

**HEALTH AND
WELLBEING
2026**

DELIVERING TOGETHER

Consultation Analysis Report on Criteria for Reconfiguring Health and Social Care Services



Department of
Health

An Roinn Sláinte









Máinnystrie O Poustie

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SECTION 1: EXECUTIVE SUMMARY

- January 2016**  Minister of Health, Simon Hamilton MLA appoints Panel comprising of local and international experts to develop a clinically informed model for the future configuration of health and social care in Northern Ireland.
- February 2016**  The Expert Panel engaged with the 5 main political parties at a health summit to discuss the need for change and a set of principles to guide the Panel in structuring a new model.
- July 2016**  Professor Rafael Bengoa, Chair of the Expert Panel hands over their Report to Minister of Health, Michelle O'Neill MLA for consideration.
- October 2016**  Minister O'Neill published "Health and Wellbeing 2026 Delivering Together" in parallel with the Expert Panel Report "Systems not Structures: Changing Health and Social Care". 'Delivering Together' underpinned the recommendations contained in the Expert Panel Report and provided a roadmap for the transformation of health and social care across Northern Ireland over a 10 year period.
- November 2016**  Public consultation launched on the proposed criteria (as recommended by the Expert Panel) to be used to assess the sustainability of health and social care services.
- February 2017**  The consultation on the criteria for reconfiguring health and social care services finished with 252 responses received by the Department of Health.
- April 2017**  Analysis and consideration of the response to the consultation completed and the draft Consultation Analysis Report prepared.
- April 2019**  Decision taken by the DoH Permanent Secretary to finalise and publish the Consultation Analysis Report, under the process for decision making during the period of Executive formation.

There were 252 consultation responses from a broad range of stakeholders including individuals, professional bodies, voluntary community/third sector bodies, unions, public/statutory bodies and the independent/private sector. Eighty-two of the responses took the form of a standard letter representing a single view from a community action group. Not all respondents used the response questionnaire nor did all respondents choose to respond to every question. A series of 16 public consultation meetings were held across Northern Ireland and the views expressed by attendees were considered as part of the analysis in the compilation of this report.

The assessment drawn from the responses to the consultation suggest to a greater or lesser degree, that the majority of respondents across 6 of the 7 criterion agreed these were suitable for use in assessing the sustainability of a service. However it was clear from the qualitative analysis of comments that there were some significant common areas of concern:

- the language used in the criteria suggests they are only applicable to hospital services.
- Accessibility needs to be included in the criteria as a fundamental element in assessing the sustainability of a service.
- Co-production, how this will work at a practical and inclusive level in creating care pathways.
- How to address the issue of attracting and retaining staff.
- The potential for out of hospital care models in the community to fail due to inadequate resourcing.

The Department has revised the Criteria as follows:

Revised Criteria

Criterion 1: There is evidence that the outcomes for people using HSC services are below standards recognised by the Department of Health, or statutory requirements are not met, or safety concerns are evident and impact on the long term sustainability of services.

Criterion 2: There are clear pathways for the patient and client population at local and region wide levels.

Criterion 3: The service cannot meet professional standards or minimum volumes of activity, as recognised by the Department of Health, that are needed to maintain expertise.

Criterion 4: The workforce required to safely and sustainably deliver the service is not available/cannot be recruited, developed or retained, or can only be secured with high levels of agency/locum staff.

Criterion 5: There are effective alternative care models as recognised by the Department of Health in place.

Criterion 6: The delivery of the service to the required standard is costing significantly more than that of peers or of alternative models due to a combination of the above factors.

The majority of respondents did not agree that Criterion 5 “The training of Junior Doctors cannot be provided to acceptable levels” should be used to assess the sustainability of a service. The consensus of comments indicated that junior doctors should not be considered in isolation to the broader workforce in assessing the sustainability of a service.

The Department has removed Criterion 5 on the basis that workforce will be considered as part of Criterion 4.

The Department has revised the wording of Criterion 5 and 6 to ensure consistency of language and terminology across the Criteria.

It is worth noting that a considerable number of respondents took the opportunity to comment on wider health and social care issues affecting the provision of services in their local communities, this was particularly evident at a number of the public consultation meetings. In a similar vein, a number of respondents commented on the content of the overall “Bengoa” Report and not specifically on the criteria.

SECTION 2: INTRODUCTION AND BACKGROUND

On 25 October 2016, the then Minister of Health, Michelle O’Neill launched an ambitious 10 year approach to transforming health and social care “Health and Wellbeing 2026: Delivering Together” as well as the Expert Panel’s report “Systems, Not Structures: Changing Health and Social Care”.

The remit of the Expert Panel chaired by the internationally led expert, Professor Rafael Bengoa, was to help identify how to tackle the challenges faced in our health and social care system.

The Minister confirmed that “Delivering Together” was underpinned by the outworking of the Expert Panel’s recommendations and that it set out her ambition for citizens to lead long, healthy and active lives through prevention and early intervention; improving access to health and social care services; tackling health inequalities; and, delivering better outcomes from the Executive’s investment in health and social care.

These reports can be found at the links below.

<https://www.health-ni.gov.uk/publications/health-and-wellbeing-2026-delivering-together>
<https://www.health-ni.gov.uk/publications/systems-not-structures-changing-health-and-social-care-full-report>

“Delivering Together” set out a series of commitments over a 12 month period to make a positive and ambitious start towards stabilisation, reconfiguration and transformation. One of those commitments was to embark on a consultation on the criteria set out in the Expert Panel Report to be used by those taking decisions on assessing the sustainability of a service(s). It was recognised that the outcome of the consultation would shape the overall policy which would guide future decisions on the shape of health and social care services.

It should be noted that any future proposals for service change at a regional or local level will be subject to further public consultation and the involvement of all relevant stakeholders in the co-production of the reshaped services.

This report summarises the responses to the consultation and sets out the Department's response and next steps.

SECTION 3: RECONFIGURATION CRITERIA CONSULTATION PROCESS

The consultation document “Consultation on Criteria for Reconfiguring Health and Social Care Services” was published on 11 November 2016. The consultation to hear the public’s views on this very important issue ran for 12 weeks until 03 February 2017 and 252 responses were received.

The consultation questionnaire is included at Appendix A and Appendix B shows the list of respondents to the consultation exercise.

Category of Respondent	No of Responses Received
Individual	107
Organisation	63
Standard Letter Response	82
Total	252

As part of the public consultation, the Department held a series of public meetings across Northern Ireland. There were 16 public meetings held in total and these are set out below. Of the 16 meetings an additional event was arranged in both Newry and Ballycastle to cater for the large turnouts at each of the original meetings. In total approx 1180 people attended the 16 public meetings demonstrating a strength of passion and commitment in relation to their health and social services.

AREA	DATE	AREA	DATE
Omagh	08.12.16	Ballycastle	11.01.17
Derry	14.12.16	Coleraine	11.01.17
Ballycastle	19.12.16	Downpatrick	12.01.17
Portadown	20.12.16	Newry	16.01.17
Cookstown	04.01.17	Enniskillen	17.01.17
Lisburn	05.01.17	Ballymena	18.01.17
North Belfast	09.01.17	North Down/Ards	19.01.17
Central Belfast	10.01.17	Newry	30.01.17

Each meeting followed the same format with a standard presentation and consideration of each of the criteria and then afforded the participants with the

opportunity to engage face to face with senior professional medical, nursing and policy staff from the Department.

An independent facilitator from the Leadership Centre (Business Services Organisation) supported each of the public meetings. In order to maintain consistency of approach the two person panel for each meeting was drawn from a pool of 6 senior Departmental staff Dr Michael McBride, Dr Paddy Woods, Dr Anne Kilgallen, Charlotte McArdle, Jackie Johnston and Alastair Campbell. Each panel conducted a question and answer session framed around each of the criterion.

The comments, views and queries raised at the public meetings have been reflected in the qualitative analysis undertaken to inform this report along with the narrative comments from the formal consultation responses and have been grouped under themes. Whilst some of themes are not directly related to the criteria under consideration and cover wider health and social care issues, these have been incorporated to reflect the strength of opinion and feeling expressed by those participating in the consultation process.

SECTION 4: SUMMARY OF CONSULTATION RESPONSES TO EACH QUESTION, DEPARTMENTAL RESPONSE AND RECOMMENDATION

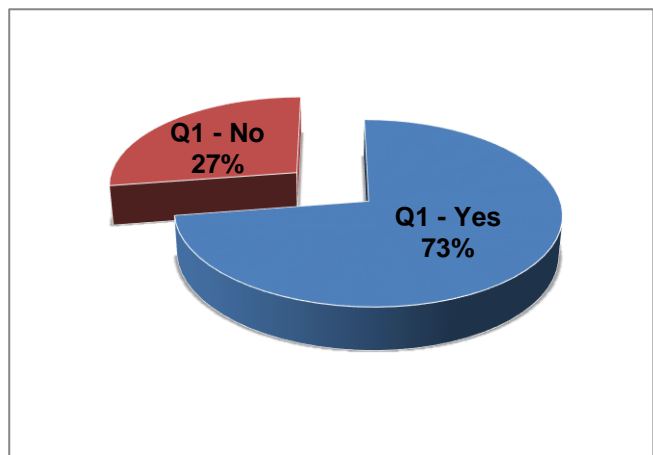
Criterion 1: There is evidence that the outcomes for patients using these services are below acceptable levels either in the services as a whole or in particular hospitals, or where there are safety concerns.

The Department asked: Do you agree with Criterion 1 as an appropriate factor to assess the sustainability of health and social care services.

Of the 252 responses received, 135 answered this question. The graph below sets out these responses in percentage terms.

The statistical analysis of the 135 responses to this question show that:

- **73%** agreed that Criterion 1 is an appropriate factor to be used in reconfiguring health and social care services.
- **27%** did not agree that Criterion 1 is an appropriate factor.



Summarised Stakeholders Feedback and Department's Response

In addition, a number of issues can be drawn out from the comments received:

Issue 1 Criterion wording

A considerable number of respondents strongly supported the view that the wording of the criterion was overly hospital focussed and should be redefined to reflect its applicability across the wider health and social care sector. The field of primary

care was specifically highlighted by a large number of respondents.

Department's response

The Department accepted the point made and recommended the remit should be extended to all health and social care services which aligns with the Department's statutory obligation in relation to HSC services under Section 2 of the "Reform Act" 2009.

Issue 2 Definition of "Acceptable" levels and application of the Criterion

A significant number of respondents asked for clarity on the definition of "acceptable" and articulated the need to clearly define these. The view was also expressed that there was a requirement for guidance on how this Criterion would be applied to avoid any perception of subjectivity in determining what is/is not "acceptable" or "safe".

Department's response

The Department accepted the points made and has made the following amendments:

- "Acceptable Levels" removed from criterion and replaced by "standards recognised by the Department". This underpins the Department's statutory role under the Health and Social Care (Reform) Act (Northern Ireland) 2009 to set standards for the provision of health and social care.
- "where there are safety concerns" rephrased to "or safety concerns are evident and impact on the long term sustainability of services". This clarifies the "safety" aspect in terms of service sustainability.
- Inclusion of "or where they fail to meet statutory requirements" highlighting the Department's statutory responsibility for health and social care services.

Issue 3 Data/Outcomes

A notable number of respondents believed there was a lack of meaningful data available on which to base decisions on the sustainability of a service. The view was expressed by a number of respondents that the service(s) under review should

be able to demonstrate evidence of patient outcomes that have been developed and agreed with patients.

Department's response

The Department welcomes the views expressed by respondents in this area. The Department and the wider HSC are committed to a co-production approach which will empower patients, service users and staff to help design a system that is patient centred and focused on patient outcomes. The information used to make an assessment on services will be evidence based, equitable and subject to scrutiny.

Recommendation: No change to criterion

Issue 4 Lack of Investment/Resourcing

A recurring number of respondents raised the concern about how a service(s) under consideration got to this point. Many of these respondents expressed the opinion that it was potentially due to historic underfunding, a lack of investment and understaffing.

Department's response

The Department acknowledges the considerable number of responses expressing concerns around previous funding and investment decisions and the potential impact on services. Whilst the Department recognises the strongly felt views around potential reasons for unacceptable or unsafe patient outcomes, this criterion deals solely with the assessment of the service at a point in time.

Recommendation: No change to criterion

Issue 5 Improvement of Services

There was considerable weight in support of the view that the focus should be on taking measures to improve services to enable them to provide a safe acceptable service before they are assessed.

Department response

The Department in collaboration with the relevant HSC organisation will examine all relevant factors in assessing the long term sustainability of a service.

Recommendation: No change to criterion

Issue 6 Centralisation

A high level of respondents mentioned their concern that the Criterion would be used to centralise services, often to the detriment of smaller hospitals.

Department's response

The Department noted the concerns raised by respondents. The Department emphasises that the transformation agenda is not about sustaining buildings and structures, but bringing forward whole system transformation which will ensure the future sustainability of our health and social care system.

Recommendation: No change to criterion

Department's Recommendation

The Department accepted there is sufficient weight from the responses received in this area and has revised Criterion 1.

Revised Criterion:

There is evidence that the outcomes for people using HSC services are below standards recognised by the Department of Health, or statutory requirements are not met, or safety concerns are evident and impact on the long term sustainability of services.

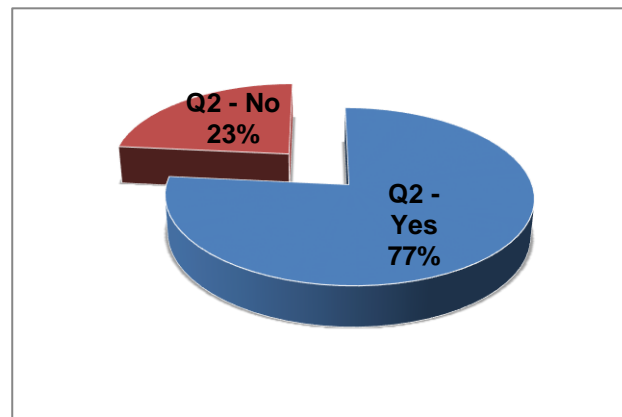
Criterion 2: There is a clear clinical pathway for the patient population. Co-created with patient groups.

The Department asked: Do you agree with Criterion 2 as an appropriate factor to assess the sustainability of health and social care services.

Of the 252 responses received, 133 answered this question. The graph below sets out these responses in percentage terms.

The statistical analysis of the 133 responses to this question show that:

- **77%** agreed that Criterion 2 is an appropriate factor to be used in reconfiguring health and social care services.
- **23%** did not agree that Criterion 2 is an appropriate factor.



Summarised Stakeholders Feedback and Department's Response

In addition, a number of issues can be drawn out from the comments received:

Issue 1 Criterion wording

There was considerable representation made by respondents that the use of "clinical" should be removed as it fails to recognise pathways can be across many settings.

Department's response

The Department accepted the points made and has made the following changes:

- Patients and Clients should be the standard terminology used across criterion where relevant.

- Remove “clinical” to recognise the diversity of pathways across the health and social care system.

Issue 2 Accessibility

A strong message came across from a significant number of respondents that any reviews of pathways or new pathways must ensure that patient populations are not disadvantaged due to access considerations.

Department’s response

The Department accepted the points made and recognised the significant interest and strength of opinion expressed on the topic of accessibility. The Department in recognition of the weight of views articulated through the consultation process has revised Criterion 2 to include consideration of factors such as accessibility, rurality, health prevention, health inequalities, population health needs where relevant.

Issue 3 Co-production

A considerable number of respondents articulated concerns about how co-production would apply in practice, and how it differs from Patient Public Involvement (PPI) which is already a statutory requirement. Additionally there was scepticism expressed that the patient population would be meaningfully involved in the planning and delivery of services. Some respondents highlighted that representation need to reflect the diversity in communities and a mechanism identified for including those representing more vulnerable groups. A number of respondents believed that operational staff within Trusts need to engage with and show commitment to co-production.

Department’s response

The Department accepted the points made and welcomed the views expressed. The Department is developing a co-production policy with the Public Health Agency and Patient and Client Council to inform what this will mean both for those working in and using health and social care services. This will be in line with the statutory legislative requirement under Personal and Public Involvement (PPI) placed on certain HSC organisations to involve and consult patients, families, carers and local

community on the planning, delivery and evaluation of services. Co-production will be a fundamental part of the continuum of involvement.

Recommendation: No change to criterion

Department's Recommendation

The Department accepted there is sufficient weight from the responses received in this area and has revised Criterion 2.

Revised Criterion

There are clear care pathways for the people using HSC services at local and region wide levels.

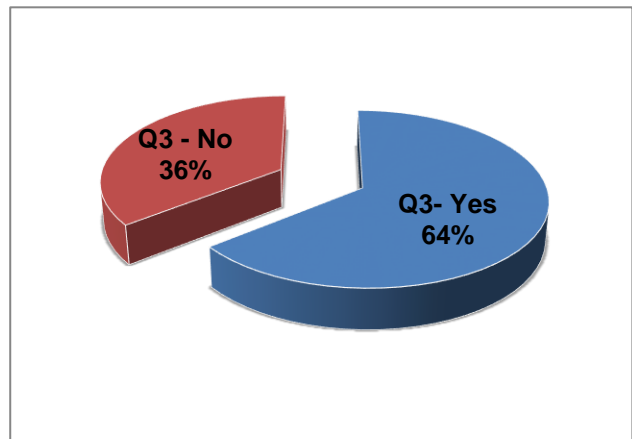
Criterion 3: The services cannot meet professional standards or minimum volumes of activity needed to maintain expertise.

The Department asked: Do you agree with Criterion 3 as an appropriate factor to assess the sustainability of health and social care services.

Of the 252 responses received, 133 answered this question. The graph below sets out these responses in percentage terms.

The statistical analysis of the 133 responses to this question show that:

- **64%** agreed that Criterion 3 is an appropriate factor to be used in reconfiguring health and social care services.
- **36%** did not agree that Criterion 3 is an appropriate factor.



Summarised Stakeholders Feedback and Department's Response

In addition, a number of issues can be drawn out from the comments received:

Issue 1 Criterion wording

Some respondents expressed concern that this criterion only appeared to relate to the medical profession, specifically specialist care.

Department's Response

The Department does not agree with the assertion that the overall wording of the criterion implies this is only relevant to the medical profession.

Recommendation: No change to this element of the criterion

Issue 2 “Minimum” volumes

A significant number of respondents believe that standards need to be agreed to determine the correct ‘minimum’ volume of activity to be used in the application of this criterion and asked how these would be assessed.

Department’s Response

The Department accepted the points made and in recognition of the weight of views articulated through the consultation process has revised Criterion 3 by inclusion of “as recognised by the Department of Health”. This reflects the Department’s engagement with the appropriate professional organisations to give assurance that the highest standards of practice and patient care are being met.

Issue 3 Development of Services

A small number of respondents were of the view that certain critical services would not continue to be delivered if the minimum volumes of activity criterion was applied. The concerns focussed on the impact on patients and their families in terms of access to treatment within Northern Ireland.

Department’s Response

The Department acknowledged the points made by respondents. In assessing the long term sustainability of a service consideration must be given to the minimum volumes of activity, as recognised by the Department of Health, to ensure the safety of patients and maintain optimal patient outcomes.

Recommendation: No change to criterion

Issue 4 Regional Centres of Excellence

A number of respondents articulated the view that these should be delivered outside of main acute hospitals.

Department’s Response

The Department accepted this point and agreed with the premise that Regional Centres of Excellence can also be delivered outside of main acute hospital

settings. The Department re-emphasised that the transformation agenda is not about sustaining buildings and structures. It is about bringing forward whole system transformation and developing services where it is appropriate to do so, this will include outside of main hospitals. The Department's priority is to ensure the future sustainability of our health and social care system.

Recommendation: No change to criterion

Issue 5 Funding/Viability

A considerable number of respondents were keen to articulate that there could be a number of factors why a service was not meeting the requirements expressed in the criterion. These ranged from issues of underfunding to uncertainty about the long term viability of a service/hospital leading to understaffing. There was a strong overall view expressed that options to rectify the situation should be considered first.

Department's Response

The Department acknowledged the strength of views expressed by respondents as to the reasons why a service may fail to meet the professional standards or minimum volumes of activity needed to maintain expertise. The Department reiterated that this criterion deals solely with the assessment of the service at a point in time.

Recommendation: No change to criterion

Issue 6 Staff Rotation/Contracts

A significant number of respondents advocated a regional approach to staffing, whereby staff rotate through other sites, facilitated by the use of flexible/trust-wide contracts/co-operative working patterns and the development of networks.

Department's Response

The Department welcomed the breadth and range of responses on how alternative working models and better use of technology could improve the delivery of health and social care services. The Department's workforce strategy, will encompass all elements of the HSC workforce, including retention and recruitment, opportunities for introducing new job roles and upskilling initiatives and will be developed by

May 2017.

Recommendation: No change to criterion

Issue 7 Technology

A number of respondents stressed that there should be better utilisation of technological advances aligned with flexible and imaginative delivery methods. The views expressed held that this would maximise the potential for staff to maintain the level of expertise needed to either meet professional standards or minimum volumes of activity requirements.

Department's Response

The Department accepted and recognised the points made. The Department is supporting the case for a digital record-in-common for every citizen in Northern Ireland that facilitates their health and wellbeing throughout their life. It will be built on a digital platform that streamlines services and patient journeys and links information across primary, secondary, community and social care.

Recommendation: No change to criterion

Department's Recommendation

The Department accepted there is sufficient weight from the responses received in this area and has revised Criterion 3.

Revised Criterion

The services cannot meet professional standards or minimum volumes of activity, as recognised by the Department of Health, needed to maintain expertise.

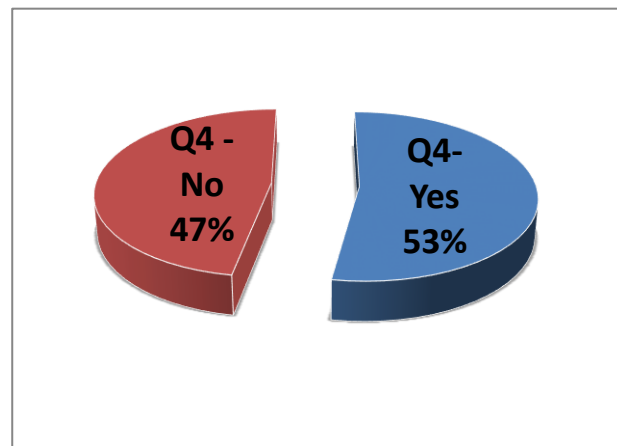
Criterion 4: The permanent workforce required to safely and sustainably deliver the service is not available/cannot be recruited or retained, or can only be secured with high levels of expensive agency/locum staff.

The Department asked: Do you agree with Criterion 4 as an appropriate factor to assess the sustainability of health and social care services.

Of the 252 responses received, 129 answered this question. The graph below sets out these responses in percentage terms.

The statistical analysis of the 129 responses to this question show that:

- **53%** agreed that Criterion 4 is an appropriate factor to be used in reconfiguring health and social care services.
- **47%** did not agree that Criterion 4 is an appropriate factor.



Summarised Stakeholders Feedback and Department's Response

In addition, a number of issues can be drawn out from the comments received:

Issue 1 Workforce Challenges

There were a number of points made by a wide range of respondents around the solutions to the challenges facing the health and social care workforce. Many respondents stated that staff needed to be paid appropriately and competitively, and that the use of permanent contracts would help address retention issues. A number of respondents suggested that a targeted recruitment approach was needed specifically for rural areas and opportunities to proactively promote rural locations to potential staff and their families should be considered. Some

respondents believed that the shortage of skilled staff and locum costs could directly be addressed by increasing the number of training places, particularly for doctors and nurses. There were a significant number of respondents who expressed the opinion that a regional approach to staffing would be more effective and enable rotation of staff, specifically junior doctors and consultants to go where there is a need.

Department's Response

The Department welcomed the breadth of views and recognised the strength of feeling expressed by respondents in relation to the workforce challenges across the HSC. The Department noted the responses and can confirm that its workforce strategy is taking forward all elements relevant to the planning of the future HSC workforce, including retention and recruitment, opportunities for introducing new job roles and upskilling initiatives. The Department has broadened Criterion 4 to include the development of the workforce as an additional factor for consideration if appropriate in the application of this criterion.

Issue 2 Funding

Several respondents expressed the view that there was a need for additional and adequate funding for education and training to increase as well as sustain the HSC workforce. Views were also articulated on the need to extend the current funding cycle from one to three years as a means to address shortages across specialities and services.

Department's Response

The Department noted the comments of those who responded on the subject of funding and its impact on workforce planning. The Department accepted there are well recognised challenges with the HSC system funding cycle and is committed to the delivery of a longer term, more integrated funding cycle as part of the transformation programme.

Recommendation: No change to criterion

Issue 3 Multi-disciplinary Approach

A significant number of respondents advocated that there should be better utilisation of the skills and knowledge of wider health and social care professionals eg allied health professionals, community pharmacists etc to help reduce the burden on the primary care sector.

Department's Response

The Department welcomed the considerable weight of opinion expressed by respondees in supporting a multi-disciplinary approach to the delivery of health and social care services within primary care. The Department, is committed to the model of multidisciplinary teams in primary care which will maximise the benefits of our integrated care system. Multi-disciplinary teams will include GPs, pharmacists, district nurses, health visitors and a range of allied health professionals, a range of new roles will also be developed such as Physician Associates and Advanced Nurse Practitioners.

Recommendation: No change to criterion

Issue 4 "Permanent" Workforce

There was concern that the qualification of the workforce using "permanent" would exclude key sections of the workforce who play a vital role in sustaining services including junior doctors.

Department's Response

The Department noted the concerns expressed and proposed the removal of the word "permanent" to ensure the criterion covers all of the workforce.

Department's Recommendation

The Department accepted there is sufficient weight from the responses received in this area and has revised Criterion 4.

Revised Criterion

The workforce required to safely and sustainably deliver the service is not available/cannot be recruited, developed or retained, or can only be secured with high levels of agency/locum staff.

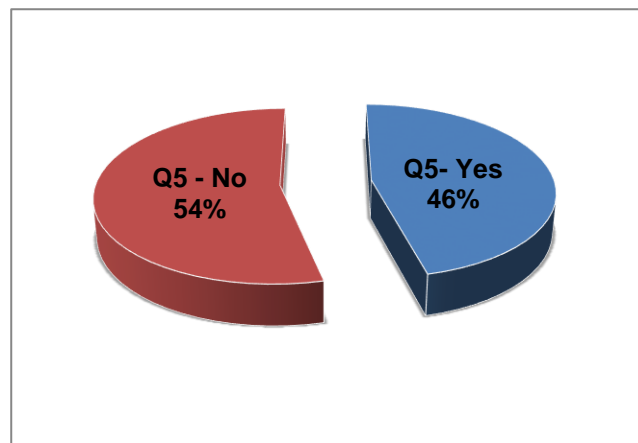
Criterion 5: The training of Junior Doctors cannot be provided to acceptable levels.

The Department asked: Do you agree with Criterion 5 as an appropriate factor to assess the sustainability of health and social care services.

Of the 252 responses received, 130 answered this question. The graph below sets out these responses in percentage terms.

The statistical analysis of the 130 responses to this question show that:

- **46%** agreed that Criterion 5 is an appropriate factor to be used in reconfiguring health and social care services.
- **54%** did not agree that Criterion 5 was an appropriate factor.



Summarised Stakeholders Feedback and Department's Response

The main issue below was drawn out from the comments received:

Criterion Feedback

A significant number of respondents were of the opinion that the training of junior doctors is irrelevant to the provision of any service and that a hospital/service should not be closed solely because training cannot be provided to an acceptable level. The view was also expressed by some respondents that the criterion was too narrow as it focussed only on junior doctors instead of considering the broader workforce position.

Department's Response

The Department accepted that this criterion as currently worded is too narrow in interpretation.

Department's Recommendation

The Department has removed this criterion on the basis that workforce issues will be subsumed as part of criterion 4.

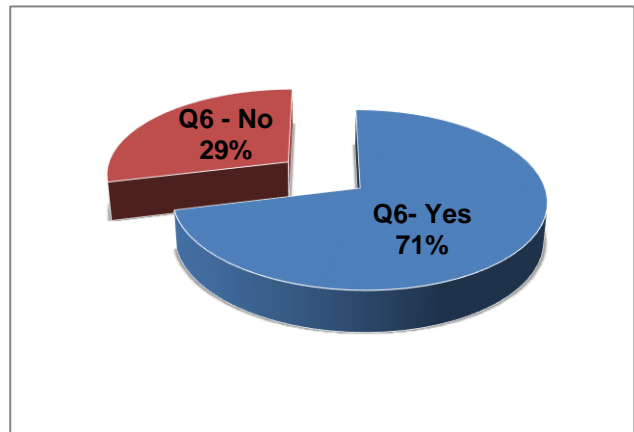
Criterion 6: There is an effective alternative ‘out of hospital’ care model or an alternative ‘shared care’ model.

The Department asked: Do you agree with Criterion 6 as an appropriate factor to assess the sustainability of health and social care services.

Of the 252 responses received, 127 answered this question. The graph below sets out these responses in percentage terms.

The statistical analysis of the 127 responses to this question show that:

- **71%** agreed that Criterion 6 is an appropriate factor to be used in reconfiguring health and social care services.
- **29%** did not agree that Criterion 6 was an appropriate factor.



Summarised Stakeholders Feedback and Department’s Response

In addition, a number of issues can be drawn out from the comments received:

Issue 1	Outcomes
	<p>A significant number of respondents stressed that any alternative delivery model must have better outcomes than the service under review.</p>
	<p>Department’s Response</p> <p>The Department welcomed and agreed with the views expressed by a number of respondents that ‘shared care; or ‘out of hospital’ models must have better outcomes than the services under review.</p>

Recommendation: No change to criterion

Issue 2 Funding

There were a large number of responses that highlighted the need for substantial funding and resources to be allocated to enable effective implementation of these alternative models, including the need for a trained workforce to deliver these services. Several examples of current good practice in the community referenced, again highlighted the need for sufficient funding to enable replication on a consistent basis across Trusts.

Department's Response

The Department welcomed the range of responses received and is committed to the development of new alternative models of care using the principles of partnership and co-production, whilst working together with the wider HSC to make better use of our limited resources to deliver the maximum benefit for patients and service users. The Department recognised that there are already a number of areas of innovative and good practice, and is looking at ways of further identifying and upscaling best practice across the HSC through the establishment of a regionalised improvement and innovation system.

Recommendation: No change to criterion

Issue 3 Alternative Models

The majority of respondents emphasised that alternative models must be in place before existing services are closed. A number of respondents expressed the need for new services to be delivered on a 24/7 basis as close to the patient as possible. Additionally there was a strong view that alternative models must be fit for purpose and should be designed and implemented with input from stakeholders including users and carers.

Department's Response

The Department noted the views expressed. The Department agreed that alternative models must be in place before existing services close and that these alternatives must be co-produced with stakeholder groups. The Department is

committed to the principle of moving health and social care from hospital settings to settings closer to people's home where it is right to do so. This is a central tenant of the transformation agenda and for those services where 24/7 treatment is required this will be available.

Recommendation: No change to criterion

Issue 4 Utilising Resources Effectively

A number of respondents were keen to see a collaborative approach adopted across secondary and primary care especially in transition from hospital to community. Many respondents also commented that better use should be made in the community of allied health professionals and other professional disciplines, particularly from a preventative health perspective. The innovative use of technology and joined up systems was mentioned by some respondents as tools for supporting alternative models of care.

Department's Response

The Department acknowledged the contributions made from respondents as to solutions that should be considered in implementing alternative care models. The Department is committed to the model of multidisciplinary teams in primary care which will maximise the benefits of our integrated care system. The Department is supporting the case for a digital record-in-common for every citizen in Northern Ireland that will facilitate their health and wellbeing throughout their life. It will be built on a digital platform that streamlines services and patient journeys and links information across primary, secondary, community and social care.

Recommendation: No change to criterion

Department's Recommendation

The Department has revised the wording of this Criterion to ensure consistency of language and terminology across the Criteria.

Revised Criterion:

There are effective alternative care models as recognised by the Department of Health in place.

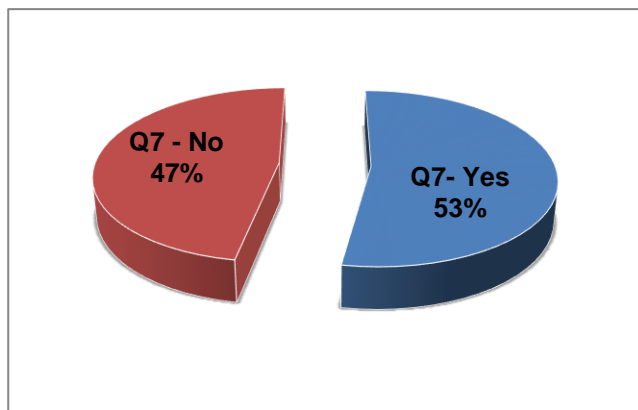
Criterion 7: The delivery of the service is costing significantly more than that of peers or of alternative ‘out of hospital’ alternatives due to a combination of the above factors.

The Department asked: Do you agree with Criterion 7 as an appropriate factor to assess the sustainability of health and social care services.

Of the 252 responses received, 121 answered this question. The graph below sets out these responses in percentage terms.

The statistical analysis of the 121 responses to this question show that:

- **53%** agreed that Criterion 7 is an appropriate factor to be used in reconfiguring health and social care services.
- **47%** did not agree that Criterion 7 was an appropriate factor.



Summarised Stakeholders Feedback and Department’s Response

In addition, a number of issues can be drawn out from the comments received:

Issue 1 Cost/Cost Effectiveness

Many respondents expressed the opinion that cost should not be the primary driver or the only factor in making an assessment on the cost of the delivery of a service. Whilst a number of respondents accepted that costs are a necessary element, they believed it would be difficult to make a value for money judgement in the absence of considering other factors such as quality, safety and patient outcomes. Some respondents commented that accessibility of services for those living in more remote areas and associated travel costs for patients, families and carers needed to

be a factor when looking at cost comparisons.

Department's Response

The Department noted the comments received from respondents on the area of cost and cost effectiveness. Any information used to make an assessment on a service will be evidence based, equitable and subject to scrutiny. The Department and the wider HSC are committed to a co-production approach which will empower patients, service users and staff to help design a system that is patient centred and focused on patient outcomes.

Recommendation: No change to criterion

Issue 2 Management Information/Methodology

A number of respondents asked for clarification on the methodology that will be used to assess costs and how value for money is determined. The opinion was expressed by some respondents that the lack of standardisation across current HSC services and the lack of basic management information would make it difficult to compare like with like. Some respondents were concerned that the "peers" selected for comparison purposes would not be comparable with Northern Ireland's integrated model of health care.

Department's Response

The Department acknowledged the comments received by respondents on this issue and clarifies that any assessment on services will be subject to an open and transparent process, based on evidence and rooted in the principle of equity. The Department and the wider HSC approach will be underpinned by clear communication and the appropriate sharing of relevant information, one of the key tenants of co-production.

Recommendation: No change to criterion

Issue 3 Hospital Provision

There was a concern articulated by some respondents that the application of this criterion could lead to inequality in hospital provision across NI.

Department's Response

The Department noted the concern expressed by some respondents. The Department emphasised that the principle of equity in service provision for patients and clients across health and social care is inherent in the decision making process. The Department stated that the transformation agenda is not about sustaining buildings and structures, but bringing forward whole system transformation which will ensure the future sustainability of our health and social care system.

Recommendation: No change to criterion

Department's Recommendation

The Department has revised the wording of this Criterion to ensure consistency of language and terminology across the Criteria.

Revised Criterion

The delivery of the service to the required standard is costing significantly more than that of peers or of alternative models due to a combination of the above factors.

SECTION 5: OVERARCHING THEMES AND COMMENTS

This section seeks to draw out some of the overarching general themes that emerged from both the formal responses to the consultation and also the contributions made by those who attended the public consultation meetings.

1. Criteria

There were a number of views expressed on the overall criteria in general, and the sense that they were presented in a negative way and biased towards the justification for why services needed to be removed or changed or indeed they were overly simplistic. The viewpoint that the application of the criteria will lead to the closure of local services was strongly expressed by a number of respondents. Some respondents felt that the criterion assessment was unclear and lacked context, the language used was overly complex and some stated it was a “tick box” exercise.

Both at the public meetings and through the formal consultation responses, the opportunity was taken by respondents to comment on wider HSC issues as well as the findings in the overall “Bengoa” report.

Many of the respondents indicated their agreement with the majority of the criterion and offered a number of solutions to address a wide range of issues across the health and social care system.

Selection of Comments

“Consider the set of criteria to be a comprehensive and well designed method of assessing the sustainability of hsc services.” Voluntary and Community Sector response

“It is necessary to apply a set of criteria to bring about change, and this needs to be initiated as soon as is practically possible given the pressure on services and safety concerns.” Individual Response

“The proposed criteria, by themselves, suggest a negative reactionary approach to transformation rather than a proactive approach in the patients best interests.” Professional Body Response

“Sustainability of health services in NI has become synonymous with closure. This should not be the case.” Individual Response

“Our members believe that simply incorporating the criteria into the existing Circular is an overly simplistic and limited approach that leaves them with the impression that the aims behind both the Minister’s vision and the Bengoa report have been sidestepped for expediency, rather than fundamentally ensuring that effective transformational change takes place.” Professional Body Response

Some respondents queried if each of the criterion carried equal weighting and the nature of the assessment process.

“It is unclear from the consultation how the proposed criteria would be applied in the assessment process, for example, on what basis would a service be deemed unsustainable? Would some criteria be weighted above others? Would an assessment require a service to perform poorly over a number of criteria/key criteria for it to be deemed unsustainable?” Professional Body Response

The Department welcomed the considerable level of engagement shown through the consultation responses and by those attending the consultation meetings. It noted the comments in relation to the context and format of the consultation documentation and will take these into consideration in any future consultations. The Department does not agree that this is “tick box” exercise and can assure all those who made their views known that these have been given careful consideration through a robust analysis process. Each criterion carries equal weight, where the criterion is relevant to the service under review.

2. Accessibility

There were very strong views expressed in both the written responses to the consultation and at the public meetings on the absence of any reference to accessibility across the criterion. Some respondents believed that patient transport costs needed to be a factor when considering the sustainability of a service.

Selection of Comments

“Our key point is that services must be accessible. This doesn’t mean a hospital on every street corner but it does mean that people should have the access to the services they need. We already have long term health problems due to families who find services hard to reach.” Voluntary and Community Sector Response

“The absence of any criterion on access is surprising and alarming.”
Individual Response

“Access is vital. There is no point having excellent facilities in a geographical position that makes access difficult for a large section of the population.”
Individual Response

One Trade Union organisation response asked for consideration to be given to 2 additional criterion:

- *“Need to consider all issues relating to staff at all grades when determining the sustainability of a service moving forward?”*
- *The effect that the removal of a service, its reconfiguration and possible relocation will have in addressing health inequalities.”*

In response to the comments from respondents, the Department accepted that there is a need to factor in the issue of accessibility, and has committed to addressing this to ensure this is a consideration in their application. In recognising the weight of views that were also expressed in relation to health inequalities and the need for a stronger focus on health prevention, the Department has revised Criterion 2, this will facilitate the wider consideration of a number of factors if appropriate.

3. Rurality/Transport/Infrastructure

Rurality, transport and infrastructure were recurring themes across both the consultation responses and the public meetings. A number of comments were made on the absence of these factors in the criteria and respondents strongly articulated the view that patients and service users should not be disadvantaged due to their geographical location. Concerns were raised that those living in a very rural environment do not receive the same quality of care as someone in a town, and that there needs to be equity of care.

Selection of Comments

In remote areas the lack of access to services has a disproportionately large impact on the quality of life of particular groups. This is essentially a social justice argument: the most vulnerable groups are disadvantaged most, those most likely to lack influence over service design and provision. There is a clear imperative to

tackle the exclusion of vulnerable individuals and families from accessing good quality health care services, simply because of where they live. Local Government Response

The point was repeatedly made that very often the transport provision for those living in more rural areas is totally inadequate and quite limited. A number of examples were cited stressing the difficulties faced when attending outpatient or day procedure appointments in Belfast, especially when dependent on public transport. Feedback surfaced from a number of respondents that there is a need to recognise the impact on patients' families/other support networks if visits cannot take place due to distances/cost/travel challenges and the effect this can have on a patient's recovery.

"Unnecessary travel for over 50 miles for treatments and appointments is a problem for these patients and their carers and families. Poor public transport, poor roads, traffic congestion and difficulties in parking in hospitals in Belfast, Derry and Antrim all cause additional strains and stresses." Individual Response

"There is little point in having a fantastic facility if people cannot get to it!" Individual Response

Many respondents suggested that there should be a focus on partnership working to address transport and infrastructure issues between other government departments and public/community transport services.

"There is also an important opportunity to explore with other Departments and agencies how access to the service can be maximised, through innovative transport arrangements, information and advice services and community development services." Voluntary and Community Sector Response

A firm view was expressed by a number of respondents that major investment is needed in the Northern Ireland Ambulance Service (NIAS) to enable a consistent provision of service across Northern Ireland. A number of examples were given by respondents of poor experiences in terms of response times, however this was often qualified by reference to causal factors eg poor road infrastructure.

"There is a need to consider the impacts of any changes on ambulance response times. It is widely recognised that NI's road infrastructure means distances to services cannot be considered on pure mileage terms only but rather consideration must be taken of the delays caused by the quality of roads." Local Government Response

The Department accepted that in assessing the sustainability of a service, consideration needs to be built into the criteria of a number of factors such as accessibility (rurality) and health inequalities. In acknowledging the weight of views expressed the Department has revised Criterion 2. The Department reiterated that in making an assessment on a service the information used will be evidence based, equitable and subject to scrutiny.

4. Local Issues

Local issues were a very prominent theme arising out of both the consultation responses and the public meetings. Many respondents expressed the view that it is vital to maintain local hospitals and services especially for those who live in more isolated communities and for more vulnerable groups such as the frail elderly and those with disabilities. A substantial number of respondents felt that there was a hidden agenda behind the consultation process to close local services and this was particularly evident in the representations from areas such as Newry, Ballycastle, Coleraine, Downpatrick and Cookstown. One respondent was particularly concerned that the application of Criterion 4, could be used by Health and Social Care Trusts to “knowingly undersell” a particular facility thereby putting its future under threat, or downgrading smaller hospitals, despite the quality of care being of a high standard.

Selection of Comments

“The Causeway Hospital (and similar local hospitals) are of inestimable value and should NOT be swept aside in some kind of cost cutting exercise which counts pennies but ignores value.” Individual Response

“The increased rates of mobility difficulties among older people may make it more difficult to access reconfigured services that are further away from their home.” Voluntary & Community Sector Response

“The fundamental principle should be that services are provided locally. Every effort should be made to treat as many of the conditions as is possible where the people live.” Standard Response (Local community action group)

Many respondents, particularly at the public meetings related very positive experiences of care received in their local hospitals and the high level of

professionalism, compassion and dedication shown by health and social care professionals.

The Department and indeed the Panel Members involved in the consultation meetings acknowledged the depth and strength of feeling expressed via the consultation process on health issues in local communities. The Department and the wider HSC are committed to the development of new models of care using the principles of partnership and co-production that will deliver better health outcomes for our population, through meaningful engagement with those who both use and work across our system.

5. Centralisation

There was clear concern expressed by a number of respondents, including those who spoke at the public meetings in rural areas who believed that the criteria were derived to facilitate the further centralisation of services, specifically to the Belfast area. There were a number of references both in the consultation responses and at the public meetings on specific services in certain hospitals for example, the possible closure of the Stroke Services Unit in Daisy Hill Hospital, the removal of 24/7 A&E cover in the Downe Hospital and the role and viability of smaller hospitals in general. These respondents made impassioned pleas for both the retention and reinstatement of some services and in many instances outlined the impact that withdrawal had/would have on their local communities.

Selection of Comments

“I do not think that a solution is solely moving everything to Belfast. Northern Ireland does not begin and end in Belfast.” Individual Response

“It is essential that any reconfiguration of services addresses the imbalance between service provision in Belfast and the rest of the area.” Individual Response

A view that that all specialist centres would end up in Belfast and that local hospitals would suffer was also articulated by some respondents. The point was made on a number of occasions that not all services are suitable for centralisation and some are more appropriate for local delivery.

“Only in the most highly specialised fields should have only regional units eg cardiac or neurological surgery. Otherwise there is a risk that many common services will be centralised unnecessarily eg routine fractures, patients now have to travel for basic treatment.” Individual Response

The Department recognised the concerns expressed and views held by respondents but would refute that there was a predetermined centralisation agenda inherent in the consultation process. Any assessment on services will be subject to an open and transparent process, based on evidence and rooted in the principle of equity. Transformation across the HSC is about looking at the system as a whole, it is not about sustaining buildings and structures. Transforming and developing how services are delivered will help address the challenges faced across the HSC and make our system more efficient and sustainable in the long term.

6. Funding

The overwhelming consensus of opinion from respondents stated that if services are to change, then investment is needed to make it happen. Many references were made to the failure of previous transformation initiatives, due to lack of funding. Particular mention was made of “Transforming your Care (TYC)” and “The Right Time, the Right Place (Donaldson)”. Increased funding to adequately finance care in community settings was a real concern for many respondents, and many firmly believed that a lack of investment would mean the development of out of hospital and shared care models would be severely limited.

Selection of Comments

“Shared care only works when proper adequate funding is available to all areas both hospital care/social care.” Individual Response

“TYC did not deliver, community staff at breaking point, shortages the norm.” Individual response

“Investment is needed to enable local initiatives that provide prevention, early intervention and recovery or step down programmes to be sustained and incorporated into someone’s pathway of care.” Voluntary and Community Sector Response

There was a recurring sentiment expressed, from both the formal consultation responses and those who attended the public meetings of a genuine desire to see services improve and that if backed up by the necessary investment, HSC staff had the ability, will and expertise to deliver.

Some professional organisations whilst supporting the need for adequate resourcing, also recognised the necessity of improving cost efficiency across the HSC to ensure future service sustainability.

“The TYC agenda attempted to ‘shift left’ and move some service provision into the community – however adequate resources were not provided to general practice to deliver the increase in service demand. “Improving the cost efficiency across the health service is vital for ensuring services in the future are more sustainable.” Professional Body Response

“There are many examples of new nurse-led models of care across Northern Ireland that are able to demonstrate a sound business case in terms of the financial savings and a reduced number of acute hospital attendances secured, for example, as well as promoting enhanced patient outcomes and experience.” Professional Body Response

The Department accepted that transformation and reform will not be easy, especially in a constant financially challenging environment. In addressing these challenges collectively, collaboration across the HSC has never been more important. The Department is fully committed to working with those who both work and use our system to design and deliver services in a fundamentally different way, through its statutory duty under Personal and Public Involvement (PPI) and as a continuum of co-production.

7. Staffing

There was a view expressed by a number of respondents that a regional approach to staffing could provide a solution to filling vacancies in those areas which prove more difficult to recruit to by enabling flexibility of movement across the HSC system as a whole. It would also allow for rotation of staff and teams across Trusts to better meet service needs. A number of respondents commented that a mandatory placement in rural and less central areas as part of a junior doctor’s training should be considered. This would give junior doctors a more rounded training experience and potentially

impact on their longer term career choices. Some respondents articulated the view that junior doctors should be contracted to provide a set number of years service once they qualified.

Selection of Comments

“There may methods of devising working contracts/ job plans that enable employees to work a “Trust wide” contract therefore enabling services to be delivered more locally and also helping to prevent recruitment and retention difficulties in particular geographical areas (within and across HSCTs)” Individual Response

“A service without geographical boundaries with staff appointed centrally is a much better administrative model than the current model with geographical boundaries and restricted staff movement within the province.” Individual Response

A consistent point made by respondents was that improved pay and conditions would help with the retention of staff. Many also believed that there needed to be a more innovative approach to recruitment and that working with local government and other key stakeholders would be beneficial.

“Pay people appropriately, give them a good working environment, manage them with compassion and sensitivity and they will reward with goodwill and professionalism. Treat them badly and they will leave” Individual Response

“We believe that the health and social care service can work with local government and other key stakeholders in addressing the issues that impact on doctors/nurses and other professionals’ decisions not to pursue careers in particular locations and services.” Local Government Response

A number of respondents pointed to the need for additional training places across all HSC professions and referred to the vastly oversubscribed applications for training places at local Universities.

There was a plea by a number of respondents to engage, listen and empower staff especially those in frontline services in the decisions to be made.

A major topic raised both in consultation responses and at the public meetings was the acute shortage of GPs in a number of areas across Northern Ireland and the

ability of the GP Out of Hours service to cope with demands placed on it. There was a concern expressed that the individual criterion do not adequately reflect capacity and workforce issues for primary care. A number of respondents commented that the allied health professional workforce was considerably under-utilised across primary care and if they were given more autonomy and responsibility this would go some way to addressing many of the issues faced in this sector.

“Physiotherapy and other allied health professions are key professions in bringing about a substantial shift of care out of hospitals and into community settings in order to create a comprehensive system of care across a network that will deliver good outcomes for all patients in a safe and effective way.” Professional Body Response

The Department noted the breadth of views expressed on the subject of the workforce issues faced across our health and social care system. The Department’s workforce strategy will address many of the elements raised by respondents, and is under development. GPs have acted collaboratively by bringing about the GP Federation model to address potential weaknesses in their service delivery and will continue to address these. Other clinicians are working in Integrated Care Partnerships to enhance local services through better integration of health and social care services to deliver better patient outcomes. In support of new models of care the Department is committed to supporting a multidisciplinary team approach focussed on the patient and with the right mix of skills and the development of enhanced roles for a number of HSC professional groups.

SECTION 6: EQUALITY IMPLICATIONS

Two questions were asked in respect of equality and human rights. There were 94 responses to Question 1 and 88 responses to Question 2.

Equality Question 1

Based on belonging to any of the Section 75 groups, do you have any particular requirements with regards to the proposals?

Of the 94 responses to this question, 31% of respondents (29/94) answered 'Yes' and 65% of respondents (65/94) answered 'No'.

Equality Question 2

Generally, do you think there are any particular requirements for any of the Section 75 groups? If so, what would you consider as a potential solution?

Of the 88 responses to this questions, 56% of respondents (49/88) answered 'Yes' and 44% (39/88) answered 'No'.

The most common themes arising from the responses to the questions were concerns about the adverse effects on the old and young, disabled people and the issue of accessibility for vulnerable groups, particularly for those living in rural areas. The main concerns were:

- that any reconfiguration of services must ensure that services for older and young people are delivered locally and that these patient populations are not disadvantaged or discriminated against consequent to rurality.
- There needs to be recognition that those with a disability will need more help to access care.

- The need for improved public and community transport links, for example increasing the number of routes into services, ensuring that all hospitals have a shuttlebus to the nearest bus/train station.

One voluntary and community sector group suggested that an additional criterion should be adopted which would reflect a human rights based approach to health and address the issue of health inequalities in Northern Ireland.

The Department has revised Criterion 2 to include the consideration of factors such as accessibility, rurality, health prevention, health inequalities, population health needs where relevant. The Department confirmed that the responses in relation to the equality questions will be taken into account in completing the Equality Screening for each service reconfiguration change at a regional or local level. Every new strategy, policy or piece of legislation will be subject to appropriate equality (and other) screening.

SECTION 7: NEXT STEPS AND WAY FORWARD

The primary purpose of this consultation was to ask the public if they considered the set of criteria proposed by the Expert Panel as set out in their Report “Systems not Structures: Changing Health and Social Care” as suitable in providing the basis for future decisions to be taken by the Department on reconfiguring health and social care services to secure better health and wellbeing outcomes for the population.

The Department in response to the representations received has revised the criteria to address the relevant concerns raised. Amendments will be made to the Department’s extant policy guidance on change or withdrawal of services (‘Change or Withdrawal of Services - Guidance on Roles and Responsibilities’ published in November 2014) to include the criteria, where appropriate, as part of a new approach to reviewing services and developing proposals to reconfigure services.

It is anticipated that a programme of clinically led service configuration reviews working in partnership with those that use services will commence during 2017. The areas for consideration are likely to be:

- Breast Services.
- Diabetes
- Elective Surgery Centres
- Imaging
- Paediatrics/Neonatal/Obstetrics
- Pathology
- Stroke
- Trauma

Any proposals for service change at a regional or local level will be subject to further public consultation.



CONSULTATION RESPONSE QUESTIONNAIRE

Consultation on Criteria for Reconfiguring Health and Social Care Services



Department of
Health

An Roinn Sláinte

Máinnystrie O Poustie

www.health-ni.gov.uk

CONSULTATION RESPONSE QUESTIONNAIRE

Responding to the consultation

You can respond to the consultation document by e-mail, letter or fax using this questionnaire. The questions in the Questionnaire Response Form may help you in providing your views on the Criteria, but are not intended to limit your comments.

If this document is not in a format that suits your needs, please contact us and we can discuss alternative arrangements.

Before you submit your response, please read Annex A about the effect of the Freedom of Information Act 2000 on the confidentiality of responses to public consultation exercises.

Responses should be sent to:

E-mail: Reconfig.criteria@health-ni.gov.uk

Written: Reconfiguration Criteria Consultation
Department of Health
Room C3.6
Castle Buildings
Stormont Estates
Belfast, BT4 3SQ

Tel: (028) 905 20020

Fax: (028) 905 22335

The closing date for responses is 20 January 2017

Personal details

I am responding: as an individual

 as a health and social care professional

 on behalf of an organisation

(please tick a box)

Name: _____

Job Title: _____

Organisation: _____

Address: _____

Tel: _____

Fax: _____

e-mail: _____

Views are sought on Criterion 1:

Criterion 1

- There is evidence that the outcomes for patients using these services are below acceptable levels either in the services as a whole or in particular hospitals, or where there are safety concerns.

Question 1. Do you agree with Criterion 1 as an appropriate factor to assess the sustainability of health and social care services?

Yes No

If 'no' please feel free to comment below, providing evidence to support any alternative proposal.

If 'yes' please feel free to comment further below.

Views are sought on Criterion 2:

Criterion 2

- There is a clear clinical pathway for the patient population. Co-created with patient groups.

Question 2. Do you agree with Criterion 2 as an appropriate factor to assess the sustainability of health and social care services?

Yes No

If 'no' please feel free to comment below, providing evidence to support any alternative proposal.

If 'yes' please feel free to comment further below.

**Views are sought on Criterion 3:
Criterion 3**

- The service cannot meet professional standards or minimum volumes of activity needed to maintain expertise.

Question 3. Do you agree with Criterion 3 as an appropriate factor to assess the sustainability of health and social care services?

Yes No

If 'no' please feel free to comment below, providing evidence to support any alternative proposal.

If 'yes' please feel free to comment further below.

Views are sought on Criterion 4:

Criterion 4

- The permanent workforce required to safely and sustainably deliver the service is not available/cannot be recruited or retained, or can only be secured with high levels of expensive agency/locum staff.

Question 4. Do you agree with Criterion 4 as an appropriate factor to assess the sustainability of health and social care services?

Yes No

If 'no' please feel free to comment below, providing evidence to support any alternative proposal.

If 'yes' please feel free to comment further below.

Views are sought on Criterion 5:

Criterion 5

- The training of Junior Doctors cannot be provided to acceptable levels.

Question 5. Do you agree with Criterion 5 as an appropriate factor to assess the sustainability of health and social care services?

Yes No

If 'no' please feel free to comment below, providing evidence to support any alternative proposal

If 'yes' please feel free to comment further below.

**Views are sought on Criterion 6:
Criterion 6**

- There is an effective alternative 'out of hospital' care model or an alternative 'shared care' delivery model.

Question 6. Do you agree with Criterion 6 as an appropriate factor to assess the sustainability of health and social care services?

Yes No

If 'no' please feel free to comment below, providing evidence to support any alternative proposal

If 'yes' please feel free to comment further below.

Views are sought on Criterion 7:

Criterion 7

- The delivery of the service is costing significantly more than that of peers or of alternative 'out of hospital' alternatives due to a combination of the above factors.

Question 7. Do you agree with Criterion 7 as an appropriate factor to assess the sustainability of health and social care services?

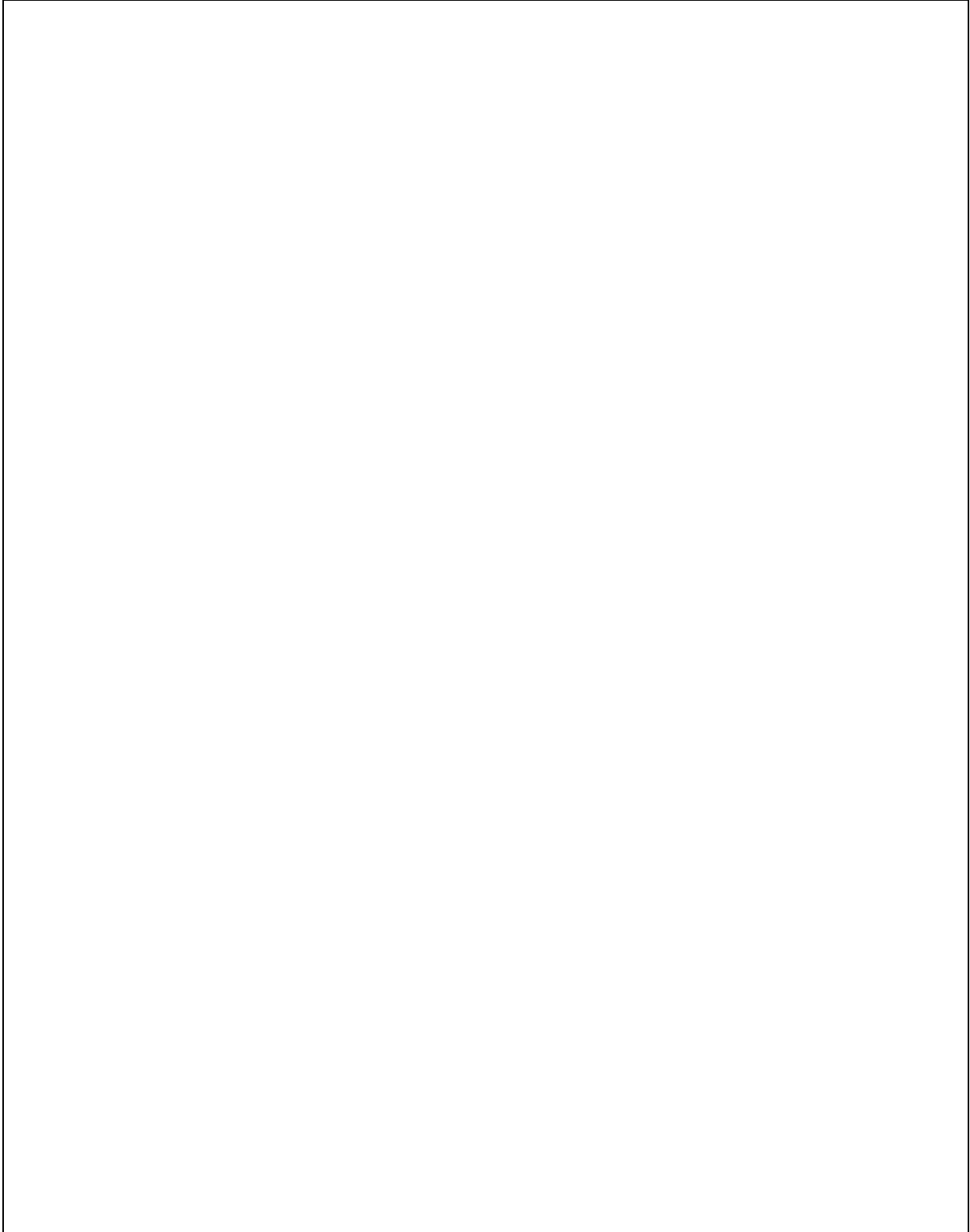
Yes

No

If 'no' please feel free to comment below, providing evidence to support any alternative proposal

If 'yes' please feel free to comment further below.

Please use the text box below for any additional comments you wish to provide regarding the proposed Criteria as appropriate factors to assess the sustainability of health and social care services.

A large, empty rectangular box with a thin black border, intended for providing additional comments. The box is currently blank.

EQUALITY OF OPPORTUNITY QUESTIONS

The Department aims to advance equality of opportunity for a range of groups in respect of the proposed criteria for assessing the reconfiguration of Health and Social Care services. Under Section 75 of the NI Act 1998; nine groups of people are identified and consideration of their different needs is important. These groups are:

1. Age (older and younger people);
2. Gender (including transgender and men and women generally);
3. Marital Status (including Civil Partnership);
4. Religion;
5. Ethnicity;
6. Political Opinion;
7. Dependant Status;
8. Disability; and
9. Sexual Orientation.

Question 8. Based on belonging to any of the Section 75 groups, do you have any particular requirements with regard to the proposals?

Yes No

Comments:

Question 9. Generally, do you think there are any particular requirements for any of the Section 75 groups? If so, what would you consider as a potential solution?

Yes No

Comments:

Annex A

FREEDOM OF INFORMATION ACT 2000 – CONFIDENTIALITY OF CONSULTATIONS

The Department will publish a summary of responses following completion of the consultation process. Your response, and all other responses to the consultation, may be disclosed on request. The Department can only refuse to disclose information in exceptional circumstances.

Before you submit your response, please read the paragraphs below on the confidentiality of consultations and they will give you guidance on the legal position about any information given by you in response to this consultation.

The Freedom of Information Act gives the public a right of access to any information held by a public authority, namely, the Department in this case. This right of access to information includes information provided in response to a consultation. The Department cannot automatically consider as confidential information supplied to it in response to a consultation. However, it does have the responsibility to decide whether any information provided by you in response to this consultation, including information about your identity should be made public or be treated as confidential.

This means that information provided by you in response to the consultation is unlikely to be treated as confidential, except in very particular circumstances. The Lord Chancellor's Code of Practice on the Freedom of Information Act provides that:

- The Department should only accept information from third parties in confidence if it is necessary to obtain that information in connection with the exercise of any of the Department's functions and it would not otherwise be provided;
- The Department should not agree to hold information received from third parties "in confidence" which is not confidential in nature;
- Acceptance by the Department of confidentiality provisions must be for good reasons, capable of being justified to the Information Commissioner.

For further information about confidentiality of responses please contact the Information Commissioner's Office (or see their website at: www.ico.org.uk)

ORGANISATIONS

Age NI
Antrim/Ballymena ICP
Ardglass Development Association
Ballynahinch Support Group
Belfast Healthy Cities
British Association for Counselling and Psychotherapy (BACP)
British Lung Foundation
British Medical Association
Cancer Focus NI
Cancer Research UK
Chartered Society of Physiotherapy
Childrens Law Centre
Civil Service Pensioners' Alliance Northern Ireland Branch
College of Occupational Therapists
College of Paramedics
Commissioner for Older People for Northern Ireland
Community Pharmacy NI
Crohn's and Colitis UK
Down Community Health Committee
Dundela Pharmacy
East Belfast Community Development Agency
Fermanagh and Omagh District Council
Fold TeleCare
Daisy Hill Hospital Action Group
Gordon's Chemist
General Medical Council
Home-Start UK
Independent Health & Care Providers
Lisburn and Castlereagh City Council
Macmillan Cancer Support
Marie Curie
Medical Staff Committee, South West Acute Hospital
Mid & East Antrim Borough Council
Mid Ulster ICP
MS Society
National Pharmacy Association
Newry, Mourne and Down District Council
NI Association of Social Workers
NI Environment Link
NI Standing Committee of The Royal College of Radiologists
NILGA
niNCA – Northern Ireland Neurological Charities Alliance
NIPSA
North Belfast Health & Wellbeing Forum
Northern Ireland Chest Heart and Stroke

Parkinsons UK
Pharmacy Forum Northern Ireland
Postive Futures
Praxis Care
Royal College of Anaesthetists
Royal College of GPs NI
Royal College of Midwives
Royal College of Nursing
Royal College of Ophthalmologists'
Royal College of Paediatrics and Child Health
Royal College of Physicians of Edinburgh
Royal College of Psychiatrists in NI
The Northern Ireland Professional Affairs Board of the Royal College of Surgeons
Ulster Chemists' Association
Unison
Unison - Down Lisburn Branch
United Kingdom Homecare Association (UKHCA)
Western Innovations Network

INDIVIDUALS

A Varghese	E Hanlon	M Leach
A Wylie	E O'Brien	M Smith
A Warwick	E Booker	M Finnegan
A Robinson	F Tracey	M Gaston
A Young	F Pepin	M Johnson
A Gamble	F Dolaghan	M Magee
A Tate	F Feely	M Hoben
A Donnelly	G S Parr	M Smyth
A McIntyre	G Doherty	Name withheld
B Compton	G Crawley	N Conway
B Ritchie	H O'Connor	O O'Hanlon
B Rooney	H M Magowan	O Finnegan
C Enright	I Crawford	P Jennings
C Little	Irene McCluskey	P Watterson
C Costello	J McArevey	P Gilmore
C Hermin	J Curry	R Hutton
C Finlay	J Magee	R Farrell
C McMaster	J Surgenor	R Mathers
C Magee	J Stevenson	R Pritchard
C Greenfield	J McCart	R Sharkey
C Rae	J Trainor	S Burch
C McGrath	J Hoben	S McManus
Anon	J Wilson	S McMullan
C McCarthy	K Orr	S Spence
C Low	K Monteverde	S Mellon
D Caldwell	K Browne	S Greenwood
D McLaughlin	K Ballantine	T Haslett
D O'Reilly	L Green	T Woods
D J McGrady	L Coulter	T Turner
D Birrell	M O'Prey	T Surgenor
D Arthur	M Devlin	V Walker
D O'Hara	M Browne	V McBride
Dr J Kelly	M Ritchie	V McMahan
Dr P Conneally	M Rooney	W McCluskey
Dr. G Michael	M Ferguson	W Weir
E Lillie	M Ritchie	

STANDARD RESPONSE

A McCartan	J Rodgers
A Blaney	J McMahon
A Fitzsimmons	J Smyth
A Sargent	K Teggart
A Ball	K Smyth
A Curran	K Pelne
A McBrien	K Petrie
B Wills	L Curran
B Fitzsimmon	L Jones
B Rice	L Chem
B Carson	M Hynds
B McAleer	M Hynds
C Kennedy	M Dagens
C Laverty	M Smyth
C McAleenan	M Fitzsimmons
C O'Prey	M Irvine
C Reid	M Higgins
C Robinson	M Reid
C O'Reilly	M Fitzsimmons
C McMahon	M Dryden
C McLean	M Halfpenny
C Smyth	M O'Reilly
D Rooney	N Carson
D Hannity	N Mageean
D Cawood	N Kearney
E Curran	P Blythe
E McColl	P Taggart
E Oakes	P Magee
G Cullen	P Smyth
G Smyth	S Hynds
H Killen	S McGoldrick
I Sargent	S Curran Jnr
J Mathers	S Fitzsimmons
J Crow	S Murray
J Kirk	S Kennedy
J Walsh	W Stitt
J P Smyth	<i>9 Signatures Illegible</i>