Securing a healthier future for health and social care in Northern Ireland
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We all know that change needs to happen and that difficult decisions lie ahead. We need to reform our health and social care system and make sure that every part of it is properly funded, appropriately staffed and that we are delivering the best possible care for our patients. We believe that taking action on the six priorities laid out in this manifesto will help meet the challenges we face.

Dr John D Woods
Chair, Northern Ireland Council
BMA Northern Ireland Manifesto Priorities

1. **Address the funding shortfall for health**
   BMA Northern Ireland calls on all political parties to be honest with the electorate and state clearly in their manifestos how they will fund health and social care services in Northern Ireland.

2. **Recruit, retain and value doctors**
   BMA Northern Ireland calls on all political parties to take immediate action to ensure that the terms and conditions of doctors across all branches of practice reflect their level of skill and training.

3. **Maintain safeguards for patients and doctors**
   BMA Northern Ireland calls on all political parties to ensure that the quality of patient care is clinically effective, safe and responsive rather than focusing on financial savings, targets or short term political gain. Patient safety and high quality clinical care must be a priority by putting patient needs first and maintaining safeguards for doctors’ health and wellbeing.

4. **Restore investment in general practice**
   BMA Northern Ireland calls on all political parties to ensure that immediate additional investment is made in general practice and commit to the federation model to ensure the survival and sustainability of general practice.

5. **Improve how we plan and deliver health and social care**
   BMA Northern Ireland calls on all political parties to:
   - Remove arbitrary targets and replace them with a clinical needs based model
   - Develop referral pathways that acknowledge and reflect the value of clinical expertise
   - Ensure quality of patient care is assessed by clinical effectiveness, safety and responsiveness rather than financial savings or short-term political imperatives.

6. **Prioritise public health and deliver ill-health prevention**
   BMA Northern Ireland calls on all political parties to commit to tackling these issues and take effective action to reduce health inequalities across society. Health and wellbeing must be prioritised in ALL policy areas across ALL departments, not just seen as a priority for health.
BMA Northern Ireland believes the founding principles of the NHS must be protected and services should continue to be free at the point of use. Although we welcome the protection of the health budget, this has simply amounted to maintaining its budget in real terms, while failing to keep pace with the level of additional funding required to meet the rising costs of healthcare due to more complex health needs, a growing and changing demography and more expensive technological advances in medicine. This has a direct impact on the pressures facing patients, doctors and the wider public.

BMA Northern Ireland believes that delivering savings through restricting services to patients and limiting the terms and conditions of staff is counterproductive and cannot continue. Proper investment needs to be made.

The commissioning plan for 2015/16 identifies an unresolved gap of £31m, meaning there will be no additional funding for service developments. In addition, the Comptroller and Auditor General in his report in 2015 pointed out there is already a real terms reduction with health and social care trusts carrying underlying deficits into 2014-15 of £115 million.

It is estimated that we need an increase of 5 to 6 per cent per year to meet pressures associated with ageing and staffing costs, yet the budget increase from 2015-16 (£4,697.9) to 2016-17 (£4,880.1) was just over 3 per cent, representing over 47 per cent of the block grant.

We welcomed the additional investment of £47.6 million in the November 2015 monitoring round for health of which £40m was for hospital waiting lists and £7.6m to meet a range of priority areas. The NHS however cannot and should not have to rely on additional investment in the monitoring rounds to meet patient needs.

Northern Ireland, like the rest of the UK, is experiencing demographic shifts in terms of ageing, life expectancy and a growing population. In Northern Ireland 40% of the population will be obese by 2025, 1 in 5 currently consume alcohol above the recommended limits, 22% of adults smoke and 5% of 11-16 year olds smoke.

- The population of Northern Ireland is increasing and is projected to reach 2 million by mid-2034
- From 2012 to 2022, the population aged 65 or more will increase by 26% (71,000 people)
— The number of people aged 65 and over is projected to increase by 44% in the next fifteen years (2012-2027).
— It is estimated that there were 33,300 people aged 85 and over living in Northern Ireland as of 30 June 2013, 40 per cent more than was the case ten years previously in 2003.
— The number of persons aged 85 and over is projected to increase by nearly 50% in the next decade, and by 2029 it is projected there will be twice as many people aged 85 and over than there are today.

Public expectations and attitudes towards their care are changing, but support for a universal NHS remains high on the agenda in Northern Ireland at 73%.

In addition to demographics and rising demand and expectations, a number of other challenges will further intensify the pressure on the financial stability of the NHS in Northern Ireland.

Issues such as patterns of disease and disability, medical advances, information technology and the workforce will need to be factored in to future planning. For example, we know that in order to curb the rising demand for diabetes services, we need to reduce the incidence of diabetes through significant preventative measures. Likewise, healthy ageing is the best way to address the increasing costs of an ageing population. Again, investing in preventative measures protecting long term health and well-being will create savings in the longer term. Reductions to the public health budget are shortsighted and will increase costs further down the line.

**BMA NI calls on all political parties to be honest with the electorate and state clearly in their manifestos how they will fund health and social care services in Northern Ireland.**
Recruit, retain and value doctors

All political parties must recognise the need to improve working conditions to ensure Northern Ireland is able to attract and more importantly, retain highly skilled doctors.

BMA Northern Ireland considers effective medical workforce planning essential to enable clinicians to deliver high quality and safe care for all patients.

The health service in Northern Ireland is facing a considerable challenge in the short to medium term due to constraints in resources and increasing demands on health and social care. We are currently experiencing serious medical staff shortages in Northern Ireland particularly within specialties such as radiology, anaesthetics, psychiatry, laboratory medicine, emergency medicine, and general practice.

Who are the medical workforce?

<table>
<thead>
<tr>
<th>Medical workforce summary</th>
<th>Headcount</th>
<th>Whole time equivalent (WTE)</th>
<th>Age: % of doctors over 50 years old</th>
<th>Working patterns: % of part-time workers by headcount</th>
<th>Gender: % of women</th>
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<tbody>
<tr>
<td>GPs</td>
<td>1211</td>
<td>*</td>
<td>24**</td>
<td>*</td>
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<td>Junior Doctors</td>
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<td>1824</td>
<td>2</td>
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<td></td>
</tr>
</tbody>
</table>

SOURCE: Department of Health, Social Services and Public Safety, March 2014
* Data not available from DHSSPS
** Figures from the Royal College of General Practitioners 2014 — GPs aged 55+
* Calculations based on NIGPC survey

The demographics of the medical workforce are changing considerably and this needs to be factored into workforce planning. We can see from the table above that the ageing workforce, particularly within general practice, is concerning. In addition, the increasing proportion of women in the medical profession has not been factored into workforce planning to date.

Medical workforce planning is a high priority for BMA Northern Ireland and we have consistently called for the DHSSPS to develop a strategy for planning the medical workforce as a matter of urgency. We continually and proactively contribute to review after review and are increasingly frustrated at the lack of progress that has been made.
The incoming government must:
– Take into account when looking at medical workforce planning, the changing service demands and the composition of the workforce
– Take a whole-system strategic approach to medical workforce planning across primary, secondary, community and social care
– Take action to address the urgent recruitment and retention challenges across specialties and put in place long term strategies to ensure we train enough staff across all specialties
– Ensure that high-quality undergraduate education, postgraduate training and continuing professional development are a priority to promote morale and increase retention rates
– Abolish student fees to ensure there is opportunity for students from all backgrounds to study medicine.

Effective medical workforce planning can only be achieved if underpinned by evidence and robust statistics. The incoming government must ensure adequate data on the medical workforce, including workforce numbers and staff vacancies is collected and made available for both effective delivery of care and sustainable workforce planning.

The health system relies heavily on the contribution of junior doctors and unfilled trainee posts present a further source of pressure on the service being provided to patients. BMA NI is concerned an unsatisfactory outcome to the current renegotiation of the junior doctor contract may have an adverse impact on patient safety and doctor’s well being.

**BMA NI is calling on all political parties to commit to not imposing a junior doctor contract in Northern Ireland.**

**BMA NI calls on all political parties to take immediate action to ensure the terms and conditions of doctors across all branches of practice reflect their level of skill and training.**
Additional safeguards for patients and doctors assured by the European Working Time Directive must remain in place. This Directive was designed to protect the health and safety of workers by restricting the number of hours an individual can work and by imposing minimum rest requirements.

BMA Northern Ireland, like others, was deeply saddened by the failures at Mid-Staffordshire NHS Trust. An environment lacking in openness, transparency and candour meant there was a fear of raising concerns, a learned tolerance of poor patient care and a failure to put patients first. It is therefore essential to create the right organisational environment for professional values to thrive and to achieve high standards of patient care.

Doctors take their professional responsibility extremely seriously and have a professional duty to be open and honest with patients about their care through Good Medical Practice, the professional code governing their fitness to practice. Doctors welcome this accountability and understand breaching this code can lead to removal from the medical register and a loss of their ability to practice medicine.

BMA NI believes that any proposals that dramatically change ways of working must follow rigorous analysis, have clear funding plans, and have workforce arrangements that protect both patient safety and doctors’ welfare.

We are therefore calling on the new health minister to ensure that:

- Any changes made to the terms and conditions of doctors across all branches of practice are reached through negotiated mutual consent, always putting patient safety and doctors’ wellbeing at their core.
- An open, transparent and honest professional environment is created in which doctors and other health professionals feel able to raise concerns about patient care without fear of reprisals and to foster a supportive culture where both concerns and ideas from staff, patients and their relatives are welcomed and considered.

BMA Northern Ireland calls on all political parties to ensure that the quality of patient care is clinically effective, safe and responsive rather than focusing on financial savings, targets or short term political gain. Patient safety and high quality clinical care must be a priority by putting patient needs first and maintaining safeguards for doctors’ health and wellbeing.
BMA’s publication, “General Practice in Northern Ireland: The case for change” highlighted the need for immediate action to ensure the sustainability of general practice. Key points from our report on the challenges facing general practice include:

– Increased workloads
– Recruitment and retention
– Lack of investment in primary care

BMA Northern Ireland believes workload in general practice has reached saturation point, the intolerable demands on GPs mean young doctors are choosing not to enter general practice and experienced GPs are choosing to leave.

General practice continues to be the first point of contact for 90% of health and social care related needs. Policy direction is to drive primary care to do more. To achieve this, improvements need to be made to meaningfully integrate services, develop coherent pathways of care and manage demand.

The reducing budget in real terms for health and social care – put together with increased workloads and recruitment and retention problems – has created a crisis for general practice.

The last decade has seen a sharp growth in demand for GP services. Total consultations rose from 7.2 million in 2003/04 to 12.7 million in 2013/1411 – this works out at 6.6 consultations per patient per year or an increase in overall consultations per patient of 63% from 2003/04 to 2013/14.

These workload figures do not reflect the complexity of consultations and the growing comorbidity of an ageing population; nor do they reflect the time needed to deal with the growing administrative tasks required to ensure continuity of care. Despite this huge rise in demand and workload, there has been a reduction in resources for primary care in real terms. These factors have combined to result in a decline in morale amongst GPs and a lessening of the attractiveness of general practice as a career path. The sustainability of general practice now needs urgent attention.

If empowered and adequately resourced, general practice can work in a holistic manner with the rest of our health service to deliver safe, accessible and high quality care to our patients in a cost effective way.
BMA Northern Ireland’s GP committee has designed and developed a sustainable solution to combat many of the challenges outlined – GP federations. GP federations are a network of 17 not for profit collaborative partnerships covering Northern Ireland. Each federation will cover about 100,000 patients, averaging about 20 practices. The primary aim of GP federations is to provide better care and to deliver this in a more responsive way to meet patients’ needs. GP federations are in a position to utilise the expertise and knowledge of GPs and other health professionals in the federation. This increases the range of services available within that locality and reduces demand on secondary care services.

By working across health and social care, GP federations can identify gaps in services and work with other providers or provide the services directly. This will ensure the efficient use of resources, reduce referrals to secondary care, deliver value for money, improve patient care, alleviate some workload pressure and enhance morale among the workforce.

However, in spite of the growing pressures on general practice, the level of patient satisfaction remains high: – 94% of people are satisfied with the care received at their GP surgery – 75% of people describe the care they get out-of-hours as good – 83% of people were able to see a GP or healthcare professional fairly quickly.14

The capacity of general practice to deliver will have major implications for the rest of the health and social care system. If general practice cannot meet patient demand due to increasing workload pressure, this will have a significant negative impact on secondary care. Some general practices are close to collapse – this must not be allowed to happen.

Time is running out – political parties must declare their support and show in their manifestos how they intend to support and resource general practice.

**BMA NI calls on all political parties to ensure immediate additional investment is made in general practice and ask them to commit to the GP federation model to ensure the survival and sustainability of general practice.**
To achieve this, BMA Northern Ireland believes there needs to be a re-orientation away from the emphasis on acute and disjointed episodic care towards prevention, self-care, and the provision of care within an integrated structure. Successful delivery of health and social care can only be achieved when doctors from all branches of practice and specialties play a central role in the design and decision making processes. This includes ensuring that in keeping with the ethos of Transforming Your Care (TYC), patients are treated with the right care, in the right place, at the right time, with the right outcome.

BMA Northern Ireland remains committed to the principles of the NHS and is opposed to the commercialisation and the active promotion of a market approach in the delivery of health and social care. The process of planning and provision must be led by the public sector.

This means changing our definition and understanding of procuring services away from a commissioning model, turning instead to a planning function that is clinically led and based on collaborative relationships between primary, community and secondary care and public health.

BMA NI believes the role of a planning model should be balancing the clinical needs of patients with available resources and improving the range and quality of health services. The following principles should underpin a planning model:

- **Promoting clinical engagement**: clinicians should be involved in decisions to ensure services are planned on the basis of patient needs
- **Enabling cross-sector collaboration**: clinical networks should be established across primary and secondary care, with input from public health, to deliver patient-centred outcomes
- **Ensuring an appropriate balance between cost-effectiveness and quality**: decisions must not be based solely on cost but on value
- **Effective dialogue with patients and the public**: there must be an open and honest debate with the public to allow their needs and choices to be fully recognised and discussion about how these could be met within a sustainable NHS
- **Development of information systems**: data upon which to base planning decisions must be available, accurate, accessible and timely
BMA Northern Ireland believes that targets can skew clinical priorities and that the clinical needs of patients should always be the driving force behind patient care. We recognise the value of targets in that they can help focus activity and measure progress. However it is vital that targets are based on clinical evidence, are appropriate for the care of patients and are not sought at the detriment of quality.

**BMA NI calls on all political parties to:**
- Remove arbitrary targets and replace them with a clinical needs based model
- Develop referral pathways that acknowledge and reflect the value of clinical expertise
- Ensure quality of patient care is assessed by clinical effectiveness, safety and responsiveness rather than financial savings or short-term political imperatives.
Prioritise public health and deliver ill-health prevention

Public health is the foundation of a healthy society and the structures and processes underpinning this are crucial to its successful delivery and effectiveness.

Unhealthy lifestyle behaviours, such as poor nutrition, smoking and alcohol consumption have a significant impact on quality of life and life expectancy and place a huge burden on an already over committed health service. In Northern Ireland today:

- 40% of the population will be obese by 2025
- 1 in 5 consume alcohol above the recommended limits
- 22% of adults smoke
- 5% of 11-16 year olds smoke

Despite efforts by government and the public health strategy, ‘Making Life Better’ health inequalities have remained stubbornly persistent. Those who live in deprived areas face the worst health outcomes across a number of health measures.

The face of poverty is changing – more than half of people experiencing poverty now live in working households. Public policy has yet to catch up with this shift. The imposition of austerity measures and changes to the welfare system have had an adverse impact on families, particularly those most disadvantaged and vulnerable.

Recent evidence from the Joseph Rowntree Foundation shows household incomes, poverty rates and the labour market have all worsened in Northern Ireland in the last five years. In each case, this deterioration has been greater than in Great Britain. Children have the highest poverty rate in Northern Ireland at 27% compared to all other groups.

BMA public health priorities are:

**Obesity**

- Introduce measures to tackle childhood obesity such as the:
  - introduction of a sugar tax
  - the provision of a free school meal for every child under the age of seven
  - a free portion of fruit or vegetables for every primary school child in Northern Ireland
- End the promotion of unhealthy foods
- Have food ingredients clearly marked
- Provide ongoing education and awareness campaigns around healthy eating
- Provide sufficient and convenient opportunities for sport and exercise
Alcohol
– Introduction of minimum unit pricing of alcohol
– Restrict advertising of alcohol including sponsorship
– Greater emphasis on treating alcohol misuse

Smoking – a smoke free environment by 2035
– ban smoking in cars with children
– regulate the use of e-cigarettes
– restrict the use of e-cigarettes in public places
– create more smoke-free open places

BMA Northern Ireland calls on all political parties to commit to tackling these issues and take effective action to reduce health inequalities across society. Health and wellbeing must be prioritised in ALL policy areas across ALL departments, not just seen as a priority for health.

Organ Donation
BMA Northern Ireland has long advocated an opt-out system with safeguards for organ donation and continues to believe this is the best option for Northern Ireland to reduce the shortage of organs.

BMA NI is calling for
– a consistent and persistent public campaign to promote organ donation
– the introduction of an opt-out system for organ donation.
References

1. HSCB, Commissioning Plan 2015/16. Belfast: HSCB.
4. Public expenditure 2015-16 monitoring round; statement to the Assembly by Arlene Foster, MLA, Minister of Finance and Personnel, 18 November 2015
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