

Public Consultation on a Policy of Improvement in Health and Social Services to Support the Replacement of Braid Valley Hospital, Ballymena and Inver House, Larne with New High Quality Services and Facilities in Ballymena and Larne

1. **Introduction**

The Northern Health and Social Services Council has shared the consultative document among its members. Within this response cognisance was taken of the following:

- presentation to NHSSC – 4/10/06
- visit to Inver House, Larne by NHSSC – 20/10/06
- previous visit and report to Braid Valley Hospital, Ballymena by NHSSC – 12/10/05
- attendance at NHSSB Information event in Ballymena – 15/11/06
- attendance at NHSSB Information event in Larne – 16/11/06
- attendance at Public Meeting, Ballymena – 4/12/06
- attendance at Public Meeting, Larne – 5/12/06
- meeting of NHSSC to consider response – 6/12/06

2. **Ballymena and Larne Proposals**

Council considers that there are two issues in both cases where the common theme is that of location.

On the one hand there are the proposals for meeting the needs of patients currently looked after in the Braid Valley Hospital and Inver House and secondly, but largely separate, is the building of a new Health and Care Centre for Ballymena and for Larne. The only thing that appears in common is that the new Health and Care Centres would occupy the sites currently housing Braid Valley and Moyle/Inver. Herein lies the first concern – will the developments at Antrim and the necessary community support services come to fruition within the timescales outlined?

The people affected by the removal or transfer of beds from Ballymena and Larne are mostly an aging population. People in both locations can remember before Waveney and Moyle Hospitals closed that there was the promise of a new 600 bed hospital in 2 phases for Antrim with a separate Services Centre to be located at Ballymena. In effect phase I Antrim was built but Phase II and the Services Centre were scrapped with an emphasis on policy shifting to community care.

3. **Confidence**

Past experiences within the past 15 years have undermined the confidence of people in accepting what is promised for the future. The political environment, RPA, financial pressures, changing priorities within health and social services and government spending generally can impact on future planning.

In this respect people are very reluctant to relinquish what they have in the hope that what is promised in its place will materialise in full and within the timeframe outlined. This was expressed openly in Larne when guarantees were sought from the Board that nothing will close until the public is confident about the future.

In addition the present difficulties faced by the NHS in recruitment of specialised skills adds a further concern factor to the confidence of people that the necessary skills mix will be available to meet the care but more importantly in this case is meeting the support needs in the community in a timely manner.

The RPA restructuring is an added dimension in that the Northern Board will cease to exist in April 2008 and the HSSA may in turn have a shift in priorities or in the locations it wishes to invest in. The probable return of a Northern Ireland Assembly further complicates the issue.

In Larne there was a distinct lack of confidence that the process was one of consultation. People felt it was a 'fait accompli'.

4. **Capacity**

The present experience is of a service which struggles to meet current demand in the community. There are people in hospital awaiting community care support, waits for Occupational Therapy assessment, pressures on carers and family, recruitment difficulties, etc. With an increase in the predicted growth of the elderly population the question most often asked is *'if we can't meet the need now what guarantee is there that it will get better in the future'*. This again raises concern among people approaching an age where they might need this support. As one individual stated at one of the meetings *'I am elderly, I live alone and while I don't have to rely on social services at present it would be a comfort to me to know that it was there and able to provide a service when I needed it.'*

In Larne an individual stated that the town had lost respite services and services for those with learning disabilities and that carers were left to support people.

There was also an issue, particularly in Larne, about the supply of private sector places. Being a coastal town property speculation and other external forces affected private sector supply. It was also pointed out that the private sector is reluctant to accept patients with complex needs and due to supply not meeting demand can choose to accept or reject patients. This indicated a need for local NHS bed provision such as in Inver which was currently getting Ballymena patients since the ward closed at Braid Valley.

5. **Physical Planning**

As the Health and Care Centres in both Larne and Ballymena will occupy the sites of Moyle and Braid Valley Hospitals some issues arose about the continuity and access to current services provided in both locations. There were issues about the

decanting of existing services to suitable accommodation, the disruption of this, access to the sites and car parking.

The phasing of the Antrim hospital developments was crucial in the planning process and the necessary timely approval of planning applications for new builds requires attention. There was some regret that the imposing buildings of Moyle and Braid Valley would disappear as it is expected that a lot of people through the care and treatment of family etc have close association with these facilities.

At both Information Days it was evident that staff, local professionals, and public representatives seemed lacking in knowledge about what was happening. This would suggest that they have not been fully informed or involved in the planning stages. A local clergyman in Larne commented that he would feel more confident in the process if he was hearing it supported fully by local staff, GPs, etc but this was not coming across and if they were not at this stage supportive and enthusiastic about it then why should he or the Larne public.

A GP from Larne referred to Larne patients in private sector beds outside Larne area who rely on continuing care from other GP practices unfamiliar with the patients' medical histories.

Other issues which arose included the need for a human resources strategy for transfer, retraining and recruitment of staff and the need for ongoing public information and involvement in developments.

6. **Loss of Local Services**

In both locations this represents a further loss of hospital beds following on from the closure of Waveney and Moyle. The Health and Care Centres will not replace that.

In Larne people were more adamant about the retention of local bed provision and local staff expertise. Inver House is not regarded as an old antiquated building (1970s) and was regarded highly by NHSSC members on a recent visit. There were suggestions for Inver to remain or at least for a nurse-led unit possibly on the upper floor of the Health and Care Centre. There were strong views on the need to strengthen health care provision in the Larne area and have local palliative care beds in Larne.

In Ballymena there was some requests for local bed retention particularly for respite care provision.

In both instances the distance to Antrim and the lack of public transport for those without cars was highlighted. In addition Antrim has current parking problems and will shortly introduce car parking charges.

Shortfalls

There are at present shortfalls in service provision with resources not meeting present demand for community care.

The proposals quite rightly place great emphasis on supporting people to remain in their own home for as long as possible. In this respect there is the need for 24 hour/7 day week community care provision. People are aware of current shortfalls in services and the burden this places upon carers. This adds to the undermining of confidence that such community care deficiencies will not exist in the future when meeting an increased demand.

‘What is ‘home’ if the support cannot meet the person’s needs at the time of need?’

In this respect there were calls for

- greater support for carers
- support at night and weekends
- links with NIHE/Housing Associations for more supported housing
- a human resources strategy to ensure that skilled, trained support workers were available

7. **Conclusion**

The Northern Health and Social Services Council has considered at length the Board’s proposals. While it welcomes the investments proposed for Antrim, Larne and Ballymena it recognises that there is serious public lack of trust and confidence in the future proposals in terms of delivery, within the timescales, in a manner which does not replicate the shortfalls of the present. This is particularly so in the Larne area.

The NHSSC expresses its concern at the lack of public confidence in the consultation process particularly with regard to the health and social care provision in the Larne Borough area.

This Council would further ask that the public consultation process be extended to enable adequate and meaningful attention to be given to those concerns expressed by general practitioners, other health and social care professionals, membership of this Council and the general public in Larne.