

ROADMAP

3 STRANDS

This discussion paper is considering a roadmap for a sustainable long-term future for both emergency and elective care in the South West Region.



INTERGRATED SURGICAL NETWORK FOR SWAH

The roadmap will ensure an NHS-based solution for a critical mass of activity which will make SWAH attractive to key clinical staff. It is focused around 3 strands:

1. Local:

- Return of emergency surgery to SWAH, surgical beds reopened
- Major Trauma stabilisation available

2. Regional:

- New elective specialities based in SWAH
- Accelerated elective activity in line with Elective Care Framework
- SWAH consultants do sessional work in Omagh HPCC

3. North-South:

- Use SWAH for emergency cases along central border corridor
- SWAH as receiving trauma centre for gaps in HSE trauma network
- Build elective capacity for agreed shared specialities

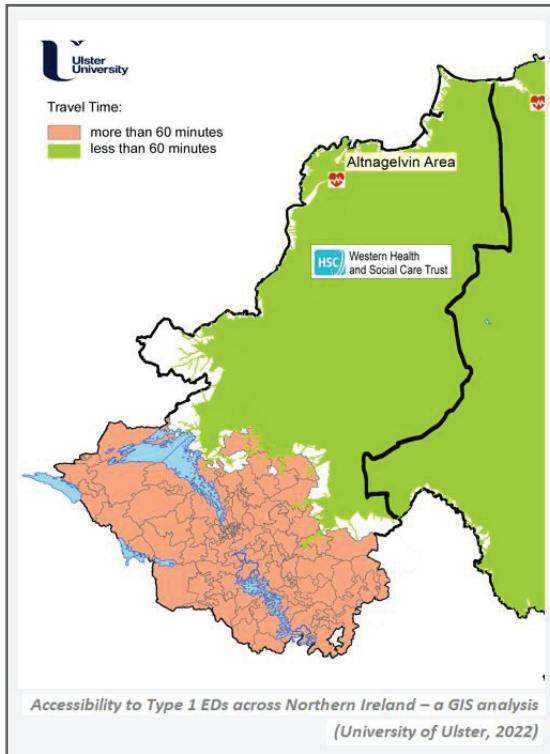
Integration of the above:

- Designation of SWAH as a ‘Rural Area Hospital’
- The creation of an integrated surgical network for the Western Trust

STRAND 1 - LOCAL

Restoring emergency general surgery in SWAH leading to resolving unique rurality and associated deprivation issues for local community and staff.

The return of Emergency Surgery will lead to:



- Timely emergency surgery.
- Surgical stabilisation in Major Trauma
- Consultant surgeon available in a Maternity emergency.
- Retain our specialised experienced staff
- Utilising all the bed capacity in SWAH
- Surgical rota of 1 in 6 (minimum)
- Reduction of pressure on Altnagelvin
- Reduction of pressure on ambulance staff.

OUTCOMES:

It is essential that we have the same safe, timely access to emergency treatment as the rest of Northern Ireland. 83,343 people will now be able to access emergency care and trauma care within target times.

We propose that SWAH be given a new designation as a Rural Area Hospital. This will enable appropriate commissioning decisions by the Department of Health to be made that will drive a sustainable solution for consultant led medical and surgical specialisms protecting emergency services in SWAH.

A genuine commitment from the Western Trust will help ensure recruitment to the 6.5 consultant surgical posts that are already funded. Incentives will assist in recruitment – aligning with well-established NHS England and other practices.

Maternity services are of vital importance to the entire community – the availability of consultant surgeons is essential to manage emergency complications that inevitably happen. Consultants in Radiology and Intensive Care will be attracted to permanent positions in SWAH.

STRAND 2 - REGIONAL

SWAH has the available capacity to contribute fully to reducing waiting lists in NI through accelerated elective work by:

- Accelerating elective work in SWAH & Omagh
- SWAH consultants doing sessional work in Omagh
- Using all 5 theatres and 312 beds in SWAH
- Availing of fair funding within Elective Care Framework
- Elective sessions will be more productive without “late starts, early finishes”
- Reducing dependence on Independent Sector



OUTCOMES:

Experience of recent reconfigurations across Europe shows that there are benefits when consultant surgeons work on both emergency and elective surgery - ideally in high volume centres with separation of activity.

Medium and higher complexity elective procedures have a high rate of complications that frequently require emergency management, benefitting from co-location of elective and emergency.

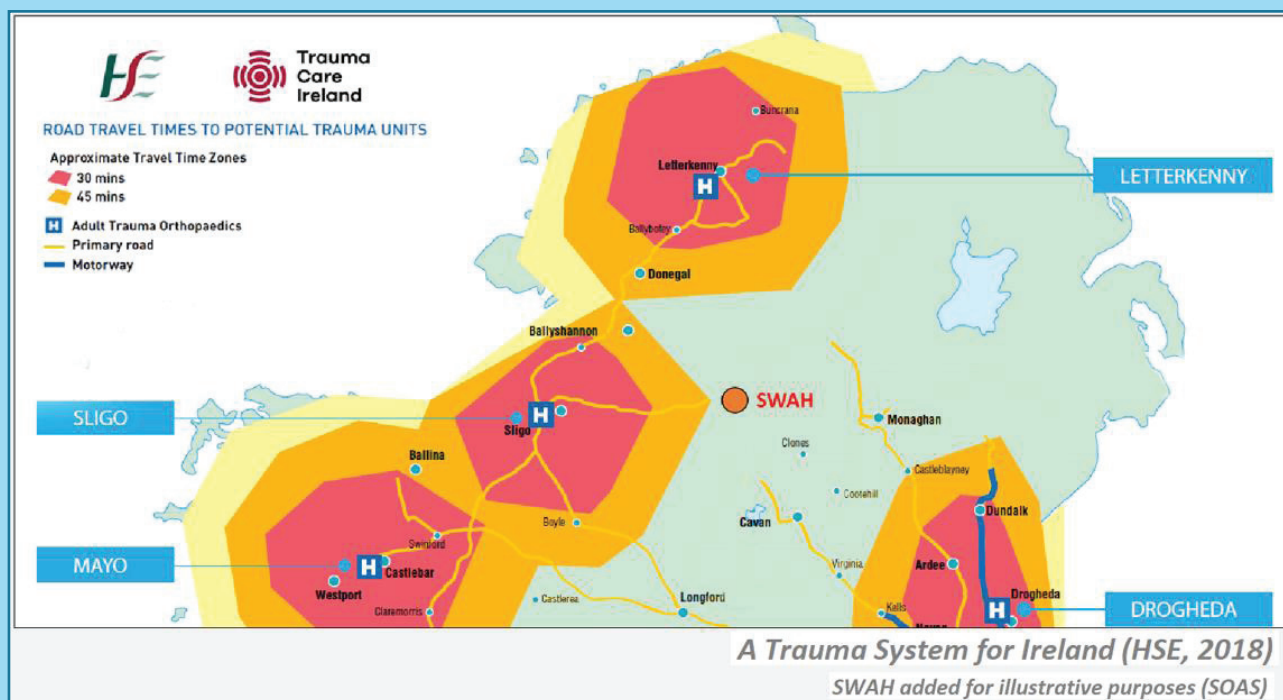
Elective and emergency can be separated across the same hospital – as confirmed by RCS (Royal College of Surgeons). Taking steps to ensure all 5 theatres in SWAH are commissioned facilitates this separation. The development of a PACU (post anaesthetic care unit) - as recommended by the Elective Care Framework - in SWAH ensures sufficient support for elective procedures through the EOSC (elective overnight stay centre).

New surgical specialities to be introduced with emphasis on key areas (e.g., bariatric, colorectal, breast, ENT). CAWT has already invested significantly in bariatric equipment in place in SWAH giving it the potential to become the premier location in all of Ireland for bariatric surgery. SWAH has also been equipped for Vascular Work.

STRAND 3 – NORTH-SOUTH

Political co-operation through the North-South Ministerial Council enables opportunities for cross border collaboration in central border areas.

We can increase all hospital activity in SWAH through increased North-South co-operation.



- North-South co-operation was integral to the original SWAH design.
- SWAH ED can receive HSE emergency patients from the central border area.
- Major Trauma patients from Cavan/Monaghan corridor can be stabilised and treated at SWAH.
- Developing complimentary elective specialities with HSE partner hospitals.
- Encourage shared work – both in policy areas and by clinicians.
- SWAH can facilitate External Work conducted by HSE Consultants

OUTCOMES:

The 60-minute target to treatment for emergency care from SWAH extends to Ballybofey, Donegal town, Manorhamilton, Drumshambo, Cavan town and Monaghan town.

The Centre for Cross Border Studies (2011) identified a possible catchment population of 200,000 to 250,000 in the adjoining 5 counties (Donegal, Sligo, Leitrim, Cavan, Monaghan).