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HEALTHCARE REFORM

Northern Ireland's surgeons force action on hospital reform

With no reforms in sight, some surgeons in Northern Ireland have taken healthcare policy into their own hands, writes **Lisa Smyth**

Lisa Smyth *health correspondent*

At the Southern Trust's board meeting in January, members were told that emergency general surgery at one of its hospitals would be suspended at the end of February. The service would be halted at Daisy Hill Hospital in Newry and instead it would take place only at Craigavon Area Hospital some 20 miles away.

The trust's board was told that, despite numerous recruitment campaigns, only two of six general surgical consultant posts had been filled at Daisy Hill, and that one of those surgeons had resigned and was due to leave their post at the end of February. This had forced the trust and its surgeons to review urgently the way emergency general surgery is provided.

Surgeons from the trust were present at the meeting and argued for the change, explaining that the service has become increasingly fragile in recent times. General colorectal surgeon Kevin McElvanna told board members: "We're running a sub optimal service across two sites, with big issues for recruitment, retention, and training of staff. There's been a revolving door of surgeons, particularly on the Daisy Hill site, for a long number of years."

McElvanna said surgeons and trainees are struggling to carry out enough operations to ensure they are allowed to continue working. He also said the surgical teams cannot deliver "the full gambit of general surgery" at both Daisy Hill and Craigavon Area, particularly as critical care, radiology, and magnetic resonance imaging are based at the Craigavon site. "There are issues for quality of care here and patient safety," he continued. "There is a need for change, there's no doubt we have an inequitable service, an unsustainable service at that, and we need to change."

"Patients need safer, higher quality emergency surgical care delivered by a multi skilled team with resources at hand to deliver that in a safe way."

Consultant vascular and general surgeon Colin Weir, an honorary lecturer in surgery at Queen's University in Belfast, also addressed the board and said trainees are completing training and "feeling they aren't ready."

Furthermore, changing the way general surgery is delivered by the trust represents "an amazing opportunity to enhance the training in elective surgery as well as in emergency surgery," Weir said.

But some politicians have objected to the plan.

Political opposition

Within hours of the trust's decision, the Social Democratic and Labour Party (SDLP) set up a petition "Stand up for Daisy Hill," warning that the removal of emergency general surgery from the hospital will "have an immediate impact on people in Newry, South Armagh, and South Down."

"The withdrawal of emergency general surgery from Daisy Hill is not part of the health service transformation programme, it has been allowed to happen because of general surgical vacancies. There needs to be a plan to address this now," reads a statement on the petition's website.

At the time of writing, the petition continues and SDLP councillor for Newry and Mourne Karen McKeivitt told *The BMJ*: "This isn't something the trust has planned, it's as a result of staff shortages and poor workforce planning."

"The trust has never said that there isn't a need for emergency surgery at Daisy Hill Hospital. My concerns are that they are trying to squeeze in patients that would otherwise have been treated in Daisy Hill into already pressurised beds in Craigavon."

"I am also very concerned about the ambulance cover required to transport these patients from Daisy Hill Hospital emergency department and I have concerns about the delay in emergency patients awaiting surgical review."

"If 24 hour surgical cover is not on site, then I'm also concerned about the training opportunities for surgical trainees if only elective surgery is available in Daisy Hill."

"I want to see a balanced job plan and also have assurances to consultants that their services won't be moved from Daisy Hill so they can invest time in developing the service."

Local doctors have criticised the stance taken by politicians, and many have responded on social media to the Stand Up for Daisy Hill campaign.

GP Richard Kirk tweeted: "This is why healthcare in Northern Ireland is on a downward spiral. Literally everyone knows what needs to be done but no one wants to lose their own seat/votes over it. We need a few brave politicians!"

Speaking to *The BMJ*, he expanded: "It's very frustrating—the problem is politicians are taking a 'not in my back yard' approach, where they are worried about winning votes so want to be seen to fight for their local hospital. They just want to protect

their own seats, they aren't brave enough to say to their constituents that these changes would actually benefit everyone."

Says Kirk, "Daisy Hill could become a first class elective care centre they could be really proud of, and it would also make emergency surgery much safer because the operations would be carried out by someone who does them four or five times a day instead of once a month.

"They would also help tackle our waiting times which have become such an issue that we now have a well established two tier system where those who can pay for private treatment do so, and those who can't end up waiting for years. It has got to the stage where every GP is advising their patients to go private for treatment if they can afford it."

He adds, "We really need to listen to the surgeons who are telling us patients are far more likely to get a successful operation in Craigavon rather than this short term approach where politicians are thinking about the next election."

But Ann O'Brien, a patient who underwent emergency surgery at Daisy Hill Hospital in 2019, said she believes the changes to service provision will result in lives being lost.

"I had a perforated stomach and bowel and I'm only alive today because I live so close to Daisy Hill," she said. "The doctors at the hospital told my husband I would have died if the surgery hadn't happened when it did. We only live five minutes away from Daisy Hill, but we live 45 minutes away from Craigavon and I wouldn't have survived the journey.

"The delays in getting ambulances out to patients are another factor and I just worry about the people who could be waiting an hour for an ambulance and then another hour travelling to Craigavon and they won't survive."

Reform

The healthcare service in Northern Ireland has been floundering for years, despite calls for urgent reform since at least 2016 (box). Southern Trust's effort to stave off an emerging crisis by pushing through changes without a proper consultation process is unlikely to boost public confidence.

Alan Stout, chair of the British Medical Association's GP committee in Northern Ireland, and part of the expert panel that produced the report *Systems, Not Structures—Changing Health and Social Care*, says the latest political opposition to reform is a source of frustration for the medical profession.

"Politicians are coming from a position where they want to protect local services, but it is frustrating, particularly when such strong arguments have been made for change," he said.

"When it comes to reform, it's important that we don't talk about opening and closing services but instead talk about reconfiguration and the fact that, if it's done right, we can enhance services and establish centres of excellence that will actually deliver much better care."

Northern Ireland's health service

Northern Ireland has 11 acute hospitals serving a population of around 1.9 million.

Not enough doctors and nurses are available to provide specialist services at so many sites, and in particularly specialised areas, staff do not see enough patients to ensure they gain the experience necessary to maintain professional skills. This, in turn, means trusts find it difficult to attract and retain adequate staff to provide a safe service which isn't at risk of collapse through sickness, annual leave, or resignations.

At the time of writing, Northern Ireland has the longest hospital waiting lists in the UK and it isn't unusual for patients to wait upwards of five years for a first outpatient appointment. According to the Department of Health, 354 756 people were waiting for a first appointment at the end of last year, of which 53% had been waiting longer than a year.

Over the past two decades, successive reviews of the health service in Northern Ireland have offered a blueprint to revive the ailing system. Notably, the *Acute Hospitals Review* published in 2001 (led by former civil servant Maurice Hayes) and *Systems, Not Structures—Changing Health and Social Care* in 2016 (chaired by Rafael Bengoa, former health minister of the Basque Country) stated that radical transformation is required to build a sustainable, safe, and efficient health service able to respond to the needs of patients in the 21st century. And while the reports have offered various suggestions on configuration, all concluded that Northern Ireland has too many hospitals.

The 2016 report spoke of restructuring the service—not of closing hospitals, but of moving and centralising services. This would enable consolidation of workforces, thereby creating more robust rotas and the establishment of centres of excellence.

It would mean some patients may have to travel further for treatment, but it is believed the change would ultimately improve outcomes and help to tackle Northern Ireland's waiting list crisis.

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