

CONSULTATION ON REVIEW OF PUBLIC ADMINISTRATION - RESPONSE OF THE BELFAST CITY HOSPITAL TRUST

At the outset the Trust would wish to emphasise the importance of seeing Public Administration, not as an end in itself, but as the means by which to ensure that Public Services are efficient and of the highest possible quality. We have concentrated our comments upon the Health and Personal Social Services (HPSS).

We endorse the seven key principles for the delivery of health and social services which are listed in the Review document. These omit the eighth and vital principle – ‘Systems should be centred on the needs of patients, clients and the population’.

In order to develop viable and lasting structures we need to both better understand the supply:demand equation now facing the HPSS and to examine and predict future demand. In the current situation we need to understand the dynamics behind for example, why increased resources (financial and otherwise) do not necessarily result in speedier treatments and the complete elimination of trolley waits.

Future demand should be calculated within the context of increased longevity, developing treatments, scientific advances and the impact of new types of chronic and acute illness. The actual needs of the community, patients, clients, staff, relatives etc should be taken into consideration. Our soundings indicate that these are:

- Health promotion and disease prevention.
- Clear routes of access to social services and primary healthcare (GP’s, etc).
- Immediate access for diagnosis and treatment of health and social wellbeing emergencies (eg elimination of ‘trolley waits’ except in an unpredictable crisis).
- Reasonable access to diagnosis and elective treatment for non-life/limb threatening conditions (ie elimination of excessive waits for social help, outpatient, day case and inpatient services).
- Discharge from acute treatment and care with adequate ongoing holistic support eg rehabilitation therapies, lifestyle advice, specialist assistance within the community.

Analysis should also be undertaken of where deficits currently occur in information flows, the smooth running of the patient journey, etc.

There has been considerable debate and discussion within the HPSS. The HPSS Regional Forum has carefully assessed the core principles against the Five Options in the RPA Document. The consensus is that Model Four is likely to be the best to improve the delivery of services. In its response, the HPSS Forum has developed the description of Model Four into what is described as Model Six – regional and sub-regional bodies, with local government having an enhanced role in the planning and co-ordination of local services. We support this approach.

We would suggest that consideration be given to the following recommendations if it is decided to proceed with organisational change on this basis:

- There should be strong policy and innovative strategy development functions in central government, accountable through Ministers and supported by the Civil Service.
- The Civil Service should have a major role in the monitoring of performance.
- The role of local government should be exercised through local authorities with a stronger role in influencing, monitoring and co-ordinating HPSS service delivery rather than having direct responsibility for the management of those services.
- Each of the smaller number of new HPSS bodies responsible for providing services should have a geographic/population base and combine organisational management of hospital and community care. This should include the new organisations in Belfast as we believe such integration is potentially a key element of the solution to current problems facing the HPSS in terms of emergency admissions/discharges, lengthy waits for relatively straightforward care/treatment and the management of chronic illness.
- There should be co-terminosity with local government in order that strategic priorities can be agreed between the HPSS bodies and the smaller number of local authorities.
- The new HPSS bodies should carry responsibility for both commissioning and delivery. The role of the new Local Health & Social Care Groups will be important.
- Public representation on HPSS Boards is seen as an important element of governance, with selection through regulated appointment panels.

- We strongly advocate an ethos of partnership within 'The HPSS Family' eg shared services, networks etc. There are already various models which have not required major organisational change. These models should be examined for examples of best practice.

As stated at the outset, care should be taken to match future structures to the needs of the community and to examine the costs of a major reorganisation, which will include the potential loss of emphasis upon objectives directly related to service delivery.

Despite the rationale behind reducing the number of organisations, we would point out that as well as economies of scale in larger bodies there can be diseconomies. Organisations that are too large for the task can become insensitive and difficult to monitor. The actual number of organisations is not the key, more important is their effectiveness in achieving their task.

In conclusion, we believe that any new structure needs:

- Strong strategic direction from the Centre.
- Strong local management of a co-ordinated delivery process.
- Systems/incentives to encourage and support joint working partnerships.

These views reflect the main themes brought to our attention by the users of our services, local community groups, members of staff and members of the Hospital/Trust Boards. We trust they will make a positive contribution to the future organisation of Public Administration in Northern Ireland.