

# **SOUTHERN HEALTH & SOCIAL SERVICES COUNCIL**



**Response to**

**Consultation paper**

## **Making Services Safer In Sperrin Lakeland Trust**

**November 2005**

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## **Response to Making Services Safer in Sperrin Lakeland Trust**

### **INTRODUCTION**

1. The Southern Health & Social Services Council (SHSSC) was established to represent the views and opinions of the public in the Southern Health & Social Services Board's (SHSSB) area to those who plan, manage and provide health and social care services.
2. The SHSSC has watched with concern events in the Western area with the identification of problems in A&E and surgery as delivered by the Sperrin Lakeland Trust and we appreciate the need for swift, decisive action to ensure patient safety.
3. In the long term, the developments currently in place should offer improved acute services to the population of the south west. The Western Health & Social Services Council will respond to these proposals as appropriate.
4. The SHSSC acknowledges the potential for a network approach to provide a more robust approach to the delivery of services.
5. We are responding to the paper in order to make the general point that it is not advisable to attempt to solve one problem by spreading the problem to adjacent areas.

6. Our concerns relate to both short term issues as well as the longer term implications. In particular, we are concerned about the possible negative impact on Craigavon Area Hospital (CAH) of additional patients.

## **ISSUES OF CONCERN**

7. The SHSSC would welcome some clarification as to whether the proposals are short terms measures or whether they represent longer term changes in CAH's operation.
8. Some of the problems noted in the Sperrin Lakeland Trust (SLT) case, such as the use of inexperienced locums, are also experienced by other providers. Simply shifting the venue for the delivery of services will not solve this problem totally.
9. CAH is currently experiencing difficulty in meeting the needs of the Southern population as can be seen from its waiting lists. The hospital has two Group 2 specialties and is experiencing difficulty in meeting some of the Group 1 targets. We are concerned that an additional workload from SLT will lead to deterioration in the service to all, with possibly patient safety implications.
10. The urgent need to act on the SLT situation is obvious but it does pose a number of difficulties for CAH. The learning from the closure of acute services at South Tyrone Hospital (STH) showed that such services take time and thought to reconfigure. Acting in haste has the potential to compound mistakes. The

additional investment at CAH, while welcome, cannot immediately be converted into more space/beds, additional staff, up-skilled staff, etc.

11. Effort is currently being put into developing clinical networks between CAH and Daisy Hill Hospital (DHH). Whilst we recognise the benefits to patients in the south west of networking with CAH, there has to be a realisation that if networks become too stretched geographically and across locations, they will become meaningless and ineffective.
12. CAH and DHH currently experience staff recruitment and retention problems. Whilst networks will open up professional opportunities for staff and maybe offer a tenable interim solution, the long term requirements for the numbers and range of qualified and experienced staff are complex and need to be addressed. Networks can only function effectively if there is a critical mass of experienced staff.
13. In relation to equality issues, there may be potential for elderly people and families with young children being disadvantaged as they may experience access problems due to the additional travel in relation to the distance and time involved in visiting CAH rather than a local hospital.

Stella Cunningham  
Chief Officer

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