Minutes of a Public Meeting of the Western Local Commissioning Group held on Wednesday 22nd February 2023 at 2pm via Zoom video link

PRESENT:
Cllr Josephine Deehan, Local Government Representative/Chair
Ms Catherine Cassidy, Deputy Director for Social Care and Children, SPPG
Mrs Mary T Conway, Community and Voluntary Representative
Mr Donall Henderson, Community and Voluntary Representative
Mr Dessie Lowry, Nursing Representative, PHA
Dr Paul Molloy, General Medical Practitioner Representative
Mrs Fiona Teague, Health and Wellbeing Improvement Manager, PHA
Cllr Victor Warrington, Local Government Representative

APOLOGIES:
Mrs Siobhan Donald, Nursing Representative, PHA
Cllr John McClaughry, Local Government Representative
Dr Dearbhla McManus, General Medical Practitioner Representative
Cllr Brian Tierney, Local Government Representative

IN ATTENDANCE:
Mr Paul Turley, Assistant Director of Commissioning/Commissioning Lead, SPPG
Mr Brendan O'Hara, Senior Planning and Commissioning Manager, SPPG
Ms Pamela Yeh, Communications Manager, SPPG
Ms Roisin Duffy, Senior Communications Officer, SPPG
Ms Hayley Thomas, Assistant Corporate Business Manager, SPPG
Mr Tiernach Mahon, Rural Development Officer, Omagh Forum

09/23	**CHAIR'S WELCOME AND OPENING REMARKS:** The Chair welcomed Members to the February meeting. A particular welcome was extended to member of the public, Mr Tiernach Mahon, Rural Development Officer, Omagh Forum.	
10/23	**APOLOGIES** Apologies for absence were received from Mrs Siobhan Donald, Dr Dearbhla McManus, Cllr Brian Tierney and Clllr John McClaughry.	
11/23	**MINUTES OF THE PREVIOUS MEETING** The minutes of the previous meeting held on Wednesday 25th January 2023 were agreed on the proposal of Councillor Warrington.	

12/23	**WHSCT - UPDATE ON CONSULTATION ON TEMPORARY SUSPENSION OF EMERGENCY GENERAL SURGERY – SOUTH WEST ACUTE HOSPITAL (SWAH)** The Chair welcomed senior members from the Western Health and Social Care Trust, Mr Neil Guckian, Chief Executive, Mrs Teresa Molloy, Director of Performance and Service Improvement and Mr Mark Gillespie, Director of Acute Services to the meeting. She thanked them for taking the time to address the WLCG to update on the situation and consultation on the temporary suspension of emergency general surgery at South West Acute Hospital and invited them to present. Commencing, Mr Guckian explained that Emergency General Surgery (EGS) can only be delivered and provided safely if Consultant General Surgeons are available 24hrs a day, 7 days per week and locally available within 30 minutes of a hospital whilst on call. He acknowledged the concerns of the public in relation to the temporary suspension of EGS which he said is a reaction to circumstances and emphasised that the LCG and the Trust are concentrating on population health. The importance of pathways was highlighted and the need to get these right in order to protect patients and their safety at all times. Touching on the opening of the overnight elective centre, Mr Guckian said this is pivotal for the long term future of the South West Acute Hospital and vital that this is successful into the future. Mr Guickan handed over to Mr Gillespie who reminded Members of the background to the change stating that the General Consultant workforce has been a prolonged issue at SWAH. He provided details of the funded staff complement and of recruitment exercises undertaken since 2014, with the most recent exercise now closed and a shortlisting process underway. Apprising Members of the timeline to the decision Mr Gillespie explained that in October 2022, the Trust highlighted the increasing fragility of the rota for (EGS) at SWAH. In November 2022 the Trust Board approved a temporary suspension due to workforce gaps. Patient journey, experience and safety are key fundamentals that the work has been based on. A Project Team was assembled which included, senior clinicians from both acute sites, colleagues from Southern Trust, SPPG, Northern Ireland Ambulance Service (NIAS), Northern Ireland Trauma Network, Service users and colleagues from Sligo University Hospital were also engaged. To ensure timely inter-hospital transfer, the Trust used the regional procurement framework for private ambulance providers to ensure that NIAS capacity was not impacted given their current pressures. In addition, he said the framework for private ambulance is very much based on governance, safety and quality with a rigorous process in place that private ambulance providers must go through which includes site visits to ensure providers are in a position to provide the service.	

	In December 2022, pathways were agreed with NIAS and clinical colleagues. These pathways were then tested in a safe environment to ensure they met the requirements from a patient safety perspective and the communication issues which existed across the Northern and Southern sector were addressed from 5th December 2022 until 18th December when rota difficulties confirmed that there would not be a 24/7 rota. The temporary suspension of EGS then commenced on Monday 19th December 2022. It is important to note that this unplanned temporary change will NOT affect the Acute status of the hospital and all other services at the hospital remain unchanged. Mr Gillespie noted that the Emergency Department (ED) at SWAH saw one of its busiest Decembers in 2022 and given that the change was happening it did appear that the public were still using the Department in the appropriate manner. Outlining the Contingency Plan and pathways to deliver safe services, Mr Gillespie said Members would be aware that General Surgery is a wide-ranging surgical specialty that focuses on diseases of the alimentary (digestive) tract, however, there has been much more sub specialism across General Surgery which is an important factor and has led to some of the recruitment difficulties which have been experienced. As part of Temporary General Surgery change the following bypass protocols were agreed with NIAS: - Acute Upper Gastrointestinal Bleeding will go straight to Altnagelvin or Craigavon Hospital, depending on where patient is picked up - Abdominal Pain- any patient greater than 55 years of age complaining of abdominal pain should bypass SWAH ED. Explaining the age range of greater than 55 years, Mr Gillespie said that data analysis has shown that there is a higher likelihood of individuals being admitted to hospital for investigation and a period of observation who are over the age of 55. - Acute scrotal or hernia pain – Patients with acute scrotal or hernia pain should bypass SWAH with the exception of those aged 5 and under who should transfer to Sick Children's at Royal Victoria Hospital, Belfast. - Trauma Management - all non-major trauma will continue to present to SWAH. The major trauma triage tool used by NIAS has been amended to reflect that those critically unwell or with penetrating trauma, are not brought to SWAH ED. - Post-Operative Complications (14 days or less) - those patients with post-operative complications should bypass to the hospital where the surgeon, from their initial operative procedure, operates from to ensure continuity and consistency of care. - Colorectal Surgery will be based in Altnagelvin for the duration of this temporary change. Giving details of the pathways in place, Mr Gillespie advised that Surgical Ambulatory Assessment is now operational in both sites and the hours of	

	operation are; SWAH: 9am- 5pm Monday to Friday and Altnagelvin: 8am-8pm Monday to Friday. Looking at the data from the outset, he informed the Group there were a number of patients who stayed less than 23 hours and the Trust believed there was an opportunity to be more efficient with the access that they have to diagnostic services, such as CT ultra sound and plain film and allow GPs direct access to these services either for referral or for advice. Traditionally patients would be managed as inpatients, however, evidence has shown that the diagnostic link to ambulatory assessment and ambulatory management as an alternative and data also reports that patients prefer this mode of assessment and management as opposed to being admitted to hospital. The Trust will work closely with SPPG to ensure the changes are monitored and reported consistently. At present, 1 full month of reporting information is available which will go forward to the Trust Board for consideration and will be used by service Project Board and Project Team to ensure consistency of information shared across Teams. Sharing the Learning to date, Mr Gillespie took Members through the statistics used when planning for the change which were based on planning assumptions made when looking back at data in SWAH regarding previous general surgical admissions. From the data received for December 2022, the admission data was lower than the expectation at planning point. Surgical Assessment is operational on both sites and he said that it could be deduced from this data that admissions could be down on the basis of this assessment service being available with opportunities to maximise this moving forward. It was noted that January data has just been reported and a high level overview has shown the total number of admissions to SWAH per day has not changed and has been consistent so far. Mr Gillespie handed over to Mrs Teresa Molloy who said that everyone would be aware that in June 2022, Minister Swann launched the new Regional General Surgery Standards and shared an extract with Members from the Report which outlined the areas on which the 6 standards are built around. She explained that 2 of the 6 standards, workforce and clinical interdependencies are the most challenging for the Trust. In terms of reinstating EGS at SWAH in line with the requirements of the standards, Mrs Molloy said that it is not possible to provide a date at this time. The key issues she explained is the establishment of a compliant rota which is something that continues to be critical. The judgement is that a minimum of 4 substantive Consultants would be required in combination with a small number of locum staff to reach an acceptable level. In relation to the standards, she advised of three hospitals, Daisy Hill, Causeway and SWAH, which require fundamental change in order to meet these standards. Trusts have been asked to consider service reconfiguration as a result of the Standards and are expected to	

	collaborate and work with the General Surgery Network which will have clinical leaders from across Northern Ireland. The Network is overseen by the Elective Care Management Team, established by Minister Swann and chaired by Department of Health (DoH). Continuing, Mrs Molloy said the Trust have been transparent during the consultation process and described that the opportunity to have a networked approach across two sites a considerable distance apart has been a challenge and was one of the issues raised consistently prior to the launch of the consultation. In November 2022, DoH announced that South West Acute Hospital would become a regional Elective Overnight Stay Centre for patients requiring inpatient stay following planned surgeries. Advance preparations are underway to establish initial lists. Agreement was secured during December 2022 from DoH that General Surgery would be the anchor speciality that SWAH would undertake as an Elective Centre. This will be led by Professor Mark Taylor, with the first regional overnight elective procedures commencing at SWAH in the coming weeks. Describing the ongoing communication since the decision was announced, Mrs Molloy advised that the pre consultation approach included staff, public representatives, press/media and services users. Communication and engagement also included; social media campaigns with a specific page on the Western Trust website with detailed explanations and factual information on pathways. In addition, 50,000 public information leaflets and posters have been printed and distributed across the geography. Mrs Molloy further explained the Consultation is now at mid point and is available on the Trust website via the following link **www.westerntrust.hscni.net/swah-egsconsultation** The Trust have ensured all formal consultees have access to the consultation document which is also available in easy read version and in other formats upon request. Furthermore, 7 public face to face meetings have been held with 2 more virtual meetings planned on the 8th and 13th March 2023. Concluding the presentation, Mrs Molloy advised that it is expected the Consultation Report will be prepared after the closure of the Consultation on 11th April 2023 and will be brought to Trust Board meeting in Summer 2023. In a final comment, Mr Guckian commented on media coverage which suggested that SWAH was no longer a type 1 Emergency Department or an Acute Hospital, he said he would like to emphasise to everyone that DoH has confirmed to the Western Trust that the this is absolutely not the case.	

	The Chair thanked the Western Trust Team for their presentation and invited questions/comments from Members. During discussion the following points were noted:- • Councillor Warrington remarked that he did not feel that Mr Gillespie's comment early in the presentation that the ED at SWAH had seen one of its busiest Decembers had any reflection on the fact that the General Surgery has been suspended. • The Chair advised that Fermanagh and Omagh District Council held a special meeting the previous evening with Save Our Acute Services campaign. A number of points were raised at the meeting by a retired consultant who had informed the meeting that he had made suggestions to the Western Trust to introduce a number of sub specialities, in particular colorectal and bariatric surgery to stabilise the core team into SWAH, however these suggestions were not taken on board. He also referred to the recruitment advertisement process and felt these had not been updated and not enough emphasis placed on recruitment and retention premiums available to consultant surgeons. The Chair asked the WHSCT team to provide a response to these comments. Mr Guckian replied that in terms of recruitment and retention, premiums cannot be used to attract Doctors within Northern Ireland (NI), they have been designed to attract Doctors from outside NI. In relation to the rest of the UK, Doctors are paid less in NI than England due to the removal of the Clinical Excellence Awards. In terms of the sub specialities comment, Mr Guckian said the concept of general surgery has changed which has resulted in a lack of training. A Bariatric Service has not been commissioned and he does not agree that having a bariatric service would protect general surgery. In regard to colorectal surgery, Mr Guckian advised that this has already been planned for Altnagelvin for outcomes based decisions long before the decision on EGS. Mr Gillespie added feedback from an audit on colorectal surgery found that the numbers could not be achieved at SWAH to maintain the skills of the surgical teams. Furthermore, from a safety and quality perspective the more patients that can be treated in one centre, the better the outcome for the patients, hence the centralisation. In terms of bariatric surgery, Mr Brendan Lavery, Medical Director, who had joined the meeting advised that there is currently only one bariatric surgeon in NI and as the number of surgeons who specialise in this area is such a niche it would be of no benefit. The Chair thanked Mr Guckian, Mr Gillespie and Mr Lavery for their clarification. • Mr Mahon said the main issues appear to be in relation to recruitment and asked Mr Gillespie what has been the 'stumbling blocks' to recruitment and what changes have been initiated to encourage better recruitment. Responding, Mr Gillespie said there are few General Surgeons now in the systems with Doctors choosing to specialise in sub	

	specialisms, the reason being they are very focussed on outcomes for patients. Sub specialisms also tend to be in larger centres with better rota options which are more attractive. In addition, there is a robust process in place with international medical recruitment and the Trust have invested significantly in a Team to source individuals. • Dr Molloy commented that looking across all medical specialties including General Practice recruitment is an issue for all and can understand how it has reached this point. • Mrs Molloy remarked that the Trust have been on an intensive process to bring regional elective work to both Omagh and SWAH and would like to put on record that Omagh was the first of two prototypes for Day Case Elective Centres in 2018 and as a result of this, there has been £4m investment in Omagh for daycase sessions for General Surgery, Urology and Endoscopy in the past year. As far as inpatient elective work is concerned, in November 2020 a five month test of change was undertaken whereby Consultants across the region visited SWAH to operate due the unavailability of operating sessions in other Trusts. In May 2022, Musgrave House was brought in as an independent provider treating HSC patients which are selected by the Trust for orthopaedics and are delivering a very successful service. On the path of showcasing Omagh and SWAH to the region and feels it is important to stress this. • Mrs Conway thanked the Trust representatives for their time commenting that in a case such as the suspension of EGS where there is the risk of losing services people hear this as the demise of SWAH and that history is repeating itself. She asked a question is in relation to the services not affected ie obstetrics and gynaecology and maternity services and what happens if there is an urgent medical or surgical intervention required for someone in labour. Mr Lavery responded that all caesarean section surgeries are carried out by obstetric and gynaecology surgeons with no input from General Surgery team. However, if input is required which is exceptionally rare, there are 24/7 middle grade surgeons available and this has not changed in SWAH. He also highlighted the need to keep this service in SWAH as Altnagelvin does not have the additional capacity. • Dr Molloy commented that from a medical perspective it would be interesting to see the job numbers that the creation of Elective Care Centres will create and keep. In response, Mr Guckian said that he would be confident the numbers would be higher with the bulk of employment being in nursing and ward staff and the Trust will be looking to increase these numbers. • Mr Lowry queried the process the Trust would be taking to respond to comments/suggestions within the consultation.	

	Mrs Molloy replied that a formal process for all public events via facilitated support in the form of an external facilitator and the PHA, PPI Team. The Trust have also scribed the events and it is the intention once the consultation has closed to use all of the information from all events and the consultation responses to create and outcome report. It is expected there will be thousands of responses so they will have to be themed. There will also be reports provided by the facilitators who will give their independent view. Standard approach used for consultations. • In a final comment Mr Guckian said he would like to categorically state that despite the temporary change, SWAH remains as a Category 1 Type ED and this does not change the acute status of the hospital. Concluding discussion, the Chair thanked Mr Guckian for his clarification on the matter of the acute status of SWAH and expressed her appreciation to his Team for their engagement, adding that she understands this is an exceptionally busy and stressful time for senior members of the trust and demands on their time are significant. Furthermore, she said the WLCG are primarily concerned with the commission of services for the people of the Western Trust area and this will remain the focus, however, she does understand the public concern and looks forward to the outcome of the consultation.	
13/23	**<u>COMMISSIONING LEAD UPDATE</u>** **<u>Declarations and Conflicts of Interest</u>** The Chair noted that she is a Board Member and Deputy Chair of the South West GP Federation. **<u>Correspondence</u>** Commencing, Mr Turley advised of correspondence received from Primary Care Infrastructure colleagues to note in particular that patients are now benefiting from an extension to the Donemana Practice which was formally launched in the previous weeks. He said Members would be familiar with the Primary Care Infrastructure Development Programme both in terms of the development of Hubs and equally important, the development of spokes With this particular Practice being one of the spokes in the West. He also noted that this particular extension forms part of a £2.2m investment in the Western Trust area in relation to Primary Care and this expansion will give room for the development of Multi Disciplinary Teams (MDTs) and is very much welcomed. Correspondence also received from the Information Analysis Directorate, DoH, in form of update from NISRA in relation to population projections. Interesting to note that the population up to 2045 is expected to increase. Two components to the increase he said is the natural increase and the net migration which will see a change in profile going forward.	

	He further explained that the brief is a high level overview for Northern Ireland and does not go into locality level and agreed to share with Members. In relation to correspondence received from the Public Health Agency on substance use and further workshops for service users and families. Mr Turley advised there are two further workshops scheduled for 27th February 2023 and 1st March 2023. Mr Turley invited Mrs Teague to update and she said Members will have received correspondence on the extensive needs assessment which has been carried out in the Western area, the only area in Northern Ireland that has taken part in such an approach. The needs assessment is looking at the needs of individuals who experience problems with substance use across the Western area and the organisation appointed to carry out the assessment is very keen to engage with individuals who have experienced problems with drugs and alcohol and their families and also from organisations working in this area. Details of the engagement questionnaire has been sent to Members and two recent workshops have been very engaging and though provoking. Mrs Teague undertook to update Members as the assessment comes to its concluding stages and would encourage Members to distribute through their networks and contacts. Mr Turley has received information from Protect Life 2 in regard to a further public consultation on services for individuals who have been bereaved by suicide. The Public Health Agency (PHA) he said want to hear the views of service users, families, local communities and relevant organisations who deliver services on what the appropriate model for protect life will be going forward. This consultation commenced on 16th January 2023 and will run for 12 weeks until 9th April 2023. Mr Turley advised of a letter sent from Strategic Planning and Performance Group (SPPG) to Mrs Teresa Molloy, WHSCT outlining investment of £1.3m in relation the extension of Scope Services at Omagh Hospital. This investment will deliver an additional 500 scope sessions over the course of a 50-52 week period and has the capacity to see an additional 3000 patients in year. Additional services within this investment will see pre-assessments for approximately 2000 patients. Investment welcome in terms of the development of the facility and the important context of supporting the local community. Mr Turley invited comments/questions from Members and the following points were noted:- • The Chair welcomed the investment in Primary Care Infrastructure stating that it is well know that the introduction of MDTs requires enhanced provision of accommodation. **<u>Engagements</u>** • The Chair apprised Members that in her role as a Councillor she attended a meeting of the Health and Social Care Sub Committee with Members of the Western Trust. Much of the discussion centred on the	**Mrs Teague**

	temporary suspension of emergency general surgery at SWAH but a very informative presentation was also received from Mr Kevin Duffy who appraised the Committee of issues relating to the Child and Adolescent Mental Health Services. Learning taken from the presentation showed significant shortfalls in staffing levels, long waiting lists, particularly for children with ADHD and waiting list breaches. The Chair said mental health provision for children and young people is essential and an area to focus on. The Chair advised Members that she represents the WLCG on the Western Local Medical Committee (WLMC). At a meeting on 6th February a number of concerns were raised regarding the pressure in Primary Care and the challenges currently faced. She stated that there is a real crisis in Primary Care provision with a number of practices handing back contracts and is a matter of huge concern.	
14/23	**MINUTES OF PREVIOUS MEETING** The minutes of the previous meeting held on 25th January 2023 were agreed on the proposal of Councillor Warrington.	
15/23	**Matters Arising** Mr Turley took Members through the Matters Arising from the previous minutes, a copy of which had been shared with Members prior to the meeting and included:- • ICPs will be standing down at end of March 2023. Discussion had previously taken place regarding gaps in LCG membership and the possibility of utilising ICP members. Mr Turley has raised this issue with his Director and will follow up. This will also be included for discussion at the next LCG Chairs and Leads meeting.	
16/23	**WESTERN TRUST DELIVERY PLAN** Referring to the Trust Delivery Plan and service delivery in general Mr Turley advised that a report is near completion which will go forward to the Performance Transformation Executive Board (PTEB) within the DoH. Mr Turley highlighted areas with performance issues during the month of January 2023 but caveated this with industrial action during the month which translated to cancellations and DNA rates. - Mental Health Contract activity was down by 32% as reflected in the figure with the main contributing factor being gaps in staffing. - District Nursing performance also had disappointing performance and was down 10%. 2 factors inputting to this was industrial action and staff sickness/absence. - A key focus area is outpatient services which covers a raft of specialities, overall outpatients down 11% in terms of activity	

	performance. Areas where this was a particular issue included ENT which had a significant reduction in attendance and clinic templates associated with ENT was also reduced. - Members he said would not be surprised to hear that General Surgery services were also reduced. - Neurology also saw a reduction in services, some of which was attributed to long term sick leave and looking at inpatients and day case services slightly depressed figures, particularly in relation to ophthalmology and haematology. - AHP, OT and podiatry were significantly down and difficulties seen were very much staff related. - Community dental services underperforming by around -21% which is of particular concern. Continued vacancies in this area alongside General anaesthetic cases for dentistry down by -48% which is a significant reduction. Some of this associated with SWAH. Mr Turley advised WHSCT have been asked to improve these figures and have put effort into increasing theatre nurse capacity at SWAH. Meetings with service leads at speciality level have been scheduled and an update will be provided in the coming weeks. The Chair commented that there are some concerning trends here and no doubt the industrial action will have an impact on these activities as has staff sickness.	
17/23	**<u>ANY OTHER BUSINESS</u>** • **<u>Draft Schedule of WLCG Meetings – April – September 2023</u>** Members received the draft schedule of WLCG meeting from April 2023 – September 2023. Members were asked to approve the schedule and note the dates in their diaries. The Chair thanked Members for their attendance and input and as there was no further business closed the meeting.	
18/23	**<u>DATE OF NEXT MEETING</u>** The next meeting will take place on Wednesday 26th April 2023 via zoom.	