Appendix 1 - Rural Needs Impact Assessment (RNIA) Template

SECTION 1 - Defining the activity subject to Section 1(1) of the Rural Needs Act (NI) 2016

1A. Name of Public Authority.

Department of Health Northern Ireland

1B. Please provide a short title which describes the activity being undertaken by the Public Authority that is subject to Section 1(1) of the Rural Needs Act (NI) 2016.

Rural Needs Assessment is being carried out as part of a public consultation on the proposals set out in - Hospitals – Creating a Network for Better Outcomes.

1C. Please indicate which category the activity specified in Section 1B above relates to.

Developing a	Policy	X	Strategy		Plan	
Adopting a	Policy		Strategy		Plan	
Implementing a	Policy		Strategy		Plan	
Revising a	Policy		Strategy		Plan	
Designing a Public Service						
Delivering a Public Service						

1D. Please provide the official title (if any) of the Policy, Strategy, Plan or Public Service document or initiative relating to the category indicated in Section 1C above.

Hospitals – Creating a Network for Better Outcomes.

1E. Please provide details of the aims and/or objectives of the Policy, Strategy, Plan or Public Service.

The aim of the policy is to consider how applying a Hospital Network approach could be applied in Northern Ireland to create better outcomes for citizens. The purpose of this RNIA is to demonstrate how rural needs have been considered in revising the October 2024 consultation policy framework. The overarching aim is to **create a sustainable, safe and equitable hospital system** for Northern Ireland by:

- **Establishing a hospital network approach** to improve collaboration and reduce unwarranted variation.
- **Maintaining and stabilising capacity in local hospitals** so rural patients are not disadvantaged.
- Improving **timely access to urgent and emergency care** for both rural and urban populations.
- Integrating **transport, ambulance and community support**.
- Tackling **rural workforce fragility** through training allocations, rotations and rolling workforce specialty reviews.
- Supporting **inclusive access**, ensuring digital solutions are complemented by non-digital routes.
- Strengthening **cross-border and GB links** where this improves outcomes.
- Building **public trust** through transparency and a “You Said – We Did” summary after approval.

The RNIA process was initiated in **November 2023**, prior to pre-consultation, ensuring rural needs were embedded from the outset. Key milestones include:

- **Nov 2023 – Jan 2024:** RNIA scoping alongside Task and Finish Group.
- **July – Aug 2024:** RNIA findings integrated into pre-consultation materials.
- **Oct 2024 – Feb 2025:** Draft RNIA published for public consultation.
- **Mar – Aug 2025:** RNIA updated to reflect rural-specific feedback.
- **Oct 2025:** Final RNIA aligned with revised policy, actions and mitigations.

1F. What definition of 'rural' is the Public Authority using in respect of the Policy, Strategy, Plan or Public Service?

Population Settlements of less than 5,000 (Default definition).	X
Other Definition (Provide details and the rationale below).	
A definition of 'rural' is not applicable.	

Details of alternative definition of 'rural' used.

N/A

Rationale for using alternative definition of 'rural'.

N/A

Reasons why a definition of 'rural' is not applicable.

N/A

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

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

Yes [X] No [ ] If the response is **NO** GO TO Section **2E**.

2B. Please explain how the Policy, Strategy, Plan or Public Service is likely to impact on people in rural areas.

The consultation on this policy generated a very high level of engagement across Northern Ireland. Rural stakeholders participated through both open in-person and online meetings, and a targeted rural workshop facilitated by the Rural Community Network, ensuring that lived experience informed the analysis. Organisational responses came from professional bodies, councils and community and voluntary organisations with a strong rural reach. Across these sources, a consistent picture emerged about the ways in which hospital reform can help or harm rural communities depending on design and delivery.

- **Transport and travel to care**: Rural residents often face long distances, variable road conditions and limited public transport, which increases the time, cost and complexity of attending appointments or visiting relatives in hospital. For unscheduled care, ambulance response and transfer intervals are critical; delays can raise anxiety and risk and can undermine confidence in centralised models if not managed well.
- **Stabilisation and safety**: People in rural areas told us that confidence depends on knowing that safe, stable services are available locally and that transfer pathways for time-critical conditions are clear, staffed and reliable. Where service changes are being considered, the perceived or actual loss of capability can have a significant social impact on rural communities.
- **Carers, disabled people and older people**: Rural carers and disabled people may face greater logistical and financial burdens, especially if there are multiple journeys, or long distances if caring/visiting is involved.
- **Digital**: Digital tools can help improve booking, access to information and some clinical contacts, however digital routes must be complemented by non-digital options.
- **Workforce pressures at rural sites**: Recruitment and retention challenges are often felt more acutely at rural hospitals, which can affect service sustainability.
- **Border communities**: In some places, the nearest appropriate hospital may lie outside NI, in Ireland or GB. Respondents asked for pragmatic arrangements so that people receive timely, safe care without additional bureaucracy.

Mitigations reflected in the actions include: working with Executive colleagues on travel support and reviewing the 2007 Transport Strategy for Health and Social Care; sustaining local hospital roles and using inter-Trust collaboration to maintain safe and stable capacity at all sites including in rural areas; improving transparency about decision-making and strengthening engagement; continuing rolling workforce reviews, aligning training and development to service needs; exploring digital transformation benefits while maintaining non-digital access; and appropriate collaboration with GB and ROI colleagues for regional specialist services. Furthermore, the Department is progressing work in relation to support for Carers through the Supporting Carers Workstream which is part of the work of the Social Care Collaborative Forum. A consultation on the Learning Disability Service Model has also been launched, which proposes a new approach to supporting adults with a learning disability through Health and Social Care services in Northern Ireland.

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.

Rural consultees highlighted risks to timely access, especially in Fermanagh, Mid Ulster and border areas. Rural areas typically experience:

- Longer travel and transfer times, particularly in poor weather.
- Public transport networks with limited frequency, which increases dependence on private vehicles, lifts from family or community transport.
- Higher deprivation in the Access to Services domain in several rural districts.

These factors intersect with Section 75 characteristics, notably age, disability and dependants, and with the lived experience of border communities. Specific mitigations, over and above existing policies/procedures, include:

- Review of the 2007 Transport Strategy
- Cross-departmental work on travel support
- Sustaining hospital services and clearer integration of rural needs
- Strengthening cross-border links

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

Rural Businesses	
Rural Tourism	
Rural Housing	
Jobs or Employment in Rural Areas	
Education or Training in Rural Areas	
Broadband or Mobile Communications in Rural Areas	
Transport Services or Infrastructure in Rural Areas	
Health or Social Care Services in Rural Areas	X
Poverty in Rural Areas	
Deprivation in Rural Areas	
Rural Crime or Community Safety	
Rural Development	
Agri-Environment	
Other (Please state)	

If the response to Section 2A was YES GO TO Section 3A.

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

Not applicable. Evidence from consultation and official statistics confirms material rural impacts that must be addressed.

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

3A. Has the Public Authority taken steps to identify the social and economic needs of people in rural areas that are relevant to the Policy, Strategy, Plan or Public Service?

Yes [X] No [ ] If the response is **NO** GO TO Section **3E**.

3B. Please indicate which of the following methods or information sources were used by the Public Authority to identify the social and economic needs of people in rural areas.

Consultation with Rural Stakeholders	[X]	Published Statistics	[X]
Consultation with Other Organisations	[X]	Research Papers	[ ]
Surveys or Questionnaires	[ ]	Other Publications	[ ]
Other Methods or Information Sources (include details in Question 3C below).			[ ]

3C. Please provide details of the methods and information sources used to identify the social and economic needs of people in rural areas including relevant dates, names of organisations, titles of publications, website references, details of surveys or consultations undertaken etc.

The Department used a multi-source evidence approach to identify the social and economic needs of people in rural areas. This included:
Official statistics: Urban–rural classifications, population profiles, health inequalities, and workforce data were drawn from NISRA Census 2021, the Northern Ireland Multiple Deprivation Measure (2017), and the HSC Workforce Census (2022).
Consultation evidence: Around 30,000 submissions were received, including structured questionnaires, campaign responses, and free-text organisational submissions. A targeted rural workshop was held to ensure lived experience informed the analysis.
Engagement activities: Nine consultation events were held and notes from these sessions were consolidated and analysed to identify recurring themes and concerns specific to rural communities.
Service intelligence: Operational insights were provided by professional health and social care bodies.
Full list of sources are listed in Appendix A.

3D. Please provide details of the social and economic needs of people in rural areas which have been identified by the Public Authority?

- **Provision of timely, safe and stable services**: for time-critical conditions, rural residents need confidence that local services are stable and that transfers, where appropriate, are rapid, reliable and clinically led.
- **Affordable, feasible transport**: people in rural areas need practical options to get to care, that minimises avoidable travel and supports those with the longest journeys.
- **Sustainable workforce**: rural hospitals need credible workforce plans, including collaboration across hospital sites to meet local need and maintain safe services.
- **Monitoring any service change for rural impact**: rural analysis so that issues can be detected and addressed early.

If the response to Section 3A was YES GO TO Section 4A.

3E. Please explain why no steps were taken by the Public Authority to identify the social and economic needs of people in rural areas?

Not applicable. The Department has taken multiple steps to identify needs and evidence

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

4A. Please provide details of the issues considered in relation to the social and economic needs of people in rural areas.

In finalising the policy and actions, the Department explicitly considered the implications for rural communities and the practical mitigations required. This was informed by around **30,000 consultation responses**, targeted rural workshop, and official statistics. Key considerations and relevant actions include:

- **Travel**: Rural residents face longer travel times and limited public transport. Fermanagh & Omagh and Mid Ulster are among the most deprived areas for service access (NIMDM, 2017). The Department committed to reviewing the 2007 Transport Strategy and working with DfI and DAERA on travel support.
- **Stable and safe access to services**: the Department reaffirms the importance of maintaining safe and stable capacity at all, including rural, hospital sites. This includes inter-Trust collaboration to sustain urgent assessment and transfer pathways.
- **Carers, disabled people and older residents**: Respondents highlighted the need for flexible scheduling, and improved transport options. HSC Trusts will consider how they can schedule elective care appointments flexibly to support access for those with long travel distances, and the Department has committed to a number of actions around transport, including working with other Departments.
- **Digital inclusion**: Respondents flagged risks of exclusion for older and disabled people. The Department committed to ensuring alternative offline access routes are maintained.
- **Cross-border and regional pathways**: Some patients rely on hospitals in Ireland or GB for timely care. The Department committed to reviewing regional specialist services and strengthening links with Ireland and GB.

In addition, Trusts will continue to promote and facilitate flexible working arrangements, enabling staff to better manage caring responsibilities alongside their professional duties. Recognising that caring responsibilities can arise at any point in a career, Trusts will ensure flexible working options are accessible to all staff, including those returning from parental leave, approaching retirement, or re-entering the workforce. Trusts will actively promote the Flexible Retirement options available through the HSC Pension Scheme, supporting staff with caring duties later in their careers to remain in employment in a way that suits their circumstances.

Ongoing training for line managers will reinforce the importance of supporting staff with caring responsibilities through appropriate use of flexible working policies and available resources. Trusts continue to utilise the Regional Framework for HSC Staff Health and Wellbeing to support staff with caring responsibilities, helping to reduce stress and improve overall workforce wellbeing.

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

5A. Has the development, adoption, implementation or revising of the Policy, Strategy or Plan, or the design or delivery of the Public Service, been influenced by the rural needs identified?

Yes [X] **No** [ ] **If the response is NO GO TO Section 5C.**

5B. Please explain how the development, adoption, implementation or revising of the Policy, Strategy or Plan, or the design or delivery of the Public Service, has been influenced by the rural needs identified.

- **Travel and transport**: the Department will work with Executive colleagues on travel support and will review the 2007 Transport Strategy for Health and Social Care so that access reflects rural communities and also in regard to appointment scheduling.
- **Stable and safe services**: Trusts are expected to consider local population health needs and to use inter-Trust collaboration to provide safe and stable capacity at all, including rural hospital sites, recognising this is essential to public confidence and clinical safety.
- **Workforce**: continuing rolling, specialty-specific workforce reviews.
- **Digital**: explore and maximise the benefits of digital transformation that impact on the hospital system while maintaining non-digital options for those who need them.
- **Regional and cross-border links**: review regional specialist services and strengthen collaboration with Ireland and GB colleagues where this improves timely access and outcomes.

If the response to Section 5A was YES GO TO Section 6A.

5C. Please explain why the development, adoption, implementation or revising of the Policy, Strategy or Plan, or the design or the delivery of the Public Service, has NOT been influenced by the rural needs identified.

Not applicable. The framework and actions have been directly influenced by rural needs.

SECTION 6 - Documenting and Recording

6A. Please tick below to confirm that the RNIA Template will be retained by the Public Authority 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. X

Rural Needs Impact Assessment undertaken by:	Roisin Kelly
Position/Grade:	Co-production and consultation consultant
Division/Branch	Regional Health Services Transformation Directorate
Signature:	Roisin Kelly
Date:	05 September 2025
Rural Needs Impact Assessment approved by:	Michelle Estler
Position/Grade:	Principal, Grade 7
Division/Branch:	Transformation Branch
Signature:	Michelle Estler
Date:	31/10/25

Appendix A

Reference List

Department of Health (NI) (2022) *HSC Workforce Census March 2022*. Belfast: DoH. Available at: https://www.health-ni.gov.uk/publications/hsc-workforce-census-march-2022

Department of Health (NI) (2023) *Health Inequalities Annual Report 2023*. Belfast: DoH. Available at: https://www.health-ni.gov.uk/publications/health-inequalities-annual-report-2023

NISRA (2017) *Northern Ireland Multiple Deprivation Measure (NIMDM)*. Belfast: NISRA. Available at: https://www.nisra.gov.uk/statistics/deprivation/northern-ireland-multiple-deprivation-measure-2017-nimdm2017

NISRA (2021) *Census 2021 – Main Statistics for Northern Ireland*. Belfast: NISRA. Available at: https://www.nisra.gov.uk/statistics/census/census-2021

NISRA (2021) *Population Projections for Northern Ireland*. Belfast: NISRA. Available at: https://www.nisra.gov.uk/statistics/population/population-projections

Northern Ireland Life and Times Survey (NILT) (2022) *Transport Access and Vehicle Ownership*. Belfast: ARK. Available at: https://www.ark.ac.uk/nilt