



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

OPHTHALMOLOGY
5 July – 31 October 2010

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Availability in other formats

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Foreword – Patricia Donnelly, Director of Acute Services

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

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

As a new Trust formed in 2007 from six previous Trusts in Belfast, we were always going to look at areas where we were duplicating effort or had an opportunity to work more effectively on behalf of 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 **Ophthalmology**. Under the banner of Excellence and Choice these proposals give more detail on how we might change services for the better.

Ophthalmology is an important part of our hospitals' work. Our ophthalmology teams deal with a range of eye and vision difficulties, from glaucoma to cataracts and macular degeneration. We currently provide the majority of ophthalmology services in two acute hospitals – at the Royal Hospitals and the Mater Hospital with a small outpatient service at the Belfast City Hospital. Outreach services are also provided to Northern, Southern and South Eastern Health and Social Care Trusts.

We are proposing that the inpatient and day case services, currently located at the two hospitals, are combined at the Mater Hospital to form a single ophthalmology service.

It is important that the Trust delivers services locally where possible; therefore ophthalmology outpatient services would continue to be delivered from the Mater Hospital and other clinics outside Belfast. The ophthalmology service will also explore what outpatient clinics, if any, can be appropriately provided in Wellbeing and Treatment Centres.

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 whilst continuing to make provision for excellence in training and research.

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

Patricia Donnelly

1. Executive Summary

Ophthalmology involves the detection, classification, treatment and ongoing management of eye diseases and disorders including, for example, cataracts, squints, glaucoma, diabetic retinopathy, detached retina and macular degeneration.

The ophthalmology service in Belfast provides significant local and regional services and has located its macular service, associated support services and the majority of its cataract day surgery at the Mater Hospital. The Royal Hospitals provides the inpatient service and a day case service as well as providing an outreach service to schools. The ophthalmology service includes optometric and orthoptic services.

The ophthalmology service has a link to The Queens University of Belfast for teaching of undergraduates, to the Centre for Vision and Vascular Research and is the centre for training of Ophthalmic trainees for Northern Ireland.

Ophthalmology teams from the Royal Hospitals and Mater Hospital contribute to the regional outpatient services provided in the Northern, Southern and South Eastern Health and Social Care Trusts geographic areas. Some surgery, primarily cataract surgery, is provided for Southern and South Eastern Health and Social Care Trusts in their local hospitals whilst more specialist surgery for these Trusts is undertaken at either the Royal Hospitals or Mater Hospital.

Service Location: Options Considered

The Ophthalmology project team, including service users and trade union representatives, considered the following options:

- Continue with the current arrangement – Ophthalmology services remain at the Royal Hospitals and Mater Hospital;
- Deliver the ophthalmology services (inpatient and day case surgical and medical intervention and outpatient clinics¹) at the Royal Hospitals;
- Deliver the ophthalmology services (inpatient and day case surgical and medical intervention and outpatient clinics) at the Mater Hospital;
- Deliver ophthalmology services (inpatient and day case surgical and medical intervention and outpatient clinics) from a green field site.

¹ Outpatient Clinics – The ophthalmology service will explore what clinics, if any, can be appropriately provided in the Wellbeing and Treatment Centres.

Service Recommendations

In summary:

1. Ophthalmology services (inpatient and day case surgical and medical intervention and outpatient clinics) 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.
2. The service already operates a 'hub and spoke' arrangement with a central core facility. The hub should only contain those services which need to be at the centre, such as specialist inpatients, day case, Regional Acute Eye Service (RAES), associated support services and training facilities and some outpatient services. Outpatient clinics and some day surgery services should continue to be undertaken at hospitals outside the Belfast Trust area. The ophthalmology service is also exploring the possibility providing some outpatient services, if appropriate, in the Wellbeing and Treatment Centres in Belfast.
3. Paediatric services would be provided in a paediatric environment in the Royal Belfast Hospital for Sick Children as soon as space is available, in line with the Trust commitment to achieve best practice for childrens' services. This would mean that, regardless of the preferred location for adult services, those staff providing services to both adults and children will work across two sites. In the interim, services will continue to be provided in the EENT building.
4. The Greenfield site option would require the relocation of all existing ophthalmology services from both the Royal Hospitals and Mater Hospitals, and would require significant capital investment.

The Ophthalmology Project Team have recommended that, if capital funding is not available for a new build Regional Ophthalmic Centre, then inpatient, day case and some outpatient services should be based at the Mater Hospital. This will facilitate the development of a specialised unit, bringing together all surgeons practising the same specialty interest to form a centre of excellence. The ophthalmology service will explore what outpatient clinics, if any, can be appropriately provided in the Wellbeing and Treatment Centres. Services will continue to be provided on an outreach basis to local hospitals outside Belfast.

The current and proposed locations for the ophthalmology service are outlined in Table 1 overleaf:

Table 1: Ophthalmology Services: Current and Proposed Service Location (s)

Service	Current Location(s)	Proposed Location(s)*
Day cases	Royal Hospitals Mater Hospital	Mater Hospital
Inpatients	Royal Hospitals	Mater Hospital
Outpatients including clinical support services	Royal Hospitals Belfast City Hospital Mater Hospital	Mater Hospital The ophthalmology service will explore what clinics, if any, can be appropriately provided in the Wellbeing and Treatment Centres**
Regional Acute Eye Service	Royal Hospitals	It is proposed that the Regional Acute Eye Service will be reviewed as part of proposals to modernise the service
Support Services , i.e. Orthoptics/optometry	Royal Hospitals, Mater Hospital and community clinics (in conjunction with Optometry)	Mater Hospital and community clinics with paediatric services remaining at Royal Hospitals

* Paediatric ophthalmology services will continue to be provided in the EENT building at the Royal Hospitals until space is available in Royal Belfast Hospital for Sick Children

** Wellbeing & Treatment Centres are located in centres across Belfast

2. 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. We want to better organise and deliver care and treatment, provided by teams that are appropriately qualified and experienced.

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

We are also making sure there is no unnecessary duplication of services and our modernisation programme MORE² (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 ophthalmology services (including inpatient, daycase, outpatient and support services) we provide, how we propose to modernise them further and our commitment to ensuring they are of the highest possible quality.

The Trust's proposed model for adult ophthalmology is to locate inpatient, day case, outpatient and support services for ophthalmology at the Mater Hospital to develop a Regional Ophthalmic Centre. Having already established the Macular and Day Surgery Cataract Service at the Mater Hospital, there is sufficient capacity at this hospital for the further development of services. Given that 85% of the Ophthalmology service is elective (planned), the Mater Hospital, as a key elective centre, is well placed to deliver on target waiting times for patients. In addition, planned funded growth in the service can be best accommodated at the Mater Hospital.

Outpatients will continue to be located in existing outreach locations. The ophthalmology service will explore what Belfast clinics, if any, can be appropriately provided in the Wellbeing and Treatment Centres.

The Trust is committed to delivering paediatric services within a paediatric environment preferably within the Royal Belfast Hospital for Sick Children or, where this is not yet possible, in a paediatric environment on the Royal Hospitals site. Paediatric Ophthalmology services will therefore continue to be located in the Eyes, Ear, Nose and Throat (EENT) building within the Royal Hospitals until such times as the service can be accommodated in the Royal Belfast Hospital for Sick Children.

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

² 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.

guided our approach to reviewing and reorganising services. Those principles of specific relevance to ophthalmology 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 emergency care.
- **To develop protected elective services.**
- **To reduce unnecessary duplication and fragmentation of services.**
- **Maximise utilisation of assets** – There is a clear need to make best use of all existing health and social care infrastructure across the Trust and keep the need for new buildings to a minimum while also addressing risk issues, such as those attached to ageing buildings.

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

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

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

3. How are ophthalmology services currently delivered?

Ophthalmology involves the detection, classification, treatment and ongoing management of eye diseases and disorders including, for example, cataracts, squints, glaucoma, diabetic retinopathy, detached retina and macular degeneration.

Ophthalmology inpatient and day case services for both local and regional users are currently provided at the Royal Hospitals and the Mater Hospital. Optometric and orthoptic services are also provided. Ophthalmology currently operates a 'hub and spoke' model where the central base provides a fraction of services, whilst outreach services right across the region maintain local access for patients.

The ophthalmology service in Belfast has located its macular service, associated specialist support and the majority of its cataract day surgery at the Mater Hospital. The Royal Hospitals provides the inpatient service and day case service as well as providing an outreach service to schools.

Ophthalmology teams from the Royal Hospitals and Mater Hospital contribute to the regional outpatient services provided in the Northern, Southern and South Eastern Health and Social Care Trusts geographic areas. Some surgery, primarily cataract surgery is provided to Southern and South Eastern Health and Social Care Trusts in their local hospitals. Other procedures and surgical interventions for these Trusts are undertaken if required at either the Royal Hospitals or Mater Hospital.

The ophthalmology service has a link to The Queens University of Belfast for teaching of undergraduates, to the Centre for Vision and Vascular Research and is the centre for training of ophthalmic trainees for Northern Ireland.

Ophthalmology is a high volume specialty providing:

- 60,000 outpatient appointments per year (84% of all patient visits)
- 1600 outpatients with procedures (2% of all patient visits)
- 8500 day cases (12% of all patient visits)
- 1500 inpatients, including emergency admissions (2% of all patient visits)

Activity across the hospitals is illustrated in the graph overleaf:

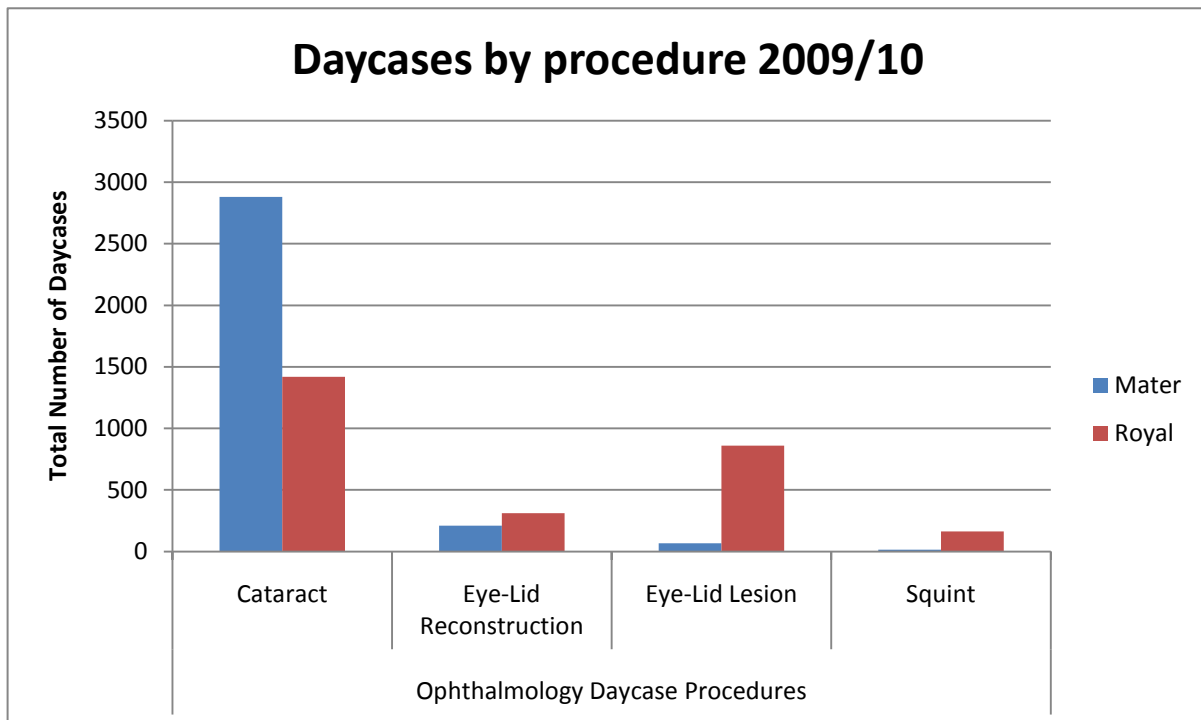


Figure 1: Daycases by Procedure 2009/10

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

- As an inpatient: an admission to hospital which includes an overnight stay (requiring specialised equipment and thereby limiting the location); or patients who have been admitted as an emergency via the Regional Acute Eye Service, Emergency Department or as a tertiary referral from another hospital;
- 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 the need to be admitted to or stay in hospital.

The current service locations offer the following:

Royal Hospital - Ophthalmology emergency, outpatient, inpatient and day case services are provided at the Royal Hospital as well as a wide range of clinical support services. Services provided include:

- **Adult inpatients and day cases** - the majority of specialist ophthalmic surgery and all emergency ophthalmic care is undertaken at the Royal;
- **Regional Acute Eye Service or 'Eye Casualty'** – This service provides a regional emergency triage, assessment and treatment service for patients presenting with ophthalmic conditions that cannot be managed by their General Medical Practitioner or General Ophthalmic Services (GOS) Optometrist. Eye casualty services are provided by a team of medical and

specialist nursing staff. Outside of the limited opening hours, the service is provided via main accident and emergency services;

- **Minor Procedures**– The Ophthalmic Day Unit provides ambulatory day care facilities for patients who are attending for minor ophthalmic procedures. These procedures are carried out in a minor operation room in the unit;
- **Contact Lens and Low Vision Clinics** – This is an outpatient service for patients who require contact lens fitting for medical reasons. Largely delivered by optometry, medical and nursing staff, patients attend for assessment, fitting and ongoing management of their contact lens. The low vision clinic provides assessment, advice and the provision of visual aids and appliances for patients with long-term visual impairment. A large proportion of low vision services are delivered as outreach services;
- **Artificial Eye Clinic** – This is an outpatient service for patients following surgery to remove one or both eyes. Patients are assessed and fitted with artificial eyes and receive ongoing advice and support;
- **Visual Electrophysiology** - This is a regional diagnostic outpatient service provided by medical physics staff;
- **Visual Fields** – This is an assessment of peripheral vision and is required for the diagnosis and long-term follow up of disease progression in glaucoma and neurological conditions. It is delivered by technical staff and specialist nurses;
- **Fluorescein and Photography Service** – This is a diagnostic service where patient have images taken of the eye in order to assist in patient diagnosis for a range of ophthalmic disorders. Fluorescein angiography is an invasive procedure requiring the injection of intravenous fluorescein;
- **Refraction Services** – This is an outpatient service, predominantly for children, provided in conjunction with orthoptics as both a hub and spoke service;
- **Orthoptics** – This is an outpatient service for patients with squints, reduced vision and diplopia (double vision). The service includes the assessment and treatment of defects of binocular vision by nonsurgical measures.

Mater Hospital

- **Cataract Day Surgery** – the majority of cataract surgery performed in the Belfast Trust is undertaken at the Mater Hospital in the modern day procedure unit;
- **Macular Service** – this unit provides assessment and treatment for Wet Age-related Macular Degeneration (Wet AMD). The current average monthly demand for this service is over 80 new patients per month;
- **Minor procedures** - these are also carried out at the Mater Hospital as part of the outpatient service. If a procedure is required it is carried out during the outpatient visit rather than the patient having to return to the hospital for another appointment;
- **Orthoptics** – This is an outpatient service for patients with squints, reduced vision and diplopia (double vision). The service includes the assessment and treatment of defects of binocular vision by nonsurgical measures.

Belfast City Hospital

There are two ophthalmology outpatient clinics provided at the Belfast City Hospital site supported by a small specialist nursing team.

4. Why reorganise ophthalmology services now?

The formation of Belfast Health and Social Care Trust provides an opportunity to build on the high quality ophthalmology service delivered on each of its hospital sites, ensuring that patients consistently get to the right person, in the right place, at the right time. There are a number of factors which impact on our ability to sustain existing services including:

Meet Public Expectation for Improved Service Quality

In line with the Trust principle to 'localise where possible, centralise where necessary' the aim of the ophthalmology service 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. Providing specialist services from a central point will facilitate the development of a centre of excellence for ophthalmology. The ophthalmology service will explore what clinics, if any, can be appropriately provided in the Wellbeing and Treatment Centres.

Driving Forward Service Modernisation

Modernisation of ophthalmology services has been developing over the past number of years, for example, 80% of ophthalmology inpatients are admitted on day of surgery.

The ophthalmology service continues to review service delivery. Measures put in place include:

- Continuing to decrease length of stay. In 2009/10 the average length of stay for ophthalmology inpatients was 1.8 days. It is anticipated that this will reduce as additional support processes are put in place; and
- Increasing the number of procedures that take place as day procedures, for example, increasing the rate of cataract surgery cases performed as day case from 86% on Royal Hospitals to 95% by June 2010 and increasing the rate of squint surgery performed as day case from 61% to 80% by March 2011.

As surgical and treatment techniques and skills are developed in the future there will be an increase in the number of patients treated as day cases and as outpatients with procedures. The ongoing use of pre-assessment clinics, admission on the day of surgery and reduced length of stay will result in a decrease in demand for inpatient beds.

The modernisation agenda can be more fully realised within ophthalmology if the service is focussed on one site.

In addition, locating inpatient and day case activity on one site will facilitate the centralisation of referrals and will streamline administration and clerical processes. This will result in more efficient working practices for the ophthalmology service.

Address Current Duplication and Service Efficiency

Inpatient and day cases are provided at the Royal Hospitals and day cases are provided at the Mater Hospital.

Locating inpatient and day case services together will enable the ophthalmology service to maximise outcomes and resources and to reduce any inefficiencies as there will be reduced duplication of services, equipment and overhead costs.

Act on Staff Support

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

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

Having identified the key reasons to review this range of services, there are a number of benefits which must be delivered in any service change. These benefits, summarised into five key themes, guided the work of the project team in their review of acute inpatient and day surgery services and they are:

The delivery of safe and sustainable services to our patients

Providing safe services and ensuring patients are not at risk in our hospitals is our top priority. Having appropriately trained staff working in appropriately sized teams will help to both improve patient safety and sustain the future delivery 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 any unnecessary duplication of services across sites will mean patients see the right staff in the right place and this will also help teams deliver a more effective and efficient service.

The Trust must optimise the use of the current operating theatre stock and the support accommodation available to us and ensure that there is some room for future growth, should the funding be available.

To ensure services are appropriately clinically linked

Delivering services at the right time and in the right place requires certain services to be located close to one another. By locating inpatient, day case and emergency ophthalmology services on one site alongside ophthalmology outpatient and clinical support services will ensure that clinical links are maintained. Links with emergency services and allied health professionals will also be maintained.

To ensure services are accessible to service users and carers

Service users, carers, families and visitors want to know where to go to for a particular health matter, to have easy access to these services, whether by public transport or by car.

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

The Trust Strategic Direction, which has been previously publicly consulted upon, for the four adult acute 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 a 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.

5. Consideration of the options for future service delivery

Proposed Options

The ophthalmology project team, comprising consultants, nursing, Allied Health Professionals, optometrists, administrative staff and patient, carer and trade union representatives was established to consider the options for the future delivery location of the service.

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

- Option 1 Continue with the current arrangement – Ophthalmology services remain at the Royal Hospitals and Mater Hospital;
- Option 2 Deliver the ophthalmology services (inpatient and day case surgical and medical intervention and outpatient clinics) at the Royal Hospitals;
- Option 3 Deliver the ophthalmology services (inpatient and day case surgical and medical intervention and outpatient clinics) at the Mater Hospital;
- Option 4 Deliver ophthalmology services (inpatient and day case surgical and medical intervention and outpatient clinics) from a green field site.

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

Option 1 – Continue with current arrangements – existing ophthalmology services provided from the Royal Hospitals and Mater Hospital

Ophthalmology services would continue to be provided at both the Royal Hospitals and Mater Hospital.

Advantages

- The services currently provided at each hospital are of a high quality;
- There would be no disruption for patients and staff;
- Paediatric and adult services would continue to be provided on the same site.

Disadvantages

- A single patient pathway is more difficult to implement when the specialist inpatient and day case services are delivered across two hospitals;
- Providing services from two hospitals has resulted in duplication of resources, for example, staff and equipment;
- Not all services are provided at each site which has resulted in service fragmentation;
- A two site option is not in line with the Trust strategic direction to reduce duplication of service provision.

Option 2 – Deliver ophthalmology services (inpatient and day case surgical and medical intervention and outpatient clinics) at the Royal Hospital

Existing ophthalmology services would continue to be provided at the Royal Hospitals. The macular and cataract day case services and outpatients would transfer from the Mater Hospital. Under this option inpatients, day cases and outpatients including clinical support services (i.e. optometry/orthotics) would be provided on one site enabling the clinical team to manage the central service on a single site.

Advantages

- This option would eliminate duplication of service provision and would provide a seamless, integrated delivery of service;
- A one site option for service delivery is more resource efficient in terms of economies of scale and reduction in duplication of expertise, staff and equipment;
- There are benefits in bringing the clinical teams from both hospitals together including, flexibility in developing staff rotas, easier access to specialist nursing and other limited resources, improving team working, access and quality of service to the patient;
- Paediatric and adult services would be provided on the same site for a period of time until paediatric services move to Royal Belfast Hospital for Sick Children;
- Currently ophthalmology consultants provide opinions to colleagues within other specialties, for example, neurology and ENT as required. These clinical links would be maintained if services remained at the Royal Hospitals;
- Good availability of public transport links – road and bus.

Disadvantages

- This option would require moving the Macular service and cataract service, both of which have recently moved to the Mater. These are both high volume services

and significant capital investment was made to establish these services on the Mater site;

- There would not be sufficient theatre capacity at the Royal Hospitals to provide all of the required day case and inpatient theatres sessions to deliver the service;
- Car parking at the Royal Hospitals can be difficult. There are plans to potentially provide some additional car parking spaces which will alleviate some of these problems;
- Access to the EENT building is difficult for elderly people with sight difficulties as located quite some distance from the car park.

Option 3 – Deliver ophthalmology services (inpatient and day case surgical and medical intervention and outpatient clinics) at the Mater Hospital

Existing ophthalmology services would continue to be provided at the Mater Hospital. Inpatient, day case and outpatients including clinical support services from the Royal Hospitals would also be based at the Mater Hospital. Under this option inpatients, day cases and outpatients including clinical support services (i.e. optometry/orthotics) would move across from the Royal Hospitals and be located at the Mater Hospital enabling the clinical team to manage the central service on a single site.

Advantages

- This option would eliminate duplication of service provision and would provide a seamless, integrated delivery of service;
- A one site option for service delivery is more resource efficient in terms of economies of scale and reduction in duplication of expertise, staff and equipment;
- There are benefits in bringing the clinical teams from both hospitals together including, flexibility in developing staff rotas, easier access to specialist nursing and other limited resources, improving team working, access and quality of service to the patient;
- Clinical links would be maintained as consultants would continue to provide opinions to colleagues as required;
- There are currently two high volume services already located on the Mater Hospital – the macular service and the majority of the cataract day case service;
- The close proximity of the Mater Hospital to the regional motorway network provides good access by car and bus for patients travelling from across Northern Ireland.

Disadvantages

- To implement this solution will require significant movement of high volume services from the Royal Hospitals;

- Car parking at the Mater Hospital can be difficult. There are plans to provide some additional car parking spaces which will alleviate some of these problems;
- As paediatric services should be provided within a paediatric environment, under this option paediatric services would be provided from Royal Belfast Hospital for Sick Children as soon as space is available. Paediatric and adult services would therefore be provided from separate sites resulting in split site working for a number of staff and duplication of some support services.

Option 4 – Locate ophthalmology services (inpatient and day case surgical and medical intervention and outpatient clinics) on a green field site

Under this option a new regional ophthalmic centre would be built on a green field site within the Belfast Trust. This building would incorporate inpatient, day case and a range of outpatients including the Regional Acute Eye Service (Eye Casualty) and ophthalmic support services. It would also house facilities for teaching and training and serve as a centre of excellence for the specialty.

Advantages

- This option would eliminate duplication of service provision and would provide a seamless, integrated delivery of service;
- A one site option for service delivery is more cost and resource efficient in terms of economies of scale and reduction in duplication of expertise, staff and equipment;
- Clinical links would be maintained as consultants would continue to provide opinions to colleagues as required;
- A site could be chosen which would provide good availability of public transport links – road and bus;
- This is the preferred option of the Consultant Ophthalmologists currently employed by the Belfast Trust and would have their full support in its implementation.

Disadvantages

- As paediatric services should be provided within a paediatric environment, under this option paediatric services would be provided from Royal Belfast Hospital for Sick Children as soon as space is available. Paediatric and adult services would therefore be provided from separate sites resulting in split site working for a number of staff and duplication of some support services.
- This option would require substantial capital spend.

Conclusion

The Ophthalmology Project Team have recommended that, if capital funding is not available for a new build Regional Ophthalmic Centre, then inpatient, day case and some outpatient services should be based at the Mater Hospital. This will facilitate the development of a specialised unit, bringing together all surgeons practising the same specialty interest to form a centre of excellence. The ophthalmology service will explore what outpatient clinics, if any, can be appropriately provided in the Wellbeing and Treatment Centres. Services will continue to be provided on an outreach basis to local hospitals outside Belfast.

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

The patient pathway for ophthalmology in the future will be delivered using a hub and spoke model. The hub will be the specialist centre where inpatients, day cases, outpatients and support services will be delivered. The spoke(s) will be the locations where general, stand-alone ophthalmology clinics can be delivered. This model is outlined as follows:

Table 2: Current and Proposed Locations for Ophthalmology

Service	Current Location(s)	Proposed Location(s)*
Day cases	Royal Hospitals Mater Hospital	Mater Hospital
Inpatients	Royal Hospitals	Mater Hospital
Outpatients including clinical support services	Royal Hospitals Belfast City Hospital Mater Hospital	Mater Hospital The ophthalmology service will explore what clinics, if any, can be appropriately provided in the Wellbeing and Treatment Centres**
Regional Acute Eye Service	Royal Hospitals	It is proposed that the Regional Acute Eye Service will be reviewed as part of proposals to modernise the service
Support Services , i.e. Orthoptics/optometry	Royal Hospitals, Mater Hospital and community clinics (in conjunction with Optometry)	Mater Hospital and community clinics with paediatric services remaining at Royal Hospitals

* Paediatric ophthalmology services will continue to be provided in the EENT building at the Royal Hospitals until space is available in Royal Belfast Hospital for Sick Children

** Wellbeing & Treatment Centres are located in centres across Belfast

The delivery of ophthalmology services on one site will enable the development of a seamless patient pathway improving the patient experience for all patients. This will include:

- Patients being pre-assessed for surgery and admitted on the day of surgery reducing their need to stay in hospital unnecessarily;
- Increasing the number of procedures that can be undertaken as day cases and outpatients with procedures. This will also reduce the need for unnecessary admission to an inpatient ward.

What will this mean for patients?

The development of a single ophthalmology service for adults in Belfast will enable a more focused approach to patients, resulting in a higher quality service than is currently possible with the service spread across hospital sites.

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

What will this mean for staff?

The development of a dedicated unit will bring together all ophthalmology specialists enabling the formation of highly skilled, specialist teams of surgeons, anaesthetists, optometrists, ophthalmic nurses, Allied Health Professionals and ophthalmic technicians resulting in a higher, more consistent standard of care for patients.

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

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

What will this mean for each hospital?

The Mater Hospital will be the centre of excellence for the provision of all inpatient, day case and some outpatient services for Belfast and Northern Ireland.

Outreach clinics will continue to be provided locally for the Northern, Southern and South Eastern Health and Social Care Trusts.

The ophthalmology service will explore what clinics, if any, can be appropriately provided in the Wellbeing and Treatment Centres.

7. Workforce

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

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

The main impacts anticipated for staff are:

- Relocation

If the proposal is approved, it will require the relocation of some staff to facilitate ophthalmology services being delivered from the Mater and a range of outreach locations. The Trust has in place agreed protocols with Trade Unions on relocation and/or redeployment.

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

- New ways of working/retraining or reskilling

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

Appendix 1 – Programme of Consultation and Your Invitation to Comment

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

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

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

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

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

Your invitation to comment

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

Responses in writing should be sent to:

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

Alternatively, comments may also be emailed to:

stakeholdercomms@belfasttrust.hscni.net

Availability in other formats

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

Orla Barron
Acting Health & Social Inequalities Manager
1st Floor, Graham House
Knockbracken Healthcare Park
Saintfield Road,
Belfast
BT8 8BH

Tel: 028 9096 0069

Fax: 028 9056 6701

Textphone: 028 9090 2863

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

Freedom of Information Act (2000) – Confidentiality of Consultations

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

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

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

Appendix 2 – Equality and Human Rights

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

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

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

Moreover, the Trust's higher purpose is to improve health and wellbeing 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:

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