

Mid Ulster District Council  
Health Paper – Issues for Discussion  
December 2021

## Primary Care Provision

Transforming Your Care was published in 2016 laying out the Transformation of the Health Service, including Primary Care. However, the strategy has yet to be resourced or implemented since it was published.

Issues in Primary Care are most acute in the South West and Dungannon area and this has been documented for the past 10 years. This has also been referenced by the British Medical Association over the same period.

**There is a chronic shortage of GPs in the Dungannon area.** There is also a high proportion of GPs due for early retirement in the coming years.

There is not only a need to train new GPs through increased university places **but to support and encourage greater GP trainee practices for the Dungannon and Mid Ulster areas. It is also important to incentivise GP's to take up work in our rural areas that are in crisis. Alongside this in the short term it is important to resolve the issues with GP pensions to seek to retain current GPs.**

**Multi Disciplinary Teams (MDTs)** of practice-based physiotherapists, mental health workers and social workers will super charge Primary Care Practice. **There is a urgent need for MDT to be put in place in Mid Ulster as soon as possible.** GPs need a timeframe of this implementation, so they can make the necessary preparations in their businesses. The full MDT is not in any area of Mid Ulster; even with the identified crisis in Dungannon regarding GP provision.

**Large percentage of GP practices are not fit for purpose.** The MDT scheme does come with an Infrastructure budget but we need clarity from the Health Minister when exactly they will be fully rolled out so that GPs can make the necessary preparations.

**Advanced Nurse Practitioners** who will support GPs on a number of areas including assessment, diagnosis, treatment, intervention and much more, **need to be imbedded throughout Primary Care**, including Care in the Community, particularly in mental health.

The **Pilot Paramedic Scheme** which supported a triage and treatment system in a number of Dungannon practices **needs to be reinstated and progressed** from a pilot to mainstream programme and extended throughout the district

Waiting lists are having a catastrophic impact on Primary Care Services with practices under immense pressures treating chronic conditions as a result of waiting lists. **The recycling of patients from waiting lists to GPs needs to be addressed as a priority.** In light of the new processes being introduced as part of the response to Covid 19 and access to GPs; there is a recognition of the need for a triage system, however it needs to be supported by MDT's and not an overreliance on reception staff. There remains a vast difference across surgeries regarding patients being seen by a GP. **Is there a**

**quality target for GPs to ensure equity in provision?** Further there is some reference to people being able to move between GP practices however at a local level that is not an option if there is no availability.

In recent years, the British Medical Association referred the Out of Hours Service in the SHSCT to the General Medical Council as being unfit for purpose. A number of reports were published, including one from the RQIA, however, no recommendations from these reports have been implemented. **When will these recommendations be implemented?** What is the current status of the Out of Hours Service being removed from South Tyrone Hospital and as stated by the BMA, the travel time for people to receive urgent care.

## Dungannon Health Hub

Due to the reduction of services and its peripheral location, much of Mid Ulster has the poorest access to acute hospital and care provision. Two thirds of Mid Ulster's population of 145,000 are rural; and by 2037 83% will be aged 65+ (against an NI average of 68%). During Mid Ulster District Council's extensive community consultations to draw up the new 'Community Plan' for Mid Ulster, the issue causing most concern was the ongoing reduction of health and social care services and facilities in the area and the apparent lack of investment in alternative provision.

Opportunities now exist across sites which are already in public sector use in Mid Ulster, where services have been removed, which would facilitate the co-location of a broad range of localised health and social care provision, while also achieving a greater integration of service delivery. These sites have the potential to deliver a comprehensive range of local diagnostic facilities, primary care and elective surgery provision, which will also contribute to alleviating the pressures on Antrim and Craigavon. In line with the Bengoa Report, this seeks to "provide simpler and easier access to healthcare professionals and diagnostic equipment needed to assess and diagnose conditions". **Whist the Mid Ulster district has lost two acute hospitals, it does not have a Community Care and Treatment Centre in any of its three hub towns.**

The Council was last updated that the Department was reviewing its capital priorities under its 10 year capital plan, which would the Dungannon Health Hub, was under review in early 2019. However, even after numerous requests, Council have received no further updates to this. **Can the Department please provide an update on its Capital Build Programme and the Dungannon Health Hub**

## Oakridge

The Council are aware that several business plans have been submitted to the Department of Health for a new build at Oakridge but due to lack of funding, they have lapsed. When we last met with the SHSCT Capital team in 2019, we were informed that a business plan had been updated and submitted to DoH. Given the age and state of repair of the Oakridge building; the vital service it provides to the District; and the length of time this issue has been presented as a priority (over the last 10 years), **Council still would urge the Department to consider the Oakridge business plan in their capital programme as a matter of priority,**

## Integrated Care System

Mid Ulster District Council (MUDC) welcomes and supports a health service model that enables collaborative working, like that presented in the Integrated Care Draft Framework consultation in September 2021.

Whilst MUDC fully supports a model that is based on the principle of local level decision making which is underpinned by a population health, it has significant concerns regarding the formation of both the Area Levels and Locality Levels and how they align to the Mid Ulster Council area. The Council believes that a significant barrier to addressing the health needs of the Mid Ulster population is because the district straddles two Health Care Trusts. When developing and delivering health programmes in the district, in partnership with the Health partners, it is for the majority of cases, only with one Trust. Gaining the participation of both trusts to deliver a district wide service or programme is often challenging and it can prove frustrating as to how different the two Trusts operate and are managed. The details provided so far does not provide MUDC with confidence that this practice will cease under a new Framework. **MUDC would seek greater assurances that the new structure has considered in detail, how council areas that sit across more than one Health Trust, will be better served.**

MUDC also has reservations to the reference made to Local District Electoral Areas (DEAs) within the structure. Whilst Council is aware that a few Councils have adopted a DEA approach to certain services, it also understands that this approach is not without its challenges. **MUDC can see merit in engaging with communities and citizens through a DEA fora but would not support a DEA structure for decision making or delivery purposes.**

MUDC agrees with the inclusion of Community Planning Partnerships in the AIPB membership. However, MUDC also feels that Council should be represented at this Board, given its integral part to service delivery at a local level. MUDC are aware that frameworks and policies often mistake Councils and Community Planning Partnerships as one and this is not the case, Council are an equal partner in terms of delivery and fulfilment of the Plan. **Again, MUDC would stress its position that both Community Planning and local government needs to be represented at the board, as separate entities.**

Furthermore, for Council and other partners to be represented there would need to be a clear Terms of Reference for discussion, engagement and decision making, as often partnerships can be used to sign off contentious decisions, stating a partnership as a consultative body. Legacy councils have experiences of similar bodies that were established to oversee specific health services in the locality. However, instead of the decision making and delivery roles that they were intended to be, they were used solely for the purposes of perceived consultation and community engagement, which in the end was largely ignored by the health service. MUDC is fully endorses an Integrated Care System that is truly underpinned by local level decision making but will not participate in a structure that simply pays lip service to local autonomy. **MUDC would seek further clarification and reassurances to both the genuine level of autonomy and the decision-making powers of the Area Level and Locality Level Partnerships.**

## Ambulance Response

In recent years, Mid Ulster has recorded consistently higher response times than the NI average, increasing year on year. Mid Ulster travel time to a hospital with major injury treatment capabilities is over eight minutes longer than the NI average. The District and its road network is predominantly rural, adversely impacting on travel times. The priority for NIAS should be to direct resources and effort to the area worst affected. **What mechanisms are DoH/NIAS putting in place to specifically tackle Mid Ulster's growing response times.**

A longer term solution will require planning and investment to ensure greater availability and more rapid deployment of vehicles in rural areas furthest from acute provision. This should also include developing the capacity of existing local ambulance stations as well as exploring the potential to use Mid Ulster as a regional base for some or all parts of the service. **We would be keen to explore the previously discussed opportunity to locate a new NIAS Station at the Desertcreat site, near the new NI Fire and Rescue Learning and Development Centre.**

## Mental Health Strategy

The Mental Health Strategy is most welcome as a means to drive forward the health and wellbeing agenda for the next 10 years. To date the provision of mental health services in Northern Ireland has been vastly underfunded. The number of people experiencing mental health problems has increased exponentially over the years to an estimated one in five. Waiting times to access support services have increased in line with this. In Mid Ulster, local community consultations have indicated that individuals and families have faced barriers to accessing the right mental health support services at the right time and therefore, a regionally consistent response for people suffering from mental health problems is essential.

**Whilst Council appreciates that the Strategy is subject to confirmation of funding and will require significant investment outside of the Departments existing budget, to deliver it, we would seek clarification on progress.**

## Poverty

Areas of deprivation have a significant impact to the health outcomes of an individual. Health data and more specifically, Health Inequalities data, clearly identifies the geographical locations of high-risk individuals.

Mid Ulster Community Planning is fully committed to reducing poverty and the impact of poverty on the health of our citizens. In 2019, in the absence of a Regional Anti-Poverty Strategy, partners came together from statutory agencies, business and community to look at a range of priorities impacting on poverty; with the aim to create a Poverty Plan that seeks to identify strategic actions for partner delivery. A number of poverty issues were identified through the development of the Plan for Mid Ulster, including those pertaining to health inequities such as higher levels of lifestyle illnesses and premature death. To tackle these issues, a comprehensive plan of actions has been developed to improve health and wellbeing of our people; through increasing support to those in poverty to engage in better health and wellbeing activities and lifestyle choices. **Mid Ulster Community Planning would welcome support from our health partners to the delivery of these actions.**