**Review of Urgent and Emergency Care Services in Northern Ireland**

**Response from the Commissioner for Older People for Northern Ireland**

**01 July 2022**

Department of Health

Regional Health

Transformation Directorate

Annex 3 Castle Buildings

Stormont Belfast

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**01 July 2022**

**RE:** **Review of** **Urgent and Emergency Care Services in Northern Ireland**

Dear Sir/ Madam

As Commissioner for Older People, I welcome the opportunity to submit a response to the Department’s consultation on the review of Urgent and Emergency Care Services and I am encouraged by the Department’s acknowledgement of the need to have greater focus on the needs of older persons and their experiences of Urgent and Emergency Care.

COPNI’s response is based on the examination of the report’s three main priorities as summarised below.

**Strategic Priority 1: Integrated Urgent and Emergency Care**

**Phone First Service –** I agree that the phone first service has the potential to improve urgent and emergency care in Northern Ireland. However, it is important that the operation of face-to-face appointments are prioritised for those who are in greatest need, especially for older and more vulnerable patients. Many older people, especially those with cognitive impairment, who live with dementia, may find it difficult to use phone and digital based solutions. According to research carried out by Age UK in 2020, 39% of over 65s do not feel confident using a smartphone.1 Furthermore, plans to further roll out a telephone-based service, needs to be conscious of those living rural areas with lower mobile coverage. Data from Ofcom indicates that mobile voice calls are only available across 89-98% of Northern Ireland, depending on the operator. Coverage from all operator’s availability is cited at 87% across Northern Ireland1.

**Out of Hours Service** (OOH)– I welcome the proposed introduction of a reshaped, integrated Out of Hours GP service, and its potential to improve urgent and emergency care. The review document acknowledges that the current system introduced in 2020, did not fill 18% of OOH planned sessions. Therefore, consideration needs to be given to improving the accessibility and availability of the service to ensure the system can adequately cope with patient demand.

**Urgent Care Centres and Rapid Assessment and Treatment Services-** The introduction of urgent care centres and rapid assessment and treatment services in all Trusts has great potential to improve health outcomes for service users. As with many of the proposals in the review, I look forward to, and encourage the Department to provide further detail on the implementation of these services.

**Strategic Priority 2 - Capacity, Co-ordination, and Performance Management.**

**(The Implementation of the Northern Ireland Ambulance Service Clinical Response Model (CRM) -** This is a welcome measure which aligns NI with other UK regions. Care should be taken, however, to ensure that these changes will have positive effects on response times and service across the region. In Scotland, the introduction of the CRM has been credited with saving 43% more lives3. In England, CRM is referred to as the Ambulance Response Programme (ARP), which has not been as successful as the Scottish system, with some examples of response times increasing4.

**Getting It Right First Time (GIRFT) Emergency Medicine Report -** I support the proposal to undertake a GRFT review and recognise its potential to help guide improvements in service delivery. Furthermore, I acknowledge the ongoing work in of the Health and Social Care Board and the establishment of an unscheduled care hub to monitor urgent and emergency pressures. I look forward to receiving more detail on the how and when this review will be taken forward.

**Improvements in discharge process** – I welcome the establishment of a Regional Discharge Group (RDG), that is co-chaired by the Health and Social Care Board (HSCB) and the Public Health Authority (PHA). The untimely and inappropriate discharge of older service users can cause both physical and mental harm, which has been highlighted recently in the High Court in England were judges ruled that the discharging of patients from care homes without covid testing was unlawful5.

**Strategic Priority 3 - Intermediate Care – ‘A Regionalised Approach’.**

I support the recommendation that a regionalised intermediate care programme, including the care home sector should be implemented to ensure equitable provision across Northern Ireland. As the Department will be aware, in August 2021, the BBC reported that almost 2,000 people in Northern Ireland were waiting for care packages.

Additionally, I agree with the review’s findings that older people’s care is often better managed through intermediate care services, rather than in a hospital environment. To achieve better management of older people’s care and reduce accident and emergency admissions, issues with the provision of Domiciliary Care (DC) need to be addressed. A report into DC by the Department of Health (DoH) in September 2020: *‘Rapid learning review of domiciliary care in Northern Ireland’,* found that only 54.6 % of staff had received enough support from their manager about Covid related concerns.7.

**Care homes and their residents –** I welcomethe focus on care home residents and their families. As the Department will be aware, older persons and care home residents were adversely affected by Covid-19. The move to ensure that every resident has a care plan in place, and those with more complex needs, have an appropriate assessment from a multidisciplinary team is a very welcome proposal.

**Hospital at Home –** The proposed provision of acute hospital type interventions in the home, enabling the treatment a wide range of clinical and medical conditions has the potential to greatly benefit older persons. Additionally, the inclusion that patients will remain in the care of a specialist team until they are discharged is very much welcomed. I welcome this proposal and look forward to seeing the detailed implementation plan.

**Equality Impact Assessment (EQIA) –** I am encouraged by the focus the EQIA has placed on the greater impact of service issues on older persons.There are severalproposals within the EQIA that while relating to recommendations in the review are listed solely in the EQIA. It would be beneficial if these were also included within the recommendations as laid out in the review. Some examples of these include:

* Exploring the concept of a key worker for older people, close to the service user/patient as possible with strong links to developing primary care multidisciplinary teams, system navigators and directories of services.
* Rapid Response Social Care –These exist within the NICE quality standard and are being implemented in England. There should be expansion of the role of Community Geriatricians & specialist care of elderly teams to support.

**Rural Needs Assessment:** On reviewing this assessment, I am encouraged by the recognition of the potential impact of current and future service delivery on those living in rural areas. Across rural areas in Northern Ireland approximately 33% of homes are occupied by older persons7.The Department will be aware that the provision of Domiciliary Care (DC) in rural areas was referenced in COPNI’s 2015 report on DC. The report highlighted that many staff had issues with travel expenses, and this was an issue of concern for many employees which has a negative impact on staff morale and service delivery8. Proposed solutions such as virtual appointments, have the potential to address issues, however, as mentioned previously, I the Department should be mindful of digital exclusion, and lower rates of internet use amongst older people. In Northern Ireland there is a correlation with ageing populations, rural areas, and limited access to and ability to use digital services.

In conclusion, I welcome this review and the proposed improvements outlined. I am conscious of the need for urgency and the need for more specific plans to address these issues. I also understand the complexities and the amount of work needed to realise the potential this review can have and look forward to receiving more detailed information on the implementation of the proposals, following the consultation process.

If you would like to discuss this letter or any matters further, please contact me via my Personal Secretary, Patricia Maskey on (028) 9089 0892, or by email: [patricia.maskey@copni.org](mailto:patricia.maskey@copni.org)

Yours sincerely,



**Eddie Lynch**

**Commissioner for Older People for Northern Ireland**

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3.https://scottishamb-newsroom.prgloo.com/news/scottish-ambulance-service-clinical-model-credited-with-saving-43-percent-more-lives

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5. https://www.itv.com/news/2022-04-27/discharging-patients-from-hospitals-to-care-homes-during-pandemic-unlawful

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8. https://www.copni.org/media/1119/domiciliary-care-in-northern-ireland.pdf

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