



Royal College
of Surgeons
of England

IN NORTHERN IRELAND



SURGICAL MANIFESTO

FOR THE 2022 STORMONT ASSEMBLY ELECTIONS

INTRODUCTION

The COVID-19 pandemic has had a major impact on the delivery of urgent and life-changing surgical services in Northern Ireland. There were pre-existing problems with equitable and timely access to surgery; however, the pandemic has exacerbated these challenges and increased the demand for capacity across the health and social care (HSC) system. It remains the unfortunate reality that Northern Ireland patients experience the worst elective waiting times anywhere in the UK.

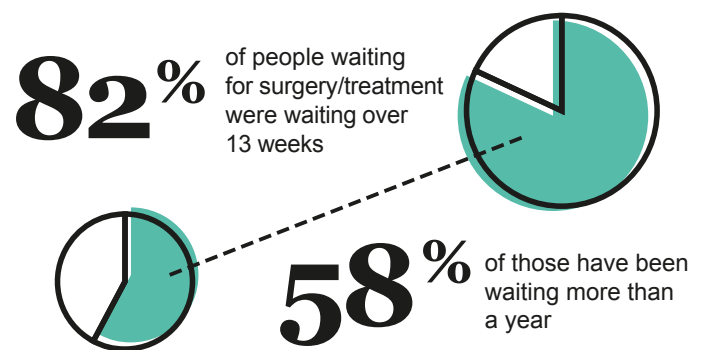
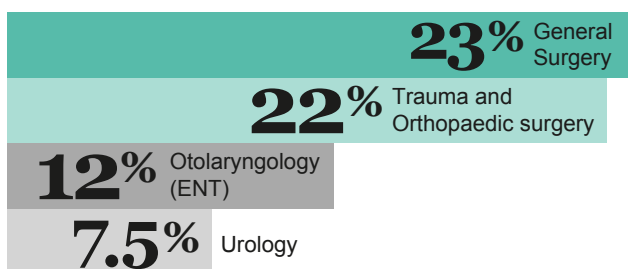
It is encouraging to see that the Northern Ireland Executive agrees health reform is a top priority¹. A recurrent three year budget alongside increased investment, could help build for a better health service in the long term with appropriate financial planning rather than jumping from one yearly cycle to another. Local people also agree that health should be prioritised for funding². Northern Ireland's waiting lists show 354,756 patients waiting to see consultant for first time and 120,097 people waiting for admission to hospital. The parallel goals of service recovery and service redesign in light of the pandemic will be challenging for all stakeholders involved. As surgeons, we are keen to play our part.

We cannot return to 'business as usual' in the next mandate (2022-2027). We must explore different ways of working to ensure the optimum use of resources. Northern Ireland's political leaders have a unique opportunity to address these issues and create a more resilient and sustainable health service. To help achieve this, we are calling on all Members of the Legislative Assembly (MLAs) to engage with medical leaders and the wider health profession on the following issues:

1. Workforce

Northern Ireland needs a refreshed and fully funded workforce strategy to address the crisis in recruitment and retention of healthcare workers. The pandemic has put staff under huge pressure, with many feeling disillusioned, overworked and at high risk of stress and burn out. There are nearly 6,500 vacancies in the HSC, in addition to shortages caused by staff catching COVID-19³. We urgently need a plan that tells us what workforce levels and skill mix is required to run the health service in Northern Ireland. The wider surgical workforce requires attention with particular focus on the protection and development of theatre nurses and surgical care practitioners. Annual agency costs of over £280m per annum are unsustainable⁴. Staff deserve to be supported and valued for the incredible work they have done during this pandemic, and programmes to bolster resilience and wellbeing should play a central part in any workforce plan.

The specialties with the **highest volume of patients waiting** (over 13 weeks)



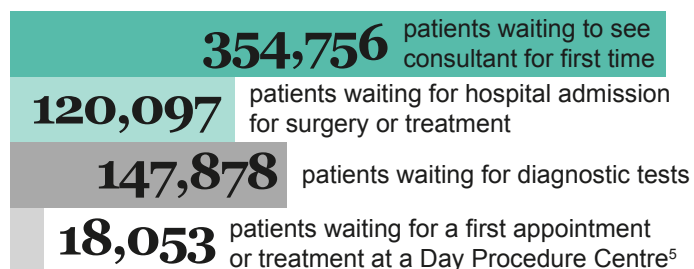
Recommendation

We recommend the next government should publish objective and independently-audited annual reports on workforce projections. These should include an assessment of whether sufficient numbers of staff are in place to care for increased patient need and demand. It will be vital to look at ways of remunerating staff for additional hours or waiting list activity to help reduce the backlog. Other ways of incentivising staff should also be considered in a bid to enhance efficiency and delivery of elective surgery.

2. COVID-light sites and surgical hubs

There are 120,097 patients waiting for surgery, 354,756 waiting for a first outpatient appointment and 147,878 people waiting for diagnostic tests. Separating elective and emergency care is the future of Northern Ireland's health service. Progress has been made at Lagan Valley Day Procedure Centre, a regional surgical hub on a COVID-light site but we could perform more operations if further sites were ring-fenced for planned surgery. The re-profiling of some sites to become 24/7 elective care centres as well as enhancing ambulatory sites will increase capacity which will not be influenced by changes in the demand placed by unscheduled care. Successful delivery of surgical hubs depends on staffing levels, and financial resources however these sites would ensure patients receive more timely surgery, and help maintain elective activity year-round despite usual winter pressures.

Waiting time figures for...



Recommendation

We need more thriving surgical hubs on COVID-light sites to ensure services are not 'stood down' again. COVID-light sites will be key for maximising optimal surgical activity alongside the protection of surgical beds. Surgical teams enabled to deliver maximum performance and efficiencies will be able to address the backlog quicker and help reduce waiting times that are at unacceptable levels in Northern Ireland.



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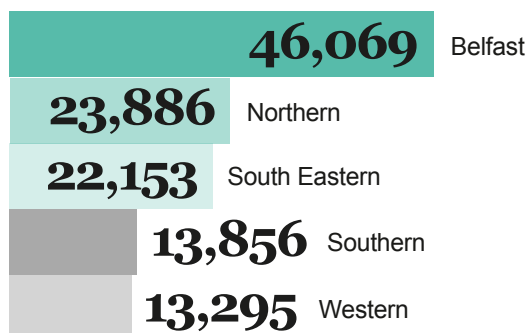
3. Full implementation of Elective Care Framework

There have been seven substantial reviews into Northern Ireland's health service in the last two decades stating the case for change and outlining ways to transform and redesign services. The Department of Health has published its own vision of how best to address hospital waiting lists. This [Elective Care Framework](#)⁶ places 'recovery and redesign' at its heart and contains many positive developments that will benefit patients long term.

Recommendation

We need full implementation of the Elective Care Framework as part of the larger vision of more effective waiting list management and the required financial resource⁷ to achieve its goal of banishing unacceptable long waiting lists by 2026. This plan needs to support those in greatest clinical need as well as those who have been waiting for years for treatment to start.

Total number of people waiting per health trust for surgery/treatment

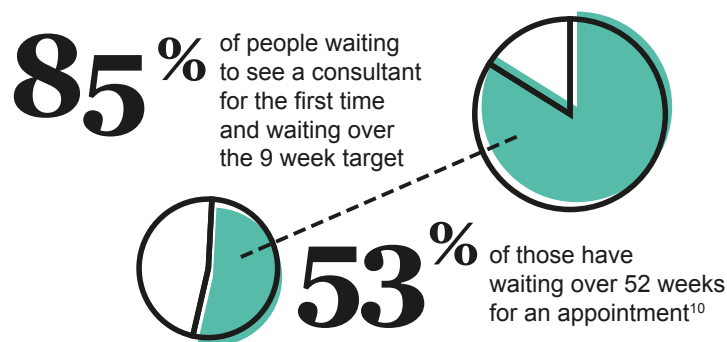


4. Elective accountability and transparency

The next Northern Ireland Executive should require the Department of Health to publish an annual report setting out its response to the waiting times backlog, and details of what measures exist to support patients facing long waits for surgery. As promised in New Decade New Approach⁸ we should introduce the Referral to Treatment measure so that we, like other parts of the UK, can reflect the entire patient journey from referral to treatment, and benchmark against appropriate targets. We need to have a honest conversation with patients. They deserve to know when to expect their surgery, how long they will wait and what they can do to 'wait well'. A 2022 NHS report shows that one third of on-the-day cancellations are due to clinical reasons, such as patients being unfit for the type of surgery or anaesthetic they were listed for. Prehabilitation schemes can help to patients ensure they are ready for surgery as much as possible by identifying surgical risk factors early on and being proactive with a personalised plan⁹.

Recommendation

Annual reports and the government's response to waiting lists should be published. As part of this reporting process, the Department of Health should undertake detailed modelling projections to reveal how long it will take to clear the backlog for each specialty and what plans are in place to effectively manage the lists. This will enable honest conversations with patients about how long they will wait and what they can do to 'wait well'.



REFERENCES

1. Department of Finance, Executive Draft Budget prioritises health – Murphy (10 December 2021) <https://www.finance-ni.gov.uk/news/executive-draft-budget-prioritises-health-murphy>
2. Deloitte State of the State report 2021/22 'Towards a new public sector normal' (2021) <https://www2.deloitte.com/content/dam/Deloitte/uk/Documents/public-sector/deloitte-uk-state-of-the-state-2021-2022.pdf>
3. Northern Ireland waiting times Department of Health website <https://www.health-ni.gov.uk/topics/doh-statistics-and-research/hospital-waiting-times-statistics>
4. Written Question in Assembly <http://aims.niassembly.gov.uk/questions/writtenresults.aspx?&fd=09/12/2021&f=1&s=24&m=01/12/2021%2000:00:00>
5. The 18,053 waiters at a Day Procedure Centre is a combination of 14,733 patients waiting for appointment and 3,320 waiting for admission
6. Elective Care Framework <https://www.health-ni.gov.uk/sites/default/files/publications/health/doh-elective-care-framework-restart-recovery-redesign.pdf>
7. HSC Chairs' Forum Response to the 2022/25 Draft Budget for NI <https://www.nhsconfed.org/news/northern-ireland-hsc-chairs-forum-submit-response-2022-25-draft-budget-consultation>
8. New Decade New Approach deal January 2020 UK Government and Irish Government https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/856998/2020-01-08_a_new_decade_a_new_approach.pdf
9. NHS England Delivery Plan for tackling the COVID-19 backlog of Elective Care February 2022 <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2022/02/C1466-delivery-plan-for-tackling-the-covid-19-backlog-of-elective-care.pdf> p44
10. Background note: in total there are 354,756 patients waiting for a first consultant-led outpatient appointment with 116,173 waiting over 104 weeks (nearly 33%)