Save Our Acute Services Press Release

4 September 2024

Ambulance Statistics confirm increased risks to patients in Fermanagh and south Tyrone due to removal of emergency general surgery from South West Acute Hospital.

Save Our Acute Services highlight that 1 patient in 10 who is delayed beyond 60 minutes in an ambulance can suffer "severe harm".

Stormont must urgently bring forward road map to restore one hour access to emergency and acute surgery for residents in SWAH catchment area.

Hospital campaign group, Save Our Acute Services (SOAS), which seeks the restoration of emergency surgery at South West Acute Hospital (SWAH) has called for urgent intervention by the Health Minister to address concerns for patient safety as a result of extended delays for local residents in an emergency.

Save our Acute Services reference statistics published in statement by the UK-wide Association of Ambulance Chief Executives (AACE) to highlight concerns for delays ED handovers in an emergency. The AACE stated that delays of more than 60 minutes in handover between ambulance and Emergency Department resulted in harm for 80% of patients. In 53% of cases this harm was judged low, 23% was moderate but alarmingly in 9% harm was judged to be severe.

Any SWAH patient who is sent to Altnagelvin must fall into this category due to the time transit takes.

SOAS has previously highlighted Department of Health statistics that showed patients presenting to the ED at SWAH faced an average 13 hour wait to get a bed before potentially being sent by ambulance to Altnagelvin where in the absence of dedicated beds they have to join the back of the queue at the ED there with waiting times there averaging 22 hours. With average transfer times for ambulance conveyance being five hours, that suggests an average 40 hour wait for emergency services.

The campaign once again calls for urgent intervention by the Minister for Health.

SOAS spokesperson Donal O'Cofaigh said, *"Previously we have highlighted how emergency patients from Fermanagh and South Tyrone who were taken first to SWAH ED only to wait to find out that they had then to be taken to Altnagelvin ED where they had to start afresh - what we have called the 'double ED' experience. On the basis of official Department of Health stats, this would result in a waiting time of about 40 hours and we have had people coming forward to us with exactly that sort of 'double ED' experience. When you compare that to the AACE statistics it is very concerning. They state that a delay of 60 minutes in an ambulance handover leaves 8 in 10 suffering some form of harm with almost one-quarter having moderate harm and almost one in ten severe harm. Given that Northern Ireland Ambulance Service (NIAS) currently takes an average of 5 hours and 41 minutes, this bleak fact includes every patient transferred from SWAH to Altnagelvin.*

"The residents of Fermanagh and South Tyrone are being failed by the current situation; it has left our people with access to emergency treatment that is not even second class. Fermanagh and South Tyrone has the worst access to emergency healthcare anywhere in the UK and if this crisis in provision in SWAH is allowed to continue, we stand to lose all other acute services.

We urgently need to see action by the Minister for Health Mike Nesbitt. He must bring forward a road map charting a way to restore these services -which includes drawing on the full potential of SWAH for North-South health care provision. SWAH has huge potential to succeed but it has never been allowed to do so. Continued delay and failure in Stormont to bring forward a plan for restoration will result in real harm being experienced by our community - that is a situation we cannot and will not accept."

ENDS...

For further information or to arrange an interview, contact SOAS spokesperson Donal O'Cofaigh, tel. 07375 530941.

Note for editors:

(a) the press statement by the Association of Ambulance Chief Executives can be find at the following link. AACE briefing

(b) The Association of Ambulance Chief Executives defines severe harm as 'any unexpected or unintended incident that had the potential to cause permanent or long-term harm to the patient'. Moderate harm is 'any unexpected or unintended incident where the patient required further treatment or procedure, cancelling of treatment or transfer of care to another area'. Low harm is defined as 'the patient required extra observation or minor treatment'. Full AACE report