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Hamilton outlines ambitious vision for health and social care in Northern Ireland

It's fair to say that I've been the subject of some criticism over the past few weeks for not being in post full time.

No one was as frustrated as me. I know that extensive reform is required if our Health Service is to survive and thrive in the years ahead but neither could murders on our streets be ignored.

Since I first took up post as Health Minister back in May I have spent a significant amount of time carefully considering my response to Sir Liam Donaldson's report, as well as the reviews into commissioning and the administration of our Health and Social Care system.

Some have sought to press me into making early decisions on these issues but I believed it was important to make good decisions rather than quick ones.

While I was out of office, the needs of our people and our NHS were not out of my mind. I have spent the last number of weeks thinking and rethinking my ideas on the future of our Health and Social Care system.

Testing them again and again.

Talking to people inside and outside the system.

Taking their views and comparing them to my own.

Today, I want to set out my vision for our Health Service, how we can conquer the challenges facing us and how we can create a world class Health and Social Care system.

Our Health Service holds a very special place in the hearts of our people.

Since its establishment, the people of the United Kingdom have cherished the Health Service and the core principles it was founded upon. The principles that healthcare should be free at the point of delivery, that the quality of care should be the same for everyone and that everyone should receive the care they require based on their clinical need and not their ability to pay.

Those core principles are, I believe, facing their biggest test in the more than 60-plus year history of the NHS. There is a real risk that if we fail to acknowledge, address and answer the multiple challenges that are before us, future generations will not have a Health Service like the one we do. They will instead inherit something far removed from the Health Service we know and love.

We are by now very familiar with the challenges facing Health and Social Care.

Our population is increasing in size and it is getting older.

There is a rise in the number of chronic conditions people are living with.

Unhealthy lifestyles are building up a ticking time bomb of problems.

Miraculous developments in medical technologies and drugs are increasing demand and pushing up costs.

And all of these challenges are amassing at a time when we also face unprecedented financial pressures.

We've responded to those challenges by spending over £750 million more on health over the last 5 years.

Since 2011, we've have been able to employ 240 more medical and dental consultants, 930 more nurses and 460 more allied health professionals.

We've been able to use that additional investment and extra staff to increase out of hours GP contacts by 12%, increase inpatient admissions by 4.3%, reduce MRSA infections by 42% and increase domiciliary care hours by 7.5% over the last 4 years.

Despite these improvements, pressures persist.

It is the accumulation of these challenges that threatens the future of our Health and Social Care system. Together, they make the current way in which healthcare is delivered in Northern Ireland unsustainable.

No Health Service anywhere in the world will survive the assault of these challenges unless it focuses first and foremost on ensuring the highest quality and safety of care, it configures its services correctly and has an appropriate administrative structure.

Standing still is the surest way to guarantee that we slide backwards.

We change or we fail.

That is the choice.

The challenges we face are immense.

But I am convinced that we can transform because of the talent of our people and our evident ability to innovate.

As Minister, I've had the privilege of meeting many doctors, nurses, allied health professionals, social workers, support staff and administrators.

Even though I know the pressure they are all under, what shines through is their enduring dedication to the patients and people they serve.

It isn't simply a case of our staff showing amazing care and compassion as they go about their work. There is also an abundance of ingenuity inherent across our Health Service.

I have been hugely impressed by the advances our Health and Social Care system is making, in many cases leading the way.

Projects like D Nav where 700 type-2 diabetics on insulin treated in the South Eastern Trust will be using new technology which will ultimately result in a far more immediate, and effective, management of their diabetes than quarterly visits to outpatient clinics.

Our Medicines Optimisation Innovation Centre in the Northern Trust whose work has helped Northern Ireland receive recognition by Europe as an innovative region for active and healthy aging.

Or the Rapid Response Nursing Service in the Western Trust I visited in July where the team of excellent nurses facilitate the early discharge of patients back into the community where

they can receive the treatment they need in the comfort of their own homes. A real life example of Transforming Your Care in action.

It is the skill of our staff.

Their dedication to duty.

And their innate ability to innovate.

That impresses me.

That amazes me.

And that inspires me to believe that we are capable of transforming our Health and Social Care system into one that is world class.

Back in May, I visited the Cancer Centre at Belfast City Hospital. When I was there I spoke about how it was an excellent example of the ability of our Health and Social Care sector to deliver truly world class services. It's not the only example.

At the same hospital, I've had the privilege of spending time with the kidney transplant team who recently matched the UK record of five kidney transplants in one day.

Our cutting edge cardiac care is being recognised around the world.

And Northern Ireland is to the fore in using technology to improve patient care.

I am certain that Northern Ireland can have a world class Health and Social Care system.

Building upon what we are already great at. Realising the enormous potential of our integrated system and obvious ability to innovate.

But we have to ask the question 'Why has innovation and excellence not delivered a world class system already?'

When I've spoken to staff their frustration about elements of the system they work in is clear.

We are fortunate to have a Health and Social Care system full of extraordinary people doing extraordinary things.

What isn't in question is the ability of our staff or their personal capacity to innovate but rather the suitability of the system they work within to make the most of their talents.

I want our superb staff to be working inside a Health and Social Care system that supports them. Not one that stands in their way.

The administration of Health and Social Care suffers from a common Northern Ireland public sector problem.

It is too big.

It is too bureaucratic.

And it doesn't deliver best value.

Essentially it has been a model that controls and constrains, rather than one that supports an exceptionally talented and committed group of professionals to achieve the best possible outcomes for the people of Northern Ireland.

Those professionals deserve better.

And the public certainly deserves better.

It is in this context that my Department has been undertaking a review of the commissioning process in Northern Ireland.

From conversations I have had with staff it is clear that many feel that our commissioning system doesn't work, they don't understand it and, worst of all, it actually inhibits innovation.

The review highlights that our commissioning system isn't as effective as we need it to be. Whether this is because of shortcomings in the model or in its implementation is immaterial. Many of the current issues facing our Health Service illustrate that we have a system that isn't working to its optimum capacity.

That is unacceptable and I am determined that things must change.

My own observations and experience are that we have too many layers in our system. There are just too many entities that create blocks to the implementation of reforms, present opportunities to 'pass the buck' and result in a genuine lack of proper accountability.

Some people say they are confused about who is in charge of our Health Service. Let me be clear. As Minister, I am in charge. But legitimate confusion exists around roles and responsibilities and the new structures I propose will address that.

I want to spell out how I believe the administrative structures of our Health and Social Care system should be remodelled.

I want to see the Department take firmer, strategic control of our Health and Social Care system.

I want our Trusts to be responsible for the planning of care in their areas and have the operational independence to deliver it.

And I want us to drastically de-layer the system, removing complexities in a way that brings greater accountability and better responsiveness.

What I am signalling is an end to the current way we commission healthcare in Northern Ireland. It has not worked and arguably is never going to work well in a small region like ours.

I will propose that we close down the Health and Social Care Board. I believe we no longer need a standalone organisation like the Board.

This is about structures, not people. The Board has many talented people working within it, doing many important things to a very high standard. But the administrative structures created during the last Assembly term do not serve us well especially as they blur the lines of accountability and weaken authority.

I will retain a Public Health Agency that renews its focus on early intervention and prevention and works more closely alongside the Department in doing this essential work.

My proposals would mean that many of the Board's existing functions, and staff, would revert back to the Department. Some would move to the new Public Health Agency. Whilst others, especially those in respect of planning for need, will move to our Trusts.

My vision is for greater operational freedom and flexibility for Trusts. This is essential if they are to build on the huge innovative potential of staff across the sector.

But with greater flexibility comes the need for sharper, and more rapid, accountability. Thus, while I want our Trusts to have more freedom to assess the needs of the people in their area and the flexibility to plan services accordingly without having to wait for the conclusion of some bureaucratic process, they must ultimately deliver better outcomes for the public.

And this must be demonstrated and challenged.

To assist me in doing this, I will ensure a much greater focus on the financial management and performance of the Trusts through the creation of a specific directorate within the Department.

At present, I feel that the Department assumes all of the accountability but often without possessing real responsibility. That isn't an acceptable balance.

But I will not simply replace administrative structures within the Health and Social Care Board with others in the Department. Our work must be focussed on meaningful improvements, supporting Trusts in achieving their performance targets and taking a lead on transformation and driving innovation. Above everything else, it is about enhancing delivery.

I want to see the Department being much more active in ensuring that reforms are implemented, that issues are addressed when they arise, that services are delivered consistently and that Trusts are more directly accountable to the Minister.

I also want to see Trusts working more closely with primary care practitioners in their area. I believe that together they know best what the people in their areas require in terms of Health and Social Care provision. I am encouraged by the ongoing development of GP Federations and the potential they offer.

What I am proposing isn't just another round of administrative and structural change that will ultimately have little positive impact on the care patients receive. I am not instinctively in favour of structural alterations as the only answer to operational problems and I have, on this occasion, resisted reducing the number of Trusts. But I believe that without removing a layer of our system and marking more clearly where accountability and responsibility rests, we will not be able to transform Health and Social Care in Northern Ireland.

I will shortly commence a consultation on the future shape of our administrative structures but I am in no doubt that Northern Ireland needs a Health and Social Care system where bureaucracy isn't a barrier to innovation. Where control is clear. And where accountability is strong. That's what I want to begin building.

Sir Liam Donaldson's report into Northern Ireland's Health and Social Care sector challenged us once again to think about whether or not our system is shaped in a way that can deliver high quality and safe services now and into the future.

During my speech at the Cancer Centre in May I spelt out my belief that Northern Ireland could have a world class Health and Social Care system as envisaged in the Donaldson Report.

But equally, I acknowledged that world class could not be attained within the current configuration of services.

Debates about Health provision should always focus primarily on quality of care and patient safety. I'm not saying that money isn't a consideration. It is. But I want the debate about the future of our Health Service to be firmly rooted in the principles of quality and safety.

And I want it to be the right debate. All too often, when this issue arises, it immediately becomes a debate about where services should be delivered from and not what produces the highest standard and safety of services.

The main outstanding recommendation in Sir Liam's Report is recommendation number one.

It said that:

"We recommend that all political parties and the public accept in advance the recommendations of an impartial international panel of experts who should be commissioned to deliver to the Northern Ireland population the configuration of health and social care services commensurate with ensuring world-class standards of care".

I am not in public service to hand over lock, stock and barrel, the future of Health and Social Care in Northern Ireland entirely to outsiders to take decisions without any democratic fail safe or local input. Especially not when I believe that there are ample experts from Northern Ireland who work inside our system and have a lot to offer any assessment of the future configuration of services here. So, I am categorically ruling out the adoption in full of recommendation one of the Donaldson Report.

But Sir Liam was right in his aim if not in his proposed execution.

We do need to consider the correct configuration of Health and Social Care services so that we can ensure world class standards of care.

I will therefore be appointing a Panel to lead the debate on the best configuration of Health and Social Care services in Northern Ireland. This Panel will draw on the experience of people working in Northern Ireland but use international expertise as appropriate.

I want a clinically led conversation to advise us what the services the people of Northern Ireland should expect from their Health and Social Care system.

I want to know how these can be delivered safely and effectively.

I want them to tell us what that means for the way we currently operate our Health and Social Care services.

And I want them to identify the clinical evidence for any proposed change to services and what are the implications of failing to make those changes to how we do things.

We need to see what world class would look like. Being the best at anything doesn't come without sacrifice. I want all of us to see what is possible. But more importantly I want us to see if we are prepared to take the decisions required to achieve a world class Health and Social Care system. Is it any wonder that so many remain resistant to the sort of change we know that we need in our Health Service when they cannot see precisely what benefits the transformations will bring?

The debate and the decisions that flow from it must focus on how safe and high quality health services can be delivered and not get bogged down into a discussion about where they are delivered from.

At the Cancer Centre, I met a gentleman called Travers Linton. He was asked by the media why he was prepared to travel from his home outside Ballymena to Belfast to receive treatment. His response was to the point and powerful. Mr Linton said he travelled so that he could stay alive. Simple but so right.

Let me be clear though in case anyone seeks to distort or misrepresent my intentions.

Closing hospitals is not on my agenda. What is, is the best configuration of our hospitals estate. I want what is best done locally done locally. And what needs to be done regionally done regionally.

Smaller, local hospitals will always have an incredibly important role to play in the future of Health and Social Care but the services provided in them will change, just as they have changed over the last number of years. Any politician who tells people that change in the services offered by our hospitals shouldn't happen is ignoring reality and is more concerned about their own short term political interest than the highest standards of care and safety for patients.

Regional centres providing more specialist services to the absolute highest of standards is what I want and more importantly it's what our people want. People understand that every hospital can't provide the best cancer services or the best cardiac services or the best stroke services. If you spread your limited resources too thinly then quality and safety suffer as a consequence.

Likewise, the staff I speak to want to see the Health Service they love, that they've devoted their lives to, change for the better so that it can continue to give the people of Northern Ireland the highest quality of care. Many doctors and nurses I have met have been brutally honest in their assessment of the need for change and have been open about their belief that if things don't change radically and change rapidly, then the Health Service is in serious jeopardy.

If people get it.

And our staff get it.

Then why haven't we done it?

I have spoken before of my view that the biggest barrier to reforming our Health and Social Care sector isn't the view of the public or our staff or even resources. It is the reticence of our politicians to take the tough decisions. To make the big calls. To set aside party differences and do what is ultimately right for the standard and safety of care our people receive.

I can set out my vision for a world class Health and Social Care system.

I can enlist the help of a Panel of experts to illustrate what is possible and what we'd need to do to make that a reality.

But without sufficient political consensus, what are the chances of implementing the reforms any Panel would recommend?

I can plough ahead.

Appoint a Panel.

Listen to their advice.

And implement it.

Only for it to fall foul of party politics or a change in Minister after the election.

I recognise that, particularly in a system like ours, consensus is critical. Especially because what I want us to embark on is not a one year or one Minister enterprise. This fundamental transformation of our Health and Social Care system could take us a decade or more.

Our journey towards a world class Health and Care system must be guided by clinical evidence and be built upon the principles of patient safety and quality of care, but it must be mindful of political realities.

So, to that end, it is my intention to convene a Summit involving other parties to allow them to input their ideas, suggest their solutions and, I hope, collectively reach agreement on a shared vision for the future of Health and Social Care in Northern Ireland.

I know it won't be easy but I feel so strongly about reshaping our Health Service to meet these seemingly insurmountable challenges that I believe we must seek to overcome our political differences for the greater good of giving all of our citizens a world class Health and Social Care system.

Our Parties should begin by charting the course.

The Panel can then develop the road map to reform that will deliver what Northern Ireland needs.

It will then be up to all of us at Stormont to decide if that is the direction we want to go.

But – because of the work the Panel will carry out – we will know not only the changes required but also the consequences of not choosing them.

The prize of parties working together to agree a way forward will be a world class Health and Social Care system that we can all be proud of.

Achieving that objective will be worth the effort.

I have indicated consistently over the last number of weeks and months that immediate pressures surrounding waiting lists and our emergency departments can only be resolved with the injection of funding as quickly as possible.

The loss of over £200 million during the last 3 years in penalties because of the failure to implement welfare reform has affected thousands of vulnerable people who have not been able to obtain the operations they desperately need. Every month we are losing £9.5 million that could pay for over 1,800 hip operations or 2,100 knee operations.

A resolution of welfare reform must mean more funding for Health so that we can begin again to tackle waiting lists and prepare for the winter.

I want the debate about the future of Health and Social Care to acknowledge the issues around funding but not be driven exclusively by them.

I will pursue – and my Party will support – a significant increase in Health spending in the next Budget.

But any boost in funding must not be used to prop up an ailing system but rather to transform our service into the vision of modern Health and Social Care that we aspire to.

Some simplistically see more money as the answer to our problems. That just isn't the case.

More money may mean more operations or more care packages and that will be good for individual patients. But ultimately pouring more money into an inefficient system when simultaneously we are being buffeted by a myriad of challenges will see us fall further backwards.

That's why I want to take a sizeable amount of any additional funding my Department receives as part of the Budget process and earmark it specifically for a Health and Social Care Transformation Fund.

It is my firm belief that if we want to see the size and scale of the change we need in Health and Social Care, making transformation happen while still running a day to day Health Service is nigh on impossible.

Resources have to be ring-fenced for the specific purpose of transforming Health and Social Care.

As we develop an implementation plan that will transform our Health and Social Care system into a world class one, then that plan must be properly resourced not just next year, but for the years ahead. That will be the purpose of a Transformation Fund. A dedicated source of funding that supports innovation, collaboration and prevention.

More money isn't everything but without it, ambitious plans for reforming and transforming our Health Service will surely fail.

Over the last few weeks, as part of their criticism of me, other politicians said that me being out of post was slowing up significant strategic decisions on commissioning and the Donaldson Report.

They encouraged me to show leadership, point the way ahead, take the big decisions.

Today, I've done just that.

I've shown leadership.

I've pointed the way ahead.

And I've taken big decisions.

The challenge now is less for me and more for them.

After calling for big reforms will they back me in bringing about greater accountability within a streamlined system?

After complaining about growing waiting lists will they end their opposition to welfare reform and free up resources now?

After expressing concern about the pace of change and its funding will they support me in targeting additional spending specifically on transformation?

We will find out if other parties have the resolve for reform or if it was all just rhetoric.

I am facing up to the many massive challenges confronting our Health and Social Care system.

I am prepared to put politics to one side and move forward solely on the basis of what provides the highest quality and safety of care for our patients and people.

Making the changes we need to save our Health Service and set it on a path towards becoming world class will not be easy.

Transformation will take time.

It will take a plan.

And it will take resources.

That's what these reforms that I propose will achieve.

But we also need courage.

I began by saying that I believe that the severity of the challenges facing our Health and Social Care system could cause it to fail.

Will we be the generation who face up to those challenges and make the changes we know we need to save the Health Service we love?

Or will we argue, disagree and fail to show the courage needed to change and become the ones responsible for not doing what needed to be done to preserve the founding principles of the NHS?

It's a stark choice.

But it's a choice we have to face up to.

I am not prepared to ignore the challenge we face. Nor am I prepared to be half hearted in our response.

By being bold and by being brave I believe that we have the ability within Northern Ireland's Health and Social Care system to not just conquer these challenges but also build that world class service that our citizens deserve.