

Expert Panel for Remodelling of Health and Social Care in Northern Ireland

Working Principles

Vision Statement

“To create a fair and sustainable, including financially sustainable, Health and Social Care system that delivers universal, high quality, safe services that meet the Northern Ireland population’s needs and which deliver world class outcomes for patients and service users.”

Ethos

1. The system should be collaborative, not competitive.

There are several components to this principle. Firstly, even in the short term it will not be safe or effective to deliver all services locally. Organisations must work together to provide high quality care to patients. Secondly, unwarranted variance across the system should be minimised. Patients should be able to receive the same standard of care anywhere in the region. Thirdly, the HSC should continue to work in partnership across government, with industry, academia, the community and voluntary sector, staff and patients to deliver new models of care. Finally, remodelling of the system should be a transparent and collaborative process.

2. The system should adopt a population health and well-being model with a focus on prediction and prevention rather than reaction.

Like many health services worldwide, HSC resources and service developments are often locked into reactive ‘disease care’, which focuses on increasingly expensive diagnostics and treatment. It must be acknowledged that there should be an increased emphasis on investment in prevention and health promotion, particularly for vulnerable communities who are at highest risk of experiencing inequalities. It must also be acknowledged that addressing wider health determinants requires a cross-sectoral approach, although there is much that the HSC can do in terms of designing new models of care.

3. Patients should be active participants in their own care, not passive recipients.

Patients should be treated with respect and empowered to stay healthy and care for themselves where possible. Patients should also be supported and encouraged to take greater ownership of their own health outcomes. The public rightly expects access to safe, sustainable and high quality health and social care

services; however, as part of the relationship between the HSC and citizens, the public should also be enabled to take greater responsibility for their own health and well-being, and to use services appropriately.

Delivery Model

4. Health and Social Care is already integrated in Northern Ireland. Remodelling must build on this strength and take a whole system perspective.

The HSC in Northern Ireland is an integrated system, to the envy of many countries. Remodelling must ensure that different parts of the system are connected, interdependent, that they talk to each other and that they form an integrated whole. Patients should be able to transition smoothly between social care, community care and hospital care.

5. Only people who are acutely unwell need to be in a hospital.

Hospital is often not the right answer. There is evidence that for patients who do not need acute care, being in an acute hospital can be harmful. Research also indicates that hospital use is affected by deprivation, with people in poorer areas more reliant on emergency services, and making insufficient use of planned elective services. Studies have shown extremely positive feedback and satisfaction levels from patients who were treated in community settings and the HSC must continue to develop strong community care models.

6. Very specialist services can be based anywhere in Northern Ireland.

In the face of increased specialisation and ever rising demand, it is not practical or desirable to try to deliver specialist services everywhere. However, it is true that specialist services could be delivered anywhere. Any acute hospital in Northern Ireland has the potential to become a regional centre. Furthermore, the HSC should continue to explore and realise the mutual benefits of collaboration with other jurisdictions in ensuring patients have access to high quality, sustainable services.

7. The location and composition of resources should be based on meeting patients' needs and achieving the best outcomes.

Co-ordinated workforce and service planning should be carried out on the basis of the population's need rather than with the aim of maintaining services which are not sustainable in the long term.

8. The real value of Health and Social Care is in its people, not its buildings.

HSC staff should be given the freedom to innovate and deliver services in a way that best meets people's needs, safely, quickly, and with respect and compassion. This implies more local autonomy and innovation within a defined policy framework. Northern Ireland has a wealth of knowledge and expertise that

should be harnessed and developed to allow us to provide the highest quality services to patients. Local initiatives should be encouraged and best practice should be shared across the region.

Implementation

9. Whole system remodelling is a medium to long term process.

Funds will continue to flow into the health and social sector but simultaneously there must be significant gains in productivity. New care models allow for increased productivity. Reform and remodelling on this scale will take time and must be supported by an evidenced, costed and resourced implementation plan. This will need policy and political commitment in the long term.

10. The system must be supported to implement change with pace and scale.

Change is inevitable and must be embraced. There is an appetite and a will to implement planned change among staff. Service developments and investment from this point should be geared towards supporting and complementing a long term strategy for sustainable and quality care.

11. Technology should be developed and adopted where it can support and enable transformation.

Northern Ireland has one of the most advanced electronic care record systems in Europe. New technologies offer enormous potential for improved self-management, telemedicine, information sharing and communication across sub-systems. Innovation and new technologies should be embraced in collaboration with industry where they offer the potential to deliver better or more efficient services. This will bring benefits to patients, the HSC and the economy.

Leadership and Culture

12. The panel will engage constructively with elected representatives when designing and communicating a remodelled HSC. The Panel will also engage openly with HSC staff and the public.

Implementation will require strong political and technical leadership. Without change, the Northern Ireland Health and Social Care system is not sustainable in the medium to long term. Elected officials will play a key role in analysing proposals and enabling the public to understand the need for change.

13. Northern Ireland can be a world leader in transforming health and social care

Many countries are facing the same challenges and difficult choices as Northern Ireland. This process is an opportunity for Northern Ireland to be a pioneer in designing and delivering health and social care services fit for the 21st Century.