Draft Programme for Government Framework 2016-21

Dear Sir: Madam

BMA Northern Ireland is both a professional association and a trade union which represents the medical profession in Northern Ireland across all branches of practice. Our mission is “we look after doctors so they can look after you”.

BMA has 169,000 members worldwide, and 75% of doctors and medical students are members in Northern Ireland.

BMA Northern Ireland welcomes the opportunity to respond to this consultation. BMA Northern Ireland notes the change in approach for this programme for government to an outcomes based framework and on the surface this looks positive and compelling. However we are somewhat concerned that this appears to be based solely on the work of Mark Friedman, ‘Trying Hard is Not Good Enough,’ 2005. A robust evidence base needs to be established and critiqued to ensure that it is fit for purpose.

Although BMA Northern Ireland is primarily concerned with the health related outcomes of the draft programme for government, it is important to note that issues that may seem non-health related impact greatly on the health of the population of Northern Ireland.
We know that the real determinants of health relate to how and where we live, learn, work and play. BMA Northern Ireland believes that there is a moral obligation on government to tackle the drivers of poor health by making health improvement an objective in all policy areas, in recognition that it is fundamental to a prosperous and sustainable society. In our 2016 Assembly manifesto, ‘Securing a healthier future for health and social care in Northern Ireland, we have called for health and wellbeing to be prioritised in all policies areas across all departments. For example to meet the objectives of outcome 1: we prosper through a strong, competitive regionally balanced economy and outcome 12: we have created a place where people want to live and work, to visit and invest, it is essential to have a healthy and educated workforce and an environment which promotes healthy lifestyles. It is therefore clear that social and economic prosperity for people in Northern Ireland will require much broader thinking and action than is evident in this draft PfG.

Comments on the outcomes and indicators

We note the key elements and approach of this draft PfG as outlined in the document (pages 12 to 16) and we accept that these are high level and aspirational, and the association can support these to a greater or lesser degree. And whilst there is an attempt to incorporate health across a number of indicators, this in itself will not necessarily result in better outcomes overall. BMA Northern Ireland considers that public health input must be put onto a statutory footing and consideration given to the introduction of health impact assessments of all Government policies.

There is no sense in either the outcomes, indicators or measures to capture how ‘the system’ can aid or hinder people’s outcomes, particularly around health and social care. There are a number of statements that reference the need for structural change, either explicitly or implicitly – under outcome 4: we enjoy long, healthy active, lives, there is reference to creating an excellent health service and outcome 11: we have high quality public services, refers to the need for services to be responsive and meet the needs of people. Simply assessing the quality of the healthcare experience (measure 5, page 14) will not capture if the healthcare system is meeting the needs of the people of Northern Ireland. This is vitally important as the minister has announced her intention to reshape how health and social care is delivered. We would recommend an additional indicator that captures the structural and systematic factors that enables us to show how this impacts the on health outcomes of the population of Northern Ireland.
Performance measures

BMA Northern Ireland notes the performance measures as outlined (pages 14 to 16) and recognise that many of these are standard performance measures across government. What is not clear is how the outcomes, indicators and measure link to tackle many of the issues raised. We know that in Northern Ireland today, 1 in 5 consume alcohol above the recommended limits, 22% of adults smoke and 5% of 11-16 year olds smoke and it is estimated that 40% of the population will be obese by 2025. We also know that those who live in deprived areas face the worst health outcomes across a number of measures. In light of these knowns, we fail to see how this draft PfG and this approach can deal with the complexities of people’s lives. It is not clear what is different in this approach as we know that despite efforts by government, these issues have remained stubbornly persistent. We accept that as this drills down into action/delivery plans for individual departments and agencies we may see a greater level of detail and clarity.

We welcome this opportunity to input into the draft PfG and we look forward to the next stage of this process. We hope you find these comments and observations useful and we are happy to meet to discuss further. If you need any further clarification on any of the issues raised, please do not hesitate to contact, Judith Cross, senior policy adviser, on 02890269687 or jcross@bma.org.uk.

Yours sincerely

[Signature]

Dr John D Woods
Chair, BMA Northern Ireland Council