

**HEALTH AND
WELLBEING
2026**

DELIVERING TOGETHER

CONSULTATION RESPONSE QUESTIONNAIRE

Consultation on Criteria for Reconfiguring Health and Social Care Services



Department of
Health

An Roinn Sláinte

Mánnystrie O Poustie

www.health-ni.gov.uk

CONSULTATION RESPONSE QUESTIONNAIRE

RESPONDING TO THE CONSULTATION

You can respond to the consultation document by e-mail, letter or fax using this questionnaire. The questions in the Questionnaire Response Form may help you in providing your views on the Criteria, but are not intended to limit your comments.

If this document is not in a format that suits your needs, please contact us and we can discuss alternative arrangements.

Before you submit your response, please read Annex A about the effect of the Freedom of Information Act 2000 on the confidentiality of responses to public consultation exercises.

Responses should be sent to:

E-mail: Reconfig.criteria@health-ni.gov.uk

Written: Reconfiguration Criteria Consultation

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The closing date for responses is 20 January 2017

Views are sought on Criterion 1:

Criterion 1

- There is evidence that the outcomes for patients using these services are below acceptable levels either in the services as a whole or in particular hospitals, or where there are safety concerns.

Question 1. Do you agree with Criterion 1 as an appropriate factor to assess the sustainability of health and social care services?

Yes No

If 'no' please feel free to comment below, providing evidence to support any alternative proposal.

If 'yes' please feel free to comment further below.

We strongly agree that patient outcomes and safety are important indicators of the sustainability of health and care services.

Sustainable systems will ensure that patients achieve the best and safest outcomes through accessing the right support within clinically designated timeframes. Patients who do not attend, are a significant concern, since unmonitored conditions can deteriorate rapidly, resulting in the need for more urgent and extensive support that has not been planned for. For example, where age-related macular degeneration is not managed at follow up appointments, patients can go blind, requiring much greater social care resource.

We would welcome an equal emphasis on not only the patient outcomes and safety of those making use of the service, but also on how effectively patients are accessing and remaining engaged with the service.

Views are sought on Criterion 2:

Criterion 2

- There is a clear clinical pathway for the patient population. Co-created with patient groups.

Question 2. Do you agree with Criterion 2 as an appropriate factor to assess the sustainability of health and social care services?

Yes No

If 'no' please feel free to comment below, providing evidence to support any alternative proposal.

If 'yes' please feel free to comment further below.

We agree that meaningful patient involvement is important for ensuring that they are accessible and designed to meet their needs.

Views are sought on Criterion 3:

Criterion 3

- The service cannot meet professional standards or minimum volumes of activity needed to maintain expertise.

Question 3. Do you agree with Criterion 3 as an appropriate factor to assess the sustainability of health and social care services?

Yes No

If 'no' please feel free to comment below, providing evidence to support any alternative proposal.

If 'yes' please feel free to comment further below.

We agree that professionals must maintain their expertise and meet the standards set by their regulators. However, we consider that the development of new expertise, through teaching and professional development activity, is as important to sustainability as basic service delivery.

With greater use of shared eye care models, hospital services are managing an increasingly complex caseload while peripheral services manage simpler cases. While this creates opportunities for maintaining expertise, this limits the opportunities for consultants to support new trainees in acquiring the breadth of skills required to achieve expert levels of competency.

We would welcome inclusion of requirement for minimum levels of teaching and professional development to maintain expertise over time, within the criteria.

Views are sought on Criterion 4:

Criterion 4

- The permanent workforce required to safely and sustainably deliver the service is not available/cannot be recruited or retained, or can only be secured with high levels of expensive agency/locum staff.

Question 4. Do you agree with Criterion 4 as an appropriate factor to assess the sustainability of health and social care services?

Yes No

If 'no' please feel free to comment below, providing evidence to support any alternative proposal.

If 'yes' please feel free to comment further below.

We strongly agree that a secure, stable workforce is essential for sustainability. Continuity of staff and leadership is not only important for the efficient day to day running of the service, but for developing long term improvement and innovation.

There are many barriers to recruitment and retention, and the decision to leave a post is not taken lightly. Therefore, staff consultation is essential for assessing the problem when applying this criterion.

Views are sought on Criterion 5:

Criterion 5

- The training of Junior Doctors cannot be provided to acceptable levels.

Question 5. Do you agree with Criterion 5 as an appropriate factor to assess the sustainability of health and social care services?

Yes No

If 'no' please feel free to comment below, providing evidence to support any alternative proposal

If 'yes' please feel free to comment further below.

Training tends to be one of the first casualties of an overstretched service. This endangers the ability to produce and recruit appropriately trained staff in the future to deliver services and provide clinical leadership. Trainees must receive appropriate supervision and learning opportunities for effective training.

We would strongly add that development opportunities for later career stage staff and consultants is essential for real long term sustainability. Clinical leaders must have the experience, knowledge and opportunities to shape services to manage current and future demand.

Views are sought on Criterion 6:

Criterion 6

- There is an effective alternative 'out of hospital' care model or an alternative 'shared care' delivery model.

Question 6. Do you agree with Criterion 6 as an appropriate factor to assess the sustainability of health and social care services?

Yes

No

If 'no' please feel free to comment below, providing evidence to support any alternative proposal

If 'yes' please feel free to comment further below.

We support the use of shared care across secondary, primary and community settings, where appropriate and safe.

Successful new eye care models have been developed to make use of community and primary care settings for carrying out imaging, history taking and testing, while a consultant reviews the information virtually to make clinical decisions on treatment.

This requires appropriate training to ensure that non-hospital staff have the expertise to deliver services safely. Doctors remain ultimately responsible for clinical decision making, therefore IT and systems to enable effective joint working are essential for successful out of hospital services.

Without these resources, it is unclear how much more sustainable these alternative models will be than traditional models.

Views are sought on Criterion 7:

Criterion 7

- The delivery of the service is costing significantly more than that of peers or of alternative 'out of hospital' alternatives due to a combination of the above factors.

Question 7. Do you agree with Criterion 7 as an appropriate factor to assess the sustainability of health and social care services?

Yes

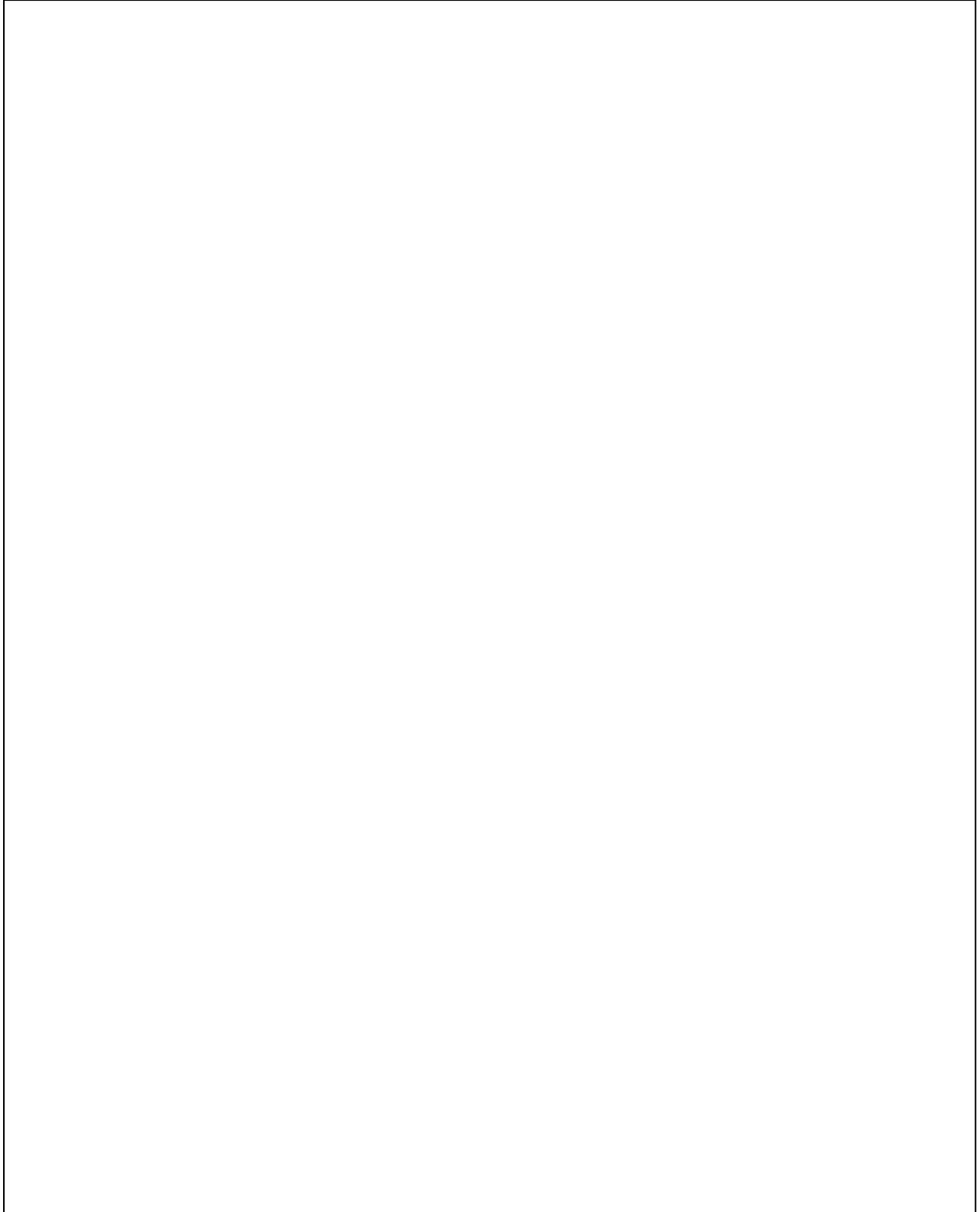
No

If 'no' please feel free to comment below, providing evidence to support any alternative proposal

If 'yes' please feel free to comment further below.

As before, IT and training are a significant start-up cost, but essential for effective joint working, shared patient records and accurate information sharing.

Please use the text box below for any additional comments you wish to provide regarding the proposed Criteria as appropriate factors to assess the sustainability of health and social care services.

A large, empty rectangular box with a thin black border, intended for providing additional comments. It occupies the majority of the page's vertical space below the instruction text.

EQUALITY OF OPPORTUNITY QUESTIONS

The Department aims to advance equality of opportunity for a range of groups in respect of the proposed criteria for assessing the reconfiguration of Health and Social Care services. Under Section 75 of the NI Act 1998; nine groups of people are identified and consideration of their different needs is important. These groups are:

1. Age (older and younger people);
2. Gender (including transgender and men and women generally);
3. Marital Status (including Civil Partnership);
4. Religion;
5. Ethnicity;
6. Political Opinion;
7. Dependant Status;
8. Disability; and
9. Sexual Orientation.

Question 8. Based on belonging to any of the Section 75 groups, do you have any particular requirements with regard to the proposals?

Yes No

Comments:

Question 9. Generally, do you think there are any particular requirements for any of the Section 75 groups? If so, what would you consider as a potential solution?

Yes No

Comments: it is important to recognise that patients with disability will need more help to access care.

Please see the College's quality standards for services for patients with learning disabilities

https://www.rcophth.ac.uk/wp-content/uploads/2014/12/2014_PROF_273_Quality-Standards-for-Services-to-Patients-with-Learning-Dissabilities.docx

The Department will publish a summary of responses following completion of the consultation process. Your response, and all other responses to the consultation, may be disclosed on request. The Department can only refuse to disclose information in exceptional circumstances.

Before you submit your response, please read the paragraphs below on the confidentiality of consultations and they will give you guidance on the legal position about any information given by you in response to this consultation.

The Freedom of Information Act gives the public a right of access to any information held by a public authority, namely, the Department in this case. This right of access to information includes information provided in response to a consultation. The Department cannot automatically consider as confidential information supplied to it in response to a consultation. However, it does have the responsibility to decide whether any information provided by you in response to this consultation, including information about your identity should be made public or be treated as confidential.

This means that information provided by you in response to the consultation is unlikely to be treated as confidential, except in very particular circumstances. The Lord Chancellor's Code of Practice on the Freedom of Information Act provides that:

- The Department should only accept information from third parties in confidence if it is necessary to obtain that information in connection with the exercise of any of the Department's functions and it would not otherwise be provided;
- The Department should not agree to hold information received from third parties "in confidence" which is not confidential in nature;
- Acceptance by the Department of confidentiality provisions must be for good reasons, capable of being justified to the Information Commissioner.

For further information about confidentiality of responses please contact the Information Commissioner's Office (or see their website at: www.ico.org.uk)