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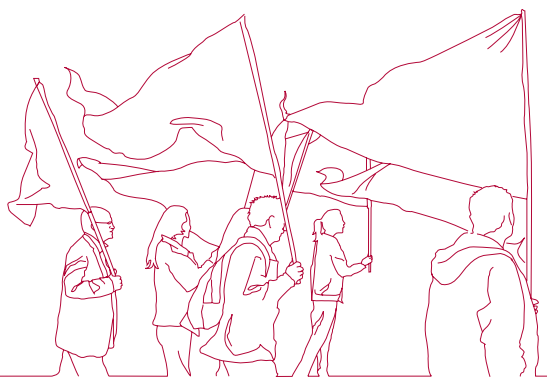
Response to the Reshaping Stroke Care Consultation Document



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NIPSA is the largest Trade Union in Northern Ireland with a membership of over 40,000. We organise on behalf of our member across the civil and public services in Organisations such as the Health and Social Care Trusts and others HSC arms length bodies, NI Civil Service and its Agencies, Education Authority, Further Education Colleges, local Government, Libraries NI, the NI Housing Executive as well as a number of Non-Departmental Public Bodies (NDPB's) and the Voluntary and Community Sector.

This is NIPSA's response to the public consultation on "Reshaping Stroke Care".

NIPSA welcomes the opportunity to give its views on this consultation, given not only the importance of the consultation and the widespread public interest on an issue with the potential to affect a significant number of the population, but also the fact that this is one of the first service consultative processes to emerge from the TIG/TAB structures being run by the Department of Health (DOH) in the absence of any democratic oversight.

As a key HSC stakeholder NIPSA recognises that proposals such as those contained in the consultation document can be highly sensitive, when considering change, to better meet the needs of the population of NI. In submitting this response we wish to emphasise, NIPSA attended all public consultation meetings and our response is based on the views expressed at these meetings by professionals, service users, NIPSA members who work across the Health Service and Public Sector generally and critically the service user experience of the many NIPSA members and their families who have accessed the services being consulted upon.

NIPSA wishes to begin by placing on record our appreciation at the testimony of the many courageous members of the public who attended the consultation meetings and spoke so passionately about their experiences and services they received during and after their treatment.

The strength of comment and attendance did not just reflect the testimony of service users but also the excellence of the service experienced HSC staff at all levels had shown across Northern Ireland. Each of these testimonies is a stark reminder of the power of the social compact between the public and the NHS and require the most careful consideration by the Department of Health.

NIPSA's view is that the population's appreciation of excellence in service user experience, rather than the frankly self-serving platitudes on the reality of rationing, that have underpinned previous consultation exercises should be clearly reflected in the consultative approach taken by the DOH. Any change implemented must, in NIPSA's view, ensure that it builds on this platform to further improve service user experience and outcomes in how Stroke Services are structured across NI.

As Northern Ireland's biggest public sector trade union, NIPSA views the reconfiguration of services as requiring further serious economic and social analysis if it is to improve the delivery of a range of services, for the future betterment of our Health Service. In order that Health Trust's and staff across the health and social care system are able to meet the needs of the current and future population. NIPSA Branches and Officials, along with our other trade union colleagues, have

participated on numerous occasions across all five Health Trust's on modernisation projects and reconfiguration of services at local level, so formal consultations on how services are delivered are not new to us, even if this consultation is on a regional basis. It is reasonable to say some of these projects have been challenging and have not had support from our members, whilst others have had a clear focus on improved service delivery.

Current Position

It is NIPSA's view that there is widespread acceptance across the NHS from Consultants, to Nurses to Administration Staff to Porters that there is a need to invest and improve in some parts of our Health Service. But this is not a carte blanche to signal NIPSA's acquiescence in accepting the wildly outdated slash and burn approach our members have had to endure in so many parts of the HSC.

NIPSA the organisation and our membership have had a focus on planning and a commitment to quality and outcome improvement all across the long years of austerity that has so detrimentally impacted large sections of the population and also impacted negatively on all our public services, particularly at a time when there is a greater requirement on those services. It is NIPSA's view, there has been a legacy of abdication of responsibility by the strategic leadership of the heath service when offering service reconfiguration as "improvement", when in reality it has been a short term counterintuitive 'savings' strategy. This has hollowed out the capacity of the HSC to meet existing need never mind improve and respond to growing pressures

It is a matter of both the deepest regret and disappointment to NIPSA that this exercise, the first service reform consultation undertaken as part of Delivering Together is undertaken without democratic oversight. It is therefore NIPSA's view that current consultation processes are sorely missing the co-production ethos that should be so central to every consultative exercise. However, it is hoped this will be addressed in the near future.

However self-inflicted the wounds may be, NIPSA does acknowledge this consultation also comes at a time when the integrated health and social care system, which is the NHS here in Northern Ireland, is undoubtedly in crisis. Years of underfunding (Bengoa talks about an annual increase in the NHS budget of 6% just to stand still) and the complete absence of an effective workforce planning strategy (one of the many casualties of the book balancing short termists) has created chronic recruitment and retention issues across all nursing and medical grades and indeed other grades such as Social Work and AHP's.

The massive increase in casual employment in Agency Staff as well as systemic issues such as massive waiting lists and chronic reliance on additional hours working have all impacted negatively on how the public perceive services being delivered. They also play a significant part in how consultations such as this are viewed among many NIPSA members with many fearing pre-determined outcomes irrespective of the public view. NIPSA members will be sceptical about the planning and delivery of the promises contained this document. This is a theme we will come to again.

It is against this complex backdrop that NIPSA is responding to this and other consultations and it must be borne in mind the significant challenges across the health and social care system many of our members highlight to us daily that causes sickness, stress, early retirements and disillusionment within the service itself.

Consultation Documents

NIPSA sought feedback from our members on Reshaping Stroke Care. It is reasonable to say this is a complex document that both makes strong commitments to the care and after care of stroke patients.

It is important to state from the outset it is not NIPSA's intention to support one particular model as we believe that only serves to play one Trust off against the other for a level of expediency on payback for some other service. It remains NIPSA's view in this and other consultation responses that there remains a lack of critical information around budgets, staffing, quality assurance and evidence of the co-production/co-design ethos as trumped by the DOH and previous Health Ministers. NIPSA members were of the view many of the objectives in the consultation document are fine on paper but little more than sophistry. For instance, the document states several times that the proposals are not about saving money yet TIG projects are not exempt from any of the Trusts savings plans.

Elsewhere we have statements on why the current system is not working without an explanation of why they are not working (P8 "only 40% of stroke patients are admitted to a stroke ward within 4 hours". Is this in relation to staffing shortages or a lack of beds? Furthermore, it is NIPSA's current understanding that stroke beds in Daisey Hill have just recently been moved to Craigavon (although given this was originally proposed by the Southern Health Trust in 2014 it perhaps isn't a surprise) but this gives a sense again of a predetermined outcome.

Workforce Analysis

While this issue is discussed on p23 and p28, NIPSA was very surprised to find lack of detail about the workforce requirements for the establishment of Hyperacute Stroke Units (HASU's) and Acute Stroke Units (ASU's) in comparison to the current staffing levels across all five Health Trusts.

This is a disappointing omission given the seven commitments to service improvement in the document. The DOH are fully aware of the current recruitment/retention crisis that has resulted in significant vacancies in nursing and consultant medical posts across NI. When this issue was raised at the public consultation meetings NIPSA found the response from the panel nothing more than what appeared to be cursory acknowledgement that this crisis exists and what appeared to be no understanding of how this may impact on any new restructuring of services.

While the DOH and individual Health Trusts have attempted to address this issue with recruitment sessions across NI and in various parts of the world, this issue remains hugely problematic with recruitment strategies having limited affect so far. Given Stroke Services require specialist staff to perform often-complex processes

NIPSA has serious concerns regarding the ability of the DOH and local Health Trusts to recruit and retain the required number of staff.

The issue of increased reliability of Agency and Locum Staff and the associated significant increase in the cost of maintaining this has also impacted on workers and how services are delivered. This has led to:

- Instability in the workforce
- An unhelpful turnover of staff across sites
- Inexperienced staff working in complex areas
- A shortage of staff when there is a spike in referrals meaning potential delays in treatment and recovery

The apparent notion that staff will be willing to travel, or even move closer to a new site 30 or 40 minutes or miles away is both disrespectful and disingenuous due to the "stroke workforce is currently too thinly deployed across too many sites". Many NHS staff go beyond their normal working hours to provide support and services to members of the public. The impact this also has in relation to work/life balance is also a crucial factor in retaining current staff and being able to recruit additional staff. NIPSA views this issue as a key point and one that will significantly contribute to the success or failure of these proposals as for too long Health Trust's have made huge savings from not recruiting staff thereby burning out their existing staff. We note that at the end of p28 when talking about workforce development and recruiting and training staff it says "subject to available resources".

It was also disappointing that there was no clear analysis of supports for carers and more staffing issues in the community. At one event an individual advised a family member had been in hospital for around four months longer than they should have because the Trust could not source a care package for him to be safely discharged. It is not too long ago that domiciliary care providers spoke of a crisis in staffing and funding. This is most definitely a case where it is all about the money and further cutbacks could impact on discharges from hospital putting pressure on the system.

NIPSA sees no evidence that the DOH as part of this consultation has fully considered the significant implications of workforce as outlined.

Transport

We would draw attention to p30-32, which deals with travel issues. This was a clear concern from the public in all the meetings given that the impact of a stroke can be minimalised the quicker it is treated. It is therefore very concerning recent staffing difficulties the ambulance service has experienced in response times. While this may be a recent development it is a significant one and has further ebbed the confidence of the public.

In relation to the air ambulance many members were highly sceptical about this due to the fact it can only deal with one person at a time but also because many believed severe weather in NI could significantly hamper this.

There is a lack of analysis regarding the use of public transport, especially for those visiting loved ones in rural locations where over the years access to public transport (i.e. buses) have been scaled back significantly. It is also extremely disappointing there is nothing of note in relation to the vital role Translink play in this scenario as the majority of people rely on public transport for their daily commute.

We are also given no oversight or analysis of work undertaken jointly between the DOH and Department of Infrastructure who have responsibility for roads in NI and any present and potential plans that may make travel to any proposed hospital easier.

The lack of strategic approach outlined above on these issues is another omission and as such renders this section as fatally flawed as it fundamentally fails to consider how a significantly longer journey may have physically on individuals.

Additional Points

Throughout the public meetings, the DOH representatives were at pains to state that these consultations were not financially driven or were about reducing services but about making services better for the public. Yet it is reasonable to say this statement was simply not believed by those attending the public consultations. It is NIPSA's view that when Bengoa spoke about the "burning platform" and the need for Health Service reform, the public did not expect to find our health service is such a mess, where so many posts lie vacant, consultants can't be recruited and waiting times are through the roof. Many NIPSA members have asked what has changed and why should there be confidence in the people who helped create the current mess.

This is because members have seen the huge savings health Trusts have made and how generally this has been done in a disingenuous way. From NIPSA's perspective, nothing our members heard at any of the public consultation events has assuaged the view that this consultation is about saving money and cutting services.

The issue of NHS funding for an integrated health and social care system in NI is also a major concern in how if implemented these proposals will be structured in the future. As previously stated, years of underfunding (Bengoa 6% just to stand still) has meant all services are facing a highly uncertain future where retraction of services is more than likely. So mention of additional investment and work with the voluntary sector is taken lightly. With this and the worrying economic future forecast, NIPSA and our members do not see any kind of increase in the health budget that will allow Health Trust's to fully meeting the challenges outlined in this consultation document and meet the needs of those individuals who have a stroke.

It is particularly concerning that the DOH appear to want to centralise more services because bigger is better and having more staff is better. However, as NIPSA has pointed out a crisis in nursing and worsening problems in other grades such as Junior Doctors and AHP's may well mean rather than address the problem this proposal makes matters worse. NIPSA's direct experience of this was when the Emergency Department closed at the Belfast City Hospital which meant more people were going to the RVH and Mater Hospitals. Within a short space of time there were

significant problems at the RVH least of their ability to recruit and retain staff. This was shambolic at the time and the same problems still exist today.

Conclusion

In drawing our submission to a conclusion, NIPSA acknowledges stroke care in Northern Ireland could be improved. We are unconvinced however, that increasing travel time for larger specialist facilities will significantly change the experience of individuals and their families. This is based on critical staffing shortages and that savings will be taken from these services reducing bed capacity and specialisms in the services.

NIPSA's contention is to keep all current sites and build on the current excellent work that clearly exists and which was spoken so passionately about publicly from within the existing model of care. This would mean that the DOH could, within a short timeframe, have centres of excellence, accessible to the public where treatment and care pathways are of the highest quality and targets are met.

This concludes NIPSA's response.