

Written Ministerial Statement

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Department of Health

IMPLEMENTATION OF THE ELECTIVE CARE FRAMEWORK

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Mr Swann (The Minister of Health): The purpose of this statement is to provide Members with an update on the steps I am taking to implement the Elective Care Framework in the absence of an agreed budget.

As I have stated before, I do not believe there is a more important issue facing the NI Executive and Assembly.

The Framework was published in June 2021 and sets out a detailed roadmap for addressing hospital waiting lists. It covers 55 actions to reduce our waiting lists and to improve capacity across the elective care system. Although progress has been challenging during the pandemic, as demonstrated by the publication of the interim progress report earlier this year good work has been achieved.

By the end of February 2022, £73m had been spent in the financial year 2021/22 on additional waiting list activity, with over 216,000 patient contacts. This included 35,000 new outpatient appointments, 120,000 diagnostic appointments and 13,000 in-patient day case treatment.

The funding has also allowed for mega-clinics across a number of specialities with 600 patients treated already this financial year, in addition to the 6,240 patients treated last year at these clinics. The new ways of providing services means that between September 2021 and May 2022 we have been able to reduce the waits for urgent scoliosis patients from 43 weeks to 4 weeks, and for routine scoliosis referrals from 115 weeks to 67 weeks.

We have also treated approximately 3,000 patients at the Regional Day Procedure Centre at Lagan Valley Hospital and approximately 5,000 patients have received endoscopy procedures at the centre. This is additional regional capacity to help reduce long waits.

Members will already be aware of a range of other initiatives in place such as allowing a private Independent Sector provider to use vacant theatres in the South West Acute Hospital in Enniskillen which has already treated hundreds of patients on waiting lists for hip replacement surgery. The service provide good patient outcomes with over 67% of patients discharged from hospital on day of surgery and the vast remainder discharged the day after.

Over the last few months there has also been an upturn in orthopaedic surgery, which has allow increased capacity to treat those who are waiting for new joints and other orthopaedic procedures.

Our cancer screening programmes have significantly increased activity and both bowel and breast cancer screening is now above pre-pandemic levels, with bowel screening activity during 2021/22 at 124% of 2019/20 activity and the number of women invited for cancer screening in 2021/22 at 113% compared with 2019/20.

There has also been a significant reduction over recent months in the number of people waiting for a cataract surgical procedure.

Whilst there is clear progress being made across a range of specialities Members should also be aware of the herculean challenge that lies ahead if we are truly to place our waiting lists on a sustainable footing. So we must remain honest with the public and with ourselves.

Before the pandemic there was a significant and growing gap between demand for services and what the health and social care system was able to deliver. For far too long that shortfall was known but went unaddressed and as a consequence there was a spiralling trajectory of lengthening waiting times from 2014. That is why the Elective Care Framework has a dual focus on clearing the existing backlog and closing the gap between capacity and demand. Quite simply, if we don't eradicate that gap then backlogs in care will keep reoccurring.

The realistic outlook for our overall waiting times position is a period of slowing growth before ultimately a sustained reversal as the decisions already taken on staffing and other investments in capacity begin to come to fruition. Alongside the investment in buying additional capacity in the independent sector, we need to strengthen in house capacity on a major scale – to meet current and future needs.

Unfortunately, like every health service across these islands the core, in-house, day to day elective care capacity in our hospitals had been ravaged by the pandemic. Capacity and space had to be restricted by infection control measures. The virus has reduced our workforce through illness and self-isolation.

We need to build that core day to day health service activity back up towards pre-pandemic levels and beyond.

Overseeing implementation of the Framework is a newly established Elective Care Management Team which brings together clinicians and senior managers from across health and social care system and the Department. The Elective Care Management Team is leading a strategic, whole system, integrated approach to the delivery of elective care as articulated in the Framework. In practice this this will mean better services for patients with reduced waiting times and improved quality and outcomes.

As I have said before the sheer scale of the impact of failure to agree a three year budget, as well as the ongoing budgetary uncertainty in the current financial year, cannot be overstated. It has had a truly devastating impact – robbing both staff and patients of long awaited certainty - and every day that passes it continues to create significant challenges. However, I am determined to push ahead and to achieve as much progress as possible.

As MLAs we will be well aware of the concerns felt by the wider population on the state of our health service. We must stick firmly on the road to restoring public confidence that if illness strikes there will be timely care and support available when needed.

We need to give them reassurance that our problems, though serious, are fixable. It will of course take years to fully put right, but we need to press forward and provide hope.

I can today inform Members of important decisions to further improve elective care.

The Elective Care Framework envisages significant spending on securing additional waiting list activity. As part of a relentless drive to bring down waiting times this involves paying independent sector providers to assess and treat patients who are on waiting lists both in independent hospitals and using health service facilities. It also includes funding additional in-house health service activities over and above normal day to day work.

Notwithstanding the ongoing budgetary uncertainty, I want to see this investment in additional activity continuing if at all possible.

So far this year, I have been able to maintain funding for additional waiting list activity at levels set out in the Elective Care Framework. This involves £46m in the first two quarters of 2022/23, covering the period April to September.

This is not without risk, given the absence of a budget. As with all public spending decisions, it will mean less money is available for other aspects of health and social care. Yet I trust Members will agree that not funding the existing range of waiting list initiatives was simply not an option.

I do however have to warn Members that funding pressures in health may be significant by the second half of 2022/23. Indeed, the financial situation will undoubtedly be constrained whatever the final budget settlement. We will not be able to do everything we want. That is why the earlier there is clarity on this year's overall budget outcome the better it will be. Funding elements of the health service on a month to month or quarter to quarter basis as we currently are is the worst possible way to try to deliver efficient services.

I am pleased to be able to announce today the creation of Omagh Hospital as Northern Ireland's second regional Day Procedure Centre and additional funding to enhance capacity for our elective care services. Supporting the development of the initiatives detailed below will have an immediate impact on our ability to see and treat more patients:

Omagh Hospital Day Procedure Centre will see seven regional theatre lists per week across urology and general surgery – two specialities with some of the longest waits across the HSC. This means an extra 1,750 patients across these specialities will be treated per year when fully implemented. In addition 10 regional endoscopy sessions at Omagh Hospital will see an extra 3,000 patients per year.

The **regional endoscopy extension** at Omagh hospital will further be supported with 20 extra sessions at Lagan Valley Hospital. In total approximately 9,000 extra patients will be seen per year. These additional sessions will reduce waiting lists with the intention of ultimately eradicating them.

Lagan Valley Hospital Day Procedure Centre was set up in 2020 and is further ramping up activity to deliver over 900 theatre lists per year with over 5,000 patients treated across ENT, urology, hernias and gynaecology.

Musgrave Park Hospital Duke of Connaught is an orthopaedic day procedure centre which will allow for almost 1,200 additional procedures per year including procedures such as treatment for carpal tunnel, Dupuytren's contracture and trigger fingers and injections. This will help some of the very long waits across orthopaedic services.

Regional urology stone services at Craigavon Area Hospital will see an increase in the number of sessions for Extra Corporeal Shockwave Lithotripsy and increase in productivity per session. This means an additional 1,050 patients per year can be treated.

I am also pleased to announce that through concerted effort there has been an increase in paediatric day procedures. The new activity, which sees recovery of theatre capacity across Trusts, will allow children to be treated in a more timely manner with the intention to clear the excessive waits for children waiting for general surgery within 12 months.

The combined cost of these investments is in excess of £16m per year. I have decided to proceed with them despite the absence of an agreed multi-year budget for health. There is, of course, so much more to be done but I am confident these initiatives will make a difference.

As previously stated, making significant additional funding commitments in the current situation involves a degree of risk

As well as ongoing financial pressures, we are also facing rising energy prices and the need to ensure our staff are appropriately paid.

As time moves on, decisions on allocations will become increasingly difficult. The ability to plan strategically for the future continues to be hugely limited by the lack of a financial settlement.

Nevertheless, as long as I am Health Minister I will continue to put patients at the heart of my decision making and continue to do the best I can to deliver for them with the resources I have available.