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HOSPITALS – CREATING A NETWORK FOR BETTER OUTCOMES

CONSULTATION ANALYSIS REPORT

September 2026

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MINISTERIAL FOREWORD

I am pleased to publish this analysis report outlining the findings of the 'Hospitals – Creating a Network for Better Outcomes' public consultation and actions to support the ongoing development of Northern Ireland's Hospital Network to deliver better outcomes for us all.

Firstly, I would like to take this opportunity to thank all those who took the time to respond to the consultation. Your views are very important to me. How our hospitals function is crucially important to all of us living in Northern Ireland. We also recognise and know from our own recent experience and expert advice from Professor Bengoa, continuing to deliver our Hospital Services without seeking to improve or adapt is neither sustainable nor will it deliver the highest quality care our citizens deserve and our HSC staff want to deliver. The desire to achieve better outcomes is something I know we all share.

While the challenge of reforming our health and social care system is complex and wide ranging, this consultation was focused on reforming our hospitals with a view to them working together as one interdependent network. The findings of the consultation have highlighted some public concern about service centralisation, particularly in rural areas, alongside recognition from health professionals of the need for service reform that is sustainable. The responses also demonstrate a need for enhanced involvement and engagement, transparent decision-making, and robust safeguards to support local access whilst pursuing necessary improvements in quality and safety.

This consultation was about creating a framework for a hospital network to improve how our hospitals and HSC Trusts work together to provide the overarching context for future reconfiguration decisions, including any proposals taken forward by individual HSC Trusts. It was also about supporting greater collaboration and an increasingly networked approach to managing our acute hospitals. The consultation document did not propose any specific service changes. However, many responses highlighted a number of service specific issues which, while relevant to hospital services, either have been, or will be, the subject of a separate consultation process led by the individual HSC Trust or by the Department of Health through its programme of regional service reviews. It is important that respondents have their voice heard and I want to provide assurance that any comments or feedback on service specific matters have been shared with the appropriate individuals for consideration either in the relevant HSC Trust or in the Department. I also note that in responding on service specific

changes, many respondents expressed a lack of trust in the current methods of involvement and consultation processes. This is clearly an area where we as a system need to do better and I want to effect change in this area.

It is important to note that our Health and Social Care System is constantly seeking to improve the service it provides and this work does not stop to await the outcome of public consultations such as this one. Therefore, work has progressed and action is already being taken in a number of areas which are relevant to the findings of this consultation.

Once again may I thank all those who engaged in this exercise, whether through attending the consultation events and/or responding to the questionnaire. This is a crucial step in improving how our hospitals will function in the future, and I have full confidence that, in working together, we can achieve those better outcomes we all want and deserve. This is a journey, and I believe that if we can find ways to work together more effectively, we can deliver better outcomes for all.

ROBBIE BUTLER MLA
MINISTER OF HEALTH

CHAPTER 1: INTRODUCTION - WHY WE NEEDED TO CONSULT

We recognise that our evolving health system is on a journey and change is required. It is important that changes are based on health need, advances in health and social care and take account of what the public and health professionals are telling us. It is also crucially important that change takes place on a planned basis in order to avoid the risk of service collapse. The ambition, always, is delivering better outcomes for all. The purpose of the consultation framework document was to support widespread engagement with communities, clinicians, and society as a whole on **Why** we need to reconfigure our Hospitals; **How** we will manage our hospital system as an integrated network; exploring and establishing **What** pathways there are for citizens to access hospital services and how they can travel there and how these might be improved; consideration of **Where** those services are and will be delivered; and explaining **When** future service reviews will take place to inform future reconfiguration.

Over the last few decades health and social care in Northern Ireland has changed a lot. For example, the demographics of society have changed; we have a growing population arising at least in part from medical advances which are helping people to live longer. While this is positive, it also means more people may face serious health issues as they age, which increases the demand for healthcare. We need a health service that helps us stay well for as long as possible and also helps us live with and manage conditions that develop. For our hospitals to be able to treat the sickest patients, we will need to enhance both community-based and primary care GP services, that is why in the recently published re-set plan we have made the Neighbourhood model of care a priority.

The health needs of our population are constantly evolving. We therefore also need a dynamic approach to maintaining our health and social care services. Considering specifically the acute services provided in our hospitals, the consultation document argued that we need to consider our hospitals as part of a network, rather than a standalone entity and that it is the network, rather than any individual hospital that will provide the acute services we need when we need them, including the continued development of some Centres of Excellence. Critically a network will provide:

- certainty that all our Acute hospitals are needed in the context of current population health needs;

- our population with timely access to the best possible, safest and highest quality services in the right place by the right skilled workforce with the best equipment, based on the principle that services are delivered locally where possible, and regionally, for example specialist hospital services, where necessary; and
- sustainability for our Acute hospital network in terms of workforce and clinical skills, access to required equipment and diagnostics, and delivers the best possible value for money and efficiency; Centres of Excellence that support the acquisition and use of specialist skills for clinical and medical staff, and more effective and efficient services, which will maximise productivity and make best use of our funding and our health and social care workforce.

The aim of the consultation process was to provide an opportunity for as many people as possible to share their views and feedback on the direction of travel for Northern Ireland's hospitals.

CHAPTER 2: CONSULTATION PROCESS

The formal public consultation was launched on 2 October 2024 and ran for just over 21 weeks until 28 February 2025. The Department was specifically consulting on the proposals and actions to create an NI hospital network, supported by a draft Equality Screening, Disability Duties and Human Rights Assessment, and a draft Rural Needs Impact Assessment. Summary and Easy Read versions of the draft consultation document were also made available. All documentation was published on the Department's website. The consultation document was available in alternative formats on request and postal copies were distributed on request. From the outset, the process was based on best practice principles with the aim of openness, transparency and meaningful engagement with all stakeholder groups. It was conducted in line with the Gunning Principles and the Department's statutory obligations, including Section 75 of the Northern Ireland Act 1998 and the Rural Needs Act (NI) 2016.

The Department of Health aimed to reach as many people as possible during the consultation period and used a range of involvement methods to ensure voices from all backgrounds were heard. In total, nearly 700 people attended nine consultation events held across all five Trust areas, online and with rural dwellers. These events included open public meetings, targeted session with rural communities, and engagement with Voluntary and Community organisations. The Department also worked with the Rural Community Network to support participation of rural communities and the Northern Ireland Confederation for Health and Social Care (NICON), to support participation with health professionals. NICON represents organisations working across Northern Ireland's integrated Health and Social Care (HSC) system. Consultation responses totalling nearly 30,000 were accepted, through the online Citizen Space portal, by email, post, hand delivery and at consultation events. Direct correspondence and feedback from elected representatives, community leaders, and local groups were also recorded.

A summary of the stages, including more detail on the public consultation stage, is set out below:

Stage 1 - Co-production and stakeholder involvement

From late 2022, the Department of Health (DoH) began drafting Terms of Reference and defining the scope of the consultation document. A Task and Finish group was established in May 2023, with membership from DoH, HSC Trust Chief Executives, representatives from Royal Colleges, Trade Unions, and clinical leaders. This group met regularly between May 2023 and January 2024, with four sub-groups established to draft specific chapters. The result was a draft document, initially known as the Hospital Reconfiguration Blueprint, which formed the basis for wider consultation.

Stage 2 - Pre-Consultation Engagement

Before the formal public consultation launched there was a period of pre-consultation engagement, which took place during July and August 2024. A draft of the consultation document was shared with pre-consultees which included HSC Trusts, service users and carers, Trade Unions and Royal Colleges. This was supported by a series of online events and any feedback was considered prior to finalising the document for the next stage.

Stage 3 - Full public consultation

The Minister launched the full public consultation on 2 October 2024. A number of consultation events were held to support wider engagement with stakeholders and the timeline for response was extended in order to facilitate these events. A central location within each Trust area was chosen for the in-person events and two online events were scheduled as an alternative engagement method and to facilitate those who were unable to travel to or attend the in-person events. An evening time was chosen for the events to help maximise the opportunity for attendance, with one of the two online events being held during the afternoon. The consultation closing date was extended twice (closing on 28 February 2025) to ensure there was enough time to hold an in-person event in each Trust area.

Details of the consultation events, co-owned by DoH and each HSC Trust, are provided below:

In-person events

- South-Eastern Health & Social Care Trust - 17 December 2024, 7pm – 9pm, Quality Improvement Innovation Centre (QIIC), Community Hospital, Newtownards
- Western Health & Social Care Trust - 15 January 2025, 7pm – 9pm, Silverbirch Hotel, Omagh
- Belfast Trust Health & Social Care - 21 January 2025, 7pm – 9pm, Ramada Hotel, Talbot Street, Belfast
- Northern Health & Social Care Trust - 5 February 2025, 7pm – 9pm, Tullyglass Hotel, Ballymena
- Southern Health & Social Care Trust - 18 February 2025, 7pm – 9pm, Armagh City Hotel

Attendance at the in-person DoH and HSC Trust events was in the range of 25 – 85 for each event.

Online events

- All HSC Trust areas - 11 February 2025, 7pm – 9pm
- All HSC Trust areas - 12 February 2025, 2.30pm – 4.30pm

Approximately 100 people attended the online events.

- Rural Community Network facilitated online event – 7 February 2025
- NICON facilitated online event – 11 February 2025

Approximately 200 people attended the above events.

Each of the HSC Trust area events included collaborative presentations from both the Department of Health and the respective Health and Social Care Trust. Attendees then had the opportunity to submit questions and comments to a panel of Departmental and Trust representatives for wider discussion. The panel at each event was supported by representatives from the Public Health Agency, the Northern Ireland Ambulance Service Trust and an event facilitator from the HSC Leadership Centre. Copies of the presentations and Q&A from the events were made available on request and also published on the DoH consultation webpage. All views shared during public events and meetings were noted by the Department but not attributed to any individuals or organisations, to ensure stakeholders felt

comfortable sharing their views in a public setting. These views have been invaluable and are reflected in the analysis in this report.

CHAPTER 3: HOW YOUR FEEDBACK HAS BEEN CONSIDERED

There were two types of methodology of how we considered the responses to the consultation - quantitative and qualitative.

The first type (quantitative) was data driven, recording the number of responses received, the statistics relating to the answers of each question (for example how many agreed or disagreed with proposals), the type of response (for example, online or written responses via e-mail or hard copy) and the type of stakeholder (for example, member or the public, organisation, campaign group). All responses were reviewed to ensure every perspective was fairly represented. This included data tables created directly from the responses which completed the questionnaire and received in Citizen Space, campaign submissions, organisational responses, and individual feedback.

The second type (qualitative) involved reading all responses received in written free-flow format. Data integrity checks ensured every statistic and quote was checked against the original source. Quality assurance procedures confirmed the final report was reviewed for completeness and compliance with Department of Health requirements, including equality, rural needs, and statutory consultation standards.

We carefully examined the feedback received in every response, including all comments and observations and then grouped the feedback received into themes based on the specific nature of the comments or answers to the questions. Many responses highlighted a number of issues which, while linked to hospital services, were not directly relevant to the creation of hospital network and the specific questions posed in this consultation. Many of these comments were about specific service changes and the associated involvement methods and consultation processes. However, all the feedback on these wider matters have been considered and we are working with the appropriate individuals/teams to determine further action as necessary. This approach means that both quantitative and qualitative findings are presented transparently. A range of quotes has been used to bring the analysis to life and illustrate the range of feedback received.

The analysis of the responses at Chapter 4 is then followed by consideration of what this means for DoH, HSC and the wider public at Chapter 5: You said – Our response.

CHAPTER 4: WHAT YOU SAID: ANALYSIS OF RESPONSES

Introduction

This chapter summarises feedback on key elements of the proposed hospital network framework, including its purpose, structure, service categorisation, and guiding actions. A total of **29,350** written responses were received from a broad cross section of the public, professional groups, statutory organisations, campaign committees, and local councils. This included:

- 28,194 campaign template structured responses co-ordinated by the Save Our Acute Services (SOAS) group presenting a collective view;
- 861 structured responses from individuals or organisations***** via Citizen Space****** or by e-mail/hard copy
- 37 non-structured responses from statutory bodies, organisations, including political parties/representatives*****;
- 258 other non-structured responses received in email or written free flow format which related to specific hospital sites or services and
- verbal input from approximately 700 participants at nine engagement events.

*****A list of organisations who responded to the consultation is set out at **Appendix A**.

******A chart showing a breakdown for Citizen Space respondents is included at **Appendix B**.

Note on methodology: A structured response is defined as a response where the respondent answered most or all of the consultation questions set out in the consultation document. All structured responses are included in the quantitative data. A non-structured response is defined as a response which did not follow or attempt to follow the structured specific question approach set out in the consultation document and therefore cannot be included in the quantitative data. These have therefore been included in the qualitative summary and 'what people said' including some quotes. NICS guidance on policy development and consultation recommends that if a campaign response is received it will be considered as a single response. All SOAS campaign responses presented a view being identical in uniformly selecting 'Strongly Disagree' across all questions with the exception of question 11 where there was some minor variance in the answers provided.

The Department recognises each campaign response as an individual expression of the respondent's view. A total of 28,194 individuals supported the SOAS campaign response and each has been included in the overall number of responses received. The scale of participation in the campaign is significant and is reflected throughout this report.

Where campaign responses contained identical or substantially identical text, that material has been analysed collectively for the purposes of qualitative thematic analysis. This ensures that repeated identical material is not treated as separate qualitative evidence, while ensuring that the number of individuals expressing that view is fully and transparently recorded.

The quantitative position expressed by those participating in the SOAS campaign is also fully reported separately alongside the structured response data for each consultation question.

Consultation Questions

This section presents an analysis of responses to the specific consultation questions, which asked the public, professionals, and organisations for their views on the Department's proposals for a hospital network, proposed framework to set the context for future decision-making and draft list of actions to improve and deliver a sustainable model. These questions were intended to examine the perceived fairness, clarity, and usefulness of the proposals, as well as the principles underlying the future decision-making approach. Respondents were asked to indicate the extent to which they agreed or disagreed with each question and to provide additional comments explaining their views. Across all questions, participants were also invited to suggest improvements, identify concerns, or comment on how the framework might work in practice.

The questions focused on:

- the development of a hospital network;
- the proposed actions to improve how our hospitals work together; and
- the framework's capacity to deliver transparency, fairness and consistency.

There were 28 questions asked in total.

- Questions 1 to 4 related to information about the respondent.
- Questions 5 to 15 were about the specific proposals to help build a hospital network to create better outcomes.

- Questions 16 and 17 related to the Equality and Human Rights and Rural Needs Impact Assessments.
- Questions 18 to 28 related to further personal information about the respondent as part of the Equality and Human Rights Assessment and were optional.

An analysis of the responses to questions 5 to 17 is provided in this chapter. The quantitative analysis includes data tables for the 861 structured responses showing the numbers for each response option and the percentage.
All 28,194 SOAS participants are included in the overall consultation response and their quantitative views are reported separately under each relevant table. The qualitative analysis takes account of all 29,350 responses. A selection of comments from respondents has also been reproduced to illustrate points made; these are not intended to cover all responses, but rather to give a flavour of comments received.

It is important to note that many of the structured responses that provided supporting rationale for the answers to the questions, while linked to hospital services, were not directly connected to the creation of a network of hospitals. Many of these matters relate to individual hospital sites and specific services. This consultation did not make any proposals to change any specific services at any individual hospitals; instead, it set out high level principles to provide a strategic context for future reconfiguration decisions, including any such proposals taken forward by Trusts. However, this information is very helpful in the broader sense of the HSC system and has been included as part of our analysis and response, as well as being shared with interested parties, including, for example the SOAS SWAH Roadmap document.

Questions 1-4 asked respondents to state their **name**, **e-mail address or address** and **the capacity in which they were responding** (for example, a member of the public, representing an organisation). Respondents had the option of remaining anonymous if this was their preference. We therefore are starting the analysis with Question 5.

Question 5. What we asked:

To what extent do you agree or disagree with the explanation within the framework of why we need to change how our hospitals function?

Quantitative Data:

Response	Structured Responses	Percentage
Strongly Agree	112	13%
Agree	82	9.5%
Neither agree nor disagree	38	4.4%
Disagree	44	5.1%
Strongly disagree	585	68%
Not answered	0	0%
Total	**861**	**100%**

Quantitative Summary: "Of the 861 structured responses over 73% of respondents strongly disagreed or disagreed, just under 23% expressed agreement, less than 5% remained neutral.

The SOAS campaign provided a collective view of strongly disagree supported by 28,194 (100%) respondents.

Qualitative summary:

What people said

When asked about the explanations for why we needed to change, there were concerns about a perceived lack of transparency and fears that the framework masked future service cuts. Some feared it would lead to the closure of their nearest hospital.

"Usually the decision has already been made and Consultation process is to make the public think they have a say when in fact decision is made." ***Public respondent***

"There seems to be a determination to eventually close Daisy Hill Hospital and downgrading it's status is just the latest attempt to start the closure!" ***Public respondent***

The SOAS campaign and its formal submission expressed opposition to the framework's assumptions, arguing that it would disproportionately affect rural and border communities. These views were echoed by political representatives and public sector unions:

"We conclude that there is a lack of appropriate regard of the impact of extreme rurality of this area in the hospitals framework." ***SOAS***

Unions and rural organisations warned that without safeguards, the framework could deepen health inequalities, particularly in remote areas.

"It should be recognised that people from deprived areas will typically have the greatest difficulties when travelling to access services." ***UNISON***

Nevertheless, there was also recognition by some respondents of the need for change to address current challenges and pressures within the HSC system.

"NICCY is acutely aware of issues of workforce capacity, theatre usage, and recruitment gaps within specialised paediatrics and the detrimental impact upon children's health. NICCY therefore agrees in principle with the context and explanation outlined within the framework document as to the need for a change in hospital functionality." ***NICCY***

Question 6. What we asked:

To what extent do you agree or disagree with the description of the type of Northern Ireland hospitals as presented in the framework that build towards a Hospital Network? These are: Local Hospitals, Area Hospitals, General Hospitals and Regional Centres.

Quantitative Data:

Response	Structured Responses	Percentage
Strongly Agree	92	10.7%
Agree	74	8.6%
Neither agree nor disagree	45	5.2%
Disagree	53	6.2%
Strongly disagree	597	69.3%
Not answered	0	0%
Total	**861**	**100%**

Quantitative Summary:

“Of the 861 structured responses, over 75% of respondents strongly disagreed or disagreed with the proposed classification of hospital types, just over 19% expressed agreement, just over less than 5% remained neutral.

The SOAS campaign provided a collective view of strongly disagree supported by 28,194 (100%) respondents.

Qualitative Summary:

What people said

Many respondents opposed the categorisation of hospital types. Respondents feared the new classifications could result in downgrading of services, particularly emergency departments, and the implication that if services were removed as part of the renaming of type of hospital this would have the effect of increased travel times and risk to patient safety.

“The people of Newry and Mourne need Daisy Hill Hospital to be a fully functioning hospital. Lives will be lost if we have to wait for hours for an ambulance and by pass Daisy Hill to sit outside Craigavon which is severely under pressure” ***Public respondent***

“In the absence of any underlying rationale, the RCN is unable to endorse the four types of hospital model that is at the fulcrum of these proposals.” ***Royal College of Nursing***

The SOAS organisational response argued the classification lacked safeguards for emergency services, which would disproportionately harm rural and low-income communities. This concern was especially prominent in submissions from SOAS, Downe, Daisy Hill, and Causeway campaigns, as well as councils in affected areas.

“This consultation document seems to represent an overreach by the larger hospitals for increased resourcing and services clearly at the expense of the three hospitals that are proposed to be general hospitals.” ***SOAS***

"Rural residents are disadvantaged as they will not have access to 24/7 emergency care and access to specialities in their local hospitals, impacting their health outcomes negatively." ***Public respondent***

Despite concerns, some stakeholders acknowledged that clearer hospital roles might support better planning if communication with the public is improved.

We acknowledge the strong case put forward in the current framework consultation document for a long-term direction based on greater specialisation, Centres of Excellence and consolidation of services." ***Equality Commission***

Several respondents suggested the proposed categories could help reduce public confusion and support a more joined-up health system.

Question 7. What we asked:

To what extent do you agree or disagree with the 'core services' identified for the different types of hospitals, especially for the area hospitals and three general hospitals?

Quantitative Data:

Response	Structured Responses	Percentage
Strongly Agree	83	9.6%
Agree	65	7.6%
Neither agree nor disagree	38	4.4%
Disagree	57	6.6%
Strongly disagree	618	71.8%
Not answered	0	0%
Total	**861**	**100%**

Quantitative Summary:

"Of the 861 structured responses, over 78% of respondents strongly disagreed or disagreed, just over 17% expressed agreement, less than 5% remained neutral.

The SOAS campaign provided a collective view of strongly disagree supported by 28,194 (100%) respondents.

Qualitative Summary:

What people said

The SOAS campaign reiterated opposition to any relocation of core services, arguing that this would worsen inequalities and damage public confidence. This concern was supported by other respondents in more rural areas.

> *"Centralising of services may improve efficiency but poses significant risks for rural and geographically isolated communities."* ***Individual, Causeway Hospital Campaign***

Professional organisations acknowledged the need for diagnostic improvements and welcomed the attempt to define a core set of services but raised caution around execution The Royal Colleges and some Trusts noted that standardisation could improve safety, manage expectations, and guide future investment.

> *"The classification of 'what' hospital deliver 'which' services is a key discussion and if agreements can be reached then that represents an important milestone."* ***Royal College of Surgeons***

A number of submissions suggested that these "core services" did not reflect either local need or past investment decisions. The SOAS campaign rejected the list outright, asserting that services had already been removed before consultation began. Several submissions warned that omitting key services from the "core" list might eventually lead to those services being withdrawn entirely and some questioned the evidence base behind the proposed core configuration.

Question 8. What we asked:

To what extent do you agree or disagree that the proposed list of actions identified in the framework are the correct ones to create a more sustainable hospital network in Northern Ireland?

Quantitative data:

Response	Structured Responses	Percentage
Strongly Agree	72	8.4%
Agree	67	7.8%
Neither agree nor disagree	44	5.1%
Disagree	64	7.4%
Strongly disagree	614	71.3%
Not answered	0	0%
Total	**861**	**100%**

Quantitative summary

“Of the 861 structured responses,over 78% of respondents strongly disagreed or disagreed, just over than 16% expressed agreement, just over 5% remained neutral.

The SOAS campaign provided a collective view of strongly disagree supported by 28,194 (100%) respondents.

Qualitative summary:

What people said

Some saw the proposed actions as a starting point for longer-term planning. However, campaign groups, community organisations and councils expressed concern that the language of “sustainability” lacked definition and transparency. Several respondents questioned whether the proposed actions were genuinely open to change or already predetermined. Professional clinical organisations shared some of these concerns but generally welcomed the focus on staffing actions, however called for more detail and realism in the implementation plan.

“Some AHPs have had Workforce Reviews, but not all, and there are concerns from some AHPs that not all the recommendations from the reviews have been implemented. We therefore urge the Department of Health to enact the workforce

review actions and consider real-time workforce needs considering the transformation agenda and growing pressures including new areas of working for AHPs." ***Allied Health Professions Federation NI***

"Age NI acknowledges and welcomes the references to our ageing population, frailty, health inequalities along with the specific actions relating to transport and travel. We believe, however, that more consideration and detail is required to provide assurance to older people and their family carers that they, and our ageing population, are at the centre of hospital reconfiguration proposals." ***Age NI***

Questions 9 & 10. What we asked:

Taking into account the proposals set out in the framework and the answers you have provided above, do you think there is anything we have missed?

Qualitative summary:

This question offered Yes/No/Not sure response options. While quantitative data was not separately reported in the structured responses analysis, the majority of those who provided comments indicated that important elements had been missed from the framework. Many respondents used the additional comment space to expand on concerns about rurality, involvement and engagement, and infrastructure. Question 10 invited respondents to provide more detail if they answered "No" to Question 9.

What people said

Respondents who answered 'Yes' highlighted gaps around transport, access, and support services, particularly in rural areas.

"Please consider the impact of travel from rural locations to city locations and its impact upon the elderly and those not familiar or unable to use public transportation. Travel to Belfast locations can be a very daunting experience for many people, especially if they need to use public transport." ***Public respondent***

The SOAS campaign and other consultees argued that the framework did not adequately reflect the cumulative impact of multiple service changes. Some community and voluntary

organisations noted that their voices had not been fully reflected or engaged in earlier stages and asked for greater collaboration. Another theme was that the framework appeared to omit the real-life impact of past decisions. Respondents from rural and border communities said the proposals failed to acknowledge the consequences of earlier service withdrawals, such as the removal of emergency surgery, maternity, or stroke care from local hospitals.

Several respondents highlighted a lack of attention to transport and travel infrastructure, they noted that while the framework discussed access in principle, it made no practical commitments on how people without cars or public transport options would reach regional centres.

Social care integration and support for carers were also flagged as missing. Organisations such as Carers NI and Age NI said that any reconfiguration of hospital services must also address transitions out of hospital especially for older people, those with disabilities, and unpaid carers.

> *"We are also concerned about the availability of ambulance services in this context. With reconfiguration it is likely that there will be increased transfer times for people who require ambulance transfers to acute hospitals, this will add pressure to a service which is already struggling to meet demand and could lead to poorer health outcomes for people who do not get timely transfer to hospitals."*
> ***Carers NI***

Several statutory bodies noted that the framework focused heavily on hospital-based services without sufficiently recognising the pressures on community health, primary care and prevention. There were also calls for the Department to more clearly explain the timeline for change, the implementation mechanisms, and how decisions would be monitored over time.

Question 11. What we asked:

To what extent to do you agree or disagree that the proposed list of actions in the framework will improve the experience and outcomes for service users in Northern Ireland?

Quantitative data:

Response	Structured Responses	Percentage
Strongly Agree	61	7.1%

Agree	62	7.2%
Neither agree nor disagree	55	6.4%
Disagree	61	7.1%
Strongly disagree	622	72.2%
Not answered	0	0%
Total	**861**	**100%**

Quantitative summary:

"Of the 861 structured responses, over 79% of respondents strongly disagreed or disagreed that the proposed actions would improve outcomes, just over 14% expressed agreement, over 6% remained neutral.

This question had some minor variance in the SOAS campaign responses. A collective view of strongly disagree was supported by 28,019 (99.4%) respondents. 152 (less than 1%) SOAS respondents strongly agreed, 10 (less than 1%) agreed and 13 (less than 1%) remained neutral.

Qualitative Summary:

What people said

Many respondents were sceptical that the proposed reforms would lead to improved experiences or outcomes, often pointing to staffing shortages, lack of investment detail, and centralisation as key concerns.

> *" Regardless if reform or consolidation of services happens, you still need the right workforce with the right skills. The big problem in NI is that we can't attract and retain staff due to the Commissioning process i.e. you can't run a business on a year-by-year budget."* ***Public respondent***

The SOAS campaign and trade unions warned that centralising services without robust safeguards could reduce access and place further workforce pressures on an already strained system. Rural groups echoed this concern, linking outcomes directly to accessibility.

> *"We are clear however at this stage that we will not accept proposals for service reconfiguration which result in a loss of the quantum of jobs; or which negatively affect the terms and conditions of employment of our members. In particular, the impact that service reconfiguration will have on the lowest paid staff within HSC services must be fully assessed."* ***UNISON***

Professional and clinical stakeholders acknowledged that, in principle, the proposed reforms could support improved outcomes, but only if accompanied by appropriate investment, meaningful engagement, and service co-design.

Question 12. What we asked:

To what extent to do you agree or disagree that the framework explains how reconfiguration decisions are taken?

Quantitative data:

Response	Structured Responses	Percentage
Strongly Agree	48	5.6%
Agree	71	8.2%
Neither agree nor disagree	79	9.2%
Disagree	70	8.1%
Strongly disagree	593	68.9%
Not answered	0	0%
Total	**861**	**100%**

Quantitative Summary:

"Of the 861 structured responses, 77% of respondents strongly disagreed or disagreed that the framework clearly explained reconfiguration decisions, almost 14% expressed agreement and just over 9% remained neutral.

The SOAS campaign provided a collective view of strongly disagree supported by 28,194 (100%) respondents.

Qualitative Summary:

What people said

Respondents described a lack of clarity around how decisions would be made, who would make them, and what mechanisms would ensure local accountability.

> *"I do not believe that the public have been engaged with well in the past, nor do I believe that it is the intent of the Department to engage with them well in the future. Decisions to date do not instil confidence in service users, members of the public, or health professionals that the department will act in the best interests of the health and wellbeing of the population in the Newry and Mourne region. This has created distrust among patients and service users and staff. Senior Management and government representatives are employed to act in the interest of service users and patients and I feel that they are not fulfilling their roles appropriately. "* ***Public respondent***

SOAS, trade unions, and professional bodies highlighted that the decision-making process lacked transparency and detail. Several called for clearer information on how evidence, consultation responses, and equity considerations would shape outcomes.

Some people said the framework gave a basic outline of how decisions would be made. They liked that there were criteria, and they understood that services had to be looked at together. But most people who commented were unsure or said the process wasn't clear. Campaigners were especially critical. They felt the framework didn't really explain how choices would be made between different hospitals, or what role communities would play.

> *"The recommendations within this consultation document are, almost without exception, unacceptably imprecise and aspirational".* ***Royal College of Nursing***

Some respondents also said the framework didn't explain what evidence would be used, or how decisions would be reviewed over time.

Questions 13 & 14. What we asked:

To what extent do you agree or disagree that the framework explains how you will be engaged as part of the decision-making process? Respondents were invited to explain the reason for their answer and provide any additional comments.

Quantitative data:

Response	Structured Responses	Percentage
Strongly Agree	45	5.2%
Agree	59	6.9%
Neither agree nor disagree	113	13.1%
Disagree	64	7.4%
Strongly disagree	580	67.4%
Not answered	0	0%
Total	**861**	**100%**

Quantitative Summary:

“Of the 861 structured responses, almost 75% of respondents strongly disagreed or disagreed that the framework explained how they would be engaged, just over 12% expressed agreement, while just over 13% remained neutral.

The SOAS campaign provided a collective view of strongly disagree supported by 28,194 (100%) respondents.

Qualitative Summary:

What people said

Concerns about engagement were prominent. Many believed that decisions were pre-determined and that the consultation process lacked genuine responsiveness.

" I believe decisions have already been made and actions are in place to proceed with preferred options. Consulting with the public often feels merely like a tick-box exercise." ***Public respondent***

"It is important that communities are involved in the decision-making process and that their concerns are heard and addressed." ***SOS Daisy Hill Campaign***

The SOAS campaign and trade unions echoed this view, stating that engagement mechanisms were unclear and unconvincing. Rural community charities called for specific place-based engagement commitments.

" Whilst we understand you targeted each trust area, you failed to pick the areas most impacted by this consultation document, namely Fermanagh, Causeway and Newry. On a consultation as important and as far reaching as Hospital Reconfiguration, it is more appropriate to have a Consultation Event in each County." ***Rural Community Network***

Some health charities and professional bodies welcomed the inclusion of engagement as a principle but noted that detail, timelines, and accountability mechanisms were missing.

"We welcome the commitments in the framework consultation document to the need to consider legal and ethical responsibilities to engage service users and stakeholders in the reconfiguration of service and to ensure that the voices of service users and their unpaid carers who are affected by that change continue to be reflected in the next phase of engagement and consultation." ***Equality Commission***

Question 15. What we asked:

Taking into account the answers you have provided above; if you have any further comments on any aspect of this framework or the proposed actions please include?

To note there is no data for this question as it only asked for comments.

Qualitative summary:

What people said

This open question allowed respondents to reflect more broadly, key concerns included rural access, cumulative service losses, and overall trust in the Department's intentions and capacity to deliver.

The Royal College of Nursing noted the need for a strategic and cross-sectoral approach.

"Any reconfiguration must prioritise access, equity, and care quality while ensuring sustainable staffing and financial planning." ***Individual, Causeway Hospital Campaign***

"SOAS is very clear that the current public consultation document 'Hospitals - creating a network for Better Outcomes' is not a sufficiently robust, detailed and evidenced case to present that will facilitate the development of a genuine integrated network across the hospital network in Northern Ireland." ***SOAS***

Community groups and professional bodies reiterated their willingness to engage but warned that meaningful participation requires trust, transparency, and shared ownership.

Question 16. What we asked:

To what extent do you agree or disagree with the draft Equality Impact Assessment (EQIA)?

Quantitative data:

Response	Structured Responses	Percentage
Fully Agree	48	5.6%
Mostly Agree	63	7.3%
Neither agree nor disagree	123	14.3%
Mostly Disagree	63	7.3%
Fully disagree	563	65.4%
Not answered	1	0.1%
Total	**861**	**100%**

Quantitative summary:

“Of the 861 structured responses, almost 73% of respondents fully disagreed or mostly disagreed with the draft EQIA, almost 13% expressed agreement and just over 14% remained neutral.

The SOAS campaign provided a collective view of fully disagree supported by 28,194 (100%) respondents.

Qualitative summary:

What people said

Many respondents felt the EQIA lacked depth and did not account for the lived experiences of disadvantaged groups. Concerns focused on older people, children, people with disabilities, women, and those from socioeconomically disadvantaged backgrounds.

> *“Configuration of services should include an assessment of the extent to which localised services are accessible to traditionally excluded and marginalised groups e.g. disabled people, older people and ethnic minorities.”* ***Equality Commission***

The SOAS campaign response criticised the EQIA for failing to reflect systemic inequalities, particularly in rural and border communities, and for lacking intersectional analysis. Trade unions also stated that the EQIA did not reflect workforce realities, especially for female-dominated health and care roles. Voluntary and community organisations called for more rigorous data use and direct engagement with those affected. Some organisational submissions welcomed the inclusion of the EQIA in principle but cautioned that trust would only be built if it became a more transparent, collaborative, and meaningful process.

Question 17. What we asked:

To what extent do you agree or disagree with the draft Rural Needs Impact Assessment (RNIA)?

Quantitative data:

Response	Structured Responses	Percentage
Fully Agree	52	6%
Mostly Agree	60	7%

Neither agree nor disagree	109	12.7%
Mostly Disagree	61	7.1%
Fully disagree	576	66.9%
Not answered	3	0.3%
Total	**861**	**100%**

Quantitative Summary:

“Of the 861 structured responses, 74% of respondents fully disagreed or mostly disagreed with the draft Rural Needs Impact Assessment. 13% expressed agreement and almost 13% remained neutral.

The SOAS campaign provided a collective view of fully disagree supported by 28,194 (100%) respondents.

Qualitative Summary:

What People Said

Respondents expressed concern that the RNIA did not reflect the realities of rural life, particularly in terms of access to care, transport, and workforce sustainability. Respondents from rural areas voiced fears that centralised services would increase barriers to timely care.

" You have missed how overly stretched hospital services already are and the redistribution of certain services and staff are not going to help. Elderly people have difficulty already accessing services and their records, with the digitalisation of systems and moving procedures and clinics to different areas will make this more difficult. There are also many rural areas in NI that already have to travel lengths to access health care. ‘Working with transport systems’ to improve networks will be too little too late. Creating more difficulty and less accessible services." ***Public respondent***

“The geographic distribution of healthcare facilities is crucial, especially for rural and underserved communities. While centralising certain services may improve efficiency, we are concerned that this could make it more difficult for patients in remote areas to receive timely care. ***SOS, Daisy Hill Campaign***

The SOAS campaign and the Rural Community Network argued that the RNIA did not provide tailored measures or credible mitigations, and that rural disadvantage had not been meaningfully assessed.

> *"Rural poverty is more than just financial struggle. It's about not having the right resources and services to lift people out of hardship"* ***Rural Community Network***

There were calls for greater collaboration with rural stakeholders to ensure that rural needs were fully understood and addressed.

CHAPTER 5: YOU SAID – OUR RESPONSE

This chapter considers the consultation feedback and sets out the Department's response.

Summary of Feedback The consultation has reinforced the case for reform, but it has also demonstrated that aspects of the proposed framework require reconsideration. In particular, respondents identified significant concerns around hospital categorisation, rural access, transparency, public involvement and confidence in reconfiguration processes. The Department has therefore revised its intended approach in a number of areas.

While statutory and professional bodies generally agreed that reform is necessary, this view was not widely shared by those directly affected by previous service changes. There was limited support among campaigners and public respondents for the explanation of why change was needed, as described in the consultation document. Across responses, there was a consistent call for greater honesty, detailed evidence, and more meaningful engagement. For many, the case for change was not sufficiently convincing to justify this direction of travel.

Whilst the focus of the consultation was on the configuration of the Hospital Network, responses revealed a clear sense that key elements were missing from the consultation framework. People wanted to see stronger commitments to rural proofing, integrated care, transport support, and public engagement.

Statutory organisations, professional bodies and campaigners all asked for a more joined-up and transparent process, one that does not treat hospitals in isolation, but within the broader health and community care ecosystem.

Although some individuals welcomed the ambition to improve patient outcomes, there was widespread concern that the proposed actions would not deliver on this promise particularly in areas that had already experienced service loss. Respondents emphasised that good experiences cannot be separated from access, communication and continuity. The absence of clear implementation plans or details on how the Hospital Network would operate effectively, with timelines, and the lack of recognition of rural and social disadvantage led many to strongly reject the claim that outcomes would improve under these proposals.

A number of consultees across the range of questions commented on digital exclusion in terms of capability and accessibility, noting concerns around the ability and skill of older people.

Most people did not feel the framework gave a clear or full explanation of how decisions would be made on service reconfiguration. Some could see the structure, but many said it was not detailed or open enough, nor did it explain how the public would be involved in real decisions. There was a low level of trust in the process and in previous consultations. Despite this there was a clear desire for engagement, and to be involved in decisions that would give effect to the plan, and to help make it work if it was done fairly and openly.

A number of wider issues were raised by respondents, which included specific hospital services (such as the withdrawal of emergency surgery at South West Acute Hospital); wider concerns about maternity, transport, and ambulance services; general fears of further loss of services from rural hospitals and loss of local access; calls for more detail on how proposals would affect individual hospitals; and broader concerns about health inequalities, and the health service workforce.

Themes by respondent group:

This section presents key themes raised across the consultation, grouped by respondent type. Each group brought distinct perspectives shaped by their roles, locations, and experiences. While there were areas of alignment, particularly around access, fairness and workforce; the tone, focus and level of trust in the consultation process varied significantly.

1. Members of the Public

Public responses, particularly those submitted via Citizen Space, reflected a mix of some limited support and deep scepticism. Respondents welcomed the idea of a framework to establish a network of hospitals for Northern Ireland which promotes fairness but questioned whether it would be used transparently or retrospectively. Key concerns included:

- previous loss of local services without consultation;
- travel distances, availability of transport, safety, especially in rural areas; and
- a lack of confidence in the Department's and Trust's current decision-making.

2. Organisational Respondents

Many organisations submitted detailed responses, often engaging directly with the organisational structure of the framework to establish a network of hospitals for Northern Ireland. These responses often offered suggestions for improving clarity, accountability and equity. Key themes included:

- the need for transparency on how hospital definitions are applied
- calls for strengthened equality and rural proofing so as not to marginalise rural communities including the elderly, children, economically disadvantaged; and
- support for an open consistent, shared evidence-based approach – to rebuild trust after any future change or reconfiguration.

3. Professional and Clinical Respondents

Responses from clinical and professional staff showed strong support for transformation across the wider HSC system but highlighted systemic issues that would need to be addressed in parallel. Key themes included:

- acute staffing shortages and recruitment challenges;
- concerns about sustainability being used to justify cuts; and
- frustration at the perceived lack of frontline involvement in decisions.

4. Campaign Groups

Campaign-led responses expressed the strongest criticism of the consultation process. A total of 28,194 individuals participated through the SOAS campaign. Of these, 27,980 submitted the standard campaign response and a further 214 submitted responses containing some variations. The campaign expressed strong opposition to the proposed framework and was accompanied by a detailed SOAS organisational submission and reference to SOAS's roadmap for SWAH. The scale of participation through the SOAS campaign represents a significant expression of concern, particularly in relation to the future of South West Acute Hospital and the impact of service reconfiguration on rural communities.. Other campaigns, including Downe and Daisy Hill, submitted coordinated responses calling for protection of local services. Key themes included:

- perceptions that the proposed framework and network approach were making decisions in advance of the consultation;
- strong opposition to any past or future service removal in rural areas; and

- a belief that the framework was being used to justify centralisation without supporting evidence.

DEPARTMENT'S RESPONSE

Work to improve our Health and Social Care system including our hospitals is a continuous process. This section therefore reflects on the consultation analysis and feedback but also, given the time that has lapsed, provides an update on a number of other parallel initiatives that have progressed. For example, the development and publication of the HSC Reset Plan in July 2025, ongoing service reviews and wider transformation work.

HSC Reset Plan – Whole System

A majority of respondents doubted that outcomes would improve under the consultation proposals. While some professional and organisational responses acknowledged the potential benefits, they emphasised that any positive change would depend entirely on transparent delivery, sufficient investment, and meaningful co-design. They also reflected that the Hospital Network is one element of the Health System and there needs to be reform across the whole system to deliver transformation. The HSC Reset plan was published on 9 July 2025 and represents the next steps in the outworking of the Minister of Health's three-year strategic plan for health and social care. It builds on the three pillars of Stabilisation, Reform and Delivery, while recognising that progress has been constrained by financial pressures. The plan includes new structures to enable HSC Trusts to take shared decisions on a 'whole system' basis. It includes a new approach to Systems Financial Management with a focus on reducing the budget deficit and driving efficiencies in every area of the system, at every level. This will support the urgent need to make the Health and Social Care Service financially sustainable. Through the commissioning/planning process, Trusts and SPPG will continue to consider the most sustainable allocation of resources across all Hospitals to minimise inequities in access to services. The Reset Plan outlines a new model of care, one that is neighbourhood-centred, preventative, and integrated. This neighbourhood approach will help tackle health inequalities, and support individuals to look after their own health and well-being, while recognising that health interventions are only one element to improving well-being. We are resetting not just our systems, but our culture, toward openness, transparency, and respect.

Digital Reform – Improving data and patient access

'Encompass' is now live in all five Health & Social Care Trusts, integrated into one digital system to provide the most comprehensive digital care record in Europe comprising acute care, community care, social care, social work and mental health care. With Encompass, all patients and service users will be able to securely access a subset of their health and social care record, such as clinic letters, medication details, and some test results. They can also view appointments and track the progress of their treatment. The 'My Care' app provides secure online access to personal health information. As Encompass becomes fully embedded, the Department will continue to work with Trusts to explore inclusive digital solutions to improve patient access and communications, including training, support, and alternative access pathways for those affected by digital exclusion.

HSC Workforce

Professional organisations shared concerns about workforce shortages and recruitment challenges as a real and urgent issue. They welcomed the focus on staffing but called for more detail and realism, with timelines. Statutory agencies acknowledged the need for strategic planning but emphasised the importance of local engagement and public confidence. Workforce considerations are embedded across our existing strategies and our rolling programme of service reviews.

Aligned with the implementation of these strategies and reviews, Trusts, supported by the Department, will continue consideration of training requirements and places, new roles and skills mix to support service sustainability and development across the hospital network. SPPG will continue work to define a suitable level of protected bed base, diagnostic and theatre capacity for regional specialist services and associated workforce requirements. The Department and Trusts will continue work to ensure that the HSC workforce is engaged in decision making relating to any hospital service reconfiguration at regional, cross-trust or trust level.

HSC Trusts Collaboration

The Department strongly believes that collaboration between hospitals and Trusts is vital to best serve our population. The HSC Trusts have recently established The Committee in Common, which is a mechanism that facilitates joint decisions on a 'whole system' basis and to allow them to come together to solve regional challenges and facilitate collaborative

decision-making. It is anticipated that the Committee in Common will support greater collaboration and networking across Trusts in the equitable delivery of hospital services and for example continue to consider how their hospitals and the wider hospital network can best and most sustainably meet the needs of the local population. Trusts will continue to work in collaboration to sustain core hospital services and optimise existing capacity taking into account the need to provide safe care and levels of service. This collaborative working across Trusts, supported by SPPG, means that vulnerable services can be identified and underlying issues addressed or mitigated, for example through strengthening links with GB or ROI colleagues.

Hospital Categories

The concept of defining hospital categories and associated core services received a very limited degree of support from the public. Opposition to hospital classification was widespread amongst respondents, reflecting a clear perception that classification downgraded and created centralisation. However, a minority of professional body stakeholders saw merit in the structure. Respondents also called for transparency and guarantees in terms of access to services and were clear that without these, the proposed hospital classification was seen as pretext for loss of service. Rural and campaign groups strongly opposed the framework, with a strong perception that this would entrench inequalities and reduce access. For many, the proposal was not seen as a neutral planning tool, but as part of a wider shift away from local provision. Campaigners and local authorities had the perception that the hospital classification would be used to rationalise further service reductions, particularly in rural areas. In light of the consultation findings, the Department will review the proposed hospital categorisation model in its entirety. This will include the proposed categories, terminology and associated descriptions of core services.

Rural and Community Engagement

Feedback on the Equality and Rural Needs Impact Assessments revealed strong concerns that equality considerations were not embedded in the development of proposals. Respondents cited a failure to reflect real-world experiences, particularly for disadvantaged and rural communities, and called for greater engagement, disaggregated data, and clear mitigations to ensure equity is prioritised. The EQIA was seen as lacking in intersectional analysis and insufficiently reflective of the impact on older people, carers, disabled

individuals, and women in the healthcare workforce. Respondents argued that equality considerations appeared retrospective rather than embedded in planning. Similarly, the RNIA was criticised for not recognising the transport and access challenges faced by rural populations. There was a strong call for rural-focused planning, co-designed mitigation strategies, robust data use, alternative non-digital tools and direct involvement of rural stakeholders.

The Department recognises the concerns highlighted in responses to the consultation around clarity on decision-making and in relation to public engagement and involvement, including in local Trust areas. In addition to using existing involvement and engagement structures, for example the Integrated Care System NI Area partnership boards and local Trust network groups, the Department is currently undertaking some work with the aim of developing a more strategic approach to public engagement across the HSC. The aim is to ensure that lived experience is embedded in policy development and service design and delivery through a consistent, best practice framework, which strengthens mechanisms for capturing and using patient and service user insights. The work includes engagement with a range of relevant stakeholders including the Patient and Client Council. It is anticipated this work will conclude by March 2027. In the meantime, this does not negate the need for the Department and all HSC organisations to fulfil their responsibilities in terms of engagement, involvement and consultation.

The consultation findings reinforce earlier concerns about centralisation, access, and fairness, and emphasise the need for meaningful involvement and engagement and accountability in future decision-making. Respondents perceived the assessments as retrospective and called for clearer integration of equality and rural needs from the outset of planning. Feedback emphasised the importance of embedding equity considerations into the core of any future reconfiguration, rather than treating them as secondary or compliance-based exercises. Flowing from the development of a strategic approach to engagement across the HSC, the Department will review the existing guidance on change or withdrawal of services, and will commit to strengthening language on openness and sharing of information/data informing the decision making process and consideration of rural and equality impacts and public involvement at an early stage. The Department has revised the EQIA and RNIA to reflect these comments, attached separately at **Appendix C**. In addition, the Department will be working with DAERA colleagues as they review “Rural NI: Our New

Approach (2026-2041) - Policy Proposals to ensure that rural communities are engaged and consulted.

HSC Regional Service Reviews

Outcomes can be measured in a number of ways and may refer to better individual patient outcomes, better outcomes at a population level, or better outcomes in terms of a more resilient, efficient and effective service. The Department has completed, and is in the process of taking forward, a number of service reviews and strategies. Many of these have been published already, and all will have success measures, which are specific to the service and data driven.

- Elective Care Framework, which sets the policy for elective care. There will be ongoing consideration by the Department of the expansion and development of the Elective Care Centres throughout the Hospital Network.
- Urgent & Emergency Care Review, which sets the policy for urgent and emergency care.
- Cancer Strategy, which sets the policy for cancer services.
- Mental Health Strategy, which sets the policy for mental health services.
- Strategic Framework for Imaging Services in Health and Social Care.
- Strategy for Paediatric Healthcare Services Provided in Hospitals and in the Community 2016-2026.
- Strategy for Children's Palliative and End of Life Care 2016-2026.

In addition to completed service reviews/Getting it Right First Time (GIRFT) reviews on General Surgery, Orthopaedics, Urology and Gynaecology, the Department is advancing work on the following services which will add policy direction:

- The recently completed a Review of Neurology Services, the outcome of which will set the policy direction for neurology services.
- The Department is also currently advancing stroke configuration work, the outcome of which will set the policy direction for stroke services.

Independence in Decision Making on Service Reconfiguration

Although not unique to the Hospital Network Consultation, the engagement and responses highlighted a low level of trust amongst the public on the consultation and decision-making process on the reconfiguration of services.

Concerns centred around the transparency of approach, evidence gathering and wider engagement processes. As we take forward our review of the existing guidance on change and withdrawal of services, we will take this feedback into account and seek to address these concerns. The Minister will establish an independent reconfiguration advisory committee that will support confidence building amongst the public. This Committee will be established under our existing legislation and will take account of approaches in other jurisdictions. It will be made up of appropriate stakeholders who are sufficiently independent of the HSC system. The committee will review reconfiguration proposals, providing their independent advice to Minister on, for example, whether proposed changes are in the best interests of patients, safe and sustainable, and supported by proper consultation and public involvement.

Response to Local Service Specific Concerns

Although this consultation focused exclusively on the proposed framework for future decision making, many respondents raised wider issues. These included specific concerns about hospital sites, individual services, requests to open up discussions on the effectiveness of previous decisions on service changes and the broader direction of health reform. While these matters were not covered by the consultation's terms of reference, they are included here in recognition of the strength of feeling expressed and the impact such concerns have on public trust and system confidence. Many responses particularly from affected communities and advisory bodies addressed service changes that have already taken place, arguing that these directly undermined confidence in the proposed framework.

Downgrading/closure of Hospitals

The consultation sought views on a hospital network approach but not on decisions about particular services or locations. However, many responses, particularly from affected communities and advisory bodies, addressed service changes that have already taken place, arguing that these directly undermined confidence in the proposed framework. As stated in the consultation documents any previous service changes should have been carried out in line with the current Department's guidance on change or withdrawal of service, which Trusts must follow as appropriate, when making either temporary or permanent service changes.

South-West Acute Hospital (SWAH)

The most widely raised issue was the removal of emergency general surgery from the South West Acute Hospital (SWAH) in Enniskillen. This concern dominated public responses from the Western area and formed the core of submissions coordinated by the Save Our Acute Services (SOAS) campaign. A separate organisational response from SOAS was also submitted. The Department recognises that the scale of participation in the SOAS campaign demonstrates the strength of public concern regarding SWAH and confidence in the process by which significant service changes are considered. Those concerns have informed the actions set out in this report to strengthen transparency, public involvement and independent scrutiny of future reconfiguration proposals.

This consultation does not determine the outcome of any individual service-reconfiguration proposal or supersede separate consultation and decision-making processes. However, concerns raised about previous service changes - particularly the withdrawal of emergency general surgery from the South West Acute Hospital - have informed the Department's decision to strengthen transparency, evidence, public engagement and independent scrutiny in future reconfiguration processes.

Maternity services

Concerns around maternity care were raised by multiple respondents in the Southern and South Eastern areas, with specific reference to recent or anticipated changes in local provision. These examples were used to illustrate what many saw as ongoing centralisation without public involvement. Trusts are required to follow the current Department's guidance on change or withdrawal of service, including when considering changes to maternity care.

Transport

When patients have to travel to hospital for whatever reason, in most cases this is the right place for treatment, and they make their own way. Alternatively, they access NIAS transport to reach their destination, which may be via ambulance in an emergency or scheduled non-urgent transport during the day. As stated in the consultation document, the creation of a networked system of services necessitates thought around how both patients and staff move between those services and sites. We recognise from previous survey evidence that approximately 80% of the population state that they are prepared to travel within Northern

Ireland for planned/non-emergency treatment, if that meant waiting times were reduced. However, in response to this consultation concerns were raised in terms of emergency transport and wait times. It should be noted that the Department also recognises that a hospital may not be the right place for treatment and that most care is provided in the community. This broad theme of patient travel and time to get to the right place has been broken down below into: (i) emergency ambulance transport; (ii) transport for planned treatment at Elective Care centres and (iii) Northern Ireland's travel infrastructure.

Emergency Ambulance Transport

Responses included comments from health professionals who made the link between rural need and health outcomes, particularly for time-sensitive conditions like stroke, maternity care, or renal services. Several pointed to existing inequalities in ambulance wait times or access to emergency medicine. Members of the public raised concerns around travel distances and safety, especially in rural areas. It is recognised that sufficient ambulance capacity is required to meet the needs of our population in response to emergencies. The responses identify a need to ensure the public is reassured that when attending for emergency treatment this is indeed the right place for best outcome and there is transport to get them there. The consultation feedback also emphasised that services should not be removed or centralised without the evidence of better outcomes. The context is that most emergencies are calls to NIAS 999, where they are categorised depending on the approved Clinical Response Model categories, as used across the UK. If the call cannot be resolved over the phone - "Hear and Treat" - then either an ambulance or Air Ambulance is dispatched, subject to the NIAS criteria. In some cases, NIAS will "See and Treat" where a paramedic will see and treat the person at the scene without the need to transport for further treatment. In lower Category calls and subject to availability of ambulances, it may mean patients make their own way to the right place. Alternative pathways to Same Day Emergency Care, Urgent Care Centres or Hospital at Home services may be recommended by the GP or NIAS to avoid unnecessary ED attendance and potential hospital admission.

It is recognised that NIAS is under significant pressure and that due partly to discharge issues, there is a delay in admitting patients from ambulances to EDs which impacts adversely on NIAS capacity. Ambulance Handover delay and discharge issues are being addressed separately to this consultation. For example, HSC Trusts have committed to implementation of new regional ambulance handover guidance through a collaborative and

system-wide approach. The guidance sets out a tiered approach to reducing handover delays, moving towards the 15-minute handover standard. In addition, the Department continues to work with NIAS as it undertakes a wider piece of work to understand better the anticipated impact on NIAS demand across the region, as a result of expected demographic changes over the next decade, and the impact this may have on the NIAS service model. It is also important to recognise that the rate of ambulance conveyance is higher in Northern Ireland than elsewhere in the UK. There are therefore ongoing efforts to increase 'hear and treat' and 'see and treat' whereby people are either provided with telephone advice by the Ambulance control centre or assessed by a paramedic on the scene, all with the intention to reduce unnecessary journeys to hospital.

Transport to Regional Elective Care Centres

Respondents from rural areas repeatedly challenged the notion that centralised "regional centres" would be accessible or appropriate for all. Concerns were raised about longer waiting times resulting in potentially worse outcome, particularly for those living close to border regions or rural communities, loss of local provision, and barriers for those needing to travel for scheduled procedures. Elective care or planned treatment were seen as essential, with centralisation viewed as a threat to equitable access. It is important to recognise that regional elective care centres are not necessarily located in Belfast but are often across the region. For example, there are currently day procedure centres in Lagan Valley and Omagh Hospitals, and Elective overnight stay centres at the Mater Hospital, Daisy Hill Hospital and South West Acute Hospital. In addition, there are cataracts centres at Downe, South Tyrone and Mid Ulster Hospitals, and an orthopaedic hub at Musgrave Park Hospital. It should also be noted that as we advance the reform of services, a patient may be attended to in a rural setting for example, SWAH or Causeway Hospital, and consultation advice or even imaging scans may be considered by an expert located in a different hospital. Responses also called for more flexible appointment times to be made available by the HSC Trusts, especially for those travelling a greater distance. Therefore, Trusts will continue to consider how they can schedule elective care appointments flexibly to support access for those with long travel distances.

NI Travel Infrastructure

The responses highlighted a lack of attention in the consultation documents to transport and Northern Ireland's travel infrastructure. Some respondents noted that while the framework

discussed access in principle, it made no practical commitments on how people without cars or public transport options would reach regional centres. Many people said the document focused on clinical outcomes, but ignored the real impact that distance, transport and isolation can have especially on older people, carers, and those with disabilities. Support is available for those that need it. For example, those on low incomes can access the Hospital Travel Scheme; people in rural areas can avail of community transport; and those with an assessed clinical need can access non-urgent transport through NIAS. Access to transport is much broader than Health. The Department is part of a cross-departmental group along with our key partners the Department of Infrastructure (DfI) and the Department of Agriculture, Environment and Rural Affairs (DAERA) which provides a forum to discuss transport issues. The Department will continue to work with the NI Executive Departments to consider carefully the travel support available for our population. The Department will review the existing Transport Strategy for Health and Social Care services in Northern Ireland, taking account of the feedback submitted through this consultation. In addition to our own consideration, the Department will commit to share the concerns raised in this consultation around transport, including in rural areas, with DfI and DAERA for consideration, through the cross departmental group.

Summary of actions

Whilst the focus of the consultation was on the configuration of the Hospital Network, the Department recognises that responses revealed a clear sense that key elements were missing from the consultation framework. People wanted to see stronger commitments to rural proofing, integrated care, transport support, and public engagement.

We recognise the key themes emerging across the consultation and the distinct perspectives and experiences of those who responded.

In addition to the work which is already taking place as set out under the 'Department's response' earlier in this chapter; the actions and next steps to be taken are summarised below.

- The Department will review the naming of hospital categories - in particular the terms local and general hospital which was a particular area of concern - to ensure they are understood by the public and reflect the principles of the hospital network.

- The Minister will establish an independent reconfiguration advisory committee that will support confidence building amongst the public.

- The Department will review the existing guidance on change or withdrawal of services, and will commit to strengthening consideration of rural and equality impacts and public involvement at an early stage.

- The Department is currently developing a more strategic approach to public engagement across the HSC.

- The Department will review the existing Transport Strategy for Health and Social Care services in Northern Ireland, taking account of the feedback submitted through this consultation. In addition to our own consideration, the Department will commit to share the concerns raised in this consultation around transport, including in rural areas, with DfI and DAERA for consideration, through the cross departmental group.

CHAPTER 6: CONCLUSION AND NEXT STEPS

This consultation received a significant number of responses from across Northern Ireland. People who replied, included members of the public, campaigners, health and social care professionals, elected representatives, voluntary and community organisations, and statutory bodies. Some respondents agreed that the current system is under strain and that action is needed to make it safer and more sustainable. This was especially true in relation to staff shortages, repeated service interruptions, and the need for better planning. However, there was also concern about what change would mean in practice. Many people, particularly in rural and border areas, feared that “reconfiguration” could lead to the downgrading or loss of their local hospital, leading to centralisation and less accessibility for their communities. These views were strongly expressed in campaign submissions, as well as in comments from councils, MLAs, and community health groups.

Many respondents said the Department had not fully addressed the impact on rural, low-income or marginalised groups. Several councils and campaign groups raised concerns about whether equality duties had been met and whether decisions had been made in advance of consultation. Despite these concerns, some responses included suggestions such as improving clarity, investing in staff, publishing clearer timelines, piloting changes, or involving local communities in planning. These contributions reflected a willingness to support reform, provided that it is fair, transparent, and genuinely open to public engagement and involvement.

The Department wishes to thank all those who took the time to attend the public consultation events and respond to this public consultation process via any means. The views shared have been thoroughly analysed in the production of this report, and the points made will be an important source of evidence and information moving forward.

There is much learning to be taken from this consultation and many of the responses can be factored into the wider health sector reform agenda. The findings of this consultation provide the foundation to enhance collaboration across our hospitals. Whilst the Department, in response to the strong views expressed, will review the naming of hospital categories to ensure they are understood by the public and reflect the principles of the hospital network, the policy direction for our hospital services will continue to be set through collaboration and working together as one team and supported by relevant service reviews and strategies.

The Department is committed to using available data to help improve performance across the Health and Social Care System and to better evidence outcomes. All major service changes will continue to be subject to full public consultation and robust equality and rural needs assessment.

In terms of next steps, the Department will put in place the oversight arrangements to take forward the actions identified in Chapter 5. We will report on progress through established channels such as updates on the Three-Year Plan published in December 2024 and the HSC Reset Plan published in July 2025.

The consultation has demonstrated support for the principle of hospitals working together as an integrated network, but it has also shown that there is not sufficient public confidence to proceed unchanged with all elements of the proposed framework. The Department will therefore retain the principle of an integrated hospital network while reconsidering specific elements of the proposed model, including hospital categorisation and associated core-service descriptions. It will also strengthen the processes through which future service changes are developed, evidenced, scrutinised and communicated. This revised approach reflects the consultation findings and will help ensure that future decisions are transparent, evidence-based and centred on patient safety, clinical need and equitable access to services.

GLOSSARY

DAERA:	Department of Agriculture, Environment and Rural Affairs
DfI:	Department of Infrastructure
DoH:	Department of Health
ED:	Emergency Department
EQIA:	Equality Impact Assessment
GB:	Great Britain
HSC:	Northern Ireland integrated Health and Social Care
HSCT:	Health & Social Care Trust
MDT:	Multi-Disciplinary Teams
MLA:	Member of Legislative Assembly
NI:	Northern Ireland
NIAS:	Northern Ireland Ambulance Service
NICON:	Northern Ireland Confederation for Health and Social Care
NIPSA:	Northern Ireland Public Service Alliance
QIIC:	Quality Improvement Innovation Centre
RCN:	Royal College of Nursing
RNIA:	Rural Needs Impact Assessment
ROI:	Republic Of Ireland
SOAS:	Save Our Acute Services
SPPG:	Strategic Performance and Planning Group
SWAH:	South West Acute Hospital

Appendix A: Full List of Organisational Respondents

The following organisations and representative groups submitted formal responses or were directly referenced in the consultation. They are presented in alphabetical order.

Note – responses from elected representatives are listed as their political party or local council.

1. Age NI
2. Alliance Party
3. Alzheimer's Society
4. Allied Health Professions Federation Northern Ireland (AHPFNI)
5. Association of Anaesthetists
6. Belcoo Frack Free
7. British Dietetic Association
8. Carers NI
9. Chartered Society of Physiotherapy
10. College of Paramedics
11. Community Pharmacy Northern Ireland
12. Community Transport Association NI
13. Encirc
14. Epilepsy Action
15. Equality Commission for Northern Ireland
16. Farmers For Action
17. Fermanagh Community Transport
18. Fermanagh Trust
19. Human Rights Consortium
20. Inclusive Mobility and Transport Advisory Committee (IMTAC)
21. Independent Health and Care Providers (ihcp)
22. Institute of Biomedical Science
23. Law Society of Northern Ireland
24. Liberty Hill CIC
25. Long-Term Conditions Alliance Northern Ireland (LTCANI) & NI Neurological Charities Alliance niNCA
26. Marie Curie NI
27. Mid Ulster District Council
28. Newry and Mourne Older People's Forum
29. Newry, Mourne and Down District Council
30. Northern Ireland Chest Heart and Stroke
31. Office of the Commissioner for Children and Young People ("NICCY")
32. Office of the Mental Health Champion
33. Patient and Client Council
34. People Before Profit

35. Positive Futures
36. Royal College of Midwives
37. Royal College of Nursing
38. Royal College of Occupational Therapists
39. Royal College of Physicians
40. Royal College of Psychiatrists NI (RCPsych NI)
41. Royal College of Speech & Language Therapists
42. Royal College of Surgeons England
43. Rural Community Network
44. Royal National Institute of Blind People (RNIB)
45. Save Our Acute Services (SOAS)
46. SDLP
47. Sinn Féin
48. Society of Radiographers
49. SOS Daisy Hill
50. Southern Age Well Network
51. Stroke Association
52. Ulster Unionist Party (UUP)
53. Unison
54. Versus Arthritis
55. Women's Forum Northern Ireland
56. Workers Party
57. Young European Movement UK

Appendix B: Citizen Space online response breakdown