

Rural Needs Impact Assessment

Section 1: Define activity subject to Section 1(1) of Rural Needs Act (NI) 2016

1A. Short title describing activity being undertaken that is subject to Section 1(1) of the Rural Needs Act (NI) 2016:

NHSCT Acute Maternity Services Transformation “Considering the Options” paper

1B. Are you Developing, Adopting, Implementing or Revising a Policy a Strategy or a Plan? (Underline or Circle)

Or are you delivering or designing a public service? (Underline or Circle)

What is official title of this Policy, Strategy, Plan or Public service (if any)?

NHSCT Acute Maternity Services Transformation

1C. Give details of the aims and/or objectives of the Policy, Strategy, Plan or Public Service:

The objectives of this service review include consideration of:

- **Safety and quality**
 - Provide maternity and neonatal services that are safe, secure and effective and ensure quality assessment, treatment and care for all women, babies and families, in alignment with Trust and Regional Strategic direction
- **Deliverability and Sustainability**
 - Ensure that maternity services are deliverable, sustainable and fit for the future
- **Resources**
 - Optimise the available resources to support the delivery of care and treatment that is the safest, most effective and women centred, within available resources by developing and supporting our workforce and meeting the challenge of recruiting and retaining staff with the right skills and expertise.
 - Consider the impact on other specialties and the impact on the wider health and social care system including other HSC Trusts and the Northern Ireland Ambulance Service (NIAS) in delivering the service model
- **Implementation**
 - Ensure timely implementation of a model which can achieve changes quickly for reasons of safety, considering any resource investment, support for staff, capacity, service requirements and capital works
- **Accessibility**
 - Provide an accessible maternity service for patients across the Northern Trust area.

Our Population

The Northern Health and Social Care Trust (NHSCT) became operational on 1st of April 2007, providing services for a population of 463,297 (NISRA, 2011 census). The Northern Health and Social Care Trust supports approximately 4000 women and families per annum during pregnancy,

birth and up to 28 days in the postnatal period. Maternity services are provided at two acute hospitals and from a number of community based settings, including people's own homes.

In relation to population dynamics, according to NISRA (2019) annual growth of our population within Northern Ireland is currently in the region of 8,700 people (0.5%). Three factors that change our population are births, deaths (89%) and migration (11%). In NI, contribution of net inward migration is lower than the rest of the UK.

Over the past 30 years there has been a downward trend in birth women for 'younger' mothers and upward trend for 'older' women. Overall, fewer women are having children and those that are, are having them later in life and having fewer of them. In addition, the levels of complexity have also increased as approximately 1 in 4 women are classified as obese at booking and the percentage of women with diabetes in pregnancy has increased by more than 10%.

Table 1: NHSCT Births Trend analysis

Year	Births	Birth rate per 1,000 female population aged 15-44 years	Male Births	Female Births	Births to Teenage Mothers	Births to Teenage Mothers (%)	Births to Mothers from Outside Northern Ireland	Births to Mothers from Outside Northern Ireland (%)
2019	5384	61	2800	2584	156	3	815	15.1
2018	5292	60	2663	2629	153	3	762	14.4
2017	5535	62	2846	2689	164	3	798	14.4
2016	5740	64	2939	2801	178	3	849	14.8
2015	5763	63	2971	2792	165	3	868	15.1
2014	5879	64	3057	2822	191	3	880	15.0
2013	5869	63	3002	2867	237	4	909	15.5
2012	5959	64	3088	2871	258	4	900	15.1
2011	6048	66	3062	2986	252	4	941	15.6
2010	6110	66	3159	2951	284	5	911	14.9
2009	5947	64	3035	2912	310	5	873	14.7
2008	6347	68	3256	3092	344	5	994	15.7
2007	6021	66	3043	2978	295	5	869	14.4

2006	5781	63	2924	2857	328	6	790	13.7
2005	5623	62	2898	2725	299	5	690	12.3

Source:

NINIS - Births, administrative
geographies

Over the next 20 years the number of births in the Causeway area is projected to fall by 11% and the population of older people (over 75 years) is expected to grow by 65% (NISRA). This means that increasing numbers of people require to access local health and care services that are not always designed to support the growing numbers of local people needing their support.

The trends in the population below show significant increases in the elderly female population which will have important implications for aspects of gynaecology services, particularly oncology and urinary continence care.

Table 2: Projected adult female population (NI total)

Age group	2021	2025	2030	Percentage change 2021-30
15-19	55,725	62,360	63,919	+15.7%
20-44	301,387	294,523	289,179	-4.9%
45-64	251,762	253,913	252,162	+2.3%
65-79	126,392	135,892	151,650	+26.2%
80+	50,947	56,894	65,019	+33.8%

Source - https://www.nisra.gov.uk/sites/nisra.gov.uk/files/publications/NPP18_Bulletin.pdf

A projected decline in the number of women in the 20-44 age range will impact on projected future births as set out in the following table.

Table 3: Projected Births (NI total)

Year	Anticipated Births (22,515 in 19/20)
2021-2022	21,988
2023-2024	21,631
2025-2026	21,302
2027-2028	20,995

2029-2030

20,793

Source - https://www.nisra.gov.uk/sites/nisra.gov.uk/files/publications/NPP18_Bulletin.pdf

Our ageing population, changing patterns of disease (more people living with multiple long term conditions) and rising public and patient expectations mean that fundamental changes are required to the way in which care is delivered in the region. The healthcare system needs to reflect on how best to meet the changing needs of the local population and to rethink how we deliver an equitable service that can ensure the best health outcomes for our population, can adapt to the challenges of the future and represents good value.

Current Service provision

The Northern Trust operates two consultant-led maternity units, at Antrim and Causeway Hospitals, with community midwifery services to their respective catchment populations. This client group also includes the provision of antenatal and postnatal care to a significant number of women and babies who reside within the NHSCT geographical area but who chose to birth outside the Trust (/37% of all births in 2021). In addition, antenatal clinic services are provided for non-resident women who are registered with a GP within NHSCT localities.

As there is no neonatal care on the Causeway site, births are risk-stratified in order to minimise the requirement for new-born infant transfers. This means that any pregnant woman or person who is assessed to be at an increased risk of pregnancy or birth related concerns, will be advised to have their maternity care provided on the Antrim site. Specialist clinics such as a joint endocrine/ obstetric clinic for women with diabetes in pregnancy, a high BMI and a twin clinic are located on the Antrim site and provide specialist pathways in line with best practice guidance. We also work with our colleagues in the tertiary centre at the Royal Jubilee Maternity Service for some of the more specialised regional services including Fetal Medicine, HIV, cardiac, epilepsy and fertility services.

Outpatient antenatal clinics operate in both the acute Causeway and Antrim hospitals as well as in the peripheral hospital sites, including Whiteabbey, Moyle and Mid Ulster Hospital, Ballymena Health and Care Centre and within a number of GP surgeries.

A Fetal Maternal Assessment Unit (FMAU) is available in both the Causeway and Antrim hospitals and provides access 24 hour per day, 7 day per week for both scheduled and unscheduled care for pregnant and postnatal women from 18 weeks gestation and over until 6 weeks post-partum. The Fetal Maternal Assessment Unit is an emergency point of contact for assessment of women in labour or for urgent or immediate concerns regarding the wellbeing of the woman or baby, during pregnancy or in the postnatal period. It provides 24/7 telephone access for urgent advice and decision-making.

Models of maternity care available in the NHSCT include midwifery-led care, consultant-led care and shared care (care provided by community midwives and the hospital), domino care (care in pregnancy and birth provided by community midwives) and Continuity of Midwifery Care (CoMC). Choice of place of birth includes the consultant-led unit on Antrim or Causeway sites and Homebirth.

Case for change

The 'Considering the Options' paper, included as part of the consultation documents, outlines the need for the reconfiguration of the two acute hospitals: Antrim maternity hospital and Causeway maternity hospital and contains a detailed benefits appraisal. This paper also details the shortlisted options.

They are Options 3 and 4 from the benefits appraisal:

Option 3. Consultant-led births move to Antrim site which would provide intrapartum care for an additional 600-700 births per annum. Development of a FMU in Causeway for approximately 200- 300 women suitable for low intervention midwifery-led care and birth. Retain and enhance early pregnancy assessment units, antenatal and postnatal clinics and scheduled ambulatory services on Causeway site.

The deliverability of Option 3 will be subject to the outcome of the Coroner's recommendation for a comprehensive review by the DoH of staff numbers, training and policies within FMUs.

Option 4. Move all births to Antrim site which would provide intrapartum care for an additional 900 births per annum. Retain and enhance early pregnancy assessment units, antenatal and postnatal clinics and ambulatory services on Causeway site.

In options 3 and 4, the Trust will also explore the possibility of providing an interim MLU in Antrim Area Hospital pending the development of the new purpose-built Women and Children's Unit.

Access to high quality antenatal and postnatal services are critical for women living in our communities. These proposals preserve and enhance the range of scheduled antenatal and postnatal care in Causeway Hospital. The only change in terms of access is that around 600-900 women will make a single additional journey to the centre of their choice to give birth to their babies and, if there is an urgent concern during the pregnancy, then women will need to attend Antrim FMAU.

1D. What definition of 'rural' is the Trust using in respect of the Policy, Strategy, Plan or Public Service:

The default definition (Population Settlements of less than 5,000) is not useful in differentiating impacts in respect of this service delivery change. People living in both large and small settlements would be impacted by changes in the location of consultant led births.

The definition applied is in excess of 20 and 30 minute drive times **from Antrim, the proposed location for elements of both the options shortlisted** (Consultant-led births move to Antrim site with provision of intrapartum care for an additional 600-700 births per annum under option 3 and Move all births to Antrim site with provision of intrapartum care for an additional 900 births per annum under option 4) **and Coleraine** (Development of a FMU in Causeway for approximately 200- 300 women suitable for low intervention midwifery led care and birth under option 3)

This definition is better able to distinguish between those who will be most impacted by additional travel times caused by proposed changes to services. It should be noted that the service under consideration is not currently provided within rural communities but provided inside a hospital environment. The benefits of enhancing these services would be experienced by both urban and rural dwellers.

See table at 3C below.

Section 2 - Understanding impact of Policy, Strategy, Plan or Public Service

2A. Is the Policy, Strategy, Plan or Public Service likely to impact on people in rural areas?

Yes ☒ No ☐ If response is NO Go To Section 2E.

2B. How is it likely to impact on people in rural areas?

There should be no differential impact in respect of local access to early pregnancy assessment units, antenatal and postnatal clinics and ambulatory services. It is planned to retain these functions at current locations of delivery; outpatient antenatal and postnatal clinics operate in both the acute Causeway and Antrim hospitals as well as in the peripheral hospital sites, including Whiteabbey, Moyle and Mid Ulster Hospital, Ballymena Health and Care Centre and within a number of GP surgeries.

Therefore the focus of this proposal is the options detailed in relation to the location of delivery of babies and the type of service available at each locality.

The Trust has shortlisted two options for consideration.

Option 3 proposes the development of a FMU in Causeway for approximately 200- 300 women suitable for low intervention midwifery led care and birth and the retention of early pregnancy assessment units, antenatal and postnatal clinics and ambulatory services on Causeway site.

Consultant-led births will move to Antrim site with provision of intrapartum care for an additional 600 - 700 births per annum. This option retains local access for births for a percentage of the population, retains local access for antenatal and postnatal services for all women, improves local access for some complex antenatal care, retains ambulatory access to scheduled maternity care, addresses safety risk of no neonatal unit in Causeway and enhances specialist care pathways and the provision of safer intrapartum care for complex women.

However it removes local intrapartum access for approximately 600-700 women who would be required to make a single journey to Antrim to birth their baby, removes local access for unscheduled attendances to FMAU for immediate concerns and there is further distance to travel to access intrapartum care and unscheduled FMAU attendance.

Option 4 proposes the move of all births to Antrim site with provision of intrapartum care for an additional 900 births per annum and the retention of early pregnancy assessment units, antenatal and postnatal clinics and ambulatory services on Causeway site. This option retains local access for antenatal and postnatal services for all women, improves local access for some complex antenatal care, retains ambulatory access to scheduled maternity care, addresses safety risk of no neonatal unit in Causeway and enhances specialist care pathways and the provision of safer intrapartum care for complex women.

However it removes local access to intrapartum care for all women currently residing in the hinterland of Causeway hospital, removes local access for unscheduled attendances to FMAU for immediate concerns and there is further distance to travel to access intrapartum care and unscheduled FMAU attendance.

Under both of these proposals consultant led delivery will be based at Antrim Area Hospital site and therefore, for births that require this level of care, there is likely to be longer travel times and availability of transport issues, including the economic cost of transport, arising.

As the proposal options involve relocation of consultant led delivery from two acute hospital locations to one acute hospital location only, the decision has been taken to base the definition of rural on travel times from areas of population within Northern Trust to Antrim (the proposed location for consultant led service). A secondary analysis of travel times to Coleraine has been included for those locations falling outside of the maximum 30 minutes travel time to Antrim; this gives data on the likely travel times to the FMU proposed under option 3 as an additional service.

2C. If the Policy, Strategy, Plan or Public Service is likely to impact on people in rural areas differently from people in urban areas, please explain how it is likely to impact on people in rural areas differently?

Services may not be that accessible from rural locations for those without private transport. Those living in rural locations will likely require more effort, time, and resources to access them than those in an urban area. Mitigating measures may be required to ensure needs of those in rural areas are addressed and that those being supported are not adversely affected by the proposed service change and associated out-workings.

In summary impacts are likely to be related to:

- Limited availability of public transport
- Cost of transportation to alternative provision location
- Limited provision of community transport
- Choice of level of service delivery for births
- Social impact of potential lack of family support network during the time of giving birth and immediately afterwards

2D. Please indicate which of the following rural policy areas the Policy, Strategy, Plan or Public Service is likely to primarily impact on.

Jobs or Employment in Rural Areas		Community Safety or Rural Crime		Agriculture-Environment	
Education or Training in Rural Areas		Health or Social Care Services in Rural Areas	X	Other, please state below;	
Rural Development		Broadband/Mobile Communications in Rural Areas		Transport services in Rural Areas	X
Poverty or Deprivation in Rural Areas		Rural Business, Tourism or Housing			

2E. Please explain why the Policy, Strategy, Plan or Public Service is NOT likely to impact on people in rural areas.

N/A

If you completed 2E above GO TO Section 6

SECTION 3 - Identifying Social and Economic Needs of Persons in Rural Areas

3A. Has the Trust taken steps to identify the social and economic needs of people in rural areas, relevant to the Policy, Strategy, Plan or Public Service? Yes ☒ No ☐ if the response is NO, GO TO Section 3D

3B. Which of following methods or information sources were used by the Trust to identify these needs?

Consultation with relevant stakeholders / Survey or Questionnaire / Research / Statistics / Publications / Other methods.

Please provide details:

We have engaged inclusively and constructively with our internal stakeholders to consider the options we would like to consult on for the future of acute maternity services.

Involving and listening to staff to identify and develop good practice has been important when developing our options for consultation. Staff, particularly those in close contact with services users, are in a great position to know what is and is not working and to suggest ways forward. Positive staff and staff experience is imperative in delivering an excellent service user experience.

Full Rural Needs Impact Assessment and Equality Impact Assessment completed on the "Considering the Options" paper with final option selection to be influenced by feedback received as a result of consultation.

Published papers:

- a. Health inequalities report published by DoH ¹
- b. Extracted Information from NINIS².

Research Papers:

¹ <http://www.health-ni.gov.uk/topics/dhssps-statistics-and-research/health-inequalities-statistics>

² <http://www.ninis2.nisra.gov.uk/public/Home.aspx>

As noted above, 600-900 women per year will make a single additional journey to give birth to their babies, but there is no evidence this will have any adverse impact on outcomes for these women. This is supported by two recent reviews of the evidence which did not find any consistent association between distance or travel time to an obstetric unit and maternal and neonatal outcomes:

1. Public Health Wales “*Research Evidence Review: Impact of Distance/ Travel Time to maternity Service on Birth Outcomes*” (Price & Little, 2015).
2. Malouf RS, Tomlinson C, Henderson J, et al. 'Impact of obstetric unit closures, travel time and distance to obstetric services on maternal and neonatal outcomes in high-income countries: a systematic review. *BMJ Open* 2020;10:e036852. doi:10.1136/bmjopen-2020-036852

3C. What social and economic needs of the people in rural areas have been identified?

- The primary Health and Social Care “needs” of rural dwellers are availability of timely access, provision of choice and the provision of high quality care.
- Economic “need” relates to the additional cost of travel to attend consultant led delivery service at Antrim Area Hospital.
- Social “need” relates to proximity to family support networks during the time of giving birth and immediately afterwards.
- There may be a potential economic impact on staff who live in rural areas. Staff impacted may work in locations that currently provide birth delivery services but may not in the future. A change in work location could result in longer travel times, expenses incurred as a result of additional travel costs or car parking charges, and family life routines. These situations would be carefully addressed locally by the Trust by implementing the HR Management of Change Framework with actions to take consideration of any work related travel costs and consideration of redeployment options.
- Availability of transportation and associated cost of accessing proposed services. See table below **relating to travel times to Antrim**

Classification	Settlement Development Limit (SDL)	2011 Census Population	Miles to Antrim (car)	Time to Antrim (car)	20 Minute Drive-time	30 Minute Drive-time
BAND C - LARGE TOWN (POPULATION 18,000+)	METROPOLITAN NEWTOWNABBEY	65,646	11.68 miles	15 minutes	Yes	Yes
	BALLYMENA	29,551	16.97 miles	22 minutes	No	Yes
	CARRICKFERGUS	27,998	17.94 miles	28 minutes	No	Yes
	COLERAINE	24,634	39.02 miles	45 minutes	No	No
	ANTRIM	23,375	2 miles	5 minutes	Yes	Yes

	LARNE	18,755	21.17 miles	28 minutes	No	Yes
Band Total	6	189,959				
BAND D - MEDIUM TOWN (POPULATION 10,000 - 17,999)	COOKSTOWN	11,599	29.45 miles	37 minutes	No	No
	BALLYMONEY*	10,402	31.26 miles	35 minutes	No	No
Band Total	2	22,001				
BAND E - SMALL TOWN (POPULATION 5,000 - 9,999)	BALLYCLARE	9,953	10.41 miles	15 minutes	Yes	Yes
	MAGHERAFELT	8,805	19.26 miles	22 minutes	No	Yes
	PORTSTEWART	8,003	44.31 miles	52 minutes	No	No
	PORTRUSH	6,454	42.81 miles	48 minutes	No	No
	GREENISLAND	5,486	15.29 miles	24 minutes	No	Yes
	BALLYCASTLE	5,237	38.52 miles	43 minutes	No	No
	CRUMLIN	5,140	11.93 miles	20 minutes	Yes	Yes
	RANDALSTOWN	5,126	6.85 miles	13 minutes	Yes	Yes
Band Total	8	54,204				
DEFAULT URBAN/RURAL SPLIT						
BAND F - INTERMEDIATE SETTLEMENT (POPULATION 2,500 - 4,999)	MAGHERA	4,220	24.1 miles	27 minutes	No	Yes
	WHITEHEAD	3,802	24.91 miles	37 minutes	No	No
	AHOGHILL	3,417	14.15 miles	20 minutes	Yes	Yes
	BROUGHSHANE	2,879	14.56 miles	17 minutes	Yes	Yes
	CULLYBACKEY	2,593	17.97 miles	20 minutes	Yes	Yes
Band Total	5	16,911				
BAND G - VILLAGE (POPULATION 1,000 - 2,499)	CASTLEDAWSON	2,289	17.07 miles	20 minutes	Yes	Yes
	KELLS / CONNOR	2,073	5.98 miles	10 minutes	Yes	Yes
	MONEYMORE	1,897	24.73 miles	28 minutes	No	Yes
	DRAPERSTOWN	1,777	27.90 miles	34 minutes	No	No
	KILREA	1,678	24.41 miles	34 minutes	No	No

	CARNLOUGH	1,512	26.93 miles	35 minutes	No	No
	TEMPLEPATRICK	1,452	7.22 miles	9 minutes	Yes	Yes
	DOAGH	1,388	8.72 miles	11 minutes	Yes	Yes
	BALLYCARRY	1,375	21.76 miles	31 minutes	No	No
	CLOGH MILLS	1,318	25.97 miles	30 minutes	No	Yes
	BUSHMILLS	1,295	41.39 miles	47 minutes	No	No
	CUSHENDALL	1,280	31.17 miles	40 minutes	No	No
	GARVAGH	1,271	34.4 miles	42 minutes	No	No
	COGRY/KILBRIDE	1,259	9.77 miles	14 minutes	Yes	Yes
	CASTLEROCK	1,256	45.32 miles	55 minutes	No	No
	DUNLOY	1,194	25.5 miles	26 minutes	No	Yes
	PORTGLENONE	1,177	16.89 miles	23 minutes	No	Yes
	BELLAGHY	1,121	16.73 miles	19 minutes	Yes	Yes
	RASHARKIN	1,115	25.63 miles	29 minutes	No	Yes
Band Total	19	27,727				
Bands A – D Total (Population 10,000+)	8	211,960				
Bands E – G Total (Population 1,000 to 9,999)	32	98,842				
TOTAL A – G	40	310,802				
Band H – HAMLETS AND OPEN COUNTRYSIDE		152,495			-	-

Source: NISRA Urban-rural classification,KS101NI: Usual Resident Population

Table population: All usual residents

Geographic level: Settlement 2015

Source: Census 2011

Drive times by size of settlement -

Distances and time for travel calculated using www.distancecalculator.globefeed.com

This shows that 189,959 NHSCT residents live in 6 large towns. Residents of Newtownabbey and Antrim live within 20 minutes drive time. Residents of Ballymena, Carrickfergus and Larne live within 30 minutes drive time. Residents of Coleraine fall well outside these drive time boundaries at 50 minutes travel time to Antrim.

Medium town residents of Cookstown and Ballymoney also fall outside the 30 minute drive time boundary as do small town residents of Portstewart, Portrush and Ballycastle. The intermediate settlement of Whitehead also falls outside the 30 minute drive time. The villages of Draperstown, Kilrea, Carnlough, Ballycarry, Bushmills, Castlerock, Cushendall, and Garvagh also exceed the 30 minute drive time limit.

The population of people from all of these locations exceeding 30 minutes travel time adds up to 27% of the NHSCT resident population. Significantly an additional 152,495 people, (from 2011 Census detail) live in open countryside in NHSCT geographical area, almost an additional 33% of NHSCT resident population. It is likely that a significant proportion of these people also reside in excess of 30 minutes travel time from the proposed consultant led birth delivery facility in Antrim. This analysis shows that some thought must be given, in order to mitigate the physical distance barriers in respect of both time and cost, to potential alternative means of ensuring that users of delivery related acute maternity services can physically access the service and also keep in touch with family and support networks during their stay in Antrim.

Option 3, which includes the development of a FMU in Causeway for approximately 200- 300 women suitable for low intervention midwifery led care and birth in addition to consultant led delivery at Antrim, appears to go some way to mitigate the impact of the travel times to Antrim exceeding 30 minutes identified in the analysis above. This table extracts the locations exceeding 30 minutes travel time to Antrim as identified above and details travel time to Coleraine, detailed as part of the option for Option 3.

However six locations remain outside the 30 minute drive time for both option 3 and option 4; Cookstown, Whitehead, Draperstown, Carnlough, Ballycarry and Cushendall (highlighted below). These locations exceed the 30 minute drive time for option 4 by between 1 and 10 minutes; Antrim remains the best option within NHSCT for people from these locations.

Classification	Settlement Development Limit (SDL)	2011 Census Population	Miles to Coleraine	Time to Coleraine (car)	20 Minute Drive-time	30 Minute Drive-time
BAND C - LARGE TOWN (POPULATION 18,000+)	COLERAINE	24,634	0 miles	0 minutes	Yes	Yes
BAND D - MEDIUM TOWN (POPULATION 10,000 - 17,999)	COOKSTOWN	11,599	37.62 miles	59 minutes	No	No

	BALLYMONEY	10,402	7.82 miles	14 minutes	Yes	Yes
BAND E - SMALL TOWN (POPULATION 5,000 - 9,999)	PORTSTEWART	8,003	4.6 miles	9 minutes	Yes	Yes
	PORTRUSH	6,454	6.68 miles	12 minutes	Yes	Yes
	BALLYCASTLE	5,237	18.45 miles	27 minutes	No	Yes
BAND F - INTERMEDIATE SETTLEMENT (POPULATION 2,500 - 4,999)	WHITEHEAD	3,802	54.82 miles	73 minutes	No	No
BAND G - VILLAGE (POPULATION 1,000 - 2,499)	DRAPERSTOWN	1,777	27.91 miles	42 minutes	No	No
	KILREA	1,678	15.56 miles	25 minutes	No	Yes
	CARNLOUGH	1,512	40.09 miles	52 minutes	No	No
	BALLYCARRY	1,375	52.49 miles	67 minutes	No	No
	BUSHMILLS	1,295	8.8 miles	14 minutes	Yes	Yes
	CUSHENDALL	1,280	28.17 miles	45 minutes	No	No
	GARVAGH	1,271	11.73 miles	18 minutes	Yes	Yes
	CASTLEROCK	1,256	7.83 miles	16 minutes	Yes	Yes

In addition, in the event of not proceeding with Option 3, targeted engagement is recommended with NHSCT residents of settlements located more than 30 minutes travel time from Antrim. These are detailed in the RNIA and include, ordered by in descending population size, Coleraine, Cookstown, Ballymoney, Portstewart, Portrush, Ballycastle, Whitehead, Draperstown, Kilrea, Carnlough, Ballycarry, Bushmills, Cushendall, Garvagh and Castlerock.

3D Please explain why no steps were taken by the Trust to identify the social and economic needs of people in rural areas?

N/A

SECTION 4 - Considering Social and Economic Needs of Persons in Rural Areas

4A. What issues were considered in relation to the social and economic needs of people in rural areas?

See Section 3 C above.

The following infographic highlight a range of key issues considered:

- Northern Ireland Rural-Urban Statistics

[Northern Ireland Rural-Urban Statistics | Department of Agriculture, Environment and Rural Affairs \(daera-ni.gov.uk\)](https://daera-ni.gov.uk/northern-ireland-rural-urban-statistics)

Every year approximately 4000 babies are born in the Northern Trust area. Mothers, in 37% of cases (2021), choose to deliver in maternity services outside of the Northern Trust area primarily in Altnagelvin hospital for those who reside in the Northern sector of the Trust and in Belfast hospitals for those who live in the Southern sector of the Trust area.

During Covid-19 pandemic, and due to the need to redeploy staff to manage influx of people to hospital and to ensure safe provision of care, with effect from 9 April 2020 all maternity birth delivery services were transferred to Antrim Area hospital. Service users continued to access these services during this time. Service was reinstated at Causeway with effect from 24 August 2020 despite data indicating only 30% occupancy at Causeway (2018/19).

This temporary change in location of birth delivery service, enforced by Covid-19, can be seen as an unintended trial period for option 4.

SECTION 5 - Influencing the Policy, Strategy, Plan or Public Service

5A. Has the policy, strategy, plan or public service been changed by consideration of the rural needs identified?

Yes ☒ No ☐ if the response is NO, GO TO Section 5C

5B. If yes, how have rural needs influenced the policy, strategy plan or public service?

Inclusion of Option 3 for consideration – see 2B above

5C. If no, why have the rural needs identified not influenced the policy, strategy, plan or public service? N/A

Section 6: Documentation:

6A. Please tick below to confirm that the RNIA Template will be retained by the Trust and relevant information on the Section 1 activity compiled in accordance with paragraph 6.7 of the guidance.

I confirm that the RNIA Template will be retained and relevant information compiled ☒

Approved by:

Date