Budgetary Outlook 2018-2020 team
Room S1
Rathgael House
Balloo Road
Bangor
BT19 7NA

26 January 2018

Dear Sir/Madam

The BMA is a trade union representing and negotiating on behalf of all doctors in the UK. A leading voice advocating for outstanding health care and a healthy population. An association providing members with excellent individual services and support throughout their lives.

BMA has 155,000 members worldwide, and 75% of doctors and medical students in Northern Ireland are members.

BMA Northern Ireland welcomes the opportunity to comment on the briefing on Northern Ireland Budgetary Outlook.

A fundamental problem within health is that requirement for services has increased faster than the funding available to provide appropriate care for patients in Northern Ireland.

The Bengoa Review “Systems not Structures” (2016) and the subsequent Ministerial strategy “Delivering Together” both set out the need for systemic change to ensure that Northern Ireland will have a health and care system that delivers and performs better for patients and clients than the current system.

The Bengoa review stated clearly that to carry out this long-term transformation, investment would be required, particularly in primary and community based services. In our response to the recent trust financial savings plans we stated that “new money should be identified and invested in health and social care to allow these changes to take place.”

We welcome the continuing commitment to “Delivering Together” throughout the budgetary outlook. However, we are concerned that the additional funding necessary for implementation cannot be found outside the confidence and supply agreement.
Departmental scenarios

We welcome the protection afforded to the Department of Health’s resource budget in each of the three scenarios laid out in section 5.

We are concerned that the potential impact of a reduction in the level of corporation tax in Northern Ireland has not been factored into any of the scenarios. We fail to see where the additional £250 million could be found should such a change be made.

Confidence and supply funding

Funding from the confidence and supply arrangement is welcome but is additional to existing resources. It is also time limited, non-recurrent and until the restoration of the Assembly it is not guaranteed. Given these conditions the level of importance placed upon it throughout the document is concerning.

Balancing the budget

Whilst we do not believe it is our role as a trade union and professional organisation to advise government on how they could raise additional income, we are opposed to several of the revenue raising options outlined in section 4.

Increased health trust car parking charges

We are opposed to increasing trust car parking charges. These proposals are likely to have a disproportionate impact on patients and carers who rely on cars to access services, particularly those in rural areas.

We are opposed to further car parking charges being imposed upon doctors; they would act as a further deterrent to recruitment in those areas which already have significant difficulties.

Parking charges would also adversely impact on junior doctors who already face high travel costs as they are regularly rotated across Northern Ireland, often to sites far from their base.

Additional parking charges also represent a burden to medical students from Queens University Belfast who face substantial travel costs to attend placements throughout Northern Ireland and who may have to return to university from placements for further studies on the same day. These costs are in addition to the significant expenses of their studies. Very high levels of student debt may be a factor in decreasing attractiveness of medicine as a career.

If precise calculations can be made for the potential income from increased health trust car parking then we believe similar estimates can be made for NICS staff car parking.

Prescription charges

BMA Northern Ireland continues to oppose the reintroduction of prescription charges in Northern Ireland.

Evidence shows that prescription charges have a significant, negative effect on medicine adherence, self-management, quality of life and health outcomes. This indicates that reintroduction of prescription charges could have a negative effect on health and be a barrier to patients accessing necessary care.
We question the efficiency of a charging system, specifically if the amount raised would be sufficient to realise the cost of the introduction and continued administration of a new system.

*Higher education fees*

The BMA continues to oppose tuition fees. As such we strongly disagree with any suggestion of increasing higher education fees in Northern Ireland.

Students attending medical school in Northern Ireland accessing full tuition fee and maintenance loans could graduate with over £35,000 pounds of student debt. This does not include any personal loans or overdrafts they may take out. This is higher for the increasing number of graduate medical students as those domiciled in Northern Ireland are not eligible for their 5th year NHS bursary. As medical degrees are longer than most other undergraduate any rise in higher education fees will have a greater impact on medical students.

BMA research in England has shown that the increasing cost of tuition fees has impacted on the number of applicants from lower socio-economic backgrounds to medical school. We are concerned that increased fees would have a similar impact in Northern Ireland, despite the significant work BMA Northern Ireland has already undertaken to encourage a widening of participation in medical studies.

We thank the department for the opportunity to comment on this document. Should you have any questions or require further details on our submission please contact Jenna Maghie, senior policy executive, on (028) 90269676 or jmaghie@bma.org.uk.

Yours sincerely

John D. Woods
Chair of BMA Northern Ireland Council