

**Programme for Government  
Draft Outcomes Framework  
Consultation Document**



NI Executive Programme for Government<sup>1</sup> Response from the Royal College of Surgeons of England in Northern Ireland. Deadline: 11.59pm on 22 March 2021

**About us:** [The Royal College of Surgeons of England](https://www.rcseng.ac.uk/) is a professional membership organisation and registered charity, which exists to advance patient care. We support over 28,000 members in the UK and internationally by improving their skills and knowledge, facilitating research and developing policy and guidance.

**Summary:** The Royal College of Surgeons in Northern Ireland welcomes the opportunity to respond to the NI Government's Programme for Government (PfG) consultation for 2021-2026. Restoring planned surgical services in the context of COVID-19 represents one of the most complex challenges that the NI Health system has ever faced. The scale of the task should not be underestimated. We particularly would like to focus on **Outcome 4 "We all enjoy long, healthy active lives"**.

Key points:

- Transformation: NI's HSC under the direction of the Department of Health (DOH) & NI Executive must meaningfully strive towards **transformation of the health and social care system** if we as a society are to achieve the PfG goal of healthy active lives (Outcome 4). The New Decade, New Approach (NDNA) document<sup>2</sup> included an Executive commitment to deliver health and social care reforms. We wish to see the transformation agenda fully implemented. The Health and Social Care Bill, currently making its way through the Health Committee currently indicates a step towards the streamlining of decision-making and commissioning powers returned centrally.

<sup>1</sup> PfG: <https://www.northernireland.gov.uk/consultations/consultation-programme-government-draft-outcomes-framework>

<sup>2</sup> New Decade New Approach January 2020  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/856998/2020-01-08\\_a\\_new\\_decade\\_a\\_new\\_approach.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/856998/2020-01-08_a_new_decade_a_new_approach.pdf)

- **Workforce:** As surgeons we believe that a 'New Deal' for surgery is necessary, with investment in surgical staff and beds to ensure timely access to surgery.
- **Modelling/Forecasting:** Government urgently should provide plans for how we as surgeons manage the sea of need. Patients should be equipped and informed about how our HSC services are changing. They also should be told how long they might wait for surgery and what government plans to do to support patients while they wait.
- **Waiting lists in NI** are devastating and should form a central focus of this PfG 'live' strategy. The negative impact of the waiting lists is a huge block in the way of ordinary people living healthy active lives. Outcome 4 will not be achieved if these waiting lists are not reduced dramatically. Waits this long create real risks to patients and may result in increased disease and preventable deaths. Patients are presenting with conditions we have not seen for years like perforated colonic cancers and ruptured hearts.
- Recovery models across the Trusts should focus on **green pathways or covid light sites**.
- NI will live with the consequences of the Covid-19 pandemic for a long time and our system must be resilient to any future shocks including waves/surges of Covid-19, winter or flu.
- We need a **protected long-term budget** to effect real change. It cannot be about allocating money to short-term project with the 'quickest pay backs'.
- **Clinical and political leadership** is critical to the development of the right models of service delivery and to the subsequent implementation.
- **Training:** We are seeing rising co-morbidities and complexities in our ageing population that require particular surgical skills. We must ensure our young doctors in training today are equipped with the necessary training opportunities to become doctors of tomorrow.

## General points

NI had a struggling healthcare system before Covid-19. It is regrettable that the pandemic has made it even worse. Patients are suffering. Although life-saving surgery continued through the pandemic, a great deal of life-changing surgery has been postponed. NI has over 323,000 waiting to see a consultant, 51% of those waiting over a year & 105,000 people waiting for admission to hospital for surgery. Surgeons stand ready to play their part.

NI's targets have been breached on countless occasions. Figures released for October to December 2020 show outpatient-waiting times are in breach again. The standard however must remain. A clinical benchmark to assess progress or lack of progress is essential. In the

**NDNA** document, it has an aspiration that 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

We note the streamlined Outcomes (i.e. from 14 to 9) and significant lack of detail on how progress will be measured (42 indicators listed in previous PfG for example). The lack of information around Outcome 4 on which to frame an informed response therefore is a concern.

In the previous PfG 2016-2021<sup>3</sup> the NI Executive reported to 14 outcomes & 42 indicators. In this document, the Executive stated it would make its contribution towards Outcome 4 by:

- Creating an excellent health service; ensuring people get the right treatment at the time of need.
- Implementing excellent public health strategies and interventions which aid people to live healthier lives and give them the means to do so.
- Providing people with the right information to allow them to make educated and informed choices about how to live their lives in a healthier way.
- Providing children with the best start in life, supporting parents in their role.
- Tackling poverty and deprivation.

It is debatable whether any of these goals were achieved fully. Seven health reports in 20 years have all reinforced the need for transformational change of NI's HSC including the Bengoa report Systems Not Structures<sup>4</sup>. This next PfG term of 5 years must produce better results for all our people.

This new PfG vision for 2021-2026 references the transformation of the health service and how it will contribute towards the achievement of Outcome 4. It also references other strategies could help deliver this key priority areas such as:

- The Cancer Strategy
- Health and Wellbeing 2026: Delivering Together
- Health and Social Care Workforce Strategy 2026: Delivering for Our People

Addressing the issue of workforce is critical in this endeavour and was previously supported by commitments in NDNA document<sup>5</sup>. NI's 10 year government workforce strategy<sup>6</sup> is divided into 3 time frames:

- 2018-2020
- 2021-2023

---

<sup>3</sup> PfG 2016-2021 <https://www.northernireland.gov.uk/sites/default/files/consultations/newnigov/draft-pfg-framework-2016-21.pdf>

<sup>4</sup> Systems Not Structures report <https://www.health-ni.gov.uk/sites/default/files/publications/health/expert-panel-full-report.pdf>

<sup>5</sup> New Decade New Approach January 2020  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/856998/2020-01-08\\_a\\_new\\_decade\\_a\\_new\\_approach.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/856998/2020-01-08_a_new_decade_a_new_approach.pdf)

<sup>6</sup> NI HSC Workforce Strategy 2016-2026  
<https://www.health-ni.gov.uk/sites/default/files/publications/health/hsc-workforce-strategy-2016.pdf>

- 2024-2026.

It states that: “*As the system is currently structured, funding levels cannot keep pace. If we accept a conservative estimate of inflation at 1%, new medical developments at 1% and demand rising at 4%, then the health and social care system as currently configured would require **at least a 6% budget increase each year simply to stand still.***” The people of Northern Ireland need the workforce situation addressed strategically in tandem with relevant connected stakeholders, if we are to meaningfully transform the face of health and social care in NI.

PfG information states that the ‘initial’ consultation will close March 22 and that after analysis, “*more detailed action plans will then be developed and there will be further engagement with stakeholders and delivery partners*”. We very much welcome this commitment and feel it is particularly relevant as the Department of Health has a statutory duty to co-produce.

We believe the responsive element of this document is a welcome and new approach. The consultation states that PfG will be maintained in a “*live*” *format responsive to changing circumstances and always open to new ideas and ways of working, and with a view to making it a programme that is impactful, responsive and inclusive*”. This can only yield positive results for society and stakeholders involved.

We further welcome that the Executive recognises the importance of continuous civic engagement and that “*consultation about the Programme and its monitoring processes will never close*”.