Department of Health
An Roinn Sláinte
Männystrie O Poustie
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ORAL STATEMENT TO THE ASSEMBLY BY HEALTH MINISTER ROBIN SWANN – TUESDAY 15 JUNE 2021 – PUBLICATION OF ELECTIVE CARE FRAMEWORK

Introduction

Mr Speaker, thank you for the opportunity to speak here today on an issue that is of the highest priority for Government in Northern Ireland.

On 27th May our latest hospital waiting time figures were published for the quarter ending 31 March 2021. These figures are nothing short of appalling.

a. There are more than 330,000 patients waiting for their first consultant led outpatient appointment.
b. More than 110,000 patients waiting for inpatient or day case treatment.
c. Around 130,000 patients waiting for a diagnostic test.

Our waiting times are the worst of any UK region. It is simply not acceptable to me that the people of Northern Ireland should receive a lower standard of care than in other parts of the UK.

The numbers waiting are shocking, but it is the experience of those patients waiting for care that is truly heart-breaking. Behind the statistics, there are real life stories of people waiting far too long in pain and discomfort.

There are people on waiting lists who are living in continuous pain. There are people whose condition makes them unable to carry out their jobs, resulting in loss of income. There are people whose overall physical health deteriorates severely, and permanently, because they have waited too long for a simple operation. There are people whose mental health suffers from the anxiety and uncertainty of a long wait for diagnosis or treatment. There are people getting into serious levels of debt due to their desperation for treatment.

Waiting times are currently so long in Northern Ireland that Emergency Departments (EDs) and other urgent pathways have increasingly become the default entry point for patients requiring treatment, either due to patients waiting so long that their condition becomes urgent, or because EDs are seen the only realistic way of accessing diagnosis and treatment.

We have a health service that prides itself on being available to all, free at the point of access. But with the current scale of our waiting times we are creating a two tier system. A system whereby those who can afford to pay privately receive diagnosis

and treatment while those who cannot afford to pay languish on never ending waiting lists. It is abhorrent. There is little or no doubt that long waiting times will exacerbate, and perpetuate, existing health inequalities.

I have said on many occasions that the pandemic has had an immense impact on our health service and will continue to do so for a long time to come. Even before taking into account the number of patients requiring hospitalisation and treatment during the pandemic, overall hospital capacity has been reduced by the necessity to introduce strict infection prevention and control measures.

While everyone in our health service – be they doctors, nurses, other health professionals or managers – has done everything they can to ensure that any negative impact on patients has been kept to a minimum, waiting times have continued to grow to a level that will take years to address. Health service staff are working harder than ever, but the situation keeps getting worse.

However, let's be clear that this has not just been caused by the pandemic. Prior to 2005 Northern Ireland's waiting times were the longest in the UK. By 2009 the situation had broadly stabilised and remained relatively stable for a period of time before once again worsening steadily. The budget allocated to the Department of Health was simply wholly insufficient to keep waiting times at an acceptable level. Waiting times in Northern Ireland were already on the brink of crisis before COVID-19, the pandemic has simply pushed them over the edge.

Four years ago, in 2017, the Department published an elective care plan setting out proposals for reform and transformation of elective care services. This has not been delivered. There has been a great deal of good work carried out to improve how we provide elective care in Northern Ireland, and the evidence would suggest that this has helped to prevent an even worse situation.

However, the necessary levels of investment did not follow. Additional funding has been uncertain, temporary, and piecemeal.

This is a major part of the problem we face. Demand for health services is growing every year, and it will continue to grow. Meanwhile we have not increased the health budget to meet this demand.

Our one year budget cycle also contributes to the inefficiency within the system as it does not allow us to plan services properly. Above all, we need a commitment to multi-year funding for the health service.

Short term, non-recurrent investment does not allow us to invest in our vital workforce, it does not allow us to invest in our infrastructure, it does not allow us to transform our services in a meaningful and sustainable way. It does not allow us to build capacity either in the health service, and it limits our ability to get the best value for money from external providers. Short term funding will only ever produce short term solutions.

This issue transcends politics - five Ministers from three different political parties have held the Health portfolio in this period – but it will require political will from all of the parties in the Executive to fix it.

The Elective Framework

For the past year, rightly and unavoidably, our resources have been directed towards patients requiring urgent and emergency care. However, our focus must now be on tackling our shocking waiting lists.

I am very pleased to be publishing this framework today - a roadmap for tackling the scourge of Northern Ireland's hospital waiting lists.

We owe to it patients and our health and social care staff to push ahead with the painstaking process of rebuilding our health service. That must include a relentless drive to bring down waiting times.

Tackling our waiting lists and stabilising our health and social care services is going to be challenging and it will undoubtedly take time. However we need to think big and think differently about how we provide our health and social care services now and in the future.

The pandemic has shown what the HSC can do in a crisis, we need to learn from our experiences and take the same sort of imaginative and innovative approach to new ways of working.

There is also no question that to do this right we will require a commitment to major sustained investment for at least the next five years.

It is in this context, that today I publish the Elective Care Framework.

The framework sets out a five year plan with firm, time bound proposals for how we will systematically tackle the backlog of patients waiting longer than Ministerial standards, and how we will invest in and transform services to allow us to meet the population's demands in future.

Perhaps the most critical aspect of delivering sustainable reform in elective care is our workforce. In fact, our health service is our workforce. We owe it to the staff who deliver these services to provide them with the resources they need to care for patients. The Framework is clear that to support the delivery of long term improvements in waiting times the system needs to be fully resourced in terms of having the right number of staff with the necessary skills and support.

The Framework contains a range of short or immediate term, medium term and longer term actions.

In terms of immediate actions;

- From next month I am introducing enhanced rates of pay for staff working in targeted shifts and delivering priority elective activity to fully maximise internal-HSC capacity.

- Today I'm announcing the establishment of a new cross-border healthcare scheme to allow patients to receive treatment in the Republic's established private sector and then to seek reimbursement up to the cost of the equivalent treatment to the HSC in Northern Ireland. This scheme will be operating within weeks.

- Megaclinics for orthopaedic outpatients, for cataract assessments and for a range of pre-operative assessments will be developed and in place by September. Whilst such clinics may entail some patients being asked to travel slightly further than the ortherwise would have, they will improve the numbers of patients seen and very importantly – the speed at which they are seen.

For medium term actions;

- There will detailed proposals of a rapid diagnostic centre, or centres, for Northern Ireland by March.

- Similarly there will be a redesign of endoscopy services, including the likely possibility of a new regional endoscopy centre to deliver high volume scopes.

- And importantly there will be a specific focus on reducing missed appointments – or the so called DNAs. Whilst of course there will always be reasons why an appointment is missed or a procedure no longer suits, but for every slot that goes unfilled in theatre or in a consultants it is robbing someone else of the opportunity. So we need to be more agile in proactively identifying such slots and that's why I'm introducing a new policy in which the Trust booking teams will begin contacting all patients prior to surgery to ensure all slots are fully utilised.

And for longer term actions;

- There will be a clear movement towards a 7-day working week for our hospital theatres. We need to realise with such appalling waiting lists and such serious demands on theatres operating times, as long as staff are properly supported there should be no difference between a Monday morning and Saturday afternoon.

- I can confirm that I have taken the policy decision that Northern Ireland will move to the new, much more transparent, referral to treatment waiting times measurement. This mirrors the waiting times process already in place across the rest of the United Kingdom.

- And digital innovations, such electronic prescribing in primary care, will be rolled out in order to deliver maximum benefits to elective care services.

Building Capacity

Of course Mr Speaker there has been debate in the past about whether or not the HSC should routinely use independent sector providers to deliver HSC care. We are beyond the point at which this debate is either helpful or relevant. We are going to need all the additional capacity we can get, in-house and in the independent sector for the foreseeable future.

The theatre capacity available from local independent sector hospitals during the pandemic was vital in enabling many hundreds of urgent and time critical patients to be treated.

We have also used privately recruited teams of clinicians providing services for HSC patients using available HSC infrastructure – known as in-sourcing. This approach is currently being used successfully to deliver endoscopy and cataract procedures at weekends.

Going forward, where theatre capacity is not in active use and HSC activity cannot be delivered, for example, at evenings and weekends, I have asked the Health and Social Care Board, by December 2021, to make recommendations on medium term contracts to lease theatres to independent providers to treat HSC patients.

I have also asked the HSCB to bring forward proposals for medium term use of independent sector providers to address backlogs where it is demonstrated that they can provide value for money and the same standard of service as the HSC, also by December 2021.

This is subject to early confirmation of multi-year funding.

To increase HSC capacity we will require an investment in our workforce and significant engagement with our staff.

In order to increase the level of additional capacity that can be provided in-house, my Department will support HSC staff to deliver greater levels of in-house elective care activity by increasing the use of existing bank and on-call arrangements, including as I announced earlier the introduction, by July 2021, of temporary, enhanced rates of pay.

It will take each of these component parts to make inroads into the backlog of patients waiting for treatment.

Elective Care Centres

In July 2020 I established the first regional day procedure at Lagan Valley Hospital. This centre is continuing to operate very effectively as a green site for daycase

procedures across the region, as it has done throughout the pandemic. It has responded rapidly to changing regional priorities and is continuing to deliver regional access to daycase theatre lists.

Building on the success of the Day Procedure Centre at Lagan Valley the Framework sets out how my Department will establish a new Elective Care Centre Management Team to oversee planning and expansion of regional elective care centres. The new Team will make recommendations on the expansion of the Elective Care Centre programme, with the next phase to be announced in October 2021.

In line with the recommendations in the Cancer Recovery Plan, the Framework proposes the development of one or more Rapid Diagnostic Centres. The experience in Wales has shown that these can have a major impact on waiting times for diagnostic services.

Endoscopies are a vital part of diagnosis and treatment. Currently, we are spreading our endoscopy services too thinly, we need to redesign and enlarge our service. So that's why the Health and Social Care Board is urgently reviewing wider endoscopy services.

Outpatients

The vast majority of patients on waiting lists are outpatients. Transformation of our outpatient services is key to improving the productivity and sustainability of our elective services. The aim is to ensure that patients are seen by the right person, with the right information, at the right time, in the right place.

We will continue to develop opportunities to consolidate and transform our outpatient services to reduce waiting times and improve patient experience. This will include the delivery of condensed clinics – or so-called megaclinics - for outpatient, assessment and pre-operative assessment clinics by September 2021.

Megaclinics are a way of bringing multi-disciplinary staff teams together to ensure much higher throughput and access to clinical assessment for key specialties such orthopaedics and cataracts. They allow more patients to be seen, and they can short circuit unnecessary delays in treatment.

Workforce

Sustainable reform of elective care is just not possible without our HSC workforce. To support the delivery of long term improvements in waiting times it is clear that the system needs to be fully resourced in terms of having the right number of staff with the necessary skills and support.

It is therefore vital that we look at the skills mix required to deliver services. This involves designing the roles and responsibilities of a team, around the needs of the patient, to ensure staff have got the right skills at the right level to meet those needs.

During the pandemic, certain parts of the HSC system, by necessity, radically changed the way they were staffed to ensure sufficient capacity was available to manage demand for essential services. There is much we can learn from this approach to ensure that we have the appropriate skills mix in the workforce to deliver both high quality care and also value for money.

We need to grow all aspects of our service, we need more nurses, more allied health professionals, more consultants, more GPs, and more administrative staff – and we need them to be working together to provide the best service to the greatest number of patients possible. The Framework includes a series of proposals to increase opportunities for skills mix, and to ensure that everyone involved is using their individual skills as effectively as possible.

Investment

I must stress however that the performance gains described in the Framework will only be fully realised if the necessary recurrent funding is made available.

It requires significant investment – more than £700m over five years. I realise this is a big ask at a time when there are many demands on the public sector, but we should have no illusions that this is a crisis.

Conclusion

There are currently almost 190,000 patients waiting more than a year for their first outpatient appointment. This is almost five times as many as when the 2017 Elective Care Plan was published.

There is a growing gap between population need and the health service capacity to meet it. Without additional funding on this scale, there is no realistic possibility of reducing waiting times to acceptable levels.

This Framework sets out what it will take to tackle waiting lists. Above all, it is about creating better services for two groups of people - those who require treatment and those who deliver it.

Investment and reform are now both required - targeted investment to get many more people treated as quickly as possible; reform to ensure the long-term problems of capacity and productivity are properly addressed. It is essential that we invest now to ensure the future of our health service. If we don’t eradicate the gap between demand and capacity then the backlogs in care will keep re-occurring.

If the NI Executive commits to and delivers this level of investment to the HSC, my clear commitment is that, by March 2026, no-one should wait more than 52 weeks for a first outpatient appointment and inpatient/day case treatment; or, 26 weeks for a diagnostics appointment. And that by March 2026, we will have eradicated the gap between demand and capacity for elective care.

In conclusion Mr Speaker, I have said it before and I will say it again. I cannot do this alone. I need the support of this House and my Executive Colleagues.

I view today as a staging post in the long struggle to turn our health service around. This crisis has been building up for years.

We must put it right, however big the challenge. And we need to create sustainable long-term solutions.

Fundamentally, we have to bring back hope and confidence; we must restore hope to all those languishing on waiting lists.

There is a very heavy responsibility on all our shoulders. We must live up to it and deliver better public services.

I have said it before about waiting lists, but it bears repeating. I cannot think of a more important issue facing not just my Department, but the whole Executive and Assembly.

Mr Speaker, I commend this statement to the Assembly.