

CAUSEWAY'S FUTURE

Proposals for the Way Forward for Causeway Hospital

Present and Future Hospital Services in Causeway
View from the Causeway Hospital Campaign group



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Campaigning for the sustainability and long-term viability of Causeway Hospital

for more information:
<http://causewayhc.wordpress.com>

CHC is a group comprising experienced medical practitioners, health care workers and concerned members of the local community served by Causeway Hospital.

In response to the document Transforming Your Care, our aims are to highlight anxieties about the actual and potential downgrading of Causeway Hospital, to lobby for improved staffing ratios and augmented services in order to maintain the full status of an acute hospital in Causeway, and to interrogate the position of Causeway Hospital within the Northern Health Trust.



INTRODUCTION

This is a time of change in Health Care delivery in both NI and the UK. This brings challenges but also opportunities. We have considered the present and future needs of the Community served by CausewayHospital, with particular reference to acute services. Easy and rapid access to local hospital services is essential, providing as a minimum:

- Acute General Medicine; undifferentiated admissions
- Accident and Emergency; 24/7 consultant-led service
- Intensive Care Unit
- Radiology including CT scanning 24/7
- Laboratory services
- Acute In-patient Surgery
- Consultant-led Obstetrics with appropriate Paediatric cover
- Elective Gynaecological and General Surgery
- On-site senior management

These must continue to be provided on the Causeway Hospital site.

DEMOGRAPHICS

Although the resident population of the Council Area is approx 110,000, the effective catchment population of Causeway Hospital is around 150,000. This has recently increased following the reduction in services in the Mid Ulster Hospital, and intermittently rises to around 200,000 during major events such as the NW 200, Portrush Raft Race, golf and football Competitions, and over the peak tourist season. There is a higher than average elderly population, some distinct areas of social deprivation, and a mobile student population of over 5,000 at the University of Ulster at Coleraine. Causeway is geographically isolated. Regional services in Belfast are 55miles away (>1 hour travelling time), Antrim Area Hospital 40 miles (1hr), and Altnagelvin 30miles, (50mins). If there were no acute services in Causeway, the mean travelling distance for the resident population would be the highest in NI and three times the NI mean (27.3 miles v 8.4 miles) (ref DHSSPS Project Support Analysis Branch 2012).

EVOLVING CHANGES

Transforming Your Care (TYC) has emphasised the need for closer working cooperation between hospitals and community services with more care to be delivered outside hospital. Causeway is ideally suited to develop this concept in view of the already effective links with GP practices, specialist nurses crossing the hospital/community interface and the presence of two GP-run community hospitals.

The disintegration of health care in mid-Stafford has led to renewed focus on the basics of general medical and nursing care. The recent report "The Future Hospital" (ref Royal College of Physicians, 2013) emphasises the need for Generalists rather than super-specialists to take responsibility for inpatient care, particularly to respond to the increasing prevalence of elderly patients with multi-morbidity. Causeway is well placed to respond to this.

INTEGRATION WITH OTHER PROVIDERS

We recognise that there are some specialist services that Causeway cannot and should not provide. Patient safety is of paramount importance and this is best served by the well established regional services such as cardiac, thoracic and neuro surgery, renal and other transplants, and some aspects of invasive cardiology. There is already effective networking to ensure the transfer of appropriate patients, but this needs to be strengthened, and is dependent on improved ambulance provision. It is likely that there will be an increase in the two-way co-operation with the neighbouring hospitals in Antrim and Derry/Londonderry along the lines of the successful orthopaedic and ophthalmology networking with AltnagelvinHospital.

Cancer services have been organised regionally following the Campbell report, and Causeway "feeds in" to the Cancer Centre and Cancer Units, Causeway is a recognised teaching unit for QUB medical undergraduates and the local teaching

and “student experience” is highly rated. It has approved posts in the two Foundation training years as well as Core and Specialty Training. There is active research cooperation between Causeway clinicians and the School of Biomedical Sciences in the UUC.

Note (See table below for examples of some present and potential future networking)

LOCAL SERVICES: POTENTIAL AND OPPORTUNITIES

The predominant health needs of the Causeway population are for locally accessible acute hospital services providing safe, high quality management of common conditions, with efficient networks to other providers to ensure timely transfer to more specialist services when appropriate. This conforms with the principle of “local when possible, specialist when needed”. It is likely that less than 10% of all acute admissions would require onward transfer, the remainder being more effectively and efficiently treated locally. This is in keeping with the principles of TYC, and allows for a holistic, multidisciplinary approach, liaising with community services, as advocated by “The Future Hospital”.

COPD, Heart failure, Diabetes, and Inflammatory Bowel Disease are examples of long term conditions that often coexist. They are predominantly managed in the community, but require hospital admission

during severe exacerbations. Specialist nurses in-post in Causeway have already demonstrated their success in reducing the need for acute admissions, but when hospital admission is required, it should be to the clinical team that is familiar with the patient, with facilities to provide the required ICU, medical, surgical and other support.

Causeway has an excellent, internationally recognised chronic pain clinic, which remains under resourced, but has the potential to become a regional Centre of Excellence. With the increasing elderly population, the current stroke services –acute thrombolysis and rehabilitation, will come under more pressure, and will need further resources, along with dementia diagnosis, treatment and long term care.

Causeway already provides over 40% of the elective surgical procedures in the Northern Trust and has the capacity to increase this further with effective networking.

There may need to be some changes to existing working practises and rotas to safe-guard acute surgery and training recognition.

There are approx 1500 obstetric deliveries p.a. in Causeway, with an upward trend. These are in a consultant-led unit. It would not be feasible or safe to replace this with a mid-wife based service in view of the geographic isolation. There is a reasonable argument for Causeway to be the major obstetric centre for the NHSC in view of the proximity of AAH to the Belfast centres. There will always be the need to

transfer high risk pregnancies such as mothers with heart disease or insulin dependent diabetes to the specialist regional centre, but at present only about 10% of mothers booked for delivery at Causeway need to be transferred to another obstetric unit.

The NI Review of Paediatric Services has recently been released for Consultation, but does not contain any factors that would prevent Causeway continuing to play an active role in Paediatric care.

PAGE/TURNAROUND REPORT

This report details three Phases of recovery for the NHSCT. It emphasises that the Causeway and AntrimHospitals must operate efficiently and effectively as independent units, then develop with a “seamless interface” between integrated clinical teams. Services should be aligned to the population needs, with devolved accountability. This is all supportive of Causeway’s case for maintaining and expanding acute and elective on-site hospital services. In particular, it recognises the need for effective on-site senior management, and its semi-autonomous status.

CHALLENGES

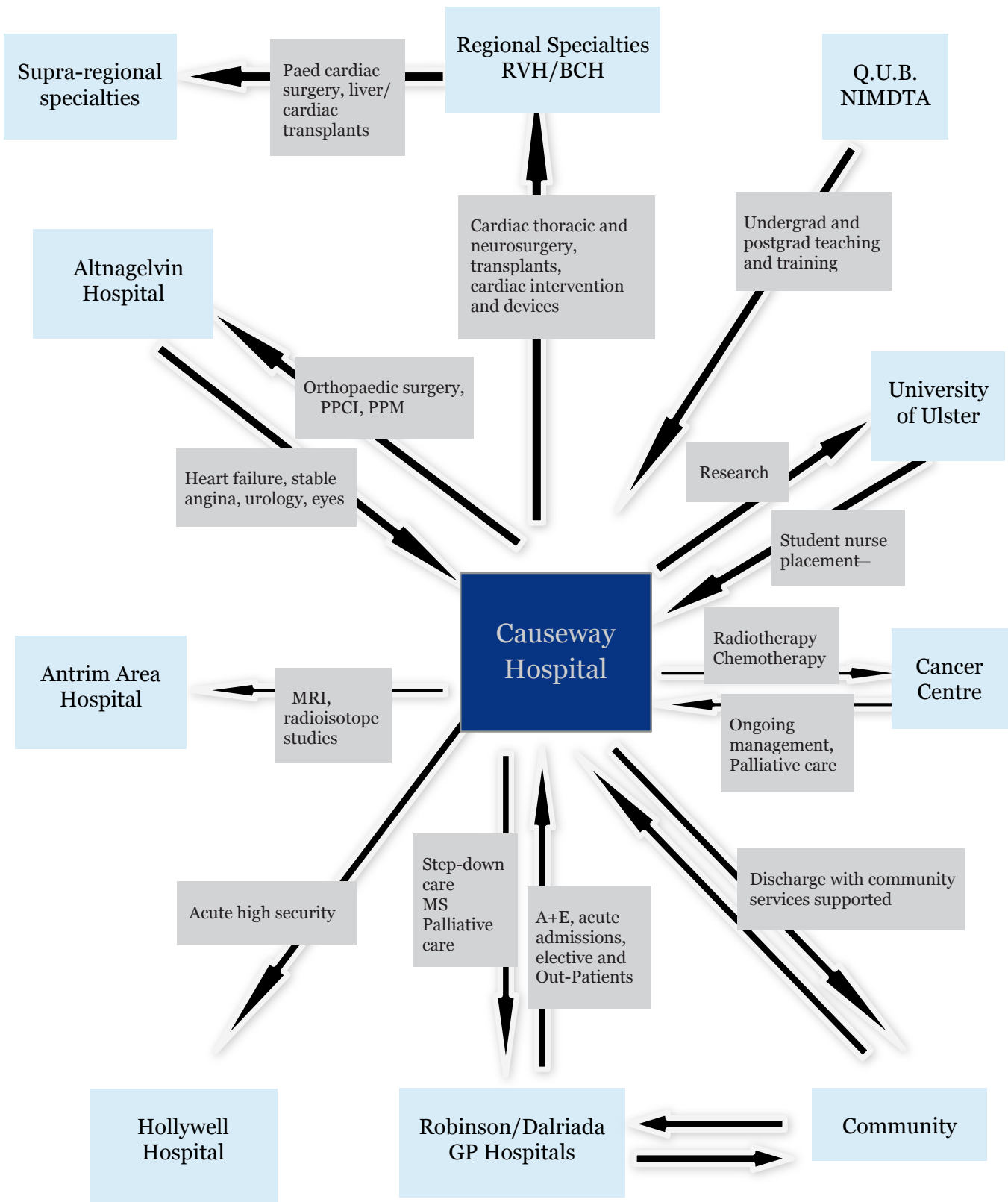
RECRUITMENT

There has been difficulty with local recruitment of senior and middle-grade medical staff over the past 5 yrs. While this in some cases reflects the national trend eg in A&E, it has been exacerbated in Causeway due to the perceived uncertainty about the future of acute hospital services in the area. This could be corrected by clear, authoritative statement of intent, and active, visible investment in the future. We are pleased to note the recent arrival of several new consultants, and anticipate a gradual improvement in confidence as more senior appointments are confirmed.

FINANCIAL

Although economies of scale are often quoted as an argument in favour of centralisation, there is little or no evidence that closing one hospital and incorporating services in another is cost effective. It should be noted that the overall costs of centralisation are not only health-related, but would also include reduced employment and services in an area of social deprivation. It is relevant that before the formation of the NHSC Trust, Causeway Trust consistently “broke even”. It was only after the amalgamation with United Trust (including AAH) that financial problems arose, resulting in disproportionate reduction in Causeway

Examples of present and potential future networking



NOTES

NIMDTA: Northern Ireland Medical and Dental Training Agency
 QUB: Queens University Belfast

PPCI: Primary Percutaneous Coronary Intervention
 PPM: Permanent Pacemaker

services to balance the overall budget. With the geographic isolation of Causeway, centralisation would result in much longer travelling distances and costs for patients, relatives and ambulance services. It would probably result in delayed hospital discharges as local care would be more difficult to arrange from a distance. There would also be indirect effects on transport infrastructure (Belfast is the most congested city in the UK), as well as environmental and climate change issues.

PROFESSIONAL/TRAINING RECOGNITION

Recognition of posts for Foundation, Core, and Higher Professional training by the Royal Colleges is an essential part of the ability to recruit and retain staff. Although some sub-specialties require threshold volumes for training recognition and re-accreditation, these are guidelines and should be negotiable. There needs to be flexibility in working programs and job planning, and meaningful co-operation with NIMDTA to address these issues.

CONCLUSION

We believe that CausewayHospital can “move with the times” and can continue to provide acute hospital services that are:

Safe
High Quality
Sustainable
Effective

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