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THE IRISH NEWS

# Deirdre Heenan: The Department of Health has produced a road map with no destinations – we need decisions right now

## Consultation document on future of hospital system is abstract, vague, and tells us nothing we don't already know

Deirdre Heenan
Deirdre is a columnist for The Irish News specialising in health and social care and politics. A Professor of Social Policy at Ulster University, she co-founded the Northern Ireland Life and Times Survey.

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As part of the long-overdue and painstaking process of transforming our health and social care system, the Department of Health finally published a document addressing the future of our hospital system on October 1 2024.

The next day a public consultation was launched and extended until last Friday.

Hospitals have a particularly powerful symbolic role with the public, representing a strong welfare state and maintaining trust with healthcare systems. They evoke a sense of pride, loyalty and ownership.

Given this, any proposed changes to hospital services often create heated, high-profile, contentious debates. Proposals are thrashed out on radio phone-ins, are the subject of opinion columns, and are debated over kitchen tables, in community halls and civic centres.

However, this time the silence has been deafening. Why? Simple really. This 115-page "plan" is not a road map which spells out what rationalisation will look like. Instead, it is a rehash of the case for change.

It is abstract, vague, and quite frankly tells us nothing we don't already know. It does not spell out how hospitals will change, where these specialist hubs will be located. No timescales, no data, no evidence and, surprise, surprise, no decisions.

The document proposes to keep the current model of five area hospitals, 13 local hospitals and three general hospitals.

The three general hospitals, Causeway, Daisy Hill and South West, are the ones that feel most vulnerable and not without justification.

The debacle around the removal of general emergency surgery from these hospitals hardly inspires confidence. This is no way to do reform. It causes alarm, suspicion, and fuels opposition. After almost three decades of broken promises, a trust deficit has emerged.


Save Our Acute Services, a campaign group set up in response to the removal of emergency general surgery at South West Acute Hospital in Enniskillen, delivers boxes to the Department of Health's consultation on the future of the hospital network PICTURE: COLM LENAGHAN

One of the key concerns in these general hospitals is the future viability of their emergency departments. If they are removed, what would it mean for the local populations? What would happen if someone needed emergency care in the middle of the night? Will people die on the way to hospital?

Would these rural populations, with poor transport and infrastructure, essentially become second-class citizens? Don't they have equal rights to access a service?

Don't we already transfer serious incidents to area hospitals? Can stroke services in the community be enhanced? These are questions that must be explicitly addressed.

Debates should be focused on outcomes, supported by data, evidence and framed by a partnership approach. What models of care are being proposed that retain the features of these local hospitals that are so highly valued by local people?

Establishing specialist hubs for services such as stroke, obesity and orthopaedics is less controversial. Given the spiralling waiting lists, most people in Northern Ireland are only too willing to travel to access care.

Northern Ireland has the worst hospital waiting lists in the UK

The nature of these specialisms and the size of our population mean it is inevitable that services will be shared across trusts and counties. But where? Who knows?

It is difficult to know how exactly the public are expected to respond to this deeply uninspiring, repetitive document with no decisions, options or new details to assess or review.

The thorny issues are side-stepped in favour of restating things that we have been told ad nauseum. The vision and principles of the 2016 Bengoa Plan are rehashed in detail.

Without irony, we are reminded that it is almost 10 years since the distinguished academic stressed that the health system could either resist change or see services collapse.

The Bengoa report on health service reform was published a decade ago

Despite the repeated warnings by health experts of a burning platform, reform here has been at a snail's pace. To suggest otherwise is deeply disingenuous.

We are told for example that Rapid Diagnostic Centres have been established in Whiteabbey Hospital and South Tyrone Hospital. Interestingly, there is no data on targets or how many patients have been treated in these settings. What impact have these initiatives had on the waiting lists?

The actions included in this plan are not actions in any meaningful sense, they are distractions. To work with, to explore, to consider, and of course our old favourite – to review.

The document sets out the key challenges and again, none to these will be news to anyone. The workforce, transport and collaboration – these issues have been discussed for decades.

North-south collaboration is described as strategically important and yet is afforded just 11 lines in this very lengthy framework document. This largely sets out existing projects, and there seems little appetite for future large-scale projects.

The minister has described this document as a road map, but it appears that he forgot to include the destinations, what is going where and why.

This is a missed opportunity. We don't have time for diversions and the scenic route.