

Section 1: Define activity subject to Section 1(1) of Rural Needs Act (NI) 2016

1A. Short title describing activity being undertaken that is subject to Section 1(1) of the Rural Needs Act (NI) 2016

Southern Trust (SHSCT) Future Provision of Emergency General Surgery (EGS) Services

**1B. Are you Developing, Adopting, Implementing or Revising a Policy a Strategy or a Plan? (Underline or Circle)
Or are you delivering or designing a public service? (Underline or Circle)
What is official title of this Policy, Strategy, Plan or Public service (if any)?**

New proposal for the future delivery of Emergency General Surgery.

1C. Give details of the aims and/or objectives of the Policy, Strategy, Plan or Public Service:

Background and Context

The Southern Health and Social Care Trust (the Trust) is committed to providing Emergency General Surgery services to the population it serves, which are based on the best available evidence and quality standards, and which will deliver the best possible outcomes for our patients. The Trust must also carefully plan how to meet growing need and ensure best use is made of all our available resources to provide services which are sustainable and of a high quality. Our General Surgical Team is proud of the care that they provide to our patients, however acknowledge that to ensure the best possible outcomes, services need to adapt and develop to meet new regional guidelines and changing population needs. The Trust's General Surgery Team has been significantly challenged to provide a service across the two hospitals in our Acute Hospital network, which are Daisy Hill Hospital and Craigavon Area Hospital. The challenges are due to workforce deficits, particularly in relation to the ability to secure appropriately trained and qualified general surgeons.

In addition to this in June 2021, the Minister for Health commissioned a Review of General Surgery in Northern Ireland in response to challenges in the delivery of safe and sustainable services. It was recognised that there are variations in delivery of services and waiting times across the region and difficulties in maintaining 24/7 rotas for emergency general surgery across multiple sites due to staffing shortages. Actions and standards for Emergency General Surgery were published by the Department of Health in June 2022 and all Trusts will be guided by these standards when reviewing current services and deciding on how best to provide a safe, secure and effective emergency surgery service.

The Trust, similar to the rest of the region, has been impacted by the lack of availability of new general surgeons and consequently a lack of recruitment to vacant surgical posts. This alongside the need to change to create a sustainable service that delivers the best possible outcomes for our patients was highlighted to the Trust's Senior Management team, initially in September 2020 and subsequently brought to Trust Board in November 2021. Following discussion it was agreed that a review of the service be taken forward to consider potential options. It was recognised any proposed changes to service provision would require a formal public consultation. A project structure was put in place to take forward a planned process however, due to a resignation of a further consultant General Surgeon, which reduced the staffing complement in Daisy Hill Hospital to an unsustainable level, the Trust had to implement contingency arrangements since 28th February 2022.

Proposed Service Model

The purpose of this document is to formally consider the potential equality impacts with regards to the proposed preferred model for the future provision of Emergency General Surgery. The Trust proposes to provide Emergency General Surgery Services on the Craigavon Area Hospital Site 24 hours per day 7 days per week. This is in keeping with the current service model with a number of enhancements to enable the Trust to meet Regional Standards as set out by the Department of Health.

The proposed service model will deliver the following:

- The service will be delivered by an adequately staffed and experienced consultant-led emergency surgical team which will provide a safe and high quality emergency surgical service for the population we serve.
- The Craigavon Area Hospital site will allow critically ill surgical patients (including post-operative emergency patients) to have access to a fully functioning intensive care unit with both level 3 (ICU) and level 2 (HDU) intensive care beds (*Critical Care Network Northern Ireland Registered*).
- The Emergency General Surgery service will have better access to all sub speciality medical and surgical services on the Craigavon Area Hospital site to seek guidance and advice.
- This option will provide access, for emergency surgical patients, to the full range of diagnostic services (radiology and laboratory), 24 hours per day 7 days per week, and timely access to MRI and ultrasound
- The Emergency Department services at both Craigavon Area Hospital and Daisy Hill Hospital will be maintained and supported. Both Emergency Departments will continue to have access to surgical advice and support.
- Patients transferred from Daisy Hill Hospital Emergency Department for surgical assessment/admission will have direct access to the Emergency Surgical service at Craigavon Area Hospital using specialist surgical referral pathways.

- Consolidating the emergency general surgery service on the Craigavon Area Hospital site will ensure appropriate levels of surgical staff can support a sustainable surgical consultant service rota. This will also reduce reliance on locum staff.
- The Trust has modelled the number of surgical inpatient beds required to provide the surgical service of the preferred option in this consultation. The modelling has confirmed that this can be achieved on the Craigavon Area Hospital site.
- A strengthened Emergency General Surgical Service on the Craigavon Hospital Site with an appropriately staffed consultant-led surgical team with access to all surgical specialties offers greater opportunities for training of surgical trainees further enhancing surgical training in Southern Trust.
- The presence of an enhanced Emergency Surgical Service for the Southern Trust area at Craigavon Area Hospital will be attractive to new staff and thus will support recruitment and retention of all members of the surgical team and the wider supporting clinical services.
- Further development of policies and protocols in line with regional standards.

The public Consultation will commence on 27 January 2023 and will finish on 21 April 2023.

This Equality Impact Assessment assesses the impact of the Trust's proposed service changes to achieve the Trust's vision for a safe and sustainable provision of Emergency General Surgery Services. The outcome from the equality screening was to progress to a full Equality Impact Assessment (EQIA). The Trust is committed to its legal duties and fundamental principles under Section 75 of the Northern Ireland Act 1998. The Trust intends to fully engage and consult on this proposal and the future of safe and sustainable emergency care provision.

In keeping with the commitment in its Equality Scheme the Trust in making any final decision(s) will take into account any assessment and consultation carried out in relation to its plans for change.

Next Steps

The public Consultation will commence on 27 January 2023 and will finish on 21 April 2023 to consult on the preferred option of the future provision of Emergency General Surgery.

1D. What definition of 'rural' is the Trust using in respect of the Policy, Strategy, Plan or Public Service:

For the purposes of this exercise rural is defined as "those settlements with fewer than 5,000 residents together with the open countryside. In addition, we will consider the definition around drive times and in this case in excess of 20 and 30 minute drive of CAH, the proposed location of the single site for EGS.

Section 2 - Understanding impact of Policy, Strategy, Plan or Public Service

2A. Is the Policy, Strategy, Plan or Public Service likely to impact on people in rural areas?

Yes ✓ No If response is NO Go To Section 2E.

Northern Ireland is a region that is composed of a range of settlement structures. These range from cities such as Belfast and Londonderry through to much smaller settlements of less than 5,000 people, the level that is relevant for consideration under rural needs impact assessment screening (Band F, intermediate settlements, Band G, villages and Band H, open countryside). According to the most recent population census taken in 2011, 644,087 people lived in rural areas in Northern Ireland, which equated to 36% of the population (see Table 1 below), and a further 79,052 resided in mixed urban/rural areas (approximately 4% of the population in 2011). The census findings also show that 14% of rural areas are more than 20 minutes from a settlement with a population of 10,000 or more, and 13% are more than 60 minutes from Belfast.

Table 1: Census 2011 Population Statistics

	%	Number
Mixed urban/rural	4%	79052
All rural	36%	644087
Rural <=20 mins from settlement ¹	21%	383224
Rural >20 mins from settlement ¹	14%	260863
Rural <=60mins from Belfast	23%	410184
Rural >60mins from Belfast	13%	233903
Urban	60%	1087724
Total	100%	1810863

¹ Settlement with a population of 10,000 or more

Source: <https://www.daera-ni.gov.uk/topics/statistics/rural-statistics>

As per the 2011 Census, Southern Trust had a population of 358,034 of which 147,289 (41%) people lived in a rural area. There were 46 rural super output areas within the Southern Trust. Five of which have a population of less than 3,000 – Carrigatuke – 2440; Gilford - 2552; Keady – 1795; Killylea – 2474; Quilly – 2432.

The Northern Ireland Multiple Deprivation Measure (2017) findings illustrate that 3 of the rural areas served by SHSCT are ranked amongst the top 100 most deprived Super Output Areas (SOAs) – Crossmaglen (57), Forkhill 2 (100) and Silver Bridge 1 (94).

Two domains were identified as sub sets relevant to rural needs impact assessment screening for the Emergency future provision of General Surgery; health deprivation and disability and access to services:

In relation to health deprivation and disability, none of the rural areas served by SHSCT were ranked amongst the top 100, Bessbrook was ranked the highest at 128.

In relation to Access to Services, there are 24 rural areas served by SHSCT that rank amongst the top 100 most deprived Super Output Areas (SOAs) – Ballyward being the 4th highest ranking and Carrigatuke ranking 100th.

The estimated population of Newry, Mourne And Down Local Government District at 30 June 2020 was 181,669, of which 90,265 (49.7%) were male and 91,404 (50.3%) were female.

This was made up of:

- 40,972 children aged 0-15 years;
- 53,608 people aged 16-39 years;
- 57,965 people aged 40-64 years; and
- 29,124 people 65 years and older.

Geography	All usual residents
Northern Ireland	1,903,174
Newry, Mourne and Down	182,073

[Census 2021 main statistics demography tables – age and sex | Northern Ireland Statistics and Research Agency \(nisra.gov.uk\)](#)

All statistics above demonstrates that some of the actions taken in response to Emergency General Surgery within SHSCT outlined in section 1C are likely to have an impact on people residing in rural areas within the SHSCT area.

2B. How is it likely to impact on people in rural areas? N/A - Go To Section 2E

Patients who would normally attend DHH for emergency surgery will continue to present to DHH ED to be assessed. If specialist advice is required, this will be sought and the patient directed appropriately to ongoing assessment, ambulatory or inpatient services. Emergency General Surgery Patients requiring inpatient admission will be transferred to CAH. The consultant on-call cover will continue on both sites. If a patient is not fit for transfer and requires immediate surgical input, the Emergency General Surgery Team will arrange for onsite assessment and appropriate management on a 24/7 basis. Elective surgery will continue to be provided on the DHH site. Patients will continue to present to DHH ED and be appropriately transferred to alternative surgical pathways.

A surgical telephone number has been implemented for primary care to avail of surgical opinion and advice which is assessable by GPs to consult with surgeons on which pathway should be recommended for their patients. This may mean that patients in DHH area may have to make their own way to CAH.

Patients attending CAH for emergency general surgery will continue as normal. Consultant led emergency general surgical team will provide the cover 24/7 for all emergency inpatients. All emergencies and surgical inpatient admissions for the southern area admitted to CAH

To enable a safe service for admission and operating for Emergency General Surgery Patients in SHSCT, the following actions will take place:

- There will be access to surgical opinion and advice via telephone implemented for primary care.
- Beds in ward 3 South CAH realigned for Urology and ENT inpatients
- The General Surgery Consultants move to a new on-call rota ensuring 24/7 cover for both acute sites.
- The General Surgery Training & Non-Training Grade Doctors move to new rotas and will rotate between the two acute sites. FY2/CT on-site cover retained 24/7 for both sites with middle grades on-call from home (same as is currently).
- Engagement and communications continue with key stakeholders internal and external to the Trust, including key affected staff, all specialties, NIAS, Primary Care, NIMDTA etc.

2C. If the Policy, Strategy, Plan or Public Service is likely to impact on people in rural areas differently from people in urban areas, please explain how it is likely to impact on people in rural areas differently? N/A - Go To Section 2E

Potential impact on Patients who live in a rural areas:

- The economic cost of travelling to Craigavon Area Hospital for emergency general surgery
- The ability of individuals in rural areas to travel to Craigavon Area Hospital for emergency general surgery, including the availability and timing of public/community transportation.
- Access to adequate Broadband and mobile communication in rural areas for remote access to services
- For staff redeployments – availability of public or community transportation plus child care arrangements

- Surgical nursing staff who wish to remain in DHH will have the option to remain in their designated wards at DHH to cover continued elective surgery and care of acute medical patients

The Trust continues to consider the needs of people living in rural areas and to implement mitigating measures where possible. Please refer to Section 4a for more detail. Mindful of its obligations under Section 1 (1) of the Rural Needs Act (NI) 2016 the Trust has completed this Rural Needs screening template. The changes to Emergency General Surgery remains under review and the Trust commits to monitoring for any potential adverse impact on our Service Users. The Trust will also continue to engage with stakeholders as part of the formal and informal Consultation.

2D. Please indicate which of the following rural policy areas the Policy, Strategy, Plan or Public Service is likely to primarily impact on.

Jobs or Employment in Rural Areas		Community Safety or Rural Crime		Agriculture-Environment	
Education or Training in Rural Areas		Health or Social Care Services in Rural Areas	✓	Other, please state below;	
Rural Development		Broadband/Mobile Communications in Rural Areas			
Poverty or Deprivation in Rural Areas		Rural Business, Tourism or Housing			

2E. Please explain why the Policy, Strategy, Plan or Public Service is NOT likely to impact on people in rural areas.

N/A

If you completed 2E above GO TO Section 6

SECTION 3 - Identifying Social and Economic Needs of Persons in Rural Areas

3A. Has the Trust taken steps to identify the social and economic needs of people in rural areas, relevant to the Policy, Strategy, Plan or

Public Service? Yes No if the response is NO, GO TO Section 3D

3B. Which of following methods or information sources were used by the Trust to identify these needs? GO TO Section 3D

**Consultation with relevant stakeholders / Survey or Questionnaire / Research / Statistics / Publications / Other methods.
Please provide details:**

From the outset the Trust has worked in collaboration with the following stakeholders:

- Surgical Staff/Theatre staff
- SHSCT population;
- GPs;
- Other Trusts
- NIAS
- Daisy Hill Pathfinder Group
- Wider SHSCT staff
- Voluntary/ Independent Sector
- Patient Client Council, PSNI, Councils
- Local media
- Local Politicians
- Staff Side/ Trade Unions
- Minister for Health,
- DOH / HSCB / PHA

Regional publications and statistics highlighting the social and economic needs of rural areas in Northern Ireland were considered including for example;

- Rural Statistics on DAERA website including statistics on employment and income, access to services, transport and telecommunications
- NISRA Rural Statistics – NI multiple deprivation measure 2017 as a combination of the aggregate results of 7 domains, plus specifically the domains of ‘Health Deprivation and Disability’ and ‘Access to services’
- Northern Ireland Census – high level information about the extent of potential impact based on 2011 census information available from NISRA – Northern Ireland Information Service (NINIS)
- NISRA – dataset on Home Internet and Broadband Access

Bed modelling exercise was completed for non-elective surgical and elective surgical – bed days, admissions, discharges, bed occupancy.

Stakeholders will also have a further opportunity to raise any matters of concern during the formal Consultation phase and to seek clarification. The Trust will prepare a Themed Consultation Outcome Report setting out the views of all consultees. The views of consultees will be taken into account in making any final recommendation(s) to the Trust Board.

3C. What social and economic needs of the people in rural areas have been identified? GO TO Section 3D

Table shows the drive time for people living in the settlements below to DHH compared to CAH

Classification	Settlement Development Limit	2011 Census Population	Miles to DHH (Car)	Time to DHH (Car)	Miles to CAH (Car)	Time to CAH (Car)
Band E Small town (Population 5000 – 9999)	Kilkeel	6,521	20.35 miles	43 minutes	36.87 miles	1 hour 7 mins
Band F Intermediate Settlement (Population 2500 – 4999)	Bessbrook	2,739	2.67 miles	8 minutes	20.22 miles	36 minutes
Band G Village (Population 1000 – 2499)	Rathriland	2,472	10.74 miles	24 minutes	19.9 miles	38 minutes
	Crossmaglen	1,608	14.65 miles	26 minutes	32.26 miles	57 minutes
	Fork Hill	498	11.73 miles	20 minutes	32.23 miles	48 minutes
	Silver Bridge	112	11.73 miles	22 minutes	30.57 miles	51 minutes

Source: NISRA Urban-rural classification,KS101NI: Usual Resident Population

Table population: All usual residents

Geographic level: Settlement 2015

Source: Census 2011

Drive times by size of settlement -

Distances and time for travel calculated using

www.distancecalculator.globefeed.com

[review-of-the-statistical-classification-and-delineation-of-settlements-march-2015_0.pdf \(nisra.gov.uk\)](#)

The publications listed in section 3B above highlight a number of social and economic needs of rural people in Northern Ireland, including for example:

- Transport can present an issue for people living in rural areas and their carers due to geographical isolation. e.g. people living in rural areas may have to travel further to access public transport, there can sometimes be a lack of public transport, and timing of public transport may be an issue

- Poverty/income – there are often additional costs of living in a rural area such higher fuel/transport costs. Earnings and household incomes are often lower in rural areas which can result in a higher risk of poverty.
- Lack of information/communication of information – internet availability/quality can be an issue in rural areas. This can create issues surrounding connectedness, information and knowledge. Statistics published on DEARA website show that 67% and 98% of rural and urban areas respectively had coverage of superfast broadband in 2018.
- Certain groups e.g. elderly/young people/disabled may experience increased difficulties accessing public transport
- Greater risk of social isolation and loneliness due to above issues e.g. transport, telecommunications

3D Please explain why no steps were taken by the Trust to identify the social and economic needs of people in rural areas?

N/A

SECTION 4 - Considering Social and Economic Needs of Persons in Rural Areas

4A. What issues were considered in relation to the social and economic needs of people in rural areas?

Access to services in terms of economic cost, availability of public transport and broadband/internet/mobile communication access, speed of transport in event of an emergency.

SECTION 5 - Influencing the Policy, Strategy, Plan or Public Service

5A. Has the policy, strategy, plan or public service been changed by consideration of the rural needs identified?

Yes No if the response is NO, GO TO Section 5C

5B. If yes, how have rural needs influenced the policy, strategy plan or public service? GO TO Section 5C

See mitigations as detailed above.

The Southern Trust are mindful of the mix of urban and rural service users / families and carers within the Trust.

5C. If no, why have the rural needs identified not influenced the policy, strategy, plan or public service?

Section 6: Documentation:

6A. Please tick below to confirm that the RNIA Template will be retained by the Trust and relevant information on the Section 1 activity compiled in accordance with paragraph 6.7 of the guidance.

I confirm that the RNIA Template will be retained and relevant information compiled.

Rural Needs Impact Assessment undertaken by:	Cathy Lavery		
Job Title/Directorate	Head of Equality, Diversity and Inclusion		
Signature:		Date:	
Approved by:	Cathrine Reid		
Job Title/Directorate	Interim Director of Surgery and Elective Care, Integrated Maternity and Women's Health, Cancer and Clinical Services		
Signature:		Date:	