Proposed Future Configuration of Emergency Departments in Belfast (HSC Board consultation)

A response from Participation and the Practice of Rights

Participation and the Practice of Rights (PPR) organisation provide tools and support to marginalised groups actively asserting their right to participate in economic and social decisions which affect their lives.

Since 2006 we have worked to support mental health service users, carers and families bereaved through suicide in their work to improve mental health service delivery, particularly as regards access to mental health care through Emergency Departments. This work has also included supporting the Belfast Mental Health Rights Group (BMHRG)[1] campaign for the Card Before You Leave appointment system which takes effect as a result of a presentation at an Emergency Department setting. It is on the basis of this work that we are contributing to this consultation.

The proposals listed in this document recommend that Emergency services would be delivered from two Emergency Departments at the Royal Victoria Hospital and the Mater Hospital. Direct access to the Belfast City Hospital would be available for patients who have been assessed by their GP as requiring urgent medical assessment or admission to hospital, without the need to go via an Emergency Department

Rationale for change

PPR wish to repeat concerns made in our response to the Transforming Your Care consultation that change must be centred on improving access to and quality of healthcare; it cannot be driven by the cuts agenda. The Health and Social Care Board must be mindful of the state's international human rights obligations in this regard and must also assess their plans against these norms rather than simply against organisational policy considerations. In particular the following should be considered;

> *"Even in times of severe resources constraints whether caused by a process of adjustment, of economic recession, or by other factors the vulnerable members of society can and indeed must be protected by the adoption of relatively low-cost targeted programmes"*[2]

The legal translation of this obligation to protect the vulnerable in the Northern Ireland context is through the duty in Section 75(1) of the Northern Ireland Act 1998 to have due regard to the promotion of equality of opportunity across a number of named grounds and then equality screen and equality impact assess as appropriate.

Equality

PPR have assessed the Equality Impact Assessment which accompanies the proposals and wish to highlight the following issues.

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[1] For more on the BMHRG and the Card before You Leave please see http://www.pprproject.org/right-to-health

[2] Committee for Economic Social and Cultural Rights, General Comment 3, paragraph 12

The HSC Board have carried out an assessment of data available by section 75 category, however in the categories relating to political opinion, marital status, dependents, disability and sexual orientation, information presented is of population demographic rather than in terms of Emergency Department use. The HSC must be cognisant of the need to examine how their proposals will impact these groups and to do so an examination of the relative use of services of these groups is required.

PPR are concerned that despite the broad evidence base being articulated in terms of inequality facing certain groups, the EQIA does not sufficiently link this to the promotion of equality. It is not enough to identify the existence of an inequality, the law places public authorities under a positive duty to take action to promote equality of opportunity or tailor their policies to ensure inequality is tackled. For example regarding ethnicity the example is given of approximately 250-300 Romanian families which equates to between 500-700 individuals who currently reside in the south Belfast area. Given their A2 national status, unless these people are able to prove that they are self employed, paying taxes and have proof of residency, they will not be able to access GP services and will likely access healthcare in an ED setting.

From the patterns of use identified earlier in the document i.e. that people access the ED which is most convenient to their home[3] it is reasonable to assume that the majority of these A2 nationals accessed healthcare largely through the ED services at Belfast City Hospital in south Belfast, which this consultation recommends remains permanently closed. Despite this, the EQIA states the following;

> *"...there is no evidence, on the basis of the information available, to suggest that the proposal to configure Emergency Department services in Belfast would have a major adverse impact with regard to ethnicity."*[4]

No further information is put forward to evidence this conclusion and it is unclear how the identification of need by for example A2 nationals will be met by the proposals.

PPR are keen to underline the Health and Social Care Board's role, and the role of other statutory health providers, to design services around meeting the needs and rights of people instead of catering for the creation of a scenario which expects the reverse to happen. It is also worth noting, in this respect, that the international human rights obligations of the state in this regard, make the same conclusion. The United Nations Committee for the International Covenant on Economic Social and Cultural Rights have concluded the following;

> *"States have a special obligation to provide those who do not have sufficient means with the necessary health insurance and health-care facilities, and to prevent any discrimination on internationally prohibited grounds in the provision of health care and health services, especially with respect to the core obligations of the right to health.*[5]

[3] HSC Board (2013) Proposed Future Configuration of Emergency Departments in Belfast, Equality Impact Assessment, p.14
[4] Ibid, p.50
[5] Committee for Economic Social and Cultural Rights, General Comment 14, paragraph 19

Use of Emergency Departments

The consultation lists the strategic direction identified in Transforming Your Care as a driver for change in the current proposals. In this respect, it should be pointed out that relevant research on the patterns of use of healthcare in Northern Ireland should be assessed to identify likely impact.

In 2008, the Belfast Health and Social Care Trust, published research carried out by Mr Evan Bates entitled "A report on patterns and trends in the use of hospital services in Northern Ireland." This Northern Ireland wide research analysed patterns and trends in the use of certain hospital services during the period 1998/1990 and 2006/2007, taking account of geographical area, age, gender and economic deprivation. It concluded that deprived communities disproportionately access health service through an A&E setting whereas their more affluent neighbours are more likely to access healthcare provision through GPs.[6]

Whilst it may be true that people may be more likely to receive the help they need in a more suitable environment by accessing healthcare through a GP setting, it is also true that people in deprived communities continue to access healthcare disproportionately through ED settings and so the health service must be prepared and able to offer a good service.

Mental Health

This is particularly true for people in mental health distress whose experience in accessing mental health care at ED settings in the Belfast area has been monitored by the Belfast Mental Health Rights Group (BMHRG).

PPR's work with the Belfast Mental Health Rights Group has identified serious and systemic problems with mental health service design and delivery at ED settings in Northern Ireland which have consistently failed the most vulnerable.

In May last year for example, 46% of people who took part in our research told us that they waited over four hours to be seen by a doctor in one of Belfast's Emergency Departments.[7] Since the temporary closure of the Belfast City Hospital's Emergency Department site, indications are that waiting times have increased and with proposals here to make this closure permanent it is difficult to imagine how this 46% level will be reduced before the BMHRG monitor the issue again.

The Northern Ireland suicide rate increased by two-thirds from 1998-00 to reach 15.9 deaths per 100,000 population in 2008-10. The rate in the most deprived areas almost doubled in the same period to 29.0 suicides per 100,000 population. The gap increased from 60% to 80% higher in the most deprived areas. In 2008-10 the suicide rate in the most deprived areas was more than three times higher than in the least deprived areas. In North and West Belfast for example suicide rates now place the two areas 11th and 13th highest in

[6] Belfast Health and Social Care Trust (2008) "A report on patterns and trends in the use of hospital services in Northern Ireland."

[7] For further please see http://www.pprproject.org/sites/default/files/Final%20Participation%20Progress%20Report%20May%202012%20compressed.pdf

the United Kingdom.[8] Last year 313 people lost their lives to suicide in Northern Ireland; this is the highest number on record.

PPR are concerned that this, in parallel with the failure to adequately assess how deprived communities, such as many of the communities in North and West Belfast, access mental health care provision will ensure that rather than targeting inequalities specifically with regard to suicide rates; they will be further entrenched.

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[8] A. Brock, A. Baker, C. Griffiths, G. Jackson, G. Fegan, and D. Marshall, "Suicide trends and geographical variations in the UK, 1991–2004," *Health Statistics Quarterly* 31 (2006), p. 15. Available at http://www.statistics.gov.uk/articles/hsq/HSQ31suicide_trends.pdf