

Response to Department of Health consultation on the Equality Impact Assessment of the 2023-24 Budget Outcome

JULY 2023



INTRODUCTION

The BMA is a professional association and trade union representing and negotiating on behalf of all doctors and medical students in the UK. It is a leading voice advocating for outstanding health care and a healthy population. It is an association providing members with excellent individual services and support throughout their lives.

BMA Northern Ireland welcomes the opportunity to respond to this consultation on the Equality Impact Assessment of the 2023-24 Budget Outcome.

BMA Northern Ireland is deeply concerned that the proposed budget will have serious consequences for the short- and long-term sustainability of the health service in Northern Ireland. The impact of health service collapse on Section 75 groups, including older people, those with disabilities and others, cannot be overstated.

Indeed, we note concerns raised by other organisations, such as the Children’s Law Centre¹, that the proposed budget risks causing active harm to children and young people. It’s vital that action is taken to both understand and mitigate the impact of such a restricted budget on all Section 75 groups, as well as the wider population of Northern Ireland.

In our view, the EQIA fails to set out in sufficient detail how the budget will impact the HSC workforce, the delivery of health care, and consequently the health and well-being of the public.

RESPONSE TO THE CONSULTATION

1. **Are there any adverse impacts in relation to any of the Section 75 equality groups that have not been identified in section 5 of the EQIA Consultation document? If so, what are they? Please provide details.**

BMA Northern Ireland believes the following three areas require further consideration when examining the impact of the budget on Section 75 groups:

Retention

The EQIA makes no reference to how a lack of adequate pay uplifts and increasing pressures and workload will impact retention of doctors and other health care workers. It’s difficult to imagine how fewer HSC staff, in the context of huge waiting lists and care backlogs, won’t severely impact population well-being, with the worst affected likely to be those already vulnerable, including some Section 75 groups.

Pay in Northern Ireland is a significant concern with different groups of doctors experiencing long-term pay erosion of around 30% in real terms, and worse when the ongoing cessation of Clinical Excellence Awards for senior doctors is considered.

A lack of political leadership and inadequate long-term planning, as well as severe budget constraints means that progress in delivering the required interventions to improve retention of doctors in Northern Ireland is significantly hampered. This will inevitably see doctors in Northern Ireland fall

¹ Children’s Law Centre (2023) *Protect Children from Budget Cuts or Face Legal Action*:
<https://childrenslawcentre.org.uk/budget-cuts/>

further behind their UK counterparts, but of further concern is the widening discrepancy in pay and conditions with their Republic of Ireland colleagues, too. We are aware anecdotally of an increasing number of doctors in Northern Ireland either seeking registration with the Irish Medical Council, or who have already left the HSCNI for roles in the ROI. This trend is acknowledged by the Department, noting in its evidence to the Review Body on Doctors' and Dentists' Remuneration for the 2023/24 pay award, that:

Often the terms and conditions for health service staff are significantly more attractive in ROI. This also increases the risk of staff leaving to work in ROI and of students choosing to take up posts in ROI following completion of their training².

Clearly, losing highly qualified professionals from the workforce in increasing numbers can only have a detrimental impact on the ability of the health service to meet the growing demand. This will inevitably be felt more acutely by vulnerable groups within society and, likely, some of those within Section 75 protected categories.

Training

BMA Northern Ireland is concerned about the impact of restricted, short-term funding and a lack of strategic decision making on doctors' education and training. Without the pipeline in place to ensure sufficient medical professionals to meet the population needs of the future, there will be an inevitable an irreversible decline in service provision. This will of course impact those most reliant on healthcare services more severely.

In particular, we note that the Department of Health proposal to reduce education and training places as a potential means of making short-term, high impact spending cuts, should sufficient savings not be made elsewhere.

Implementing such a proposal would be catastrophic to the long-term success and sustainability of the health service in Northern Ireland. After five years of medical school education, doctors typically require a further 6–8 years of training before they can practice fully independently without supervision. Therefore, decisions made now in the interest of financial expediency will see harmful and lasting impacts for many years to come. There cannot be limits on the number of doctors trained in Northern Ireland without a corresponding reduction in the health care services that the people of Northern Ireland can expect. Any such fundamental change must be clearly set out and communicated to the public, particularly those members of the public protected by Section 75. Any adverse impacts must be clearly articulated, and mitigating measures put in place.

Workload

Increasing workload is having a significant impact on service delivery. This is clearly demonstrated by the current issues in primary care, which has seen a number of practices hand back their contracts. Many GPs are leaving the profession and those coming through are not attracted to GP partnership with current unresolved issues around indemnity, immense workloads and a lack of centralised planning and support. The Department of Health's own evidence to the Review Body on Doctors' and Dentists' Remuneration for the 2023/24 pay award recognised that:

...the increase in [GP] headcount has not been replicated in terms of whole-time equivalent (WTE) GPs and the total number of GMS sessions provided compared to 2014 has decreased.

² Department of Health (2023) *Northern Ireland evidence – The review body on doctors' and dentists' remuneration.*

Without radical transformation, along with the adequate financial resources to deliver it, then the future of general practice in Northern Ireland looks increasingly bleak. Primary care is the first point of access for those protected by Section 75 and the Department are under a duty to identify, through this EQIA, how its inaction has led to this situation. This includes failing to introduce indemnity as previously agreed; roll out MDTs and ensure the equal provision and access of these services; and ensure that general practice is safe for both patients and the staff who work there.

The issues within primary care do not exist in isolation, and the general deterioration of the health service in Northern Ireland is clearly evidenced by the current waiting lists and care backlogs that are on an extraordinary scale.

In the quarter ending December 2022:

- 1,387 patients started treatment following an urgent GP referral for suspect cancer, but just 36.5% (506) of those patients started treatment within 62 days, against the 95% target.
- 54.5% (88,341) of patients were waiting more than nine weeks and 27.3% (44,213) were waiting more than 26 weeks for a diagnostic test. The target (from March 2023) is 75% of patients waiting no longer than nine weeks for a diagnostic test, with no patient waiting longer than 26 weeks.
- 78.5% (96,018) of patients were waiting over 13 weeks and 54.2% (66,302) were waiting more than 52 weeks for an inpatient or day case admission. The target (from March 2023) is 55% of patients waiting no longer than 13 weeks for inpatient/day case treatment, with no patient waiting longer than 52 weeks
- 83.5% (315,894) of patients were waiting over nine weeks and 49.9% (188,749) were waiting more than 52 weeks for a first outpatient appointment³.

The scale of the current challenges facing the health service in Northern Ireland cannot be understated, and further budgetary restrictions will have significant consequences in the short and long term. The Department is under a duty to examine and monitor these waiting lists to determine which equality characteristics are represented within these figures and to mitigate against disproportionate impacts.

Recent figures show a 73% increase in reported consultant vacancies between Dec 2019 and Dec 2022, and there was a 108% increase in SAS vacancies between Dec 2020 and Dec 2022⁴. The recent DoH evidence submission for the DDRBs 2023/24 pay round noted that in one HSC trust, the permanent medical and dental vacancy rate was sitting at 51%. These figures clearly demonstrate existing difficulties in the delivery of health care in Northern Ireland, the consequence of which is increasing workload, stress and burnout of those in the workforce forced to fill the gaps. Addressing these issues will require additional investment, whilst ignoring them will cause irreparable damage to the health service and the remaining workforce.

A further issue identified as a contributing factor to the current care backlog is a lack of social care placements that will enable medically well patients to be discharged. However, the Department of Health proposes reductions in nursing, residential, and domiciliary care placements as a means of making savings. It's clear that these savings would never actually be realised, as waiting lists rise even further, patients become more acutely unwell, and intervention and treatment becomes more

³ Department of Health (2023) *Hospital Waiting Times Statistics*: <https://www.health-ni.gov.uk/topics/doh-statistics-and-research/hospital-waiting-times-statistics>

⁴ Department of Health (2023) *Northern Ireland health and social care (HSC) workforce vacancies December 2022*: <https://www.health-ni.gov.uk/publications/northern-ireland-health-and-social-care-hsc-workforce-vacancies-december-2022>

expensive. This type of short-sightedness is not just harmful, particularly to the most vulnerable in society, it's plainly ineffective. In addition, those older and disabled people who are likely to need social care are protected under Section 75, as are their carers. Again, the Department needs to explain what mitigating action it plans to take to address these issues.

2. Please state what action you think could be taken to reduce or eliminate any adverse impacts in allocation of the Department's draft budget?

We recognise the difficulty the Department faces in mitigating these issues with such limited resource. Whilst there are some things that can be done to reduce the adverse impacts noted above, it must be acknowledged that long-term planning, investment, and transformation is what is required. Without this, health services will remain on an unsustainable footing, exacerbating current inequalities. The following areas are particularly in need of immediate action:

Pay

It's vital that pay, along with wider terms and conditions, at least keeps up with the rest of the UK. As noted, the Republic of Ireland is also becoming increasingly attractive to all grades of doctors due to favourable pay, and any further degradation in Northern Ireland will have lasting consequences.

BMA Northern Ireland believes notes the current stance of the UK Government that any supplementary consequential funding due to Northern Ireland, as a result of public spending in England, will be used to repay previous budget overspends. However, should there be pay deals agreed for doctors in Great Britain, consequential funding must be provided to ensure at least equivalent uplifts can be provided in Northern Ireland. The Secretary of State, in the absence of a functioning Northern Ireland Assembly, can and should ensure that there is pay parity for doctors in Northern Ireland.

The EQIA notes the funding needs for Agenda for Change staff pay uplifts in line with England, but is silent on medical and dental pay. It's simply unacceptable that the impact of shortfalls in political leadership, planning and investment will fall on the shoulders of hard-working HSC staff.

Pensions

Another area that will have a tangible impact on retention of doctors is HSC pensions policy. Whilst the pension tax changes announced in the 2023 Spring Budget removed many of the barriers doctors faced to undertaking additional HSC work or staying in the health service longer before retiring, the Department's lack of action to address ongoing issues has been a significant concern to our members.

Notably, the Department of Health has indicated it is unable to implement scheme flexibilities such as pensionable reemployment and partial retirement, which would enable many retiring or retired doctors to take full advantage of the recent changes. The justification for this is that these can't be progressed without a Minister in place to approve the policy. However, even when the Executive was in place and approved pension tax mitigations, such as employer pension contribution recycling, the Department of Health has failed to meet its own commitment to develop such a policy. Where mitigations and flexibilities exist in other parts of the UK that have a demonstrable positive impact on retention within the health service, it's unacceptable that these aren't implemented in Northern Ireland.

We believe that such changes could and should be made regardless of whether there is an Executive in place. Partial retirement and pensionable reemployment are relatively minor changes that will

enable doctors and other HSC staff more flexibility to remain in the health service longer, at a time when they are desperately needed. Failure to implement them will see fewer doctors in the health service, ultimately impacting the delivery of care. It's clear that this will disproportionately impact those more reliant on the health service.

Investment and planning

Keeping people out of hospital in the first place is the best means of reducing costs, yet it's frustrating that community beds, and programmes such as Acute Care at Home are so poorly resourced. It's bad for both cost and patient experience.

Similarly, plans to make savings through the withdrawal of health promotion campaigns and community-based projects will only serve to further medicalise social issues and add the already overwhelming demand on health care professionals.

This is particularly true in the context of large inequality gaps, as identified in the recent DoH Health Inequalities Report 2023⁵. The report highlighted markedly higher rates of premature mortality in the most deprived areas, with the majority of gaps showing no notable change over recent years. Analysis showed even preventable mortality increasing in the most deprived areas resulting in the inequality gap widening with the rate in the most deprived areas now treble that in the least deprived areas. We need to act on the root causes of why people are ending up in poor health. Proactive, public health activities are an essential part of not just health care, but of other areas, such as education and the economy and need to be protected. They are not simply a 'nice-to-have' that can be cut at the first opportunity, but integral to addressing health inequalities and investing in the future health of the population. Where possible, such programmes shown to be making a positive difference should be maintained.

Furthermore, BMA Northern Ireland has previously called for health impact assessments to be put on a statutory footing, noting that the real determinants of health relate to how and where we live, learn, work and play. BMA Northern Ireland believes that there is a moral obligation on government to tackle the drivers of poor health by making health improvement an objective in all policy areas, in recognition that it is fundamental to a prosperous and sustainable society. This 'health in all policies'⁶ approach, recognises that every policy decision will have an impact on population health.

Adoption of such a policy is also a means of cost effective, prudent healthcare. In the context of budgetary pressures, health impact assessments are even more important to avoid a worsening of outcomes and inequalities that lead to more expensive interventions further down the line. It may be practical and cost-effective, in light of this approach, to explore all-island solutions by working with the Republic of Ireland to develop and deliver services that meet the needs of all people across the island. There is already precedent for this on the island of Ireland and it is important that this is explored further.

BMA Northern Ireland agrees, that where possible, the health service must limit any unnecessary spend and make the most of finite resources, however, we would suggest that there is also a significant cost to implementing ill-conceived measures aimed at addressing short-term funding gaps.

⁵ Department of Health (2023) *Health inequalities annual report 2023*: <https://www.health-ni.gov.uk/publications/health-inequalities-annual-report-2023>

⁶ BMA (2016) *Health in all policies: health, austerity and welfare reform*: <https://www.bma.org.uk/what-we-do/population-health/addressing-social-determinants-that-influence-health/health-in-all-policies-health-austerity-and-welfare-reform>

Worsening population health and stubborn inequalities will push the health service over the precipice and make recovery and future sustainability almost impossible.

3. Are there any other comments you would like to make in regard to this EQIA or the consultation process generally?

The EQIA references the gender balance of those working in the health service. BMA's *Health in all Policies* report also notes that Northern Ireland is particularly dependent on central government spending and public sector employment, with 25.2% of the population employed by this sector, compared to 16.0% for the UK as a whole, and that this makes Northern Ireland particularly vulnerable to future cuts in public spending and reductions in public sector jobs.

There are significantly more women than men working in the health service, but further still, the proportion of the population in public sector employment in Northern Ireland is also substantial, which could make women even more susceptible to adverse impacts due to spending cuts.

Whilst we welcome the opportunity to respond to the budget EQIA, the consequences of implementing such are budget are undoubtedly bleak. Increasingly, doctors and other HSC staff are being forced to bear the burden of mismanagement and a failure of political leadership.

It's BMA Northern Ireland's view that a sustainable health service needs to be fully staffed by health professionals who are fairly rewarded for the work they do and motivated to develop innovative service transformation where needed. This must be supported by upfront investment, which will lead to a better system for patients and save money in the longer term.

BMA Northern Ireland would like to thank the Department of Health for the opportunity to offer feedback on its Equality Impact Assessment of the 2023-24 Budget. Should you have any questions in relation to this response, please contact Samuel Stone, senior policy advisor, in the first instance via ssstone@bma.org.uk.