therapies which are delivered subcutaneously. Rheumatology and dermatology biologic infusion therapies would be delivered at [Belfast City Hospital](#). Outpatient services remain unchanged with both dermatology and rheumatology outpatient services being delivered from both the [Royal Hospitals](#) and the [Belfast City Hospital](#).

**Service Recommendations**

In 2010, the Adult Rheumatology and Dermatology Project Team recommended the implementation of Option 4, the relocation of services to the BCH. This option was in keeping with the strategic direction of the Trust to locate chronic conditions at BCH and would offer an improvement to patients by moving from the sub-standard rheumatology accommodation at Musgrave Park Hospital.

During the Consultation process (summer 2010), there were a number of issues raised regarding the potential implication of the proposal, including access to the rheumatology supporting facilities such as the hydrotherapy pool and therapy facilities at Musgrave Park Hospital and the achievability of developing the biologics service at the BCH. Access for patients with mobility problems was also an issue in relocating to the BCH site.

Since 2010, a number of changes have taken place which impact on the initial preferred option. The Adult Rheumatology and Dermatology Project Team have reviewed these changes and consider that a revised recommendation for a single site configuration for Adult Rheumatology and Dermatology on the Musgrave Park Hospital site is now the best location for the services i.e. Option 3.

This single site option at Musgrave Park Hospital offers the following benefits:

- It will allow the rheumatology and dermatology teams to come together on one site, with the benefits this offers for team working and greater efficiency. Inpatients will be located in Withers inpatient block with day care, day surgery and outpatient services for both services also being accommodated on the Musgrave Park Hospital site.
- The sub-standard rheumatology patient accommodation will be relocated within the Musgrave Park Hospital site, to accommodation which is fit for purpose.
- There will be one centralised inpatient unit for both rheumatology and dermatology patients ensuring continuing viability of the inpatient bed profile. This will also improve the current position regarding a five day dermatology
inpatient service by enabling a 24/7 inpatient service for both rheumatology and dermatology patients.

- The dermatology day care and day surgery service will be centralised from 2 sites to 1 site.
- The dermatology and rheumatology biologics infusion service will be centralised from 3 sites to 1 site.
- The majority of Dermatology and rheumatology outpatient services will be centralised at Musgrave Park Hospital with a daily clinic being maintained for both specialties at the Belfast City Hospital and/or Royal Victoria Hospital.
- This single site option will ensure patients continue to have access to the high quality hydrotherapy pool and associated therapy facilities.
- There will be easy physical accessibility to the service, with good car parking facilities.
- There will be access to medical consultation at Musgrave Park Hospital through an enhanced acute medical rota both in and out of hours.

A summary of the project team recommendations are shown in Table 1 and Figure 1:
Table 1: Adult Rheumatology and Dermatology - Current and Proposed Future Locations

<table>
<thead>
<tr>
<th>Service</th>
<th>Current Location(s)</th>
<th>Future Location(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rheumatology Inpatients</td>
<td>Musgrave Park Hospital</td>
<td>Musgrave Park Hospital</td>
</tr>
<tr>
<td>Rheumatology Day Care</td>
<td>Musgrave Park Hospital</td>
<td>Musgrave Park Hospital</td>
</tr>
<tr>
<td>Biologics (Rheumatology)</td>
<td>Musgrave Park Hospital</td>
<td>Musgrave Park Hospital</td>
</tr>
<tr>
<td>Outpatients (Rheumatology)</td>
<td>Belfast City Hospital/Royal Hospitals</td>
<td>Musgrave Park Hospital/Belfast City Hospital/Royal Hospitals</td>
</tr>
<tr>
<td>Dermatology Inpatients</td>
<td>Belfast City Hospital</td>
<td>Musgrave Park Hospital</td>
</tr>
<tr>
<td>Dermatology Day Care</td>
<td>Belfast City Hospital/Royal Hospitals</td>
<td>Musgrave Park Hospital</td>
</tr>
<tr>
<td>Biologics (Dermatology)</td>
<td>Belfast City Hospital/Royal Hospitals</td>
<td>Musgrave Park Hospital</td>
</tr>
<tr>
<td>Dermatology Day Surgery</td>
<td>Belfast City Hospital/Royal Hospitals</td>
<td>Musgrave Park Hospital</td>
</tr>
<tr>
<td>Dermatology Mohs'</td>
<td>Royal Hospitals</td>
<td>Musgrave Park Hospital</td>
</tr>
<tr>
<td>Dermatology Outpatients</td>
<td>Belfast City Hospital/Royal Hospitals</td>
<td>Musgrave Park Hospital/Belfast City Hospital/Royal Hospitals</td>
</tr>
</tbody>
</table>

¹ Dermatology patients whose biologic drug is delivered as a sub-cutaneous injection will continue to be reviewed at Outpatients.
Figure 1: Current Configuration

Adult Rheumatology Patients
- RVH + BCH
- MPH

- Outpatient Service
- Inpatient Service
- Biologics & Day Ward Service

Dermatology patients
- BCH
- RVH

- Inpatient Service
- Day Care Service incl PDT
- Day Surgery Service
- Biologics Service
- Outpatient Service

- Day care Service
- MOHS'
- Day Surgery Service
- Biologics Service
- Outpatient Service

Figure 2: Proposed Configuration

MPH
- Inpatient Service
- Biologics Service
- Day Care Service incl PDT
- Day Surgery Service
- MOHS'
- Outpatient Service

BCH
- Outpatient Service

RVH
- Outpatient Service
1. Introduction – Right Treatment, Right Place

1.1 The Trust, in its public consultation on New Directions, received support for its key principles for reviewing and reorganising services. Those principles of specific relevance to Adult Rheumatology and Dermatology include:

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

- **To provide a single point of contact for emergency chronic condition admissions** - Any proposed change to adult rheumatology and dermatology services must support the provision of a single point of contact for emergency chronic condition admissions;

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

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

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

1.2 The Trust proposed that there would be differentiation of services to improve patient care, depending on the nature of the patients' condition and requirements. The Trust outlined the future role for each hospital:

- Emergency Services would be retained at the Mater Hospital, Belfast City Hospital and Royal Hospitals. However, there will be **differentiation of services to improve patient care, based on the needs of patients**;

- The provision of a major acute hospital; **encompassing trauma services, emergency services** and a heart centre on the Royal Hospitals site;
The provision of a range of acute hospital services and a Regional Ophthalmic Centre (including a unit for planned eye surgery and treatment) on the Mater Hospital site, as part of a larger **ambulatory care centre**;

- The provision of a range of acute hospital services, encompassing cancer and renal services, the **chronic admissions centre** as well as the major elective centre for Belfast on the Belfast City Hospital site; and

- The provision of specialist rehabilitation services at Musgrave Park Hospital.

1.3 The Belfast Trust made a commitment to consult on proposals once these were further developed and this was undertaken in 2010. Since that time, as a result of the feedback to the initial consultation and as a result of further changes in the way adult rheumatology and dermatology services are provided, a revised proposal has been developed. The Trust is confident that this new proposal will result in an enhanced level of care for this group of patients and now wishes to consult on the reorganisation of these services at Musgrave Park Hospital.
2. How are adult rheumatology and dermatology services currently delivered?

2.1 Rheumatology Services

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

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

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

2.2 Dermatology Services

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

Dermatology services are delivered across two acute Hospital sites in the Belfast Trust namely the Royal Hospitals and Belfast City Hospital.

2.3 Service Delivery

2.3a As an inpatient: Rheumatology inpatient services are currently located in Musgrave Park Hospital and offer care to patients, particularly those in need of more intensive treatment. Inpatient beds have reduced significantly as a result of changes in patterns of care, with a move towards more day care services.

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

2.3b As a Day Care Service: Rheumatology Day Care services cover complex assessment and treatment which does not require the patient to stay overnight. Rheumatology day care services include a “one-stop” shop where patients can
meet with their clinical team and have all the necessary tests undertaken in one visit. This can include intravenous infusions, complex joint injections, ultrasound scans of joints and biologic drug therapies as well as patient education.

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

2.3c As an outpatient: Rheumatology outpatients receive care, such as joint injection therapy and patient education, without the need for a stay in hospital. Outpatient services are provided currently in Belfast City Hospital and the Royal Hospitals.

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

2.4 What are Biologic Therapies?

Both Adult Rheumatology and Dermatology rely on biologic therapies to support treatment for a wide range of conditions including rheumatoid arthritis, ankylosing spondylitis, psoriatic arthritis and psoriasis. Although only introduced within the last decade, these expensive drugs have greatly improved the treatment of patients by targeting specific proteins in the immune system known to cause inflammation and can be delivered in two methods, as an intravenous infusion or as a subcutaneous injection. By blocking these proteins, biologic therapies suppress the disease process without causing too many side effects. There are Biologics registries for both specialties within the Trust assessing the long term safety of such drugs.

Further development within biologic services has supported the provision of biologics to users within their own home. The Healthcare @ Home scheme has enabled patients who would previously have attended the Day Ward, to receive
a home-based service, thereby offering greater convenience and comfort for users.

This biologic therapy service is provided on three hospital sites as well as via the home-based option – at the Belfast City Hospital, The Royal Hospitals and Musgrave Park Hospital and there is duplication of skilled staff providing this service across these sites.

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

**Table 2: Rheumatology and Dermatology Activity Levels**

<table>
<thead>
<tr>
<th>Hospital Description</th>
<th>Specialty Description</th>
<th>Elective/non elective</th>
<th>Episodes</th>
<th>Beddays</th>
</tr>
</thead>
<tbody>
<tr>
<td>Musgrave Park Hospital</td>
<td>Rheumatology</td>
<td>Elective</td>
<td>358</td>
<td>2300</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Non - Elective</td>
<td>153</td>
<td>1308</td>
</tr>
<tr>
<td></td>
<td><strong>RHEUMATOLOGY</strong></td>
<td><strong>Total</strong></td>
<td><strong>511</strong></td>
<td><strong>3608</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Specialty Description</th>
<th>Elective/non elective</th>
<th>Episodes</th>
<th>Beddays</th>
</tr>
</thead>
<tbody>
<tr>
<td>Belfast City Hospital</td>
<td>Dermatology</td>
<td>Elective</td>
<td>144</td>
<td>1671</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Non - Elective</td>
<td>74</td>
<td>701</td>
</tr>
<tr>
<td></td>
<td><strong>DERMATOLOGY</strong></td>
<td><strong>Total</strong></td>
<td><strong>218</strong></td>
<td><strong>2371</strong></td>
</tr>
</tbody>
</table>
3. Why reorganise adult rheumatology and dermatology services now?

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

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

3.1 Meet Public Expectation for Improved Service Quality

The Adult Rheumatology service needs to be relocated from its current building in Musgrave Park Hospital. Specifically, the accommodation is substandard which has been recognised in a number of reports and concerns have been raised regarding the management of infection control. The Trust is currently taking steps to ensure that its services are provided from fit-for-purpose accommodation.

3.2 Improve Clinical Linkages, address Current Duplication and Service Efficiency

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

The changes proposed would bring together the rheumatology and dermatology inpatient service into one ward. Both the day care, day surgery (dermatology) and biologic services would be centralised onto one site, rather than the current three, thereby reducing fragmentation and duplication of skills and staff. Outpatient services will be centralised at MPH site with a daily outpatient clinic for both specialties provided at RVH and/or BCH sites.

3.3 Act on Staff Support

Clinical teams across both adult rheumatology and dermatology believe that there are potentially significant benefits in bringing the specialties together on one site. Patients will benefit through greater team working, arising from the concentration of specialist staff at Musgrave Park Hospital. In addition, patients will retain access to the high quality therapy facilities at Musgrave Park Hospital including the hydrotherapy pool.

3.4 Drive Forward Service Modernisation

The ongoing service modernisation has resulted in an increased focus on day care provision and increased use of biologics. The 2012/13 Priorities for Action document,
detailing the priorities for health and social care as set out by the Minister for Health, Social Services and Public Safety, has set a target for 2012/13 that supports the continued delivery of biologic therapies in Rheumatology:

“No patient should wait longer than 6 months by March 2012 and 3 months by June 2012 for Anti-TNF drugs and thereafter maintain waiting time at 3 months.”

Likewise a target has been set for the delivery of biologic therapies in Dermatology:

“No patient should wait longer than 39 weeks by March 2013.”

This re-organisation will assist in the delivery of the target.

3.5 Summary of key drivers for change

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

- The need to reduce unnecessary duplication and fragmentation of services and deliver a more efficient service;
- The need to address the risk issues attached to the ageing current Rheumatology accommodation at Musgrave Park Hospital and in doing so provide safe, high quality and effective care;
- The need to deliver Trust targets on waiting times, as per the 12/13 Priorities for Action.

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

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

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

3.6a The delivery of safe and sustainable services to our patients:

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

3.6b  **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 three hospital 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.

3.6c  **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. The advantage of centralising rheumatology and dermatology services at Musgrave Park Hospital is the co-location with the high quality therapy services.

3.6d  **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.

3.6e  **To ensure the Acute Service Plan is compatible with the Trust Strategic Direction**

Service reorganisation should support the overall strategic objectives for the Trust development of services, in line with *Transforming Your Care*², a recently published Health and Social Care Board strategic document.

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.

---

² *Transforming Your Care, A Review of Health and Social Care in Northern Ireland*, Health and Social Care Board, December 2011
4. Consideration of the options for future service delivery

The range of options considered by an Adult Rheumatology and Dermatology Project Team are:

**Option 1** – Continue with the current arrangement. Inpatient dermatology services remain at the **Belfast City Hospital** and dermatology day care, day surgery and biologics service remain at the **Royal Hospitals** and the **Belfast City Hospital**. Rheumatology (inpatient, day care and biologics) services remain at **Musgrave Park Hospital**. Outpatient services remain unchanged with both dermatology and rheumatology outpatient services being delivered from both the **Royal Hospitals** and the **Belfast City Hospital**.

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

**Option 3**– Inpatient and day care adult rheumatology and dermatology services, including the biologics service, and dermatology day surgery services move to the **Musgrave Park Hospital**. The majority of outpatient services relocate to **Musgrave Park Hospital** with a daily clinic being maintained for both specialties at the **Belfast City Hospital** and/or **Royal Victoria Hospital**.

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

4.1 The advantages and disadvantages of each option

**Option 1** – Continue with the current arrangement. Inpatient dermatology services remain at the **Belfast City Hospital** and dermatology day care, day surgery and biologics service remain at the **Royal Hospitals** and the **Belfast City Hospital**. Rheumatology (inpatient, day care and biologics) services remain at **Musgrave Park Hospital**. Outpatient services remain unchanged with both dermatology and rheumatology outpatient services being delivered from both the **Royal Hospitals** and
the Belfast City Hospital.

Advantages

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

- Musgrave Park Hospital benefits from excellent car parking facilities;

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

- The dermatology inpatient service will continue to maintain close linkages to other long-term condition patients who utilise the BCH.

Disadvantages

- Although current service provision on each site is good, the adult rheumatology accommodation at Musgrave Park Hospital falls short of expected standard, as verified by the recent Regulation Quality and Improvement Authority (RQIA) inspection report (2) which highlighted numerous estate issues with this building;

- The adult rheumatology and dermatology services are currently dispersed across three hospitals which does not contribute to the provision of a high quality, patient centred service;

- Risk to the long-term sustainability of both adult rheumatology and dermatology inpatient services as single service areas because of the small number of beds required in each service;

- This option maintains the duplication of the biologics service provision and associated pharmacy services, across three sites which is inefficient and unsustainable. Pharmacy services do not have access to an aseptic suite in Musgrave Park Hospital, which is the optimum environment for biologic drugs preparation;

- This option maintains the duplication of the dermatology day care and day surgery services across two sites which is inefficient.

- This option maintains the duplication of outpatient services across two sites for both rheumatology and dermatology which is not efficient.
• This option does not support the strategic direction for services outlined in New Directions, addressing service duplication and ensuring clinical linkages are developed appropriately on the Trust’s hospital sites;

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

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

Advantages

• Transferring rheumatology services to an appropriate alternative location at Musgrave Park Hospital will create a safer and sustainable environment to deliver care to patients;

• Rheumatology at Musgrave Park Hospital continues to benefit from good access to radiology and allied health professional support and hydrotherapy pool;

• Musgrave Park Hospital benefits from readily available, excellent car parking facilities;

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

• The dermatology inpatient service will continue to maintain close linkages to other long-term condition patients who utilise the BCH.

Disadvantages

• The adult rheumatology and dermatology services are currently dispersed across three hospitals which does not contribute to the provision of a high quality, patient centred service;

• Risk to the long-term sustainability of both adult rheumatology and dermatology inpatient services as single service areas because of the small number of beds required in each service;
• This option maintains the duplication of the biologics service provision and associated pharmacy services, across three sites which is inefficient and unsustainable. Pharmacy services do not have access to an aseptic suite in Musgrave Park Hospital, which is the optimum environment for biologic drugs preparation;

• This option maintains the duplication of the dermatology day care and day surgery services across two sites which is inefficient.

• This option maintains the duplication of outpatient services across two sites for both rheumatology and dermatology which is not efficient.

• This option does not support the strategic direction for services outlined in New Directions, addressing service duplication and ensuring clinical linkages are developed appropriately on the Trust’s hospital sites;

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

• Transforming your care ³ confirms the need to deliver community or locally based solutions for health and social care, including personalised care patient pathways enabling home-based management of the long term condition. Option 2, which splits the inpatient and day care service between the Belfast City Hospital and Musgrave Park Hospital, does not fully deliver on this objective.

Option 3– Inpatient and day care adult rheumatology and dermatology services, including the biologics service, and dermatology day surgery services move to the Musgrave Park Hospital. The majority of outpatient services relocate to Musgrave Park Hospital with a daily clinic being maintained for both specialties at the Belfast City Hospital and/or Royal Victoria Hospital.

Advantages

• The adult rheumatology and dermatology services would have clinical linkages to each other and be brought together at Musgrave Park Hospital.

• The adult rheumatology and dermatology inpatient services would be delivered together in a single acute hospital promoting provision of a high quality, patient centred service. This would bring together the beds from both specialties into the

---

¹ Transforming Your Care, A Review of Health and Social Care in Northern Ireland, Health and Social Care Board, December 2011
inpatient unit providing long-term sustainability for both services. This will enable a 24/7 inpatient service for both specialties which is not currently the case in dermatology who currently operate a 5-day ward.

- The dermatology day care and day surgery services will combine together onto one site from two to ensure a more efficient service and avoid unnecessary duplication.

- The biologic infusion service would be developed on one site instead of three, making better use of resources and bringing together specialist staff, including pharmacy.

- The bringing together of the biologic registries for Dermatology and Rheumatology at one site would facilitate greater cooperation and efficiency.

- Outpatient services for both rheumatology and dermatology would largely be centralised on Musgrave Park Hospital site, providing a hub, with an outreach daily clinic on the Belfast City Hospital and/or Royal Victoria Hospital.

- Transferring rheumatology services to an appropriate alternative location at Musgrave Park Hospital will create a safer and sustainable environment than the current sub-standard accommodation.

- The current Rheumatology Building at Musgrave Park Hospital can be removed from clinical use and ensure better use of existing resources.

- Rheumatology services will continue to have access to good allied health professional support including the use of a modern hydrotherapy pool.

- Rheumatology services will continue to benefit from being on a site which has a comprehensive Musculoskeletal (MSK) diagnostic and therapeutic radiology service with ready access to conventional radiography, MSK ultrasound, CT, MRI and Image-guided joint and spinal injections.

- Musgrave Park Hospital benefits from readily available, excellent car parking facilities.

- The junior medical rota at Musgrave Park Hospital would be unaffected if the rheumatology service remains at Musgrave Park Hospital.

- If dermatology services are transferred to Musgrave Park Hospital, dermatology patients will be supported by an enhanced acute medical rota. Should dermatology patients require more intensive support, they would be transferred to an acute hospital where appropriate.
• Transforming Your Care confirms the need to deliver community or locally based solutions for health and social care. This option enables adult rheumatology to be closely based with dermatology patients on an easily accessible hospital site.

Disadvantages

• This option does not offer access to an aseptic suite, which is the optimum environment for biologics drugs preparation.

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

Advantages

• The adult rheumatology and dermatology services would have clinical linkages to each other and be brought together at the Belfast City Hospital, which will support long-term conditions, when patients have to be admitted to hospital;

• Dermatology and rheumatology patients who become sick and require intensive care or high dependency care will have immediate access to these services as the inpatient services will be based at Belfast City Hospital which is an acute Hospital site with intensive care and high dependency facilities.

• The adult rheumatology and dermatology inpatient services would be delivered together in a single acute hospital promoting provision of a high quality, patient centred service. This would bring together the beds from both specialties into the inpatient unit providing long-term sustainability for both services.

• The biologic infusion service would be developed on one site instead of three, making better use of resources and bringing together specialist staff.

• Transferring rheumatology services to an appropriate alternative location at Belfast City Hospital would create a safer and sustainable environment to deliver care to our patients.

---

4 Transforming Your Care, A Review of Health and Social Care in Northern Ireland, Health and Social Care Board, December 2011
The current Rheumatology Building at Musgrave Park Hospital can be removed from clinical use and ensure better use of existing resources.

Adult rheumatology services would be based on two sites, rather than three sites, reducing staff travel time and improving efficiencies.

This option supports the strategic direction for chronic conditions management at the Belfast City Hospital.

**Disadvantages**

- The dermatology day care and day surgery services would remain fragmented as they will continue to be delivered on two sites.

- The biologic infusion service would remain fragmented as it would continue to be delivered on two sites which is inefficient and duplicates services including pharmacy.

- Outpatient services would remain fragmented as they would continue to be delivered on two sites which is inefficient and duplicates services.

- Lack of access to high quality hydrotherapy pool and AHP facilities on BCH site as highlighted in the original consultation feedback.

- Problems with car parking and accessibility to the Tower building at Belfast City Hospital for patients with mobility problems as highlighted in the original consultation feedback.

- The junior medical rota would be affected if rheumatology services moved from Musgrave Park Hospital.

**4.2 Summary**

Based on the consideration of the benefits criteria set out above, the Project Team recommended Option 3 as the preferred option:

Inpatient and day care adult rheumatology and dermatology services, including the biologics service, and dermatology day surgery services move to the Musgrave Park Hospital. The majority of outpatient services relocate to Musgrave Park Hospital with a daily clinic being maintained for both specialties at the Belfast City Hospital and/or Royal Victoria Hospital.
5.  What would this mean for patients, staff and each hospital?

5.1.  The Proposed Model of Care

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

- Musgrave Park Hospital would become the single point of entry for admissions to a centralised adult rheumatology and dermatology inpatient unit.

- Musgrave Park Hospital would become the centre of excellence for the delivery of rheumatology and dermatology day care and day surgery (dermatology) services.

- Musgrave Park Hospital would become a centre of excellence for the delivery of biologic infusion therapy services with specialised medical and nursing teams providing care of the highest quality in a specialist unit, supported by a Home-based service delivery to patients.

- The majority of outpatient clinics will be provided from Musgrave Park Hospital with a daily clinic being maintained for both specialties at BCH and/or RVH.

5.2  What does this mean for patients?

- It will allow the rheumatology and dermatology teams to come together on one site, with the benefits this offers for team working and greater efficiency. Inpatients will be located in Withers inpatient block with day care, day surgery (dermatology) and outpatient services for both services also being accommodated on the Musgrave Park Hospital site.

- The adult rheumatology and dermatology inpatient services would be delivered together in a single acute hospital promoting provision of a high quality, patient centred service. This would bring together the beds from both specialties into the inpatient unit providing long-term sustainability for both services. This will enable a 24/7 inpatient service for both specialties which is not currently the case in dermatology who currently operate a 5-day ward.

- The sub-standard rheumatology patient accommodation will be relocated within the Musgrave Park Hospital site, to accommodation which is fit for purpose.

- The dermatology and rheumatology infusional biologics service will be centralised from 3 sites to 1 site ensuring concentration of staff with specialized
skills.

• The dermatology day care and day surgery services would be centralised on 1 site.

• The majority of outpatient services for both rheumatology and dermatology would be provided from a hub at Musgrave Park Hospital with a daily outpatient clinic continuing for both specialties at RVH and/or BCH sites.

• This single site option will ensure patients continue to have access to the high quality hydrotherapy pool and associated therapy facilities.

• There will be easy physical accessibility to the service, with good car parking facilities.

5.3 What does this mean for staff?

The preferred option would deliver:

• a viable and sustainable service for the future in which the identity of both specialties is preserved;

• a reduction in the number of service locations for many staff and the opportunity to develop a specialised team in one appropriate facility;

• The ability to manage linkages with other medical conditions as required, by ensuring daily access to the BCH and RVH and clinical colleagues.

5.4 What does this mean for each hospital?

The Musgrave Park Hospital would become the entry point for all chronic condition admissions to adult rheumatology and dermatology inpatient services.

Musgrave Park Hospital would become a centre of excellence for biologic infusion therapy services with highly specialised teams providing care of the highest quality in a specialist unit.

Musgrave Park Hospital would become the central point for the delivery of rheumatology and dermatology day care and day surgery (dermatology) services.
The current Rheumatology Building at Musgrave Park Hospital would no longer provide clinical services.

The majority of outpatients will be provided from a very accessible location in Musgrave Park Hospital, with excellent car parking facilities. A daily clinic for both specialties will be provided via existing outpatient locations at BCH and/or RVH.
6. Workforce

It is important to acknowledge the contribution, skills, knowledge and expertise of the staff who deliver Rheumatology and Dermatology Services in the Belfast Trust. The Trust values and recognises that it is through our staff that the organisation delivers high quality care. The Trust is fully committed to supporting staff through periods of change.

The proposal set out in this consultation document is that adult rheumatology and dermatology in-patient, day care and day surgery services, along with the majority of out-patient services would all be located in Musgrave Park Hospital.

Rheumatology and Dermatology Services is currently delivered by 148 staff at the Belfast City Hospital, Royal Victoria Hospital and Musgrave Park Hospital. The staff include:

- 14 Medical staff*
- 86 Nursing staff
- 36 Administration staff
- 12 Professional and Technical staff

In addition there are other staff groups employed by the Trust in services providing support to the Rheumatology and Dermatology Services, for example Patient Client Support Services, Medical Illustration, Imaging and other areas. These staff and services will be included in the consultative process of this service change.

If the proposal is approved, the main impacts anticipated for staff will be:

- Relocation / Redeployment

  The proposal, if approved, will impact primarily on the staff currently based at the Belfast City Hospital and Royal Victoria Hospital as relocation and redeployment will be required in order to deliver the service from the Musgrave Park Hospital. Where there is a need for staff to be relocated and/or redeployed, the Trust has in place an agreed framework on the Management of Staff Affected by Organisational Change and Staff Redeployment Protocol. These have been developed and agreed with Trade Unions in recognition of the fact that location of work is of major importance to staff and in supporting and minimising the impact on staff through periods of change.

- New Ways of Working / Re-training or Re-skilling

  As the Trust is proposing to provide all adult rheumatology and dermatology in-patient and day care services on Musgrave Park Hospital site staff, whose job roles may change, will be offered appropriate training / re-training.
• Providing Support for Staff

In dealing with any proposed change the Trust will put in place a range of support mechanisms for staff. These may include, as appropriate, individual staff support, induction and provision of advice and guidance on Human Resource Policies and Procedures.

• Partnerships

The Trust will work in partnership with Trade Unions and in accordance with agreed frameworks.

* Junior Doctors who are on short-term rotation have not been included in these figures.
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 TBC.

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

**Question 1a**
Do you agree with the proposal to bring adult rheumatology and dermatology inpatient, day care, day surgery (dermatology) and biologic drug therapies services on a single site at Musgrave Park Hospital?

*If you do not agree, please give your reasons below:*

**Question 1b**
Do you agree with the proposal to bring the majority of adult rheumatology and dermatology outpatient services on a single site at Musgrave Park Hospital with a daily clinic being provided for both specialties at RVH and/or BCH?

*If you do not agree, please give your reasons below:*


Appendix 1 – Programme of Consultation and Your Invitation to Comment

This document represents a formal public consultation between Belfast Trust and the citizens we serve on how we would like to deliver our Adult Rheumatology and Dermatology services. The consultation period will open on 7 June 2012 and close on 7 September 2012.

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 appropriate meetings with staff, Trade Unions, service users and carers to ensure they are fully engaged in the consultation papers.

We are committed to ensuring that we consult broadly on this proposal. 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:

Mr C Donaghy, 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


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. Belfast Trust has outlined in its Revised Equality Scheme how it will implement these statutory duties.

In accordance with its Scheme, 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.

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
Health and Social Inequalities Manager
028 90 960069
orla.barron@belfasttrust.hscni.net