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# BMA

Northern Ireland

**Mr Conor Murphy**  
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20 January 2021

## BMA Northern Ireland response to 2021-22 Budget

**Dear Minister,**

The British Medical Association (BMA) is a professional association and trade union representing and negotiating on behalf of all doctors and medical students in the UK. It is a leading voice advocating for outstanding health care and a healthy population. It is an association providing members with excellent individual services and support throughout their lives.

We would like to thank you for this opportunity to respond to the budget consultation, as you would expect our comments will largely be limited to the impact of the budget on health.

Prior to the COVID-19 pandemic the HSCNI was experiencing unsustainable, unacceptable, and unsafe levels of pressure. Resulting in the HSCNI being unable to meet its targets across a number of areas. COVID has not only exposed these failures but has increased avoidable suffering and discomfort for many thousands of patients as well as further impacting on the morale of staff working hard to keep services afloat during the pandemic.

Continuing to seek efficiencies in a system so under pressure and one seeking to transform is clearly not possible. Repeating the same steps of previous budgets, underfunding health and social care but expecting improved outcomes is not justifiable or appropriate.

**National director (Northern Ireland):** Claire Armstrong

**Chief executive officer:** Tom Grinyer

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### **Multi-year budgeting**

It is frustrating to again respond to a single year budget consultation. BMA, along with many other organisations, have been calling for multi-year budgets for some time now. Whilst we appreciate the impact that COVID-19 pandemic has had on public finances and budgets, single year budgets do not allow for the planning necessary to transform the HSC in the ways identified as necessary or to sufficiently plan a rebuild of services in a post-pandemic world.

Additionally, single year budgets are given as the reason departments cannot commit to multi-year pay deal. This has put staff, associate specialist and specialty (SAS) doctors in Northern Ireland at a significant disadvantage to their counterparts in England and Wales throughout recent contract negotiations.

### **Department of Health Budget Allocation**

The draft budget document itself states that the Department of Health requires an additional 6.5% annually to deal with an *“increasing ageing population with greater and more complex needs, increasing costs for goods/services, and growing expertise and innovation which means an increased range of services, supporting improvement in our population health.”*

This does not take in to account the additional costs associated with transformation, which all parties within the Executive are committed to. Given this, it is particularly difficult to see how a budget allocation that only allocates an additional 5.7% to health can be justified. All parties in the Executive agreed with the steps laid out in Delivering Together, it is essential this commitment to transformation is supported by adequate funding to allow transformation to take place.

### **Waiting lists**

As some services were necessarily paused to allow the HSC to deal with the impacts of the pandemic waiting lists have continued to grow. More and more people are now waiting over a year for treatment and the department is almost certain to miss it's New Decade, New Approach commitment to *“no-one waiting over a year at 30 September 2019 for outpatient or inpatient assessment/treatment will still be on a waiting list by March 2021.”*

This situation will not fix itself, nor will it be fixed by more of the same handling that allowed the situation to develop. A clear plan, with dedicated funding is necessary, something which is not currently in the budget document.

### **New Decade, New Approach (NDNA)**

Transforming our health service with a long-term funding strategy was the first commitment within NDNA. In their budget document the Department of Health very clearly states that the budget settlement *“will not allow us to undertake a transformation programme with any level of ambition.”* Additionally, it will not allow for meaningful progress on a number of other issues committed to in NDNA including reducing waiting times, addressing safe staffing amongst many others.

Our members will quite rightly ask, why parties commit to transformational change and important policy priorities if they are then not adequately financed.

### **Pay uplifts**

Doctors, along with their HSC colleagues, have stepped up to ensure that the health service in Northern Ireland does not collapse and that patients get the care that they need. This is despite

initial difficulties with the supply of PPE, being refused remuneration for additional work done and not being able to protect their patients, families and themselves due to the delay in being given the second dose of the Pfizer vaccination in line with the manufacturers guidance.

Despite these issues' doctors put the health service first, moved at pace, changed rotas, and working locations, used innovative approaches and worked flexibly to reshape or redesign service where possible and set up completely new services where necessary. All of this work was to ensure patients received the care that they needed.

Doctors are being asked to work longer and harder than ever to cope with the ever-increasing demand, which ultimately impacts on their wellbeing, morale and motivation. Increased tiredness can also have a detrimental impact on patient care, and can, along with other factors, cause doctors to retire early or leave the profession altogether. In a recent survey almost 40% of our secondary care members told us they intend to retire, work more flexibly, or reduce their hours when 'normal' services are resumed. Steps must be taken to retain the medical workforce wherever possible.

Since the last recession in 2008, doctors have experienced a prolonged period of pay freezes or pay caps, at a time when inflation has run much higher. As a result, our members have experienced the largest drop in earnings of all professions subject to a pay review body, with some groups having seen their pay fall by up to 30%.

Doctors in Northern Ireland are continually behind their counterparts across the UK in receiving their annual pay uplifts, causing a further blow to morale. Between the period of 2017 and 2020 we were told the absence of an Executive was a reason for the delay in the annual pay awards. We would hope the establishment of the Executive means the timely payment of the recommendations of the DDRB will take place in 2021 and doctors will not, once again, be months behind their colleagues in the rest of the UK. It is concerning not see a commitment to the DDRB uplift clearly laid out in the budget document. The issue of pay parity is now a real concern for doctors in Northern Ireland.

### **Pensions**

We accept that the budget for 2021/22 has been produced during a period of uncertainty due to the evolving nature of the Covid-19 pandemic and its impact on the economy, alongside the additional uncertainties created by the UK leaving the EU.

However, we note there is no commitment to seeking to mitigate the Government's punitive pension tax rules. England, Scotland and Wales have all introduced a range of pensions mitigations such as scheme pays and recycling, none of which have been replicated in Northern Ireland. Whilst these mitigations do not solve the taxation problems, they attempt to alleviate them and give the workforce a sense that they are valued, and their concerns understood. Additionally, mitigations would assist with recruitment and retention to the HSC in Northern Ireland.

### **SAS Contract**

We are also urging the DoF to ensure that there are sufficient funds for the forthcoming SAS multi-year contract from April 2021. The department of health are insisting that DoF approval is needed and they are unable to commit funding beyond the first year. Indeed, there have been significant delays to the agreement of year one funding causing a potential delay in implementation of this new contract in Northern Ireland.

We are aware that there will be additional spending for the Executive as a result of the contract settlement, through the Barnett formula. It is essential that this is ringfenced for this purpose if this important group of doctors are not to fall behind the terms and conditions that are offered to their counterparts in England and Wales.

**Sustained, planned investment**

The answer to many of the issues we have raised is to commit to sustained, planned investment. This cannot be done on the basis of single-year funding.

Additionally, all departments need to consider the impact of their decisions on the health of the population and on the health service as a whole, we believe the introduction of health impact assessments would be one way of doing this. This would ensure the decisions of one department do not adversely impact on another.

Once again we would like to thank you for the opportunity to respond to this consultation, should you require any further information please contact Jenna Maghie, senior policy executive at [jmaghie@bma.org.uk](mailto:jmaghie@bma.org.uk) in the first instance.

Yours sincerely

**Dr Tom Black**  
Chair, BMA Northern Ireland Council