

**Transformation Branch
Regional Health Services Transformation Directorate
Department of Health
Annex 3, Castle Buildings
Stormont Estate
Belfast
BT4 3SQ**

28 February 2025

BY EMAIL ONLY

Dear Sir/Madam

Ref: Hospitals - Creating a Network for Better Outcomes - Public Consultation

The Role of the PCC

The Patient and Client Council (PCC) is a statutory corporate body established in 2009 to provide a powerful, independent voice for patients, clients, carers and communities on health and social care issues within Northern Ireland through:

- Representing the interests of the public;
- Promoting the involvement of the public;
- Assisting people making, or intending to make, a complaint;
- Promoting the provision by HSC bodies of advice and information to the public about the design, commissioning and delivery of services; and
- Undertaking research into the best methods and practices for consulting and engaging the public.

We provide advocacy services for the public, which range from helpline advice, early resolution of issues, individual advocacy, to supporting people through formal complaints and serious adverse incidents. If we identify a specific need that we cannot help with, we will connect individuals to a partner organisation within the voluntary and community sector or beyond, seeking to ensure people do not fall through gaps in the system.

We also bring members of the public, with common interest and lived experience, together with decision makers from the Department of Health (DoH) and Health and Social Care (HSC) organisations to improve existing HSC services and plan for the future.

A Welcome Consultation

The PCC acknowledges the clear evidence underpinning the need for reconfiguration in our hospital settings and across the HSC. We therefore welcome this consultation on creating a hospital network for better outcomes. The PCC acknowledges the reports outlined in the consultation document which articulate clearly the need for changing health and social care services in Northern Ireland and in particular, the Bengoa Report and Delivering Together, both published by the Department in 2016.

The Nuffield Trust's¹ September 2022 report further highlighted that increased need in Northern Ireland, combined with higher hospital costs for similar care provided in England; coupled with existing pressures across the HSC system means that continuing to spend along current projections is likely to result in health spending consuming an unsustainable proportion of the NI Executive's budget going forward. We must therefore find a way to maximise productivity across our Hospitals.

There is also the clear potential that with the right reforms, hospitals will be able to deliver better outcomes for the population of Northern Ireland by making sure that everyone can access the best and most appropriate hospital care, in the most suitable location, when they need it. This requires the Minister, the Department of

¹ Nuffield Trust (2022) Future funding and current productivity in Northern Ireland's health and social care system [nuffield-trust-future-funding-and-current-productivity-in-northern-ireland-web.pdf](https://www.nuffieldtrust.org.uk/our-work/our-reports-and-publications/future-funding-and-current-productivity-in-northern-ireland-web)

Health and the Executive to act now to deliver the right reforms. It is critical that the public play an active role in shaping the way forward.

The need for a more strategic approach to public participation

Many of the terms such as public engagement, personal and public involvement, patient experience, co-production and consultation are well-known and widely used, but arguably are not universally understood or applied across the health and social care system. This results in confusion for the public and others and constrains the potential benefits for all. At PCC we firmly believe there is a need to establish a more strategic approach to public participation, through which we can critically examine the roles of Personal and Public Involvement, Engagement, Patient Experience, public consultation, Advocacy and Complaints and how these aspects of involving the public in the HSC fit together to ensure the voice of the public is adequately heard and appropriately listened to in the following areas:

- Service Change, Design Commissioning and Delivery;
- Quality and Safety; and
- Clinical and Social Care Governance.

A clear objective of taking a more strategic approach is to improve outcomes for the public and their experience of HSC services and to build trust between the public and services as we move forward in reform.

We acknowledge the work that the Department has initiated in this area and its potential to support reform initiatives going forward, including future phases of public participation on the subject of this consultation: Hospitals - Creating a Network for Better Outcomes.

The PCC welcomes the listing of the Bengoa Principles in the consultation document and in particular notes the principle that '*Patients should be active participants in their own care, not passive recipients*'. At PCC we believe that there is a growing recognition of the need to more effectively involve the public in policy development, public sector reform and in delivering effective and safe services. This is underpinned by the need to change the nature of the relationship between the public and services, from one of passive recipients to active partnership.

The PCC welcomes and acknowledges the consultation events held by the Department, across each of the Trust areas and through online events, during the public consultation period. This demonstrates an initial desire to provide the public with a platform to have their voice heard, and help to shape, this important framework for reform. A selection of PCC Council Members attended several of these events and reflected the following points:

- The events attended may have benefited from a greater focus on what the public would potentially gain from the implementation of a hospital network and the suggested framework of reforms;
- The information provided was often complex in nature, relating to an already complex system. Future engagement may benefit from providing the public with clear and digestible information, which does not assume a detailed knowledge of the HSC system.
- Future engagement may benefit from providing more opportunities for dialogue and meaningful exchange of views between officials and the public.

PCC believe there is the opportunity for an ongoing regional conversation with the public about the future of health and social care services, and of the development of a hospital network. As constructive reflections on the consultation events to date, we offer these as practical suggestions that should be considered in a strategic approach to public participation going forward.

The reality of the way in which health and social care services are delivered today means that in respect even of a single health and social care need or condition, service users now experience their needs being met by more than one HSC Trust, the private sector, and voluntary and community sector providers. PCC would emphasise therefore the need to listen to the public, to understand how they currently experience services, what their priorities and needs are, and to have an exchange of ideas about reform.

Engagement with the public and with those who deliver services needs to reflect the reality of how services are increasingly delivered, and experienced – that is at a regional level, as well as through local and place-based engagement. In so doing, PCC would emphasise the benefit, as well as the requirement, to inform the public of

plans (local along with regional), to help manage expectations and alleviate unnecessary fears. We explore this in further detail below.

A Strategic Approach to Public Participation for Hospital Reconfiguration

The public often hold innovative ideas and solutions to delivering on their own, and their communities', needs. We must maximise the opportunities and pathways through which such potential solutions and ideas can be heard and harnessed for better outcomes. In short, listening to and understanding people's and communities lived experiences by working in partnership with them is crucial to building trust in, and delivering, successful reform.

The PCC welcome the statement in the consultation document that *'engagement with communities, health and social care workforce and society as a whole on how we can, through a collaborative approach, better sustain our hospital network, will be key'*.

And, that the framework *'serves as a platform for informed engagement with stakeholders and open dialogue with the public. This will facilitate participation with communities, healthcare professionals, and society at large'*.

The PCC further acknowledge the following 'enabler' identified in the consultation document:

Communities and people – *we need to not only make the case for change. We need communities to support, embrace and enable that change – reform and reconfiguration cannot be done to, but must be done with communities and service users. Importantly, this must also include supporting individuals when travelling to access health care, where this is appropriate.*

The PCC has a statutory role to advise the Department and HSC bodies on the best methods to engage the public and consider these commitments to be a positive foundation for the next phase of the reconfiguration project. To adequately fulfil the Department's welcome intent, the PCC considers a strategic and planned approach to public participation is vital going forward.

The PCC acknowledges and welcomes the 13 actions outlined in the consultation document, which, along with the identified 'enablers' the Department has noted, will drive the project towards implementation.

It is PCC's view that a planned strategic approach to participation, along with the 'communities and people' enabler should be clearly embedded in each of the 13 actions identified in the consultation document.

The public participation related to each action should, where possible, ensure appropriate engagement across a participation spectrum - from the evidence gathering stage, the development phase of specific proposals, right through to the public consultation phase on detailed proposals and any evaluation of change. It should have ambitions to achieve the following aspects of participation, where appropriate and possible:

- Clearly informing and educating the public about the Department of Health's objectives/goals and its framework approach;
- Engaging with the public by *listening to understand* a cross section of lived experiences and opinions related to the stated objectives and suggested approach;
- Facilitating dialogue with the public on deciding how best to achieve the stated goals and objectives; and
- Working collaboratively, where possible, to implement and evaluate changes.

The PCC considers that such an approach should not be limited to PPI obligations or the public consultation obligations of HSC organisations. We are, however, realistic, in that a significant element of public participation requires a focus on managing individual and communities' expectations in relation to the constraints within which decision-makers operate and what can reasonably be delivered. This must form part of informing and engaging with the public. The PCC acknowledges that despite clear evidence for the need to reconfigure hospital services existing for some time, that as a government and society we have been unable to deliver the necessary changes to date. We believe this strengthens the case to take a different approach; including a clear commitment and investment in working collaboratively with the public and civil society to deliver the needed reforms.

Regional and Local - Ensuring Co-ordinated and Collaborative Participation

The consultation document states: *'Regional service reviews that result in future hospital reconfiguration decisions will require departmental-led public consultations. Therefore, public consultations associated with future hospital reconfigurations will happen at HSC Trust level or at departmental level.'*

The PCC notes that under the current configuration of the hospital network and related services, the pathways for patients to access services regularly crosses Trust boundaries. And, if/when the detailed implementation of further reform has been achieved, as set out in the framework, the pathways for some patients to access specific services will potentially cross Trust boundaries even more.

The consultation document identifies that *'HSCTs will continue to follow policy guidance on change and withdrawal of services as published by DoH at Annex B'*. Annex B of the consultation is a DoH Guidance Circular on Roles and Responsibilities – Change or Withdrawal of Services, as they relate to PPI responsibilities. The PCC notes that whilst the guidance has a series of caveats relating to Departmental approvals for certain aspects of change, withdrawal proposals or actions, the main tenet of the guidance is for individual Trusts to carry out separate engagement with the public on changes and withdrawal of services as they directly relate to their Trust area.

PCC's experience is that when services are withdrawn or changed in a particular locality, people experience this as an acute sense of loss. We believe this is in part because it is not always clear how this locality-based experience connects to an overall vision for the future. In a reconfiguration scenario it is vitally important, and potentially necessary, that Trusts are able and encouraged to collaborate with each other and with the Department on engaging with the public to appropriately and fully explain how pathways to services and access issues across Trusts will evolve. This is particularly true at the point when decisions to remove, withdraw or change services are made or are imminent. This includes any integration with wider reforms and services beyond hospital settings, such as the developing Integrated Care System and any regional and local transport changes, which also brings into consideration cross-departmental collaboration on public engagement.

The public is not a homogenous group, and individuals do not experience the HSC system in the same way; for example, people who live in rural or urban settings and those facing health inequalities. Individuals also experience the HSC system differently at different points in their lives. Working to ensure representative engagement with the public is vitally important. Being able to explain how the plan to reconfigure the hospital network is linked to plans to address challenges in other areas, for example in primary care and adult social care, will be reasonable expectations on the part of the public. There is always a danger that if the public cannot see and input into the “*bigger picture*”, existing locality or service-specific concerns may escalate, impacting upon the Department’s ability to deliver a reformed system, which in turn has the potential to deliver better outcomes for the public through reconfiguration. This is why a strategic approach to public participation is vital.

Given the acknowledged requirement within the consultation for a strategic and co-ordinated approach to reconfiguration across Trusts and with the Department, PCC would emphasise that consideration should be given to the participation framework, tools and guidance that will be necessary to regionally frame public engagement at the prescribed decision-making stages on any required changes and planned service withdrawals at individual Trust level.

The PCC welcome an ongoing conversation with the Department on any aspect of this consultation response.

Yours faithfully



Ruth Sutherland, CBE

Chair



Meadhbha Monaghan

Chief Executive