

British Medical Association

bma.org.uk/northernireland

16 Cromac Place, Cromac Wood, Ormeau Road, Belfast, BT7 2JB

T 028 9026 9673 F 028 9026 9674

E iwhitten@bma.org.uk



Melanie McGinnis
Economic Policy Unit
OFMDFM
Room E5.22
Castle Buildings
Stormont
Belfast
BT4 3SR

Northern Ireland Council

Our Ref: 10/07/37/EXTNI

2 January 2008

Dear Ms McGinnis

Consultation on draft Programme for Government, draft Investment Strategy and draft Budget

Thank you for the opportunity to respond to the consultations on these three documents.

The British Medical Association (BMA) is a professional organisation and trade union for the medical profession across the United Kingdom, with over 139000 members in the UK (around 80% of the medical profession). The BMA(NI) represents around 70% of the medical profession in Northern Ireland.

The BMA(NI) would like to make the following key points. A further in-depth response is contained in the attached document.

Draft Programme for Government

- A healthy population is vital to ensure the economic success of Northern Ireland
- The BMA(NI) is opposed to private finance initiatives
- An effectively funded health service to meet urgent, short-term, medium-term and long-term needs is essential
- The recommendations of the Bamford Review of Mental Health and Learning disability must be implemented
- The Review of Public Administration must be fully implemented with no further delay to ensure that a more efficient local health service is enabled to deliver care

Draft Investment Strategy

- The BMA(NI) welcomes the fact that the investment strategy takes a longer term view and covers a 10 year period
- There is little correlation between the three year draft Programme for Government and the draft Investment Strategy
- The source and accuracy of the required £18bn for investment is of concern
- Development of existing primary care infrastructure would be a better use of available funds
- Accessibility to, and availability of, acute hospitals to meet the needs of our population in a fair and equitable way, is essential
- The BMA(NI) agrees with the commitment to invest in local hospitals

Northern Ireland Secretary: Brian Best

Chief Executive/Secretary: Tony Bourne

CARING FOR HEALTH



**Response by the British Medical Association, Northern Ireland
to the
Consultation on the draft Programme for Government, draft
Budget and draft Investment Strategy 2008 -2011**

The BMA(NI) response to the consultation on the draft Programme for Government, draft Budget and draft Investment Strategy

Contents

- 1. Introduction..... 3
- 2. General comments 3
- 3. Draft Programme for Government 3
 - 3.1. Strategic Priorities 3
 - 3.2. Cross Cutting Themes..... 4
 - 3.3. Priority Areas and Key Goals 4
 - 3.4. Priority: Growing a Dynamic, Innovative Economy 4
 - 3.5. Priority: Promote tolerance, inclusion and health and well-being 5
 - 3.6. Priority: Protect and enhance our environment and natural resources 6
 - 3.7. Priority: Invest to build our infrastructure..... 6
 - 3.8. Priority: Deliver modern high quality and efficient public services..... 6
- 4. Draft Investment Strategy 7
 - 4.1. Investment Pillars: Networks / Health..... 7
 - 4.2. Other Pillars 9
- 5. Draft Budget..... 9
- 6. Conclusions 11

For further information, please contact
Danny Lambe
Deputy Northern Ireland Secretary
dlambe@bma.org.uk or phone 028 9026 9666

1. Introduction

The British Medical Association Northern Ireland (BMA(NI)) welcomes the invitation to respond to the three Programme for Government related consultation documents issued by the Northern Ireland Executive.

The BMA(NI) recognises the importance of the draft documents in mapping out how Northern Ireland may be governed over the next three years and we have looked at the documents in light of the BMA(NI) being:

- The recognised trade union and professional association of the medical profession in Northern Ireland.
- A leading advocate for improvements in the health and wellbeing of our population
- An important interest group, particularly on healthcare commissioning and healthcare delivery matters.

THE BMA(NI) is also committed to the four guiding principles of a health service free at the point of use, funded through general taxation, available to all on the basis of need and providing universal and equitable access for all.

2. General comments

It is unfortunate that there are three documents instead of one consolidated piece of work. Looking at three separate documents and the implications of each has meant a significant level of cross-referencing to see if, where and how each of the documents fits together.

All consultees will have had to do cross reference three documents and the BMA(NI) believes the consultation exercise would have been much more effective if one consolidated and clear document had been provided, at least for the Programme for Government and the Budget.

The presentation of the final Programme for Government should take account of this and future Programme for Government consultations should make the process for consideration and response more streamlined.

3. Draft Programme for Government

The brevity of this document is concerning since it leaves a lot of questions unanswered regarding the future government and legislative programme for Northern Ireland. There is no detailed analysis of the challenges facing Northern Ireland as in previous years.

3.1. Strategic Priorities

The BMA(NI) agrees with the Strategic Priorities on page two of the document and fully agrees there is a need to grow the economy to help transform our society and enhance our environment. The BMA(NI) believes that having a healthy workforce is essential to ensure the success of the local economy.

Whilst there is much focus on the development of the private sector in Northern Ireland, this should not be at the expense of the provision of effective and necessary public services.

3.2. Cross Cutting Themes

The BMA(NI) agrees with the cross-cutting themes on pages two and three, especially with regard to “a better future” and achieving “sustainability”. Given that good education and healthcare services are ‘basic’ to any future development of Northern Ireland society, we believe it is right that, as per Spending Commitments on page four, spending on these areas will form an increasing proportion of the public purse.

In terms of the health sector, there is ample evidence, e.g. the Appleby Report (2005) and Needs Effectiveness Studies, that health and social services have been significantly under-funded in Northern Ireland when compared with the UK as a whole and each of the other nations within the UK.

3.3. Priority Areas and Key Goals

Within the section on Priority Areas and Key Goals, page four, the BMA(NI) notes the references to the “opportunities which devolution has presented”. Devolution has also brought very real challenges, in terms of the development of Northern Ireland’s infrastructure and how improvements will be paid for (for example the provision of water services) particularly given the historic under-funding of infrastructure within Northern Ireland.

Hopefully recent lessons from the expensive failures of Private Finance Initiative (PFI) projects in Northern Ireland will be taken on board so that available current and future funds are not wasted, particularly when public services are expected to deliver ongoing efficiency savings under the requirements of the Comprehensive Spending Review.

The BMA(NI) is fundamentally opposed to PFI schemes, and as recently as 2007 the BMA passed the motion

‘That this Meeting deplores the improperly researched, non evidence-based, current wave of private finance initiative schemes, which are mortgaging the NHS of the future, and believes any further such schemes will make the NHS unsustainable in the future. It calls upon the government to:

- (i) put a halt to any further PFI schemes;
- (ii) produce long-term (10 and 25 year) projections of the costs of these schemes;
- (iii) include future debts to PFI companies when calculating the NHS deficit.
- (iv) introduce and deliver a policy of public ownership of all future NHS hospitals’

3.4. Priority: Growing a Dynamic, Innovative Economy

Page five refers to the Priority of Growing the Economy, and its link with enhancing quality of life, reducing poverty/disadvantage, and increasing wealth, health and wellbeing.

The BMA(NI) welcomes this priority but it would be useful to have seen the financial projections which would provide some indication of how growing the economy will help to achieve the expected outcomes stated. The expected economic growth will fail to appear if the health of the workforce is not supported by a first class health and social care system.

Growing the economy against a backdrop of a real reduction on health service funding, in comparison with the rest of the UK, and continued efficiency pressures on an already under-funded health service, are unlikely to bring any improvements to the health and well-being of the population in Northern Ireland at all.

The Key Goals for this priority, on page six, are all welcomed, but the BMA(NI) calls for the resourcing of these key goals to ensure there is not an adverse impact on the effective delivery of healthcare services or, in particular, the funding of such services.

3.5. Priority: Promote tolerance, inclusion and health and well-being

The BMA(NI) is particularly interested in this priority (page seven). The link between poverty and health and well-being is well made here.

The narrative on page eight in this priority states that “the overall health status of our population needs urgent attention”. The BMA(NI) concurs and wants to see an effectively funded health service, with appropriate investment and initiatives, to meet urgent, short-term, medium-term and long-term needs.

Focused and fully funded initiatives are required, particularly in terms of implementation of the requirements in mental health services, as per the Bamford Review of Mental Health and Learning Disability (Bamford Review). Few would disagree that a fully and effectively funded implementation of the Bamford Review recommendations is not just desirable, but essential, given many years of under-funding and under-development of mental health services in Northern Ireland.

A recent DHSSPS presentation on the draft budget clearly stated that it would not be possible to fully fund the implementation of the Bamford requirements within the budget allocation for the health sector. Worse still for mental health services, we understand that Trusts, in planning their 3% annual efficiency savings under CSR requirements, have asked that these efficiencies are found right across all of a Trust’s services. In other words Trust mental health services are expected to find 3% efficiency savings within their service, despite the fact that a significant investment in mental health services is a key requirement to improving the health and well being of the population of Northern Ireland. This is an example of where the aims of the Programme for Government and Budget do not add up.

The BMA(NI) would strongly advocate that any savings made by the Department in achieving CSR targets are used solely in funding frontline health services.

The BMA(NI) has fully supported the full implementation of the Review of Public Administration in health, particularly as the elimination of unnecessary bureaucracy would assist the release of funding to frontline patient care. The delay in implementing the second stage of the RPA in health, plus the slow pace of creating a lean and effective shared services system to support healthcare services here, has undoubtedly slowed up the potential for realising efficiencies and releasing more funding to areas of frontline health need.

The BMA(NI) questions the inclusiveness and the achievability of the Key Goals for this Priority, on page nine of the document. The BMA(NI) is disappointed that free prescriptions, fully funded personal care and an agreement to prescribe medications to improve the quality

of life and indeed to extend the life of, for example, terminally ill cancer patients in Northern Ireland, have not featured here.

With regards to the Key Goals on page nine we have reservations about those relating to healthcare (numbers four to seven). Number four is vague, and we can only infer that this is in light of the non-implementation or non-funding of essential mental health initiatives.

We doubt that numbers five and six are actually achievable at all, given the starting baseline for the targets stated. Number seven should clearly state that it is referring to Accident and Emergency admissions as the benchmark for reducing unplanned admissions.

If significant improvements are to be made in the quality of health care there must be benchmarking with other UK nations and other leading edge healthcare nations in Europe and beyond. It is not sufficient to measure what is desirable for Northern Ireland using a baseline that is, and has been for many years, actually an inadequate health service for our population.

3.6. Priority: Protect and enhance our environment and natural resources

The BMA(NI) agrees in general with this priority.

3.7. Priority: Invest to build our infrastructure

The BMA(NI) would not dispute the need to develop the necessary infrastructure to deliver what is needed for Northern Ireland. The BMA(NI) is obviously interested in the effective development of health infrastructure and in the development of better transport to enable local people to better access the healthcare services that they need.

Available capital investment must be used in an effective and equitable way, with the needs of rural and socially deprived populations central to such infrastructure improvements.

3.8. Priority: Deliver modern high quality and efficient public services

This priority on page 14, is vague in general and is reflective of the slow pace with regard to the implementation of the review of Public Administration and reducing the size and number of Government Departments and other bodies (for example quangos and agencies) that were not included in the Review of Public Administration exercise.

The commitment to “review the overall number of government departments” should actually be a commitment to “REDUCE” the number and size of government departments. The costs of these Departments and the proliferation of staffing and expenses have been highlighted at a number of Assembly Public Accounts Committee meetings.

At a time when the Executive’s focus is on ‘growing the economy’ and ‘reducing bureaucracy’ in the wider public sector, the expansion of Government departments and their associated costs sends the wrong message to those trying to achieve efficiencies elsewhere.

The BMA(NI) doubts if the Key Goals on efficiencies for government departments, page 15, will mean a great deal of difference to Government departments given the current baseline size and costs of these departments.

4. Draft Investment Strategy

The draft Investment Strategy covers a 10 year period, unlike the draft Programme for Government and Budget which take a short term view. There is little correlation between the three year draft Programme for Government and the Investment Strategy. It is not possible to identify where investment will actually be made in the first three years of the strategy, and thus it is not possible to comment on whether the investment will actually help to deliver the Programme for Government.

The source of the £18 bn investment needed for the next 10 years, as per page one, is of significant concern to us. It is important that a range of alternative funding mechanisms are examined and that the preferred way forward for each project is one which represents the lowest level of future cost to Northern Ireland, at a given level of quality.

At a time when public services are being squeezed in terms of funding levels and the need for continuous efficiency savings, public money should not be wasted on costly and wasteful private finance initiative (PFI) projects.

The BMA(NI) agrees with the general narrative on pages two and three of the document and the requirement for the development of infrastructure to be based on need.

It is essential that the calculation of the £18 bn figure is accurate, given the infrastructure development needed. It is difficult for us to comment on this given that there is no overall list of identified infrastructure projects. It would have been useful to have a list of such projects, with estimated capital costs and identification of the source of funding for each project. Such a list would hopefully add up to the £18 bn required.

It would also have been useful to have a list of other identified desirable infrastructure projects which could have been funded if the funding streams were available. Aligning the desirable list to the overall aim of Growing the Economy would have provided a very good link as to how Growing the Economy would assist the future development of the public sector.

The BMA(NI) notes that the draft Investment Strategy devotes only three pages (from 30) on health. The BMA(NI) believes that resources directed solely to hospitals is misguided, in terms of overall healthcare development. Hospital healthcare is largely one of rescue. Any effective healthcare system would include resourcing of primary and secondary prevention and there has to be investment in appropriate community infrastructure. For example most care is better delivered in purpose built premises which are convenient and efficient in offering a wide range of clinical services, including investigation and imaging. Specialists do not always have to work in hospitals and generalists do not always have to work in the community – both branches of medicine have complementary skills and this should be recognised in terms of health care service provision and the location of such services.

4.1. Investment Pillars: Networks / Health

The Investment Pillar on Networks, is important in terms of improving accessibility to public services, and particularly health services in primary and secondary care for those living in rural areas.

With regards to the Investment pillar on health the BMA(NI) believes that there is still the need to develop, as recommended in so many previous healthcare initiatives, a primary care

led HPSS. Around 90% of all healthcare interventions happen in primary/community care settings and the estate in this area has been under-funded over very many years. It is no secret that many GP practices and local health centres would benefit from a planned and co-ordinated infrastructure development plan and this should happen.

Page 15 refers to the need for better infrastructure in primary and community care but the main plank of the infrastructure improvement is the building of "new and innovative health and care centres and a range of other facilities throughout the region". We are not sure what the "other facilities" are with regards to this statement on p15 so it is difficult to comment in detail. The BMA(NI) hopes that this refers to the development of primary care premises.

With regard to health and care centres, the BMA(NI) is not convinced that either the 'service case' or 'business case' exists for such centres. At a time of financial stringency it does not make sense to build new health and care centres which have the potential for creating a 'two-stop shop' for patients. It is possible that patients will be disadvantaged by the creation of such centres, particularly if Trusts move GP practice based staff outside of GP practices to the health and care centres. There is the potential scenario of patients visiting their GP on one site and then having to access related health visitor, community nursing or PAMs services on another site.

At present, most primary care professionals work in ways that offer a 'one-stop shop' for the primary care needs of their patients. The BMA(NI) suggests that if government intends to proceed with such centres, any decision on the building of a health and care centre should be subject to a meaningful local consultation on the options for using the funding available for such projects.

Each centre should be subject to a full investment appraisal and this would help to ensure that the available funds are used in the best way to benefit the local primary healthcare infrastructure.

It is the BMA(NI) view that the development of existing primary care infrastructure would be a better use of available finance than concentrating such funding on specific facilities which may not even have GPs on site.

The BMA(NI) welcomes the modernisation of emergency services as outlined on p15.

With regards to acute and local hospitals we make the following comments on the narrative on page 16.

Accessibility to, and availability of acute hospitals to meet the needs of our population in a fair and equitable way, is essential. The guarantee that MOST patients will be within 45 minutes access to acute hospitals is interesting, particularly given the statement that "all the population will 'normally' be within one hour of these services". In reading these two statements it is clear that a proportion of the population will be disadvantaged in terms of access to acute hospital care (particularly accident and emergency services).

Whilst we are not aware of how the figures of 45 minutes or one hour are calculated there is no doubt that there should be equity of access for all members of the population to acute hospitals. If the 45 minutes figure is based on time taken to travel by car then this should apply to all people, including those in rural areas and particularly west of the Bann.

The BMA(NI) realises that achieving such a target is also dependent on the development of a good public transport system and on improving the road network.

The BMA(NI) is unsure if the travel time to acute hospitals also takes account of access to acute hospitals on the other side of the border with the Republic of Ireland. If not already taken into account then this is an issue that should be addressed.

The BMA(NI) agrees with the commitment to invest in local hospitals and the specific actions listed on page 16.

Page 17 outlines the Key Goals and Milestones for Health. The aspiration to develop “a regional network of primary and community care facilities bringing services into the heart of the community, improved access and supporting greater multi-disciplinary working” is one which was not subject to public consultation.

The aims of this aspiration are unclear. Why the need for a network of such facilities? How will this improve access compared to current access to primary and community care services? How will multi-disciplinary working be better if patients have to see different primary care professionals on different sites?

None of these questions are answered in the document and these are questions which must be asked in terms of justifying the use of scarce resources to build such centres.

The goal to “modernise the mental health service estate, supporting a move away from long-stay settings to care in the community” will only be achievable when primary and community care mental health services are given the necessary resources to provide the services needed.

4.2. Other Pillars

The BMA(NI) has no specific comment on the Skills, Social, Environment or Productive investment pillars, key goals and milestones. In terms of public sector reform we believe that public sector bureaucracy (and its related costs) must be at a minimum level, to release public funds to front line services.

5. Draft Budget

Whilst the BMA(NI) has already referred to the financial implications of the draft Budget elsewhere in this response we wish to provide additional comment here and in particular, focus on the implications of the budget for health and social services.

The BMA(NI) is aware of the debate within the Executive, Assembly, the Assembly Health Committee, the media/press and the wider public on this issue and realise that the size of the draft budget for health and social services is a matter of contention at various levels.

The BMA(NI) believes that the budget must be sufficient to deliver the health service needed by Northern Ireland, particularly given the statement in the draft Programme for Government that “the overall health status of our population needs urgent attention”.

A recent presentation by the DHSSPS indicates that there will be a £300m shortfall in the budget allocation over the next three years, if the draft budget is accepted and the 3% per

annum efficiency target is actually achieved by the sector. Indications from the Department are that it has had to look at affordability regarding the budget and the information provided by the Department regarding the services the services it will not be able to fund is worrying.

Whilst the BMA(NI) is not clear about the robustness of the Departments analysis of the 'can and cannot do's' there are services in the 'cannot do' list that the BMA(NI) believes must be developed and delivered. This is to ensure that the people of Northern Ireland receive the same level of services as other UK nations and to the same timescale, for example the delivery of the HPV vaccination programme; or because the current service is failing society in Northern Ireland, for example the lack of implementation of some Bamford recommendations is in the 'cannot do' list. In addition issues such as fully funded personal care (available in Scotland), and free prescriptions (forthcoming in Scotland and available in Wales) are in the 'cannot do' list. We example we believe that issues such as free prescriptions or fully funded personal care should have a higher priority (in terms of net benefit to the population) than the large investment in telemedicine included in the Department's plans. In general the BMA(NI) believes that investment is needed on frontline patient care, not on expensive gimmicks.

There is little doubt that meaningful cost-effectiveness assessment of the 'can and cannot do' services, plus meaningful public consultation, could have produced different lists with regards to future services which the Department believes it can and cannot provide.

With regards to the HPV vaccination programme there is no money earmarked for the funding of the programme in Northern Ireland, either for 12 -13 year old girls or for older girls - in England the HPV programme will be funded for all 12-13 year old girls, plus a 'catch up' programme will be funded for older girls. Similarly there is no allocation for bowel cancer screening in the budget, unlike the full funding of this initiative in England. Appleby argued for the need (in Northern Ireland) to "increase spending on preventative health" and it is important that major Government public health initiatives are delivered in Northern Ireland, as they will be in other parts of the UK.

The rights and wrongs of whether the issues on the Department's 'can and cannot do' lists are correct are debatable. What is not debatable is that the Department cannot deliver a service, within the draft budget allocation, to meet the "urgent attention" that the PFG states is needed for "our population".

The BMA(NI) understands that the global budget is limited and must be shared across Departments based on identified needs. However, we know from the Appleby report and the Needs Effectiveness studies that the average shortfall in funding for the health service in Northern Ireland is around 15% when compared with England. The BMA(NI) also notes that the draft budget will only provide an average 1.1% increase in the health service budget here over the next three years, compared to 3.7% increase per annum for England. This will further widen the funding gap between Northern Ireland and England, and indeed Scotland and Wales.

This convinces the BMA(NI) that more investment is needed to create a health service here which can, at least, keep up with the percentage funding increases on other UK nations, and at best, eliminate the funding gap between Northern Ireland and the other UK nations.

The BMA(NI) is opposed to the asset stripping of the health service in Northern Ireland and the loss that incurs to the socio economic wealth of society. The BMA(NI) will strenuously and robustly oppose such sales. The BMA(NI) is fully aware of the policy of government to follow

such a path. Where it is impossible to maintain public land and estate it is essential that any such sales of assets are conducted in an open and transparent way and that the full market value of the asset is realised. All monies raised in this way must stay within the Department and be used in an accountable way to fund frontline services.

6. Conclusions

The BMA(NI) is hopeful that our comments on the three consultation documents are positively considered by the Executive. We are happy to provide further comment if requested or to engage in any discussions on the issues we have raised, if that would assist the Executive.

We look forward to seeing a final Programme for Government and Budget which best meets the needs of the people of Northern Ireland over the next three years.

British Medical Association

bma.org.uk/northernireland

Draft Budget

- The budget must be sufficient to deliver the health service needed by Northern Ireland
- The BMA(NI) believes that there are services in the 'cannot do' list which must be developed and delivered
- More investment is needed to create a health service here which can, at least, keep up with the percentage funding increases on other UK nations, and at best, eliminate the funding gap between Northern Ireland and the other UK nations
- The BMA(NI) is opposed to the asset stripping of the health service in Northern Ireland and the loss that incurs to the socio economic wealth of society; such sales will be strenuously and robustly opposed

The BMA(NI) would be willing to discuss its response to this consultation with you. In addition, the BMA(NI) is keen to continue work with you to develop future health-related strategies and budgets to ensure that the health service in Northern Ireland is at the forefront of delivering excellent care to the people of Northern Ireland. I can be contacted on at the address above.

Yours sincerely



Brian Patterson
Chairman of Northern Ireland Council