Written Ministerial Statement

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Department of Health

PUBLICATION OF THE HOSPITAL NETWORK CONSULTATION

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Mr Butler (The Minister of Health): Today I am publishing the outcome of the *Hospitals – Creating a Network for Better Outcomes* public consultation and setting out how I intend to take this important work forward.

Almost 30,000 written responses were received, alongside engagement with around 700 people at events across Northern Ireland. I want to thank everyone who took the time to participate.

The scale of that response is significant and the message from it is clear. People recognise that our health service must change. They also have very real concerns about how change has been managed in the past and how decisions about our hospitals may be made in the future.

People told my Department's consultation that they are worried about the centralisation of services, longer travel distances, the particular impact on rural communities and whether local voices are being heard early enough in decisions about services.

They also told us that there is a lack of confidence in existing processes for service change.

Now, two weeks into office, I have listened to those concerns. I do not believe the right response would be simply to acknowledge them and continue as before.

Standing still is not an option if we are to provide better, safer, sustainable and high-quality services for the years ahead. But reform cannot simply become another word for centralisation, if there is centralisation as part of reform then it must deliver and demonstrate delivery of these outcomes

Nor should attaching the word reform to a proposal mean that it escapes proper scrutiny.

There will be difficult decisions ahead. I will not shy away from those decisions where the evidence demonstrates that change is necessary. But difficult decisions still have to be the right decisions.

My starting point is straightforward: patients should receive the right care, in the right place, from the right people.

Services should continue to be delivered locally wherever that can be done safely and sustainably. Equally, where specialist services genuinely need to be delivered on a regional or networked basis to provide the best outcomes for patients, we must be prepared to do that.

Those two principles are not contradictory. They are what a properly functioning hospital network should be about.

Northern Ireland has a population of around 1.9 million people. My early observation is that our hospitals cannot operate as individual institutions in isolation from one another, nor should administrative Trust boundaries prevent us from making the best use of our workforce, expertise and facilities.

I do not want Northern Ireland to have a collection of hospitals competing with one another for staff and services. I want us to have one hospital network, with each hospital having a clear and sustainable role within it.

That means greater collaboration between hospitals, stronger clinical networks and a genuinely regional approach where that makes sense. But a network must work for every part of Northern Ireland.

Reform should strengthen the whole system. It cannot simply mean moving a service from one hospital to another without properly considering what that means for patients, the hospital receiving the additional demand, other services which depend upon it, ambulance capacity and the communities affected.

That whole-system approach will be important to me as Minister. The consultation proposed categorising hospitals as Local Hospitals, Area Hospitals, General Hospitals and Regional Centres.

It is clear from the responses that these proposals caused significant concern and were not regarded by many people as the neutral planning tool that was originally intended.

I have therefore asked my Department not to progress any further on this, and especially not until there is a review of the proposed hospital categorisation model and associated terminology.

I also believe we need to rebuild confidence in the way major decisions about health services are made.

Too often communities believe that they are being consulted after the direction of travel has already effectively been decided. Whether or not that perception is always justified, it is damaging to public confidence and makes necessary reform more difficult to deliver.

We need to do reform better. That means decisions which are transparent, properly evidenced and clinically justified. It means involving staff, patients and communities meaningfully and early. And it means demonstrating not simply that an existing service faces difficulties, but that any proposed alternatives genuinely deliver a safer and more sustainable service for patients.

I am therefore announcing today that I will establish a new Independent Reconfiguration Committee.

This will be an independent expert advisory committee capable of providing me with advice on major or controversial proposals for permanent changes to Health and Social Care services which require Ministerial approval and which I – and hopefully my successors - refer to it.

The Committee will bring together independent clinical and public-interest expertise.
Crucially, it will be able to scrutinise the evidence underpinning proposals rather than simply accepting that evidence at face value.

It will consider patient safety, service quality, clinical effectiveness and long-term sustainability. It will examine whether the evidence and options appraisal supporting a proposal are sufficiently robust and credible.

It will also consider whether appropriate consultation and engagement have taken place and whether proposals fit with the wider needs of our health and social care system.
Where necessary, I would expect the Committee to also robustly seek any additional evidence and hear the views of relevant stakeholders.

Its advice will be provided directly to me as Minister and, in the interests of transparency and accountability, that advice will be published.

It is important to emphasise however – whilst the Committee will advise, it will not decide.

I believe strongly in independent clinical and professional advice, but accountability for major decisions affecting our health service must ultimately rest with the Ministers democratically appointed to make them.

As Minister, I will be accountable for any decision taken in my tenure.

Alongside establishing the Committee, I am asking my Department to review the existing guidance governing the change or withdrawal of services.

That review will consider how we can strengthen requirements around openness and transparency, the quality of evidence supporting proposed changes, early involvement of staff and communities and proper consideration of rural and equality impacts. Rurality cannot be an afterthought.

A change which may appear reasonable when viewed on a map or spreadsheet can have very different consequences for someone facing a significantly longer journey to hospital, particularly where public transport is limited.

The consultation highlighted significant concerns about travel distances, ambulance capacity and access to public transport.

My Department will therefore review the existing Transport Strategy for Health and Social Care services and continue working with the Departments for Infrastructure and Agriculture, Environment and Rural Affairs on the wider transport challenges identified through this consultation.

Since taking up office, I have been clear that I want to see and hear directly from the people delivering and relying upon our health service.

This week I had the absolute pleasure of visiting both the South West Acute Hospital and Causeway Hospital. I have spoken directly with staff, listened to their experiences and seen firsthand the hugely important role these hospitals play for the communities they serve.

During my visit to Causeway I also met with representatives of the Causeway SOS group. I wanted to hear directly from them about their concerns for the future of services at the hospital and the impact they believe further change could have on patients and the wider community. I am grateful to them for engaging openly and constructively with me.

Those visits and conversations have reinforced something which I believe is important in this debate. Decisions about the future of hospital services cannot be made by looking at individual services in isolation.

Hospitals are complex and interconnected. Changes to one service can have consequences for other specialties, for emergency departments, for ambulance services, for neighbouring hospitals and, most importantly, for patients.

That does not mean change should never happen. It means that when significant change is proposed, we must understand the full consequences of it.

In the days ahead I intend to continue visiting many hospitals and services across Northern Ireland and listening directly to the clinicians, staff, patients and communities who know them best.

Ministerial decisions must ultimately be based on evidence, but I believe that evidence is only really understood when Ministers get out from behind their desks and see the reality on the ground for themselves.

Where major changes are proposed, I will interrogate the evidence fully. I will ask difficult questions, test the assumptions being made and examine the consequences not only for the service directly affected, but for the wider health and social care system.

I will listen closely to clinical advice, but I will not simply accept that because a particular course of action has been recommended, the case for it has automatically been made.

My responsibility as Minister is to satisfy myself that any evidence is robust, that the alternatives have been properly considered and that the proposed change genuinely represents the best outcome for patients.

I also recognise that many people responded to this consultation not simply because of the proposed hospital network framework, but because of their experience of previous or proposed changes at individual hospitals.

That was particularly evident in the responses concerning the South West Acute Hospital, as well as concerns raised about Daisy Hill, Downe and Causeway hospitals.
For many people this debate is not an abstract discussion about structures. It is about whether the services they and their families depend upon will still be there when they need them.

Those concerns cannot simply be separated from this discussion. They have shaped public confidence in the process and they must inform how we improve our approach.
Nothing I am announcing today determines the outcome of any separate consultation or proposal concerning an individual hospital or service.

Each proposal must stand on its own evidence. But from today I want the standard expected of major reconfiguration proposals to be clear. It will not be sufficient simply to demonstrate that maintaining the status quo is difficult.

Those proposing any future significant change must also demonstrate that the alternative is better; that it is safe and sustainable; that the wider consequences have been properly considered; and ultimately that it is in the best interests of patients.

I believe that is a reasonable test. I also believe it is a test that will help us deliver reform rather than prevent it.

Public confidence and reform are not opposing objectives. If we want significant change to succeed, clinicians, staff, patients and communities need to have confidence that decisions are being taken for the right reasons and on the best available evidence.

My approach as Minister will therefore be one of reform with scrutiny, change with accountability, and clinical evidence alongside meaningful public involvement.

I will support change where it is necessary and where the evidence demonstrates that it will improve care. But I will not support, nor sign-off, any proposal where that case has not been made.

And I want to be clear - I do not regard existing administrative structures, boundaries or ways of working as untouchable simply because they have existed for many years.

There will undoubtedly be difficult choices ahead. But reform cannot be something that is done to patients, staff and communities. If it is to endure, people need to understand why change is necessary, have confidence in the evidence behind it and know that their concerns have genuinely been heard.

That is the standard I intend to apply. So whilst we do need reform, we really need to do reform better. And that is the work I am setting in motion today.