



RCS ENGLAND

IN NORTHERN IRELAND

Date 18 April 2023 - Royal College of Surgeons of England in Northern Ireland – response to the Northern Ireland Affairs Select Committee inquiry on “[The funding and delivery of public services in Northern Ireland](#)”. Deadline Friday 21 April.

Inquiry aim: To look at the financial situation facing Northern Ireland’s public services, including health, education and the police, and how the lack of a functioning Executive has impacted on budgetary management. The Committee will also take the opportunity to explore the effectiveness of the Barnett formula and examine the viability of other options for increasing revenue to put Northern Ireland’s finances on a more sustainable footing.

About us: The [Royal College of Surgeons of England](#) provides world-class education, assessment and development to 30,000 surgeons, dental professionals and members of the wider surgical and dental care teams, at all stages of their career. Our vision is to see excellent surgical care for everyone. We do this by setting professional standards, facilitating research and championing the best outcomes for patients. The College is represented in Northern Ireland by a Professional Board of over 20 surgeons reflecting the specialty areas of: Neurosurgery, ENT, Paediatrics, General Surgery, Trauma and Orthopaedics, Plastics, Urology, Vascular, Cardiothoracic and OMFS. The Board includes 10 elected regional specialty advisors, a representative of the Association of Surgeons in Training, QUB & UU Surgical Societies, NIMDTA, SAS doctors and a College Council member. Recent NI focused publications include its [surgical manifesto](#) for the 2022 Stormont assembly elections and Action Plan for the Recovery of Elective Surgery [10 Steps Not 10 Years](#).

Reason for submitting evidence: The extremely difficult budget situation coming to NI for 2023/23 will deeply affect the Department of Health and its plans on reducing the surgical waiting lists and outpatient lists which are the longest in the UK.

Remit: We will focus our remarks on two elements of this inquiry (1) impact of the lack of a functioning Executive on budgetary management and strategic decision-making across Northern Ireland Departments; and (2) the financial situation facing Northern Ireland’s public services, including the police, health, education and children’s social care, and the consequences of budgetary pressures on the delivery of those public services.

Comments

Northern Ireland’s finances face a black hole of £660m according to NI Secretary of State Chris Heaton-Harris and there have been reports of impending cuts for NI departments of at least £500m. Financial forecasting by the NI Fiscal Council has highlighted deeply concerning figures – 6.4% real terms fall in total funding available for 2023/24. There is no doubt health will be impacted. Indeed the Department of Health in its [budget briefing](#) has

predicted high impact spending cuts and for those on waiting lists - major casualties to surgical activity: **“Reduction in in-house elective work, cessation of all Waiting List Initiative activity lengthening waiting lists and potentially impact on cancer and time critical patient extra money for WLI.”**

Throughout the COVID-19 pandemic, the Royal College of Surgeons was determined in its efforts to ensure that surgeons and surgical teams were supported in delivering vital patient care in the most challenging of clinical circumstances. The pandemic was devastating for planned elective surgery and despite a wholesale plan aimed at banishing waiting lists for good from the Department of Health via the [Elective Care Framework](#), it still needed major investment (£700m) to make good on its promises. Notwithstanding some areas of good progress, the waiting lists in NI remain huge:

- 122,267 patients waiting for surgery or treatment – the longest waits are for General Surgery, ENT and Trauma & Orthopaedics.
- 34% of patients require inpatient provision and 66% are day case.
- More than half of patients (54.2% or 66,302) are waiting more than 52 weeks.
- Over 6,000 patients have been waiting 5 years or more for their operation.
- Outpatient lists, i.e. patients waiting to see a consultant for first time, stand at 378,411.
- 162,047 people are waiting for a critical diagnostic scan.
- Nearly 20,000 patients are waiting to be seen at daycase procedure centre for varicose or cataract surgery, or for an appointment with a consultant
- 38.9% of cancer patients began treatment within 62 days of an urgent GP referral for suspect cancer - far below the 95% ministerial target, which has not been met in many years.

A recent [think tank report](#) showed that without a functioning NI Executive many aspects of civic life are at a disadvantage. In 2022 the Royal College fraternity in Northern Ireland including Royal College of Nurses, Royal College of Surgeons and Royal College of GPs issued a joint [statement stating they feared patients would come to harm](#).

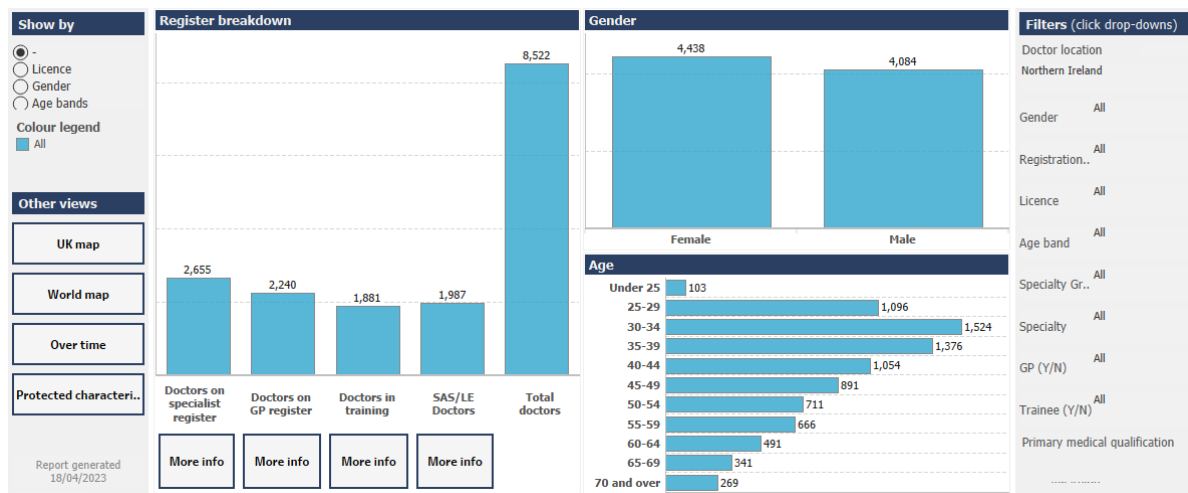
We issued that joint statement urging elected representatives to put patients first and form an Executive immediately. "Our health service is on the verge of collapse. We have the longest waiting lists in the UK, Emergency Departments are overflowing, general practice is in crisis, and we have chronic workforce shortages, alongside burnt-out staff who are contemplating leaving the health service forever. The situation could not be more serious." We also reiterated the call and necessity for a multi-year budget to allow health leaders to plan and deliver services effectively.

In that statement we said: "We know not having a Government stalls progress. The lack of political stability puts basic service delivery at risk and inhibits our ability to make progress on key transformation projects including addressing our waiting lists, tackle the crisis in emergency admissions and improving capacity in general practice. It also means we cannot fund our Elective Care, Mental Health and Cancer strategies. We cannot underestimate the huge impact this uncertainty has on the lives of patients." This remains our view.

The recent [FDA letter](#) (31 March 2023) as highlighted on the [BBC](#) has given medics and health professionals further serious cause for concern.

Since the collapse of the NI Executive in February 2022, senior civil servants have been running government departments in a shadow situation that ended formally in October. FDA which represents those same senior civil servants said **politicians not civil servants should be making any "exceptionally difficult decisions" on Stormont's public finances**. The FDA told the NI Secretary that any cuts should fall on an "accountable, active politician".

Workforce is King



The [GMC](#) say NI's medical workforce is made up of 8,522 doctors including 1,881 doctors in training and 2,240 GPs.

However against the backdrop of the worst waiting lists in the UK, NI's health service is experiencing major staffing gaps right across all categories.

In a six month period HSCNI vacancies rose from 6,613 in June 2022 to 8,316 in December. That includes 229 consultant, locum and specialty or associate doctor [SAS] posts as well as 2,850 nursing and midwifery roles.

We are concerned that the budgetary situation coming to NI in 2023/24 and beyond means our situation with vacancies will only worsen.

With over [8,316 vacancies](#) across the HSC and all staff grades and it remains clear that we face significant challenges in recruiting and retaining clinical staff - a fact acknowledged by DOH in its 2023/24 [Evidence to the Review Body on Doctors and Dentists Remuneration](#) where it states that:

“Despite constant recruitment activity, vacancy levels remain high in our Medical and Dental workforce, and there is a continued reliance on temporary staff and agency workers to support service delivery. Trusts have advised that they are experiencing significant shortages across all specialty groupings, which generates additional pressures and workloads on wards and departments within their organisations. They have found over the years that services provided by locum doctors do not provide the same level of stability and consistency in our services and they are much more expensive than substantive staff.”

Meanwhile the Department of Health agency spend during 2020/21 on [medical and dental staff](#) was nearly £99 million.

Whilst over the past number of years the surgical consultant workforce in NI has grown by about [4.5%](#), we have around **a quarter (25%)** edging close to **retirement age**. It takes a long time for qualified medical consultants to emerge from training and this means it will be unlikely we will have enough consultants in the short term to deliver the additional output required to address the waiting list crisis.

Resolving our workforce challenge in the coming years represents an issue of the highest importance not just for system leaders but also for society as a whole. There should be a statutory duty on government to publish a regular assessment of health and care workforce projections and requirements. If we don't know what the future patient demand looks like, then how can we plan for a workforce that meets those needs.

We need a fully funded workforce strategy implemented **now** to address the crisis in recruitment and retention across the NI health service. We can have all the plans in the world, but they are meaningless if the doctors, nurses, allied health professionals and wider members of the team are not in place to support patients that desperately need care, treatment and support.

The increased elective activity in our health service, exacerbated by the pandemic has undoubtedly impacted an already-stretched consultant workforce, and it must be a real concern that Trusts will be unable to retain existing consultants and keep them in place to make any real progress on the huge waiting lists.

Solutions & challenges in tight fiscal situations

Dedicated elective sites where surgery is protected, i.e. surgical hubs, is being promoted by the Royal College of Surgeons of England, GIRFT and NHS England as well as the devolved governments in Wales and Northern Ireland, to bring down waiting lists. In NI Lagan Valley and Omagh are currently operating as surgical hub sites with more provision available at the newly established overnight elective centres in the Mater Hospital, Daisy Hill and South West Acute Hospital.

However surgical hubs are only part of the solution. Their introduction will make little difference in the long term unless we have a resilient, flexible workforce of sufficient size and comprising staff with the appropriate skills. The surgical workforce will need to meet not just the demands of the backlog, but the future needs of a population. People are living longer, but with increasingly experiencing chronic diseases and multiple morbidities, living outside metropolitan areas, and with higher expectations than previous generations.

Development of the future surgical workforce also needs to address the health inequalities experienced within and across the four nations. The number of surgeons per capita of population varies across English regions and devolved nations and leads to an increased risk of health inequalities, in terms of access to services, waiting times, outcomes and quality of life. It is not clear that this variation is linked to health needs or is the result of historic investment in services.

As well as growing the workforce, we need to ensure the working environment encourages the recruitment and retention of highly skilled surgeons. BMA NI say we have the [largest locum spend on doctors of any UK nation](#).

Every part of the HSC workforce has been impacted by the pandemic and we know it has taken its toll on staff wellbeing.

GMC data shows worrying signs - 22% of doctors in Northern Ireland were categorised as at a high risk of burnout in 2021 – the highest level, and the biggest increase, of the four nations. This is a major jump from 8% in 2019.

The 2021 GMC data also shows that 27% of doctors in Northern Ireland reported compromised patient safety or care. In addition 14% of doctors in Northern Ireland said they had taken steps to leave in 2021 (compared with 7% of all doctors surveyed) – the highest level of the four nations.

We routinely rely too heavily on nursing agency staff who are key in a surgical operation. In 2020/21 those costs rose to £280million and were described as unsustainable.

We are mindful of efforts to ease the pressures. For example last year in May, Robin Swann announced three additional surgical training posts - two in vascular and one in transplant surgery.

The second part of the 10 year health service workforce strategy was published in 2022, and in July 2020 four additional medical specialty places were announced. The DOH HSC second workforce strategy (2023-2024/5) has merit and we do like the focus on sufficient availability of high-quality training and development. The report however is caveated with resource issues i.e. full implementation of this second action plan will require additional funding over the next three years. It also highlights plans to develop an optimum workforce model by 2026 to work in a reconfigured health and social care system. This again is to be welcomed but again – this lies in the future (See report action 2.13).

In conclusion we are deeply concerned about the issues affecting the NI health service. Political uncertainty is no friend to the health of the nation and especially when systems were on the back foot to such a large extent like NI was, even before the pandemic struck these shores. Getting systems back on track and patients through our health service in timely fashion remains the goal for all of us.

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