

# HEALTH AND SOCIAL CARE: REFORM AND TRANSFORMATION

GETTING THE STRUCTURES RIGHT

CONSULTATION RESPONSE QUESTIONNAIRE

## CONSULTATION RESPONSE QUESTIONNAIRE

### RESPONDING TO THE CONSULTATION

You can respond to the consultation document by e-mail, letter or fax using the this questionnaire.

If this document is not in a format that suits your needs, please contact us and we can discuss alternative arrangements.

Before you submit your response, please read Annex A about the effect of the Freedom of Information Act 2000 on the confidentiality of responses to public consultation exercises.

Responses should be sent to:

E-mail: HSCReform@dhsspsni.gov.uk

Written: HSC Reform  
DHSSPS  
Annex 1, Room1  
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Belfast, BT4 3SQ

Tel: (028) 90522177

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**The closing date for responses is 12 February 2016**

PERSONAL DETAILS

I am responding:

**on behalf of an organisation**

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Job Title: Vice President, Royal College of Physicians of Edinburgh

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Organisation: This response is provided by the Federation of the Royal Colleges of Physicians of the United Kingdom (Royal College of Physicians of Edinburgh, Royal College of Physicians of London and the Royal College of Physicians and Surgeons of Glasgow).

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## BACKGROUND

On 04 November 2015, the Minister for Health, Social Services and Public Safety, Simon Hamilton MLA, announced his intention to reform the administrative structures for Health and Social Care in Northern Ireland. The accompanying document sets out the case for change and seeks views on the preferred option for reform. This questionnaire should therefore be read in conjunction with the full report.

The questionnaire can be completed by an individual health professional, stakeholder or member of the public, or it can be completed on behalf of a group or organisation.

**Part A:** provides an opportunity to answer questions relating to specific proposals and/or to provide general comments on the proposals.

**Part B:** provides an opportunity for respondents to give additional feedback relating to any equality or human rights implications of the proposals.

## PART A

Q1. DO YOU AGREE THAT THERE IS TOO MUCH COMPLEXITY IN THE CURRENT SYSTEM AND THAT IT IS NOT WORKING TO ITS OPTIMUM CAPACITY?

**Strongly agree**      Agree      Neither      Disagree      Strongly disagree

Comments:

It is evident that the current system is complex and this complexity means that lines of accountability are unclear. It can be difficult to determine who has the ultimate responsibility for decision making or who is accountable and to whom.

The Health and Social Care Board (HSCB) is currently too bureaucratic and cumbersome, restricting new developments and contributing to a slow pace of change in Health and Social Care. It often appears as if the HSCB has to check with the Department of Health before a decision is made which raises the question of whether the HSCB is necessary. Matters may be discussed and plans made but not implemented as it is unclear who has the final authority. Matters may be overlooked as it may be felt that the issue lies within another's area of responsibility.

The HSCB discharges its duties through local commissioning groups who often seem hesitant to make decisions. This leads to commissioning on a short term basis only, resulting in inefficient use of resources. For example, they may commission services by the use of waiting list initiatives or the employment of locum consultant staff rather than making a substantive appointment. Services are often partially commissioned, for example the appointment of a consultant without secretarial support, or the appointment of geriatricians without the back up of physiotherapists and occupational therapists.

To improve the capacity of a system it is necessary to look closely to identify the constraints that prevent the system achieving its goals. Redesign may involve removing/bypassing those constraints or increasing functional capacity at that point. The system's goals need to be clear. Highly performing systems tend to be simple

systems.

An alternative to disbanding the HSCB would be to strengthen its powers and expand its function that - whilst ultimately accountable to the Minister - health and social care would be administered through the Board as an arm's length body. The lines of accountability would therefore be more clearly defined and healthcare provision would be more clearly distinct from the political process.

Q2. DO YOU SHARE THE MINISTER'S VIEW THAT THE SYSTEM NEEDS TO BE BETTER AT ENABLING AND SUPPORTING INNOVATION?

**Strongly agree**      Agree      Neither      Disagree      Strongly disagree

Comments:

Modern healthcare must enable and support appropriate innovation, which the current system is inefficient at doing. This is due to the difficulty in securing ongoing funding for new developments. It is easy to pilot something but harder to make a long term change. One example is that a new consultant may be appointed who brings skills and techniques to allow safe service development, but is hindered in that service development by the delay in commissioning a new service, and the unwieldy and slow process of business case development and option appraisal.

The system must be able to support early adoption of new therapies. New systems of care must also be considered - for example, the change in the medical admission system from the traditional General Medical take to units with Acute Physicians and triage to specialty services.

The system must help those who are themselves innovators - for example those in the Ulster Hospital who are developing the electronic care record.

Q3. WOULD REDUCED BUREAUCRACY IN TERMS OF HSC STRUCTURES ALLOW THE SYSTEM TO RESPOND MORE QUICKLY TO CHANGING DEMANDS?

**Strongly agree**  
disagree

Agree

Neither

Disagree

Strongly

Comments:

Rather than focusing on merely reducing bureaucracy, the issue should be whether there is an appropriate and efficient administrative system in place that has the means and authority to respond to challenges and demands as they arise. For example, the recent need to ensure that measures to deal with potential cases of Ebola virus were rapidly put in place. This may involve streamlining processes in some areas but also enhancing administrative capacity in others.

Abolishing the HSCB would allow Health Trusts to respond more quickly to changing demands. Trust staff (clinical and managerial) are best placed to identify these, whether temporary, for example, sudden surges in unscheduled care due to winter pressure; or more long term, such as changing population demographics. There is currently an inevitable lag in investing resources in areas of increasing demand. This can be seen in the failure in successive years to adequately address predictable unscheduled winter pressures.

Q4. WILL BRINGING PERFORMANCE MANAGEMENT INTO THE DEPARTMENT HELP TO IMPROVE LINES OF ACCOUNTABILITY?

Strongly agree      **Agree**      Neither      Disagree      Strongly disagree

Comments:

We agree in principle that the shorter the line of communication between the Trusts and the Department of Health the better. In theory moving accountability to the permanent secretary (and through them to the Minister) should improve accountability. However, this is currently unknown and will depend on the structure and personnel in position.

Where this function lies is less important than that it is fulfilled. If the HSCB is stood down then this must rest either with the Department or else an alternative body would need to be established.

Q5. THE DONALDSON REPORT AND THE DEPARTMENT'S REVIEW OF COMMISSIONING BOTH CONCLUDED THAT A FULL, COMPETITIVE COMMISSIONING PROCESS IS TOO COMPLEX AND TRANSACTIONAL FOR AN AREA AS SMALL AS NORTHERN IRELAND. DO YOU AGREE?

Strongly agree      **Agree**      Neither      Disagree      Strongly disagree



Comments:

The population and number of providers are too small to justify such a process. The establishment of the Trusts as self commissioning accountable care organisations is more appropriate.

One issue which should be kept in mind is the issue of commissioning for single provider services eg cardiac surgery or neurosurgery, both of which are provided by the Belfast Trust only. There will need to be some sort of commissioning consortium to represent all Trusts when commissioning for such services.

Q6. DO YOU AGREE THAT TRUSTS ARE BEST PLACED TO ASSESS LOCAL NEEDS AND SHOULD THEREFORE HAVE A GREATER LEVEL OF RESPONSIBILITY AND AUTONOMY FOR PLANNING SERVICES IN THEIR AREA?

**Strongly agree**

Agree

Neither

Disagree

Strongly

disagree

Comments:

It is reasonable for local Trusts to have oversight of services within their local areas. The trusts already have an infrastructure and detailed local knowledge and can best make decisions about their local population. Trust staff are best placed to assess local demand for services and decide how best to deliver them.

Efficient local delivery of services is best achieved by local clinicians working with local managers to make the most efficient and flexible use of resources depending on locally available staff. For example, chest pain assessment services will differ in a small rural town compared to a large urban area. What is important is that each patient is able to access an evidence based and guideline driven service.

Consideration must also be given to regional services, for example primary PCI and cancer services which require collaboration between Trusts to determine the needs of the population and the means of provision. The commissioning and planning of services should involve healthcare professionals with appropriate expertise. In addition, as recommended in the Donaldson report, the patients' voice must be heard in the commissioning process.

**Q7. DO YOU AGREE THAT THESE ARE THE RIGHT STRUCTURAL CHANGES TO MAKE TO STREAMLINE AND SIMPLIFY THE HEALTH AND SOCIAL CARE SYSTEM?**

Strongly agree      **Agree**      Neither      Disagree      Strongly disagree

Comments:

In the absence of a full competitive commissioning service (which is unnecessary for an area and population the size of Northern Ireland) these are the right structural changes.

As stated in answer to Question 1 above, there are alternatives but these proposals are reasonable and have potential to improve the system. Success will be predicated on the essential functions of the new system being delivered efficiently and effectively. The potential for local political issues, affecting re-organisation of services, which may involve closure of some smaller sites, is still great.

**EQUALITY IMPLICATIONS**

Section 75 of the Northern Ireland Act 1998 requires the Department to “have due regard” to the need to promote equality of opportunity between persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation; between men and women generally; between persons with a disability and persons without; and between persons with dependants and persons without. The Department is also required to “have regard” to the desirability of promoting good relations between persons of a different religious belief, political opinion or racial group.

The Department has also carried out an equality screening exercise to determine if any of these recommendations are likely to have a differential impact on equality of opportunity for any of the Section 75 groups. At this stage, it is considered that a full Equality Impact Assessment will be required. We are waiting for some supporting information to complete the Screening. It will be published on the Department’s website when complete.

We invite you to consider the recommendations from a section 75 perspective by considering and answering the questions below. Answering these questions will contribute to the completion of the Department's Screening template and the screening outcome.

**Q1. ARE THE ACTIONS/PROPOSALS SET OUT IN THIS CONSULTATION DOCUMENT LIKELY TO HAVE AN ADVERSE IMPACT ON ANY OF THE NINE EQUALITY GROUPS IDENTIFIED UNDER SECTION 75 OF THE NORTHERN IRELAND ACT 1998? IF YES, PLEASE STATE THE GROUP OR GROUPS AND PROVIDE COMMENT ON HOW THESE ADVERSE IMPACTS COULD BE REDUCED OR ALLEVIATED IN THE PROPOSALS.**

Yes  No

Comments:

**Q2. ARE YOU AWARE OF ANY INDICATION OR EVIDENCE – QUALITATIVE OR QUANTITATIVE – THAT THE ACTIONS/PROPOSALS SET OUT IN THIS CONSULTATION DOCUMENT MAY HAVE AN ADVERSE IMPACT ON EQUALITY OF OPPORTUNITY OR ON GOOD RELATIONS? IF YES, PLEASE GIVE DETAILS AND COMMENT ON WHAT YOU THINK SHOULD BE ADDED OR REMOVED TO ALLEVIATE THE ADVERSE IMPACT.**

Yes       No

Comments:

**Q3. IS THERE AN OPPORTUNITY TO BETTER PROMOTE EQUALITY OF OPPORTUNITY OR GOOD RELATIONS? IF YES, PLEASE GIVE DETAILS AS TO HOW.**

Yes       No

Comments:

**Q4. ARE THERE ANY ASPECTS OF THESE RECOMMENDATIONS WHERE POTENTIAL HUMAN RIGHTS VIOLATIONS MAY OCCUR?**

Yes  No

Comments:

**Please return your response questionnaire.  
Responses must be received no later than 12 February 2016  
Thank you for your comments.**

The Department will publish a summary of responses following completion of the consultation process. Your response, and all other responses to the consultation, may be disclosed on request. The Department can only refuse to disclose information in exceptional circumstances. **Before** you submit your response, please read the paragraphs below on the confidentiality of consultations and they will give you guidance on the legal position about any information given by you in response to this consultation.

The Freedom of Information Act gives the public a right of access to any information held by a public authority, namely, the Department in this case. This right of access to information includes information provided in response to a consultation. The Department cannot automatically consider as confidential information supplied to it in response to a consultation. However, it does have the responsibility to decide whether any information provided by you in response to this consultation, including information about your identity should be made public or be treated as confidential.

This means that information provided by you in response to the consultation is unlikely to be treated as confidential, except in very particular circumstances. The Lord Chancellor's Code of Practice on the Freedom of Information Act provides that:

- The Department should only accept information from third parties in confidence if it is necessary to obtain that information in connection with the exercise of any of the Department's functions and it would not otherwise be provided;
- The Department should not agree to hold information received from third parties "in confidence" which is not confidential in nature;

- Acceptance by the Department of confidentiality provisions must be for good reasons, capable of being justified to the Information Commissioner.

For further information about confidentiality of responses please contact the Information Commissioner's Office (or see web site at:

<http://www.informationcommissioner.gov.uk/>).

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December2015