

The Rural Needs Act (NI) 2016

Rural Needs Impact Assessment – Reshaping Stroke Care: Saving Lives, Reducing Disability – Stroke Action Plan

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

1B. Please provide the official title/ description of the Strategy, Policy, Plan or Public Service document or initiative:

TITLE: Reshaping Stroke Care: Saving Lives, Reducing Disability – Stroke Action Plan.

Stroke is a major health issue in Northern Ireland with around 3,000 people being admitted to hospital each year and 39,000 stroke survivors living in our communities. It is important that every opportunity is taken to secure excellent care for people after a stroke and give them the best possible chance of a good recovery. Opportunities exist across the entire pathway for improving stroke care and much is currently being done to raise awareness of stroke, prevent more strokes, invest in rehabilitation and review the long-term support for those with stroke.

The Department consulted on 7 commitments to improve stroke care:

Commitment 1: We will identify a regional model for TIA ('mini' stroke) assessment by March 2020 and implement that model by 2022 to deliver a 7 day service of specialist assessment within 24 hours of symptoms.

Commitment 2: By 2022 we will remove the variance in delivering thrombolysis to ensure that patients across NI have timely access to the treatment.

Commitment 3: We will continue to invest in the growth of thrombectomy, increasing hours of operation to Monday – Friday 8am-8pm service by December 2019, and moving to 24/7 service by 2022.

Commitment 4: We will reshape stroke services by 2022 to establish dedicated hyperacute and acute stroke units underpinned by regional service standards to deliver improved outcomes for stroke patients.

Commitment 5: The recently published Stroke Association document 'Struggling to recover' makes six recommendations to improve services. Alongside the reshaping of hospital services, we are committed to driving improvement in rehabilitation and long-term support and will use the Stroke Association's analysis and recommendations as a blueprint to drive that improvement.

Commitment 6: The HSC will undertake a workforce review to identify the staffing and skill mix required to deliver effective stroke services.

Commitment 7: We will extend the partnership with the charity AANI to enable the Helicopter Emergency Medical Service (HEMS) to provide a secondary response to incidents including strokes by 2022 to improve access to services, particularly from rural areas.

In respect of **Commitment 4**, six potential options were identified for the provision of specialist emergency stroke care in Hyperacute Stroke Unit (HASU) sites:

- **Option A:** under this option, 5 HASUs would be located at the following sites: Altnagelvin Area Hospital, Antrim Area Hospital, Craigavon Area Hospital, Royal Victoria Hospital and South West Acute Hospital. Acute Stroke Units (ASUs) would be co-located.

- **Option B:** under this option 4 HASUs would be located at the following sites: Altnagelvin Area Hospital, Antrim Area Hospital, Craigavon Area Hospital and Royal Victoria Hospital. Acute stroke units to be co-located, with consideration of a fifth ASU at the Ulster hospital.
- **Option C:** under this option, 4 HASUs would be located at Altnagelvin Area Hospital, Craigavon Area Hospital, Royal Victoria Hospital and South West Acute Hospital. ASUs to be co-located, with consideration of a fifth ASU at the Ulster Hospital.
- **Option D:** under this option, 4 HASUs would be located at the following sites: Altnagelvin Area Hospital, Antrim Area Hospital, Craigavon Area Hospital and Royal Victoria Hospital with services removed from Antrim Area Hospital over time.
- **Option E:** under this option, 4 HASUs would be located at the following sites: Altnagelvin Area Hospital, Craigavon Area Hospital, Royal Victoria Hospital and South West Acute Hospital, with services removed from the South West Acute Hospital over time.
- **Option F:** under this option, 3 HASUs would be located at the following sites: Altnagelvin Area Hospital, Craigavon Area Hospital and Royal Victoria Hospital, with additional ASUs located at the Ulster Hospital and Antrim Area Hospital.

Following analysis of the responses to the consultation and the wider evidence base, the Department has developed a policy paper and Stroke Action Plan setting out the next steps for the implementation of reform. These are outlined below:

Priority 1: Prevention - Action: We will identify a regional model to ensure 7 day access to specialist TIA assessment within 24 hours of symptoms to be implemented by Summer 2023.

Priority 2: Thrombolysis – Action: By Summer 2023, we will ensure that all patients who would benefit from thrombolysis within guidelines will receive it.

Priority 3: Thrombectomy - Action: By December 2022, we will expand the use of Artificial Intelligence software to assist in the interpretation of scans and the targeting of treatment including thrombectomy and thrombolysis. We will also move over time to a 24/7 thrombectomy service by the end of 2024.

Priority 4: Rehabilitation and Long Term Support – Action: We will identify gaps in support for stroke survivors and take forward a programme of work to ensure that stroke survivors have access to the right support at the right time for as long as they need it.

Priority 5: Hyperacute Stroke Care – Action: We will commence further external analysis by Autumn 2022 to identify and evaluate options for the establishment of Hyperacute Stroke Care, with a preferred option identified by Summer 2023.

Priority 6: Stroke Workforce – Action: We will commence a targeted workforce review in Summer 2022, building on the programme of work outlined in the Action Plan to develop a Workforce Plan by Summer 2023.

Commitment 7 in Reshaping Stroke Care is not being taken forward at this point in light of concerns raised during the consultation.

In respect of Hyperacute Stroke Care, the issue of travel time, particularly for those residing in rural areas, was a major issue. In response to the concerns raised, the Department will not proceed with the establishment of Hyper Acute Stroke Units on the basis of the options outlined in Reshaping Stroke Care. Instead, as outlined in the Department's Stroke Action Plan, further analysis will be undertaken to determine a preferred option for Hyperacute Stroke Care in Northern Ireland. The analysis will consider a range of additional factors including changes in demographics which were not included in the analysis underpinning Reshaping Stroke Care. The outcome will be subject to additional rural needs impact assessment when a preferred option for reconfiguration of hospital services has been identified.

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

| | | | | | | |
|-----------------------------|----------|--------------------------|--------|--------------------------|------|-------------------------------------|
| Developing a: | Strategy | <input type="checkbox"/> | Policy | <input type="checkbox"/> | Plan | <input type="checkbox"/> |
| Adopting a: | Strategy | <input type="checkbox"/> | Policy | <input type="checkbox"/> | Plan | <input type="checkbox"/> |
| Implementing a: | Strategy | <input type="checkbox"/> | Policy | <input type="checkbox"/> | Plan | <input checked="" type="checkbox"/> |
| Revising a: | Strategy | <input type="checkbox"/> | Policy | <input type="checkbox"/> | Plan | <input type="checkbox"/> |
| Designing a Public Service | | <input type="checkbox"/> | | | | |
| Delivering a Public Service | | <input type="checkbox"/> | | | | |

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

The Stroke Action Plan sets out next steps and revised timescales for driving improvements in relation to the commitments outlined in Reshaping Stroke Care along with carrying out further analysis to determine a preferred option for Hyperacute Stroke Care in Northern Ireland which will consider a range of additional factors including changes in demographics which were not included in the analysis underpinning Reshaping Stroke Care. The outcome will be subject to additional assessment when a preferred option for reconfiguration of hospital services has been identified.

1E. Which 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)
- Other Definition (Provide details and the rationale below)

The default definition cited above (Population Settlements of less than 5,000) is not useful in differentiating impacts in respect of this policy. People living in both large and small settlements would be similarly impacted by changes in the location of hospital stroke services.

The following alternative definition, as suggested by DAERA, is proposed:
"Populations outside of a 30 minute drive time of Derry/Londonderry or Belfast".

This definition is better able to distinguish between those who will be most impacted by additional travel times caused by proposed changes to services. It should be noted that the service under consideration is not provided within rural communities but provided inside a hospital environment.
The benefits of enhancing these services would be experienced by both Urban and Rural dwellers.

A definition of 'rural' is not applicable¹



¹If a definition of 'rural' is not applicable, the policy is unlikely to fall under the scope of the Act and you should be able to screen out at this stage

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 No

Please explain:

Following issues raised

POSITIVE IMPACTS

Direct

Outcomes:

It is envisaged that developing stroke services as set out in the Department's Stroke Action Plan will improve outcomes for all residents of Northern Ireland compared with existing services. In response to concerns raised by those from rural communities in the consultation responses, the Action Plan indicates that further analysis will be undertaken to determine a preferred option for Hyperacute Stroke Care in Northern Ireland which will consider a range of additional factors including changes in demographics which were not included in the analysis underpinning Reshaping Stroke Care. The outcome will be subject to additional assessment when a preferred option for reconfiguration of hospital services has been identified.

NEGATIVE IMPACTS

Direct

Outcomes: None

Indirect

Outcomes: None

If the response is **NO** after entering explanation **GO TO Section 3**

2B. 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 will impact people in rural areas differently:

2C. Please indicate the rural policy areas the Policy, Strategy, Plan or Public Service is likely to impact on (see list at note 1):

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

No

Please explain:

The Department of Health has completed an extensive public engagement exercise relating to the Reshaping Stroke Care consultation between March and August 2019. The Department has completed a comprehensive analysis of consultation responses which has informed the development of a policy paper and Stroke Action Plan setting out the next steps for the implementation of reform.

- Consultation events held with stroke survivors
- Public consultation events
- Meetings with stakeholders
- Consultation document published including aphasia friendly version and plain English summary
- Consultation questionnaire published
- Review of consultation responses has informed the Department's Stroke Action Plan
- Consultation analysis report is due to be published alongside the Action Plan

If the response is **NO** please explain above and **GO TO Section 4**

3B. Please indicate which methods or information sources were used to identify the social and economic needs of people in rural areas (see note 2 for examples) and provide details including relevant dates, names of organisations, titles of publications, website references, details of surveys or consultations undertaken etc.:

Note 2

Examples of methods or information sources used (relates to question 3B):

- Consultation with Rural Stakeholders
- Consultation with Other Organisations
- Surveys or Questionnaires
- Other Methods or Information Sources (include details)
- Published Statistics
- Research Papers
- Other Publications

1. Annex 1 provides dates and times of engagement meetings and events.
2. A questionnaire was designed and published to capture responses from the consultation engagement; the findings were specifically analysed for references to matters relating to rural issues and travel times. A report summarising these findings was produced and is due to be published alongside the Department's Stroke Action Plan
3. Annex 2 provides details of those organisations which responded to the consultation.
4. Published papers:

- a. Health inequalities report published by DoH ²
- b. DAERA statistics paper of rural needs (Annex 3).

5. Research Papers:

- a. Specifically commissioned research was undertaken by the Universities of Calgary and Exeter in relation to impacts in respect of travel times and to stroke outcomes for the NI population.

3C. Please provide details of the social and economic needs of people in rural areas which have been identified:

Using the prescribed definitions of '*Social and Economic need*' listed within guidance provided; one area has been identified in relation to '*Health and Social Care needs*'

"A need can be considered as something that is essential to achieve a standard of living comparable to the population in general."

Health and Social Care needs

Following analysis of the responses to the consultation from those residents in rural communities and the wider evidence base, the Department has developed a policy paper and Stroke Action Plan setting out the next steps for driving improvements in respect of the commitments set out in Reshaping Stroke Care on prevention, access to thrombolysis and thrombectomy and rehabilitation and long term support.

In response to concerns raised by those from rural communities in the consultation responses, the Action Plan indicates that further analysis will be undertaken to determine a preferred option for Hyperacute Stroke Care in Northern Ireland which will consider a range of additional factors including changes in demographics which were not included in the analysis underpinning Reshaping Stroke Care. The outcome will be subject to additional assessment when a preferred option for reconfiguration of hospital services has been identified.

It is envisaged that developing stroke services as set out in the Department's Action Plan will improve outcomes for all residents of Northern Ireland compared with existing services

² https://www.health-ni.gov.uk/sites/default/files/publications/health/hscims-report-2021_1.pdf

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 identified by the Public Authority:

Health and Social Care Services in rural areas

Equitable access to hospital and community stroke services

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

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

Yes

No

Please explain:

Following analysis of the responses to the consultation from those residents in rural communities and the wider evidence base, the Department has developed a policy paper and Stroke Action Plan setting out the next steps for driving improvements in respect of the commitments set out in Reshaping Stroke Care on prevention, access to thrombolysis and thrombectomy and rehabilitation and long term support.

In response to concerns raised by those from rural communities in the consultation responses, the Action Plan indicates that further analysis will be undertaken to determine a preferred option for Hyperacute Stroke Care in Northern Ireland which will consider a range of additional factors including changes in demographics which were not included in the analysis underpinning Reshaping Stroke Care. The outcome will be subject to additional assessment when a preferred option for reconfiguration of hospital services has been identified.

It is envisaged that developing stroke services as set out in the Department's Stroke Action Plan will improve outcomes for all residents of Northern Ireland compared with existing services

SECTION 6 – Documenting and Recording

6A. I confirm that details of the Rural Needs Impact Assessment will be recorded on the Public Authority's Annual Monitoring Return and the RNIA Template retained by the Public Authority (please check box)



| | |
|--|---|
| Rural Needs Impact Assessment undertaken by: | Karen McAllister |
| Position / Grade: | SO |
| Division/Branch: | Regional Hospital Services Transformation Directorate |
| Signature: | Karen McAllister |
| Date: | 16/06/22 |
| Rural Needs Impact Assessment approved by: | Dean Looney |
| Position / Grade: | G7 |
| Division / Branch: | Regional Hospital Services Transformation Directorate |
| Signature: | Dean Looney |
| Date: | 17/06/22 |

Note 1

Rural Policy Areas (relates to question 2C):

- 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
- Poverty in Rural Areas
- Deprivation in Rural Areas
- Rural Crime or Community Safety
- Rural Development
- Other (Please specify)

Note 2

Examples of methods or information sources used (relates to question 3B):

- Consultation with Rural Stakeholders
- Consultation with Other Organisations
- Surveys or Questionnaires
- Other Methods or Information Sources (include details)
- Published Statistics
- Research Papers
- Other Publications

TABLE 1: Table of Engagement Meetings and Events

| Date | Stakeholder | Location |
|-------------|---|-------------------|
| 08 May | Stroke survivors | Bangor |
| 29 May | Stroke survivors | Newcastle |
| 30 May | Age NI Consultative Forum inc Carers NI | Belfast |
| 4 June | Stroke survivors | Coleraine |
| 13 June | HSC Southern Trust | Craigavon |
| 14 June | Stroke survivors | Belfast |
| 17 June | Public event – Riddell Hall | Belfast |
| 18 June | Public event – Downpatrick Racecourse | Downpatrick |
| 19 June | Stroke survivors | Craigavon |
| 19 June | Public event – Killyhevlin hotel | Enniskillen |
| 26 June | Stroke survivors | Enniskillen |
| 26 June | Daisy Hill Pathfinder | Newry |
| 01 July | Public event – Lodge Hotel | Coleraine |
| 02 July | Public event – Canal Court Hotel | Newry |
| 17 July | Public event – Killyhevlin Hotel | Enniskillen |
| 19 July | Public event – City Hotel | Derry/Londonderry |
| 29 July | Public event – Queen’s Hall | Newtownards |

Annex 2 details of organisations who responded

| |
|---|
| AGE NI |
| AGE North Down and Ards (AGENDA) |
| Alliance Party |
| Allied Health Professionals Federation (NI) |
| Antrim & Newtownabbey Borough Council |
| Ards & North Down Borough Council |
| Arrhythmia Alliance UK |
| Autoline Insurance Group |
| Belfast Trust Stroke Team |
| Bellanaleck Community Group |
| Bingo Club Enniskillen |
| Bristol-Myers Squibb–Pfizer Alliance |
| British Association for Music Therapy (BAMT) |
| British & Irish Orthoptic Society |
| British Medical Association (BMA) |
| Brookeborough GAA Club |
| Bunscoil an Traonaigh |
| Carers NI |
| Carncourt Variety Club for Senior Citizens |
| Causeway Stroke Staff |
| Cavanaleck Community Association |
| Chartered Society of Physiotherapy (CSP) |
| Coalition of Carer Organisations NI |
| College of Podiatry (COP) |
| Commissioner for Older People for Northern Ireland (COPNI) |
| Community Pharmacy NI (CPNI) |
| Daisy Hill Pathfinder |
| Democratic Unionist Party (DUP) |
| Down Community Health Committee |
| Eastend Residents Association |
| East Antrim Community Stroke Team |
| Emergency Department South West Acute Hospital (SWAH) - Staff Nurse |

| |
|---|
| Erne Integrated College |
| Fermanagh & Omagh District Council |
| Firinne |
| Football Club Lisnaskea |
| Forum on Services for the Elderly |
| Gormley Kitchens |
| HCA |
| Hillside Community Group |
| Irvine's Family Butchers |
| Irvinestown Fairs and Markets Trustees |
| Irvinestown Trustee Enterprise Co |
| John Farry & Co Chartered Accountants |
| Kilcooley Women's Centre |
| Lakeland Community Care |
| McBrien's Newsagents |
| Marie Curie |
| Mid Ulster District Council |
| National Pharmacy Association |
| Newry Mourne & Down District Council |
| Newry & Mourne Wellbeing Action Partnership |
| NI Chest Heart & Stroke Association |
| Northern Ireland Practice & Education Council for Nursing & Midwifery (NIPEC) |
| Northern Ireland Public Service Alliance (NIPSA) |
| Occupational Therapists Southern Trust |
| Occupational Therapy Department Daisy Hill Hospital |
| Omagh Physically Handicapped and able-bodied (PHAB) Club |
| Patrician Youth Centre Downpatrick |
| Pharmacy Forum NI |
| PTA |
| Roslea Enterprises Ltd |
| Royal College of General Practitioners NI (RCGPNI) |
| Royal College of Nursing (RCN) |
| Royal College Occupational Therapy (RCOT) |
| Royal College of Physicians Edinburgh (RCPE) |
| Royal College of Physicians London (RCP) |

| |
|--|
| Royal College Speech & Language Therapy (RCSLT) |
| Royal National Institute for the Blind (RNIB) |
| Rural Community Network |
| School of Nursing Ulster University |
| SE Trust Stroke Team |
| Sinn Fein |
| Social Democratic and Labour Party (SDLP) |
| Society of Radiographers |
| Southern Sector Health Care Trust |
| South West Acute Hospital - Dr Caolan Kerr |
| St Mary's Primary School Teemore |
| St Patrick's GFC |
| Stroke Association |
| Support our Stroke Unit Committee |
| SWEDES (South West Enabling Deaf Encouraging Sign) |
| The Brain Injury Foundation (BIF) |
| The British Dietetic Association |
| The Confederation of Community Groups (CCG) |
| The Pantry Food Bank |
| Thursday Variety Group |
| Ulster Unionist Party (UUP) |
| UNISON |
| Unite the Union |
| Western Health and Social Care Trust – Clerical Officer |
| Western Health and Social Care Trust – Physio Technical Instructor |
| Western Health and Social care Trust - Physiotherapist |
| Women's Forum NI |
| Women Making Waves |

Annex 3

DAERA Infographic - Rural Statistics³

Northern Ireland Urban-Rural Statistics

● = Urban ● = Mixed ● = Rural

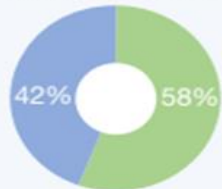
Population Growth, 2001-2018



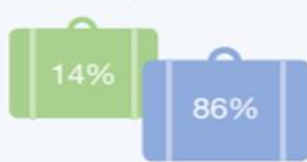
Job Quality 2018



Businesses 2019



Tourism Expenditure 2018



Median Annual Salary 2019



2016-18



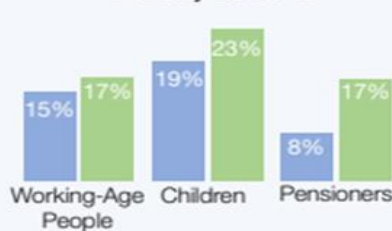
Public Transport 2016-18



Coverage of Superfast Broadband 2019



People in Absolute Poverty 2018/19



³ https://www.daera-ni.gov.uk/sites/default/files/publications/daera/Key%20Rural%20Issues%202020%20Infographic_0.pdf