

The Rural Needs Act (NI) 2016

Rural Needs Impact Assessment Template

(April 2018)



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:

Review of General Surgery

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 checked="" 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 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 current model for delivering general surgery in Northern Ireland is neither sustainable nor providing uniformly high-quality care. Going forward we need to ensure that the system is person centred with a focus on patient outcomes – with services structured around the needs of those who require care and treatment.

This Review looked at the provision of General Surgery services in Northern Ireland, taking into consideration best practice from the United Kingdom and elsewhere. The Review team looked at possible ways of working that will maximise resources and deliver safe and effective care.

The changing nature of surgical specialty means delivering emergency general surgery across multiple smaller sites with a lower patient turnover is becoming increasingly difficult in terms of rotas, staff recruitment and retention, skill mix, and maintaining quality care.

The Review team considered how clinical best practice can be enhanced for General Surgery in Northern Ireland by exploring the potential for resources to be focused on specialist sites to ensure that the patient need is always at the centre of decision making.

The Review sets out how it may be necessary to focus resources on specialist sites – to ensure that the patient need is always at the centre. The Review aims to ensure that:

- Patients are seen in the right place and by the right person as soon as possible – thus improving the patient outcomes;
- Staff have the necessary support and equipment to allow them to deliver the highest quality care to patients – thus improving patient outcomes;
- It is possible to attract and recruit sufficient staff to deliver a safe, high quality, 24/7 service – thus maintaining patient outcomes;
- The services are more stable and there is a better environment for patients and staff; there are the right conditions for professional development, quality improvement, leadership, teaching and other activities that are essential to a vibrant workforce expert in delivering care to acutely unwell patients – thus improving patient outcomes;
- There is capacity for research and a greater ability to engage with academia and industry in generating new solutions and accelerating testing, adoption and introduction of existing solutions – thus improving patient outcomes; and,
- This achieves the triple aim of better population health, better quality care and better use of resources – thus improving patient outcomes.

The evidence base for the Review has been established with reference to guidance from the Royal Colleges, Association of Surgeons of Great Britain and Ireland (ASGBI), CEPOD, Nuffield Trust and NHS organisations including Getting It Right First Time (GIRFT), regulatory bodies and benchmarking programmes, resulting in evidence based standards for both emergency and elective general surgery being developed and refined with input from all general surgeons in Northern Ireland, other clinicians, HSC Trusts, managers and service users.

The Review sets out clinical standards that hospitals will be required to meet to continue providing emergency and planned (elective) general surgery. These standards will help inform the wider design plan being developed for the future shape of hospital services in NI. It also maps out a new future for general surgery, which will involve changes to the current pattern of services. This will include establishing Elective Overnight Stay Centres, which build on the



elective day procedure model established in 2020¹. These will involve planned procedures for high volume, intermediate complexity cases where at least one night in hospital is required.

It is hoped that these recommendations also to lead to better recruitment and retention of staff, a more appropriate skills mix and boost staff morale.

When launching the Review report the Minister for Health stated that:

“This Report is not about closing any of our hospitals. Instead, it is about ensuring that our patients receive the care and treatment they need, when they need it. I believe that we can build centres of expertise and excellence to ensure that our population have timely access to the best possible services. Given the huge and growing demand for health and social care, we will need every inch of our hospital estate in the future to deliver first class services to our population.”

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)

A definition of ‘rural’ is not applicable²

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?

Please Yes No explain:

¹ [Regional Service Delivery Model for Daycase Elective Care Procedures in Northern Ireland | Department of Health \(health-ni.gov.uk\)](https://www.health-ni.gov.uk/information/health-care-services/regional-service-delivery-model-for-daycase-elective-care-procedures-in-northern-ireland)
² If 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

One of the principle aims of the Review was to develop a set of standards for the delivery of emergency and elective general surgery to drive safe and sustainable service provision for patients irrespective of where they live. The future is all about subspecialisation with colleagues providing expert care in one part of General Surgery and the creation of high-volume centres of excellence. Another key aim is the creation of intermediate complexity elective care centres of excellence. Such centres will not only address the required increase in capacity but also make significant inroads to the horrendous waiting lists.

The proposals set out in the Review will impact people across Northern Ireland and it is considered that citizens living across Northern Ireland will benefit from the review findings and introduction of new clinical standards.


Engagement with people living in rural locations had highlighted that there is potential impact for people living in rural areas in relation to access to services, transport, community provision and recruitment and retention of staff. However, the aim is to ensure more efficient and effective service provisions, with higher activity levels and improved outputs. It will be beneficial to future recruitment and retention of staff, more appropriate skills mix and boost staff morale.

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:

The nature of the Review requires consideration of how services will be delivered in future. The introduction of emergency general surgery standards will be used to drive regional and local decisions on the future delivery of emergency general surgery in Northern Ireland. Some hospitals will be able to meet these standards with developments within their existing footprints and within existing budgets. However, some hospitals will not meet these standards as currently configured.

This means a higher standard of care will be delivered by reconfiguration of service delivery and cross-organisational working. The result may be a change in provisions to ensure better patient outcomes.



As Trusts develop their plans to implement the standards for emergency general surgery this will drive and inform decisions around elective general surgery. For example, a hospital that does not provide a 24hr emergency general surgical services can still have an emergency department and be a busy elective centre. Therefore, a higher standard of care can be delivered by reconfiguration of service delivery and cross-organisational working and lead to better patient outcomes.

Further work is required at local Trust level to determine if any new plans for local implementation will be developed and how any possible reconfiguration may impact rural communities.

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

Health or Social Care Services in Rural Areas
Public transport and travel



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:

Existing data from hospital admissions is patchy and varied. Many people are treated in several hospitals and trusts across their pathway so data per hospital site may not be an accurate reflection of areas that service users travel from.

The availability of public transport in rural areas is also much inferior to that in towns and cities, and crucial rural bus services are under increasing threat due to decreasing profitability and reductions in subsidies. The most recent published data from the Travel Survey NI (2016-18) revealed that less than a quarter (20%) of rural dwellers live within a 3 minute walk of the nearest bus stop, compared with 39% of those living in urban areas – with 9% of rural dwellers living a 44 minute or longer walk to their nearest stop.³ This may have implications in relation to access to services.

Access to key services can be a marker of disadvantage for people in rural communities, particularly for those living in more remote areas and for those without private transport. In rural areas more than an hour from Belfast, NISRA's Multiple Deprivation Measure (MDM) indicates that access to key services by public transport is particularly poor, while for others, journeys made by public transport may simply be impractical due to a combination of journey length and remote location.⁴

Through ongoing engagement with people with lived experience of urgent and emergency services in Northern Ireland, including workshops with people from a wide geographical area, we have taken steps to identify issues that are important to people living in rural areas in relation to urgent and emergency care services. People engaging with us have indicated that they are willing to travel to centres of excellence for treatment if it means a reduction in waiting times. Examples were provided of people

³ [Key Rural Issues 2020 - Final.pdf \(daera-ni.gov.uk\)](#)

⁴ [Key Rural Issues 2020 - Final.pdf \(daera-ni.gov.uk\)](#)

who have travelled to RoI and other European countries for treatment. Service Users also suggested creating new waiting list initiatives and indicated that location was not the main factor and that high quality, timely treatment was the most important aspect. They also indicated that any pre-operative assessments and appointments and potential for follow up appointments, where possible, could use digital technology or be in their local area.

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:

Stakeholder Involvement has been identified as an important part of this review from the outset, with a wide range of stakeholders making key contributions towards the findings of this report, including:

- Clinical, Professional and staff groups;
- Service User and Carer representatives;
- Clinical Professional Bodies.

The review team worked collaboratively with experienced service user and carer representatives from the Regional Unscheduled Care Group and partners from the Public Health Agency (PHA) and the Patient Client Council (PCC) to ensure that a comprehensive co-production and involvement methodology was embedded across all areas of the review, including:

- Project Board made up of stakeholders representing, clinical professionals, general surgery experts, service user/carers representatives and DoH policy leads.
- Work streams made up of multi-disciplinary groups and experts across a range of issues such as emergency surgery, paediatric general surgery, workforce, governance etc.

- Series of engagement meetings and events at local level with multi-disciplinary staff across hospital sites.
- Series of engagement events with service users and carers.
- Regional Workshop made up of stakeholders representing, clinical professionals, general surgery experts, service user/carer representatives and DoH policy leads.

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

Throughout the development of the Review we have engaged with people with lived experience of health services in Northern Ireland. The impact of the review on people living in rural areas has been considered throughout this process. Issues identified that impact on people living in rural areas center around access to services, access to travel either by public transport or private vehicle and scheduling of appointments at appropriate times.

These issues are intertwined and have both a social and economic impact. Travel to appointments from rural locations can often take a full day of travel for the patient and family member/carer. This results in considerable social, emotional, physical and financial impacts for example, taking time off work, paying for fuel, making suitable arrangements for childcare or social responsibilities.

During discussion service users and carers told us that they are willing to travel to centres of excellence for treatment if it means a reduction in waiting times. Examples were provided of people who have travelled to ROI and other European countries for treatment. They also suggested creating new waiting list initiatives and indicated that location was not the main factor and that high quality, timely treatment was the most important aspect. They also indicated that pre-operative assessments and appointments and potential for follow up appointments, where possible, could use digital technology or be in their local area.

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 or Social Care Services in Rural Areas
- Rebuilding and transformation at a local level
- Transportation and infrastructure in rural areas

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:

As people with lived experience were involved in the co-production of the Review the needs of rural dwellers has been considered alongside other issues throughout the process. This has shaped the development of the review through the work streams and development of recommendations and tested through workshops with service users and carers.

ACTION 1. HSC Trusts to implement the standards for Emergency General Surgery (Annex A) at pace and work with the Department to develop co-produced implementation plans.

Primary Outcome: Regionally cohesive and comprehensive implementation with equity of provision for patients.

Consequential Outcomes: More efficient and effective service provisions, with higher activity levels and improved outputs. Better recruitment and retention of staff, improved rotas.

ACTION 2. A). Trusts to develop a model for the delivery of complex and non-complex elective care informed by the implementation of the standards for emergency general surgery and elective surgery.

ACTION 2.B). As part of implementation, Elective Overnight Stay Centres will be established in line with the wider elective care policy direction and the changing picture of health and social care delivery across Northern Ireland. In the initial phase – subject to Trust decision making processes and public engagement – we will consider the Mater Hospital as an initial site. We will also identify a further centre in the wider design plan.

Primary Outcome: Regionally cohesive and comprehensive implementation with equity of provision for patients.

Consequential Outcomes: More efficient and effective service provisions, with higher activity levels and improved outputs.

ACTION 3. As the model for elective general surgery is implemented, there will be a focus on streamlined and consistent pre-operative assessment processes that follow best practice.

Primary Outcome: patient centred pre-operative assessment that ensures that patients are managed in the most appropriate setting to provide best patient outcomes.

Consequential Outcome: reduced elective cancellations.

ACTION 4. Post Anesthesia Care Unit (PACUs) will be established across Northern Ireland on a phased basis, initially in all District General Hospital (DGHs) undertaking complex surgery that meet agreed criteria. The PACUs will be ring fenced for elective care.

Primary Outcome: Better patient outcomes, shorter hospital stay, tailored care and less reliance on level 2 & 3 beds.

Consequential Outcome: Reduced elective cancellations.

ACTION 5. British Association of Day Surgery (BADs) targets regarding the proportion of specific procedures which should be carried out as daycases will be used to compare daycase rates for specific procedures at a local and regional level and will be used to drive performance and efficiency.

Primary Outcome: Reduction in in-patient cases which will save bed days and lead to improved patient outcomes and patient satisfaction.

Consequential Outcome: Reduction in pressures on in-patient services meaning more efficient services, with an increase in the number of patients treated.

ACTION 6. Continued regional collaboration to rebuild elective paediatric lists.

Primary Outcome: Increase in elective paediatric general surgery activity with more patients being treated.

Consequential Outcome: Better joined up working will lead to more efficient processes with higher activity levels and better patient outcomes.

ACTION 7. Continued support for the Child Health Partnership as it develops age appropriate pathways, training opportunities and models for delivery of paediatric surgery.

Primary Outcome: Better patient outcomes as the patients are treated by those with the best knowledge and skills.

Consequential Outcome: Better joined up working will lead to more efficient processes with higher activity levels and better patient outcomes.


ACTION 8. As part of implementation of the emergency and elective standards, there will be a review of current surgical services in each Trust to ensure that workforce aligns with the new service model. This will cover medical, specialist nursing, Allied Health Professions (AHPs) and pharmacy. Consideration will be given to the optimum skills mix required to deliver the new service model.

Primary Objective: Successful and sustainable delivery of the emergency and elective general surgery standards, with better patient outcomes.

Consequential Objective: A sustainable workforce that is content with the working environment, maximising the resource potential across the health and social care system.

ACTION 9. Establishment of a Regional General Surgery Network to drive forward a multifaceted transformation programme for general surgery at a regional level, incorporating best practice from other parts of the UK.

Primary Objective: A network to drive regional cooperation and cohesion ensuring general surgery services are available on an equitable basis ensuring consistent good outcomes for general surgery patients.



Consequential Objective: A regional tool for co-production and co-design ensuring clinical staff buy in, with resultant better cooperative working and improved morale.

ACTION 10. The Department of Health will develop an Integrated Dashboard for General Surgery made up of the interlinked components of Patient Experience, Quality and Safety of Care; and Activity and Access to Care. Primary Objective: Data and information to drive decision making to make sure that every decision is in the patient's best interests and will provide value for money.

Consequential Objective: Identification of areas where Northern Ireland is strong and areas where improvement can be made. This can be used as a learning tool across Northern Ireland and wider jurisdictions.



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:	Roisin Kelly
Position / Grade:	Co-Production and Engagement Advisor
Division/Branch	Regional Health Service Transformation Department
Signature:	
Date:	28/06/2022
Rural Needs Impact Assessment approved by:	Joanne Elliott
Position / Grade:	
Division / Branch	Hospital Services Reform Directorate
Signature:	
Date:	8/2/2023

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