Consultation Feedback Report in regard to 2017/2018 Belfast Trust Draft Financial Savings Proposals

13th October 2017

Alternative Formats: Some people may need this information in a different format for example, a minority language, Easyread, large print, Braille or electronic formats. Please let us know what format would be best for you. Contact the Equality Unit:
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Belfast Health and Social Care Trust wishes to acknowledge and extend its thanks to all those who responded to the consultation in regard to 2017/2018 BHSCT Savings Proposals.
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1.0 Executive Summary

The Belfast Health and Social Care Trust (BHSCT) publicly consulted on its draft savings proposals to deliver £26.3 million of savings in 2017/18 over the period from 24 August to 5 October 2017. The Trust’s draft proposals were developed in order to meet the Trust’s share of the £70 million regional target required to deliver a balanced financial plan across the HSC for 2017/18.

The Trust requested comments and feedback on the proposals within the draft savings plan and in particular the proposals which the Trust had considered to be major and/or controversial in line with the Department of Health (DoH) guidance circular: ‘Change or Withdrawal of Services – Guidance on Roles and Responsibilities’, dated 26 November 2014.

This Consultation Feedback Report reiterates the context and detail of the draft savings plan and provides a summary of the engagement and feedback received during the 6 week window.

This Consultation Feedback Report goes on to detail the consultation and communication process undertaken by the Trust. The report also outlines the volume of responses, the nature of those responses in regard to the draft savings plan and suggested alternative savings proposals.

In addition, cognisant of its statutory Section 75 responsibilities, the Trust conducted an initial equality and human rights indicative assessment as part of the planning work prior to the consultation, with a commitment that all proposals would be subject to a more comprehensive equality screening assessment and where required, a full equality impact assessment. The feedback received during this consultation period has informed these screenings and draft equality impact assessments.

This consultation feedback report will be tabled at a public Trust Board meeting on Friday 13 October 2017.

The Trust would like to acknowledge and sincerely thank everyone who gave of their time to participate in meetings and who contributed valuable feedback to the consultation.
2.0 Purpose

The purpose of this paper is to provide Trust Board with an overview of the consultation process, a summary of the responses to the draft proposals, key findings and alternative savings suggestions.

2.1 Context

As outlined in the consultation paper tabled at the Belfast Health and Social Care Trust Public Trust Board meeting on Thursday 24 August 2017, the Health and Social Care (HSC) system has been working collaboratively to address the significant financial pressures facing health and social care services in 2017/18 to meet the statutory requirement of achieving a balanced financial plan across the HSC. This is in line with other statutory responsibilities to provide high quality HSC services. HSC Trusts were tasked by the DoH with developing draft savings plans to deliver their share of a total £70 million savings in 2017/18. Belfast Trust share of this total is £26.3 million and this saving is to be achieved between November 2017 and March 2018.

The Trust responded to this complex task by prioritising those no or low impact actions that, if taken, would not impact on front line services. These focused on those routine areas where the Trust could save money as part of normal business and included Administration & Management Costs, Procurement & Discretionary Expenditure, Estates, Energy Efficiency & Car Parking contract and Slippage & Accounting Adjustments.

The ability to reduce spend in-year is limited because the Trust employs the majority of its staff on permanent employment contracts. Approximately 65% of expenditure is on salaries and wages and there are no plans for any redundancy.

Consequently, and given the scale of the in-year savings required, the Trust had to identify proposals which would be considered major and/or controversial (in accordance with the DOH guidance).

Proposal 6: More effective management of the Trust’s agency workforce
Proposal 7: Downturn of Routine Elective Care (in-patients and day-cases) for the remainder of the financial year
Proposal 8: Temporarily reduce access to domiciliary care and direct payments for new patients and clients for the remainder of the year.
Proposal 9: Temporarily reduce access to nursing and residential home placements for new patients and clients for the remainder of the year
Proposal 10: Defer access for new NHS patients for treatments within the Regional Fertility Centre until 1 April 2018.
Proposal 11: (a) Deferring the initiation of a number of high-cost drug treatments for a period of 5 to 6 months, and
Proposal 11: (b) Substituting very expensive drug treatments for clinically-suitable alternative less expensive treatments

The aforementioned proposals, if implemented, would be for a temporary change or withdrawal of service in 2017/18.¹

¹ There would be a further public consultation, if it is considered necessary to extend any of the proposals, beyond 2017/18 or in the event it is considered necessary that specific proposals should be made permanent.
Trust Board will consider this report at its public meeting on 13 October 2017 along with a Recommendation Report and five draft Equality Impact Assessments on the following proposals:

<p>| | |</p>
<table>
<thead>
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<tr>
<td>1.</td>
<td>Proposal 6 &amp; 7: More effective management of the Trust’s agency workforce and</td>
</tr>
<tr>
<td></td>
<td>Downturn of Routine Elective Care (in-patients and day-cases) for the remainder of</td>
</tr>
<tr>
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<td>the financial year.</td>
</tr>
<tr>
<td>2.</td>
<td>Proposal 8: Temporarily reduce access to domiciliary care and direct payments for</td>
</tr>
<tr>
<td></td>
<td>new patients and clients for the remainder of the year.</td>
</tr>
<tr>
<td>3.</td>
<td>Proposal 9: Temporarily reduce access to nursing and residential home placements</td>
</tr>
<tr>
<td></td>
<td>for new patients and clients for the remainder of the year.</td>
</tr>
<tr>
<td>4.</td>
<td>Proposal 10: Defer access for new NHS patients for treatments within the Regional</td>
</tr>
<tr>
<td></td>
<td>Fertility Centre until 1 April 2018.</td>
</tr>
<tr>
<td>5.</td>
<td>Proposal 11: Combination of: (a) deferring the initiation of a number of high-cost</td>
</tr>
<tr>
<td></td>
<td>drug treatments for a period of 5 to 6 months, and (b) substituting very expensive</td>
</tr>
<tr>
<td></td>
<td>drug treatments for clinically-suitable alternative less expensive treatments.</td>
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The Trust Board’s final decision in respect of these proposals will be placed on the Trust’s website and all individuals and organisations on the Trust’s consultation database will be notified.

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The proposals have been combined as both essentially propose to downturn routine elective surgery in high volume specialties. The associated Equality Impact Assessment process has incorporated the assessment of each into one draft Equality Impact Assessment document to identify the cumulative impact.
3.0 Consultation Process

The Trust committed to make every effort over the six week consultation period to engage as widely as possible with those who use our services. In so doing, the Trust sought to consult with as many stakeholders including families, carers and staff and special interest groups as possible and encouraged people to respond and have their voice heard in this public consultation process.

The Trust, mindful of its obligations under its Equality Scheme, considered the accessibility and format of each method of consultation to remove barriers to the consultation process, for instance, what it could do to best communicate with older people and people with disabilities. The Trust also wanted to ensure that people with learning disabilities and minority ethnic communities were able to fully participate in the process.

The Trust was also cognisant of its responsibilities under:

- The Disability Discrimination Act 1995 (as amended) i.e. to promote positive attitudes toward disabled people and to encourage participation of disabled people in public life.
- Personal and Public Involvement - the statutory duty placed on Health and Social Care services in relation to effective consultation and involvement (Health & Social Care (Reform) Act (NI) 2009 sections 19 & 20).

3.1 Alternative formats

In accordance with its statutory commitments as outlined in its Equality Scheme, the Trust offered to produce the information in alternative formats on request.

The Trust had the consultation document and the initial screening transcribed into easyread versions.

The Trust disseminated the document in hard copy.

The Trust produced the report in CD format and large print.

3.2 Awareness raising and encouraging participation

Given the consultation timeframe of 6 weeks, as required by DoH, in addition to notifying 1240 stakeholders about the consultation, the Trust convened over 40 meetings including a series of 6 public workshops across Belfast and hosted 16 staff engagement sessions to facilitate maximum participation. These were convened across Belfast and Trust facilities at different times and locations to further maximise engagement mechanisms. Sign language interpreters were present at every meeting and a loop system was available. Everyone invited was asked to indicate if they had specific communication or access requirements in advance (See Tables 1 and 2).

3.3 Public Engagement

Meetings were publicised through advertising in the Belfast Telegraph, Irish News and the Newsletter, through Trust consultation database, website, social media and invitations were
sent to local special interest groups – those representing older people, people with a disability, carers and local MLAs, MPs and Councillors. Requests for speaking rights were facilitated at the public Trust Board meeting on 24th August 2017 and at a subsequent September 2017 Trust Board meeting.

Specific stakeholder meetings were also held with Independent Domiciliary Care Providers and Residential and Nursing Home Owners. The Trust also presented the proposals at the Local Commissioning Group meeting in the Skainos Centre on Thursday 21 September 2017. A meeting was convened with representatives from the NI General Practitioner Committee on 29th September 2017 to discuss the proposals and the potential implications for them if the proposals are implemented.

Furthermore, the draft proposals were tabled and discussed at pre-existing stakeholder forums to encourage as many people as possible to be informed and have their voices heard about the proposals and what the potential impact would be, if the proposals were to be implemented. This included a number of existing Section 75 forums, such as the Trust Disability Steering Group, the Carer’s Reference Group and our Good Relations Strategic Group.

The Trust was also in attendance at the Mater Community Forum on Friday 29th September 2017 to discuss the proposals.

The Trust and Mencap worked together to facilitate a targeted engagement session with adults with a learning disability and their families and carers on 2 October 2017 in the Mencap Centre in Belfast. Easyread and visual materials were used at the session to maximise opportunities for engagement. Within Trust day centres for adults with learning disability, people also engaged regarding the plans and provided feedback.

On 14th September 2017, the Trust engaged with the Greater Belfast Senior’s Forum –G6, which comprises representatives from older people forums. The Trust also presented at the Castlereagh Lifestyle Forum for Older People on 5th October 2017.

The Trust also worked with BME groups through their existing channels to ensure that people from black and minority ethnic groups were informed and encouraged to respond to the consultation.

**Table 1: Public Meetings**

<table>
<thead>
<tr>
<th>Public Meetings</th>
<th>Date</th>
<th>Number of participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>South (Crescent Arts Centre)</td>
<td>Wed 13 September @ 10.30-12.30pm</td>
<td>15</td>
</tr>
<tr>
<td>West (Conway Mill)</td>
<td>Thurs 14 September @ 2-4pm</td>
<td>34</td>
</tr>
<tr>
<td>East (Templemore Avenue)</td>
<td>Wed 20 September @ 10.30-12.30pm</td>
<td>35</td>
</tr>
<tr>
<td>City-wide/region (Glengall St)</td>
<td>Wed 20 September @ 6.30-8.30pm</td>
<td>8</td>
</tr>
<tr>
<td>North (Girdwood)</td>
<td>Thurs 21 September @ 6.30-8.30pm</td>
<td>21</td>
</tr>
<tr>
<td>City-wide/region (Glengall St)</td>
<td>Thurs 28 September @ 6.30-8.30pm</td>
<td>22</td>
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</tbody>
</table>
3.4 Staff Engagement

Table 2: Staff Meetings

<table>
<thead>
<tr>
<th>Staff Meetings</th>
<th>Date</th>
<th>Number of participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chief Executive Briefing</td>
<td>Tuesday 12 September</td>
<td>100</td>
</tr>
<tr>
<td>Knockbracken Healthcare Park</td>
<td>Wednesday 13 September</td>
<td>29</td>
</tr>
<tr>
<td>Belfast City Hospital</td>
<td>Thursday 14 September</td>
<td>30</td>
</tr>
<tr>
<td>Beech Hall Wellbeing and Treatment Centre</td>
<td>Monday 18 September</td>
<td>13</td>
</tr>
<tr>
<td>Royal Victoria Hospital</td>
<td>Monday 18 September</td>
<td>6</td>
</tr>
<tr>
<td>Belfast City Hospital</td>
<td>Tuesday 19 September</td>
<td>2</td>
</tr>
<tr>
<td>Musgrave Park Hospital</td>
<td>Tuesday 19 September</td>
<td>50</td>
</tr>
<tr>
<td>Musgrave Park Hospital</td>
<td>Wednesday 20 September</td>
<td>75</td>
</tr>
<tr>
<td>Knockbreda Wellbeing and Treatment Centre</td>
<td>Wednesday 20 September</td>
<td>16</td>
</tr>
<tr>
<td>Musgrave Park Hospital</td>
<td>Wednesday 20 September</td>
<td>25</td>
</tr>
<tr>
<td>Grove Wellbeing and Treatment Centre</td>
<td>Friday 22 September</td>
<td>7</td>
</tr>
<tr>
<td>Royal Victoria Hospital</td>
<td>Friday 22 September</td>
<td>15</td>
</tr>
<tr>
<td>Mater Hospital</td>
<td>Monday 25 September</td>
<td>30</td>
</tr>
<tr>
<td>Muckamore Abbey Hospital</td>
<td>Monday 25 September</td>
<td>7</td>
</tr>
<tr>
<td>Shankill Wellbeing and Treatment Centre</td>
<td>Friday 29 September</td>
<td>4</td>
</tr>
<tr>
<td>Arches Wellbeing and Treatment Centre</td>
<td>Friday 29 September</td>
<td>17</td>
</tr>
</tbody>
</table>

Further Directorate meetings were held with staff across the Trust. For example, approximately 100 staff attended a session for the Finance Directorate on 4 September 2017.

3.5 Trade Union engagement

The plan was discussed at the Trust Joint Negotiating Consultative Forum on 4 September and there was a meeting with the Chair of the BMA/LNC on 25 September. Trade Unions were also represented during both public and staff engagement sessions.
3.6 Political engagement

As well as representation at public consultation events, specific meetings were convened with political parties.

Table 3: Political Engagement

<table>
<thead>
<tr>
<th>Date</th>
<th>Meeting with</th>
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<tbody>
<tr>
<td>18th September 2017</td>
<td>Sinn Fein representatives</td>
</tr>
<tr>
<td>19th December 2017</td>
<td>SDLP representatives</td>
</tr>
<tr>
<td>27 September 2017</td>
<td>Alliance Party representatives</td>
</tr>
<tr>
<td>3rd October 2017</td>
<td>Workers Party</td>
</tr>
<tr>
<td>4th October 2017</td>
<td>DUP representatives</td>
</tr>
</tbody>
</table>

3.7 Concerns in regard to consultation

As previously stated, the Trust sought to be proactive to optimise opportunities for stakeholders – both internally and externally- to be engaged in and to experience an accessible, transparent and informative consultation period, particularly given the condensed time-period of 6 weeks. Nonetheless there was ongoing concern across public meetings commencing with the public Trust Board on 24th August 2017 that the consultation was inadequate and out of kilter with the co-design and co-production principles as outlined in the: “Health and Wellbeing 2026 - Delivering Together” strategy. This sentiment was echoed in many written responses also.

These concerns included:

- Inadequate consultation period for the scale and nature of proposals.
- This was deemed to be disingenuous; and not permissible in that the reduced consultation period did not accord with either of the 2 exemptions in the DoH Circular 2014 (i.e. circumstances which must be implemented immediately to protect public health and/or safety; or Changes (either permanent or temporary) which must be implemented urgently to comply with a court judgement, or legislative obligations.
- That the consultation process was “flawed, inadequate and was not in compliance with legislative requirements”.
- Requirement for an EQIA issued during the consultation period- Trust should refuse to either implement cuts or recommend to the DoH that ‘major/controversial’ cuts should be implemented. If it fails to do so, it will be in clear breach of its approved Equality Scheme and common law duty to consult.
- Whether the ‘temporary’ nature of these proposals was in fact a way for the Trust to make unpalatable changes without having to go through a full and robust consultation and plan”.
- Ability to pay due consideration to the responses received given the ‘tight turnaround’ required in terms of the consultation period closing on the 5 October 2017 and the need to produce a considered and informed consultation feedback report for a public Trust Board on 13 October 2017.
- Reference to Gunning Principles: Consultation must be at a time when proposals are still at a formative stage; the proposer must give sufficient reasons for its proposal to permit intelligent consideration and response; adequate time must be given for consideration and response; and the product of consultation must be conscientiously taken into account in finalising any statutory proposals.
• Questions were raised as to whether this was a “tick box exercise” or a “mere formality making no difference to the end conclusions?” “The process appears reactionary and tokenistic.”

• Lack of user-friendliness of consultation document and questionnaire.

• Consultation papers do not provide sufficient evidence to allow people to fully consider the impacts. It was indicated that the public were not given the full information. Whilst aware of proposals within their own geographical area, they had not been made aware of cuts being made in other areas – for example MS drugs and Fertility treatments in BHSCT that may directly affect them.

• The Equality Commission for Northern Ireland reminded the Trust of its statutory Section 75 duties and the need to ensure that existing inequalities are not made worse through a disproportionate or unintended impact of the proposals on particular Section 75 groups e.g. age, disability, race, religious belief etc. and queried the timing of the equality impact assessments.

• The Northern Ireland Human Rights Commission reminded the Trust of its responsibilities in putting forward proposals that the Trust would need to have considered alternatives, and ensured that its proposals fulfilled the criteria “That they are temporary, necessary and proportionate, non-discriminatory and that the rights of the most disadvantaged and most marginalised individuals and groups are not disproportionately affected”.

• Information was sought on the Trust’s engagement with children and young people and further consultation and engagement with disabled people in accordance with statutory duties.

• If the HSCB and the Department are considering the proposals “in parallel” with the consultation, how can stakeholders be confident that their views will appropriately be taken into account?

• It was indicated that there was no meaningful prior engagement with its staff or the trade unions and professional organisation that represent the interests of those staff in developing plans.

• Many respondents sought clarity on the link between the proposals, the political impasse at Stormont and the resource identified in the Confidence and Supply Deal and queried whether a more strategic approach could be taken if all parties co-operated.
4.0 Consultation response breakdown and analysis

A total of 12,735 written responses were received by the Trust. This included completed questionnaires, letters, two petitions, social media, SMS messages and telephone calls.

It is important to recognise that while some of these responses were very detailed, 5 standardised signed templates were used to produce a total of 2,235 responses (two of which were in objection to the process and proposals which would impact on frontline services and two which opposed the deferment of drugs proposal).

The petitions included 5,025 signatures from people who opposed Proposal 10 regarding the Regional Fertility Service and 5,196 signatures from people who opposed Proposal 11a relating to MS (Multiple Sclerosis).

Feedback came from a wide range of sources from service users, staff, Trade Unions, political representatives, professional bodies and many different organisations.

Table 4: Composition of responses

<table>
<thead>
<tr>
<th>Total Communications</th>
<th>Number of Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Letter/Emails/Phone calls</td>
<td>111</td>
</tr>
<tr>
<td>Pro forma/Questionnaire</td>
<td>91</td>
</tr>
<tr>
<td>SMS</td>
<td>4</td>
</tr>
<tr>
<td>Petitions</td>
<td>10,221</td>
</tr>
<tr>
<td>Standardised response (5 different responses)</td>
<td>2,235</td>
</tr>
<tr>
<td>Easyread</td>
<td>10</td>
</tr>
<tr>
<td>Social Media</td>
<td>45</td>
</tr>
<tr>
<td>Trust intranet/Hub</td>
<td>18</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>12,735</strong></td>
</tr>
</tbody>
</table>

Feedback was also recorded at meetings and people were invited to provide comments on the comment walls to capture feedback and views. This is reflected in the feedback outlined in Sections 5 and 6 of this document.
5.0 What you told us
For ease of reference and to help inform Trust Board in their decision-making, the following section will provide direct quotes from the salient feedback received about each proposal during our public engagement and internal staff engagement sessions, as well as from the written correspondence.

Given the volume of feedback received, not every quote or written correspondence can be included in this report. However, the Trust has considered notes from the public meetings, staff engagement sessions, written pro formas, letters, text messages, petitions and social media in the collation of this report. The quotes, which are included, pertain firstly to the general potential impact of the proposals and then reference some of the equality, human rights or disability considerations. It is important to note that the full equality, human rights and disability considerations have been fully considered in the 5 separate draft EQIAs on the major proposals.

5.1 Proposals 1-5: No or Low impact proposals

"The money saving proposals set out in section 3 seem reasonable"
"I support the ideas:
➢ To reduce the amount we spend on administration
➢ Buying things for the best way at the lowest price (why is this not already the case?)
➢ Not wasting energy (again why is this not already happening?)
➢ Taking over charging for the car park
➢ Using new ways of working."
"These do appear to be reasonable actions in order to cut costs."
"A review of Procurement processes; review of Drug alternatives with clinical team approval; review of Admin costs along with Management consultancy etc. all make good housekeeping sense."
"With regard to the first tranche of proposals - I would query how these couldn’t impact on services?"
"We think that the proposals are good because they do not affect the care given to clients/patients."
"Concerned that the proposal to reduce administration and management costs as part of the Trust’s efficiency programme will prove to be a false economy."
"We hope that having procured ‘in-house’ ownership of car parking facilities within the Trust that consideration will be given to reducing or removing car parking charges in the future."
"Welcome efficiency savings where there is room for genuine savings."
"These proposals require more detailed information to be provided and then considered before they can be assessed as having no or little impact."
"Some of the proposed low impact suggestions offer valid suggestions for being more economic but even they will ultimately impact on the patient and those looking after them."
"Failure to fill administration posts also impact on the health and well-being of Trust staff as often the burden of covering key tasks falls on an ever-decreasing band of permanent workers, increasing both sick leave and work-related stress issues amongst this group."
"Welcomes that all privately managed parking at hospitals will end and come back under the direct management of the Trust."
"Application of these additional vacancy controls in administration may lead to a further increase in clinical staff carrying out clerical duties. This proposal will make it very difficult to change this working practice, and time that should be spent directly on patient care will not be delivered."
5.2 Proposal 6 and 7: More effective management of the Trust's agency workforce and Downturn of Routine Elective Care (in-patients and day-cases) for the remainder of the financial year

5.2.1 The following is a representative selection of direct quotes and comments provided in response to these proposals:

“I think the Trust should re-think its use of agency/locum staff and implement recruitment and retention strategies that are both more affordable and more sustainable.”
“Better to have our own staff who know us and it will be cheaper than having agency staff”.
“The impact of that patients will be living longer and longer in pain waiting on surgery – how is that compatible with delivering compassionate care?”
“Patients not getting operations will result in more prescriptions for pain management and increased risk for addiction. The Trust needs to think about the long-term impact: deferring operations is not saving. It will increase costs in the long term.”
“Cutting elective care is short-termism in the extreme in that the increased backlog of patients will still need to be treated, probably at more expensive Waiting List Initiatives or Independent Sector rate in the near future”
“If people can’t get elective surgery they will turn up in Emergency Departments all over the region and this will have a huge impact and cause further backlogs.”
If elective surgery is deferred, outcomes for patients can be less favourable and their actual case, when eventually dealt with, may be more complex and consequently more expensive”.
“Postponing these costs on paper will have a real and detrimental impact on the health of the service users of BHSCT: furthermore if elective care is put off, outcomes for patients can be less favourable and that their actual cost when eventually dealt with may be more complex and consequently more expensive”.
“Short-term financial savings will lead to patient harm. Patients with progressive painful degenerative musculoskeletal symptoms will have their operations delayed”.
“The proposed cuts will have a hugely disproportionate impact on patient flow and patient care relative to any potential savings.”
This proposal is tantamount to reshuffling the deckchairs on the Titanic”.
“You are not going to save any money by doing this: only incur high cost bed blockability”.
“Short-term financial savings from reducing elective clinical care will be associated with treatment delays and patients developing secondary complications. These are likely to require remedial management at a significantly higher cost than their timely primary care pathway:
Delayed management of Sepsis is well known to be associated with very high management costs.”
“Progressive lower limb deformity in vulnerable populations will be associated with increased risk of amputation with the consequential long-term costs to the Health Service both in secondary and primary care”.
“Patients who do not receive adequate and timely surgical intervention will become increasingly disabled requiring increasing care needs in the community at the expense of the wider NHS budget. Their ultimate surgical intervention is likely to be more extensive and expensive with less good outcomes.”
“It is not good that people have to wait for operations that they need especially if they are in pain or maybe are caring for us and cannot keep doing so, which means we will have to be looked after by someone else, which might cost a lot more”.
5.2.2 The following section provides a snapshot of some of the equality, human rights and disability feedback. A full draft EQIA has been prepared on these proposals and is available separately.

**Equality / Human Rights/ Disability Feedback**

“If you are seriously considering a downturn in activity with direct adverse outcomes for our patients and families, then I am truly sad and feel as a community that we are failing in caring for our most vulnerable in society.”

“The Trust should assess the downturn in routine elective care against the right to health and the Committee for Economic and Social Rights directions. …This proposal may potentially lead to the need for some patients to require access to urgent care.”

“This conflicts with Bengoa and seriously impacts on ageing population”.

“The plans outline cuts in services for already vulnerable groups in society, in particular people with disabilities, long term conditions, older people and people with caring responsibilities”.

5.3 Proposal 8: Temporarily reduce access to domiciliary care and direct payments for new patients and clients for the remainder of the year.

5.3.1 The following is a representative selection of direct quotes and comments provided in response to this proposal:

“This proposal could have a very real threat to life.”
“Reduction/cessation in domiciliary care hours can prevent working carers from juggling job and caring role.”
“Leaves at risk, older vulnerable adults with unmet needs.”
“Extremely concerned about the potential impact of this reduction on people living with terminal illness in the Trust area. Domiciliary care packages play a key role in helping patients with terminal illness to be supported at home, depending on their needs and preferences, and reduce the care burden facing carers and loved ones.”
“The cost of maintaining a frail older person at home is a fraction of the cost associated with keeping them in hospital where they will suffer further deterioration and risk major harm.”
“Withdrawing this will no doubt lead to extended stays in hospital as residential care cannot be found, blocking the few available beds the Trust will have and vulnerable elderly adults being left on their own at home – at increased risk of accidents and falls and therefore requiring A and E services and bed placement”.
“A vicious circle”.
“It is entirely unacceptable that you plan to withdraw older people’s care, putting additional pressure and demand on family members to provide care, realistically blocking beds as these people can’t be safely discharged and increasing risk of secondary infections due to prolonged and unnecessary hospital stays”.
“Reduction in domiciliary care packages will have a direct impact on these organisations and lead to potential closure. There will be less availability in Domiciliary care providers to respond when demand from Trust increases again”.
“Particularly concerned by Domiciliary Care proposal. Bengoa’s Systems not Structures recognises our aging population will require significant additional social care resources to adequately provide for people in need of care and support.”
“For an older person with frailty the loss of skeletal muscle strength resulting from a hospital stay can make the difference between being able to rise independently from a chair/bed and being dependent”.
“Some of the services provided through domiciliary care packages are of vital importance to many older and vulnerable individuals within our communities and can make the difference between living a fulfilling life or falling into neglect and decline”.
“It is also of concern that, in reducing the availability of domiciliary care, the Trusts appear to be moving further away from the goal of strengthening community-based services, rather than making progress towards it, as was envisaged by TYC.”
“ED will be a particular area of concern, and presumably it is expected that critical incidents will occur when system cannot cope with influx of patients requiring beds”.
“Many complex social problems, loneliness has a range of negative impacts across a range of biological, psychological and social domains, which can become more complex and challenging to address over time.”

Equality/Human Rights/ Disability Feedback

5.3.2 The following section provides a snapshot of some of the equality, human rights and disability feedback. A full draft EQIA has been prepared on this proposal and is available separately.
“There is no acknowledgement of the impact on mental health and well-being these proposals will have on older people and carers”.

“How do you uphold your human rights obligations with the proposals regarding care package?”

“The critically ill and frail population will be catastrophically affected”.

“These services are integral and make the difference between a person being able to live, be cared for and die in the place of their choice at the end of life.”

“Significant impact on older people.”

“Each denied care package represents another person who has been denied the opportunity to lead an independent life with dignity and choice.”

“Detrimental impact on family members providing care to loved ones who are already at breaking point and rely on practical support from domiciliary care staff and regular short breaks/respite.”
5.4 Proposal 9: Temporarily reduce access to nursing and residential home placements for new patients and clients for the remainder of the year

5.4.1 The following is a representative selection of direct quotes and comments provided in regard to this proposal:

"Is there not going to be a patient safety risk in people remaining in hospital for protracted periods? Is it not a false economy, may cost more in the long terms as it is going to result in bed blocking as patients can’t be discharged to go into residential accommodation?"
"Who will choose which older people/patients/residents will receive placements or packages? And how will these decisions be made?"
"Reduction in Nursing Home placements will have a direct impact on these organisations and lead to potential closure. There will be less availability in Nursing Homes providers to respond when demand from Trust increases again."
"Potentially "no road back" for the Trust if the cuts were implemented, because the relations with the Homes would be broken."
"The result of reduced admissions could ultimately mean closure for many small operators."
"Residential and nursing home cuts will push caring back onto Carers – how will these high dependency roles be supported? Funded Carer Support Plans?"
"I strongly disagree with the proposed reductions to community care packages and nursing home provisions."
"Cuts are being made the busiest and most crucial time of the year for care services…Road blocks to hospitals, nursing homes and the community will see many in our community left frustrated at best, and some will be forced to cope – the ultimate position being that the vulnerable suffer in health and mind."
"This has absolutely no logic whatsoever and would cost the NHS substantially more than the £2,300,000 it proposes it would save. The 230 clients that would be impacted by this would end costing the NHS between £11,500,000 and £16,750,000 to keep them in a hospital bed for a 6 month period."
"It is well known that people rehabilitate better out of the hospital environment and are less prone to infection etc. again reducing the number of people presenting themselves to hospital for treatment."
"The fact that some of our most vulnerable members of the population are being targeted by these plans is horrifying."
"Individuals who cannot access placements will be required to remain in the community, and as consequence, their care needs may not be adequately met. This in turn may result in degeneration of medical conditions, necessitating the provision of expensive hospital care in future…consider this proposal careless."

5.4.2 The following section provides a snapshot of some of the equality, human rights and disability feedback. A full draft EQIA has been prepared on this proposal and is available separately.

Section 75 / Human Rights/ Disability Feedback

"This proposal targets the most vulnerable and it will counter-productive. Given that 50% of people aged over 80 will die in the year following unscheduled admission, targeting this group is discriminatory and inhumane."
"It is impossible to underestimate the emotional effect to older people and their families adopting a 1 in 3 policy will have – those without support networks will be put at increased risk and denied opportunities to live the life they want or even to live where they want."
"Where people in support have carers under pressure, there will be an inability to respond to the needs of carers."
“Very grim proposal which will have a significant detrimental impact on elderly”.  
“This would mostly impact on elderly/vulnerable people in working class area and would add a further financial burden on families- often people with health care needs themselves”.  
“The biggest challenge facing the Trust is not how to reach a savings target of £26.3m but how to ensure that older patients are treated equally and with the dignity and compassion they deserve”.  

5.5 Proposal 10: Defer access for new NHS patients for treatments within the Regional Fertility Centre until 1 April 2018

5.5.1 The following is a representative selection of direct quotes and comments in regard to this proposal:

“The estimated savings are minimal and I would ask the Trust to reconsider this proposal as it will inevitably end up having to finance counselling for those couples who are unable to have children”. “A cruel cut on a soft target”. “Unfair, unethical and cruel”. “Illogical and callous”. “The Trust must consider the inadvertent human costs of this proposal in terms of marital pressures, mental health issues and financial burden… not fair on vulnerable people.” “This is contrary to NICE Guidelines.” “This proposal has caused distress and upset to those hoping to avail of IVF”. “Huge majority of staff specialised in area – not an option for some embryologists to be redeployed. Nurses have spent many years building up skills and have not worked in general nursing areas for 10-20 years”. “Makes staff working in these areas very anxious and feel like they are undervalued and being treated as a commodity”. “The temporary closure of the RFC will devastate many couples’ lives who have already been through months and years of pain, both physical and psychological and who will now face further waits of indeterminate time”. “Are there any legal consequences relating to the denial of fertility drugs… this could have a significant impact on those aged 37 onwards year on year?” “To make those coming behind me wait a further year is unthinkable. One in six couples suffer from infertility/fertility issues, this affects not just their physical lives but mental health also.” “Time is of the essence and any further detail in accessing IVF treatment through the NHS will only increase their risk of never conceiving a child”. “I really do regard this particular proposal as heartless, reflecting an absence of any true understanding of the impact on a couple of the inability to conceive a child naturally”. “The struggle to become parents is all too real for many couples in NI today and until you are in the moment yourself, you don’t realise just how many others are like you”. “To be told that their referral is to be put on hold is heart-breaking not to mention detrimental to their overall mental health and well-being.” “I do not think it is appropriate to cut all funding for IVF especially for couples who have already been waiting on a long list for these procedures. Perhaps voluntary procedures like vasectomy should be cut. Surely if the problem for the patient is not wishing to produce further children, this can be managed in an alternative way. Couples who are desperate to conceive do not have this luxury”. “This will further impact on the gap between the most deprived and least deprived areas in that people will have no alternative than to try to fund private treatment”. “This will of course only affect those at the lower end of the pay scale making the gap between the rich and the poor even wider.” “Infertility is a topic that no one wants to talk openly about and this is one of the reasons we feel so aggrieved and let down by BHSCT”

5.5.2 The following section provides a snapshot of some of the equality, human rights and disability feedback. A full draft EQIA has been prepared on this proposal and is available separately.
Equality / Human Rights/ Disability Feedback

“These cuts are delaying our dreams, our hopes. These cuts will have a devastating effect on woman and men all over Northern Ireland.”

“Northern Ireland currently has the lowest access to NHS fertility services in the UK and this proposal will disproportionately affect women from lower socio-economic groups and for some women any exacerbation of the existing waiting times will mean that they will fall outside the age criteria applied to the NHS Fertility scheme.”

“Fertility is obviously age-related, so to delay this treatment could potentially mean cycle failures whereas without the delay there could have been a cycle success”.

“Although not directly life threatening it is well known that infertility can lead to a wide range of physical and psychological morbidity”.

“The age of the female patient needs to be seriously considered in terms of equality impact – a delay of 5 months+ could contribute to irreversible egg quality damage for female patients”.


5.6 Proposal 11(a) deferring the initiation of a number of high-cost drug treatments for a period of 5 to 6 months

5.6.1 The following is a representative selection of direct quotes and comments provided in response to this proposal:

“Imagine being diagnosed with MS and then told you can’t get right drug treatment which will stop the progression of the disease for 5-6 months”.

“For patients affected by MS the impact on delaying treatment can have serious negative ramifications in terms of loss of control over their condition and their lives. Not treating the condition early on also stands to cost the health service in Northern Ireland more money in the longer term”.

“The lives of patients like me would be severely impacted by having to live with the condition without effective treatment”.

“You are letting me down…lost for words”.

“I fear that there is a significant risk that such a short term measure could have a material adverse impact on my long term health …. And it is likely to lead to further costs for the Trust through for example increased appointments, treatments and hospitalisation”.

“This particular proposal (deferral of treating new patients for high cost drugs) is hugely flawed and has not been well considered. If applied, the direct consequence will be increased admissions and unnecessary emergency surgery for a group of our patients with the most severe presentations of IBD resulting in a higher overall cost and significant risks”.

“The surgery required would most probably involve forming a stoma, which is usually permanent, with all emergency surgery for IBD carrying an increased mortality risk.”

“This particular proposal is hugely flawed and has not been well considered”

“I’ve just had my 44th treatment of Tysabri - what a fabulous drug! I have my life back. I’m able to work as a teacher & contribute to society again. These drugs are vital for people who suffer from MS & should be made an essential part of NHS & a developmental progression for life- long diseases”.

“Administration of drugs should be based on clinical outcome and need so I do not agree with some people being denied drugs that are very expensive until April 2018”

“Life is a daily struggle and your decision will make life difficult for my family and 4 children. This will not be economically smart as I would need my large intestine removed”.

“Such a short term measure could have a material adverse impact on patients’ long term health and could lead to additional expenditure to deal with unnecessary preventable disease progression”.

“If the symptoms of MS accelerate in a person as a result of these proposals, does this bring into questions safety issues”?

“We have a large cohort of patients requiring high-cost drugs for a number of chronic skin conditions which significantly impact on quality of life... Poorly controlled disease can lead to other cardiovascular complications and may necessitate prolonged hospital admission”.

“Who would be held liable if this proposal brings about harm or deterioration to a person”? 

“To delay optimal treatment is cruel “.

“This could lead to people who are desperate for the treatment trying to source the drugs online”.

“This will make people depressed or suicidal”.

“This unilateral proposal will, if implemented, have far reaching implications for patients with MS across Northern Ireland. Indeed, the majority of patients with MS in Northern Ireland, will not live within the catchment of the Belfast Trust. I would question whether a proposal of this magnitude is appropriate without consultation with the relevant stakeholders in the other Health Trusts.”

“Restricting the options open to consultants and patients for what are NICE approved treatments sets a very alarming precedent with legal and moral questions to be considered”

“If you lived with MS every day you would want very available medication to help you try and keep the condition under control.”
5.6.2 The following section provides a snapshot of some of the equality, human rights and disability feedback pertaining to Proposal 11a. A full draft EQIA has been prepared on this proposal and is available separately.

**Equality / Human Rights/ Disability Feedback**

<table>
<thead>
<tr>
<th>Feedback</th>
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<tbody>
<tr>
<td>“People will become more disabled as a result of this proposal – how does this accord with your equality and disability duties”?</td>
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<tr>
<td>“This proposal will have the potential to prolong symptoms and make relapses longer and therein differentially impact on other medical conditions people with MS have e.g. mental health issues”.</td>
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<tr>
<td>“This is going to increase levels of disability unnecessarily”.</td>
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<tr>
<td>“Is it fair or equitable that people who require these for a disability or illness is not entitled to them however someone with HIV or Cancer is”?</td>
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<tr>
<td>“Singling out MS as one of the few conditions which will be impacted in these proposals is a clear equality issue. This appears to be an arbitrary decision, which flies in the face of the weight of scientific evidence. There has been no transparency in the decision making process for this consultation and people with MS rightly feel they are being unfairly targeted without explanation”</td>
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<tr>
<td>“People with MS may suffer increased comorbidities with related in-patient stays and greater disability and disease progression.”</td>
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<tr>
<td>“Being a recipient of such drugs I have first-hand experience on how these can dramatically change one’s quality of life….I can now live a normal life.”</td>
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<tr>
<td>“It’s not fair or ethical to withhold treatment that are life changing.”</td>
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<tr>
<td>“People could be left in severely disabling conditions.”</td>
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<tr>
<td>&quot;You have the power to save 1000s of people from countless years of pain and suffering, both mentally and physically.&quot;</td>
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<tr>
<td>&quot;I know now that I won’t ever get better but there are still good reasons to do all you can to stop me getting worse. At this stage I can look after myself (mostly) but who will look after me in the future.”</td>
</tr>
<tr>
<td>“I consider this a form of discrimination against people with MS&quot;.</td>
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Proposal 11: (b) substituting very expensive drug treatments for clinically-suitable alternative licensed treatments

5.7.1 The following is a representative selection of direct quotes and comments provided in response to this proposal:

“Surely drug substitution for less expensive drugs is the right thing to do and just common sense”.
“Surely drug substitution for less expensive drugs is the right thing to do and just common sense”.
“I only agree with the BHSCT using cheaper drugs instead of some high cost drugs if clinically appropriate and does not impact patient outcomes!”
“Patients should only be switched to biosimilar drugs with the consent of the clinician and in partnership with the patient.”
“Agree pharmacy cost savings of cheaper alternative drugs”.
“Substituting expensive drugs – do you not do this already?”
“Would drug substitutions not happen anyway as part of normal Trust business”
“As regards the proposal to switching to an off label treatment for patients suffering with wet AMD, we consider this to be unreasonable. The proposal undermines the existing legal and regulatory framework for the supply and use of medicines.”
“We consider the proposal to commission a medicine prior to it receiving NICE approval to be inconsistent with its stance and decision-making in other conditions and without its commitment to adhere to NICE guidelines and guidance.”
6.0 General Themes

In addition to the feedback on individual proposals, people also highlighted key recurring issues, which have been categorised as follows:

- Risk concerns
- Impact on Service Users and Patients
- Impact on Carers
- Impact on Staff
- Impact on Primary/Community Care
- Impact on Independent Sector Providers e.g. Nursing/Residential/Domiciliary Care
- Counter-strategic Proposals
- Broader Impact and ability to realise savings
- Regional and / or Rural impact.

6.1 Risk concerns

“There will be impaired care and harm to our patients.”
“Of the 11 areas proposed, some put public health at risk.”
“These actions are neither reasonable nor safe and indeed if imposed would put people’s lives at risk.”
“Can the Trust give a guarantee that patient care and safety will not be compromised if these cuts are implemented?”
“This is not only a moral but an ethical dilemma
“Patient safety should always be the number one priority for the Trust and these proposals are unsafe and undeliverable.”
“We believe that the impact of these proposals will have negative impact on the safety, quality of life and mental health on Trust service users – particularly amongst the most vulnerable in society.”
“How can you really expect a safe service with such cuts in a healthcare system that is by international standards both one of the most comprehensive and also one of the least funded?”
“The risk of increased waiting times on the service proposed is too great in terms of patient deterioration, mental health, staff retention and further costs to the NHS down the link. It is short-sighted and wrong.”
“Short-term financial savings will lead to patient harm”.
“Please take the fight back to the Department and other and emphasise that you have a statutory duty to provide effective, safe and quality services”.
“Think if these cuts go ahead, the risks will be far greater than anticipated. The mental health of the citizens has not been been considered and could result in more healthcare needs in the long-term, whether it is through additional services, more extensive treatment, or a greater urgency of care.”
“We therefore consider the Belfast Trust proposals ... unreasonable on the grounds of legality, safety, deliverability, impact and strategic direction”.
“Poorer health outcomes for patients, most especially older people with multiple long term conditions”.
“The true cost of failing to treat our patients adequately will be irreversible, long term disability”.
“I feel you are discriminating against people with a disability and breaching the disability act”.
“There is limited reference to the impact on children and young people – they will be significantly impacted by the full range of changes outlined”.

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"Taking away any of the 12 treatments, would represent a risk to people with MS as they all have been approved as clinically and cost effective and have a place within the current treatment pathway for MS".

6.2 Impact on Service Users and Patients

"The Trusts’ proposals will negatively, unfairly and unsafely impact the elderly, the vulnerable and those in most need of healthcare and support."

"These cuts will hurt older people, with cuts to nursing and residential home places; those waiting already unacceptable times for surgery, who will have to wait even longer; persons with disabilities; those seeking IVF treatment, who will have to wait even longer for the chance to have a family; those with learning disabilities and mental health needs who require care and support in the community; and carers who already sacrifice a huge amount within our community."

"We as a group have significant concerns about the well-being of our Dermatology patients if the proposal to defer “new patients” high-cost drugs for a period of 5-6 months goes ahead."

"These proposals will lead to increased pain and suffering in the population, particularly among the elderly patients and an increase in patients unable to be discharged from hospital."

"I think these proposals are badly thought out and inconsiderate…A lot of these changes will affect the most vulnerable in the community."

"Absolutely disgraceful proposals – all cuts have an effect on service users and patients."

"How can we ensure safe care if we are stopping services?"

"Some of the changes will affect the people who need the most help, i.e. the old and frail; we are elderly and disabled and our care now and future care is the most important thing for us. Reading about these changes makes us afraid about our future."

"We again reiterate our very real concerns that disabled people are being increasingly marginalised and excluded from society as they bear the brunt of the accumulated impact of cuts in public spending, adversely impacting on their rights to live independently and to an adequate standard of living."

"Need to take account of broader concepts such as introduction of Welfare Reform which will impact disproportionately on health and well-being of disabled people."

"The Trust needs to ensure that existing inequalities are assessed throughout the planning process and are not aggregated through a disproportionate or unintended impact of the proposals on particular groups."

"Even a short embargo on drug use could result in serious and life-long harm to patients."

"Any person that needs community support specifically: this will have a significant impact on older people and People with Disabilities and Mental health issues."

"You have picked off services to the people who are largely ignored and voices often unheard in this country: older people, women, disabled."

"Recognises the need to create savings however with 50% of savings impacting directly on patient care delivery of this will be challenging."

"The measures proposed in the savings plan could have a significant, negative impact on people living with terminal illness in the Belfast Trust area."

"Outrageous consequences."

"These proposed cuts not only threaten to do untold damage to all people in our society, they have the potential to do particular harm to vulnerable people such as victims of domestic and sexual violence – many of whom may have disabilities or complex needs as a result of physical violence or mental healthcare needs due to trauma of ongoing abuse."

"Social inequalities exist across a wide range of domains including age, gender, race, ethnicity, religion, disability and sexual orientation. These inequalities interact in complex ways with socioeconomic position in shaping people’s health status. In that context, we
are concerned that poorer communities, with higher levels of need, will be most affected by the proposal, which will in turn, widen health inequalities."

"The principles on which these savings are based do not appear to consider the actual human impact. They are clearly organisational based, and seemed to be designed to protect the organisation and not the population it serves."

"People with a learning disability will often come into contact with the general health and social care system, and access a range of services beyond learning disability services. This must be taken into account if the Trust is considering "protecting adult learning disability services".

"Older people have told us they feel “angry”, “deeply disheartened”, “profoundly concerned”, “despondent”, “upset”, “anxious” and “stressed”, about whether they, or their loved ones, will be able to access the care and extra help they need at home when they need it and to the extent that they need support."

"Will have a profound and detrimental impact on the health and wellbeing of older people and the ability of carers to continue caring."

### 6.3 Impact on Carers

"Appreciate Inquiry work has meant that the Trust, Carers and Service Users have been repairing relationships since the proposals on day centres and have shown that working together can help improve services - These indiscriminate cost cutting proposals are damaging relationships."

"Carers will have to shoulder further financial burden – having to give up work to look after frail and elderly people."

"This could not only affect carers both in terms of their physical and mental well-being but also their employment prospects."

"Impact for older people their families and carers, and the health and social care professionals working with them, will be devastating."

"Protect services which support carers. Informal caregivers are “essential in the care process and probably cost saving for society” due to their role in avoiding crisis hospitalisation and early recourse to residential and nursing care homes. There is also evidence that carers of people with dementia have particularly high stress levels and risk of carer breakdown, due to the complex, unpredictable and progressive nature of dementia; nearly nine in ten people caring for someone with dementia say it has had a negative impact on their mental health. As such, services to support carers of people with dementia are vital to avoid more expensive services being required later on, both in order to support the wellbeing of carers of people with dementia and the people with dementia themselves who may otherwise go unsupported."

### 6.4 Impact on Staff

"Staff morale is at breaking point and the loss of experienced staff due to stress and choosing to take up employment outside of the health service will be inevitable. The additional threat of redeployment or redundancy will be impossible to cope with for all staff members."

"Short-sighted cost-saving measures have resulted in an escalating level of nursing vacancies, increasing risk brought about by staff shortages, care left undone, nurses working an increasing number of unpaid hours, spiralling work-related sickness absence levels, and soaring bank and agency costs."

"The Trust must recruit and permanently fill jobs in order to reduce extreme expensive locum and agency staff costs and increase the dedication which staff will choose to invest in their role."
HSC Trusts should acknowledge the potential difficulties doctors could face such as being unable to provide appropriate levels of treatment and care for patients and ensuring continuity of care.

There is poor morale amongst staff – who have been "uber-ised" and self-employed through use of locum and agency staff.

Lowering staff morale resulting in higher levels of sickness.

By removing agency nurses, there will be a devastating impact on nurses who are already under pressure due to staff shortages.

We know that resource limitations also impact on those trying to provide care. Levels of work-related stress, distress and burnout are increasingly present among the workforce of HSC services. Of course, this in turn will also impact on care provision.

There is a risk of the 5 months becoming much longer due to potential staffing shortages as potential redeployment carries the risk of staff leaving to work in the private sector or staying in their redeployed position if a vacancy arises. Redeployment also demotivates staff, causes low morale and causes additional stress on staff who are concerned about the welfare of patients. There will also be significant costs associated with organising and managing the redeployment.

Already suffering within a system that is in a spiral of low morale, brought on by a decade of persistent cuts, poor decision making and a lack of leadership, major overspends on agency and locum staff which has allowed private companies to exploit the system, a lack of workforce planning to address the staffing crisis and seven years of pay freezes and pay caps.

6.5 Impact on Primary Care/Community Sector

Increased workload in an already stretched primary care.

Seems unfair that proposals are focused on a lot of community based services rather than acute settings.

A reduction in 35 beds and 2150 day cases, would mean greater stress on the patient who would have to continue to struggle with their condition and more likely need to access GP and A&E services, which are already under serious pressure.

The proposed cuts will have an impact across primary, community and secondary care services. Cuts in one area will have a knock on effect to other areas and patients will face a loss of access to services across health and social care. Achieving an effective, integrated health and social care system is going to be less achievable than it is currently if these cuts are implemented.

6.6 Impact on independent sector providers i.e. nursing and residential homes and domiciliary care providers

I genuinely fear that there will tragic consequences for service user families and carers and also SMEs which underpin the majority of the local business community in Belfast.

If this plan is put in place it will severely impact the sustainability of our business and many others, there will be no way back from this in the new financial year because the beds in the private sector will be significantly reduced due to the closure of businesses.

Independent care providers withdrawing services or going to the wall because the current levels of funding is making their businesses unsustainable – a massive threat to future health reform, which will create a system that relies more and more on care.

This proposal may have a major impact on: the sustainability of my care home, provision of ongoing quality care to all of the residents living in my nursing home, job security and well-being of all members of my care team, well-being of families of residents placed in our care who consider my home to be a good and safe place for their loved one to live.

The loss of confidence in care services from both staff and the public – the sector is treated as low-hanging fruit when it comes to cuts, soft services that can easily be switched on or off.
“The independent sector is already struggling with high staff wage costs, including the use of agency staff, high recruitment costs and increased pension costs. In addition, ongoing running costs for providers has increased significantly. The independent sector has played a vital contribution with the provision of nursing and residential care, working in partnership with the Belfast Trust as a significant purchaser of beds to meet the needs of its service users.”

6.7 Counter-strategic proposals

“The proposed actions do not align with the strategic direction of Health and Social Care outlined in “Health and Wellbeing 2026 - Delivering Together”, or the Trust’s Carers’ Strategy or in the Trust’s aim to deliver personalised, co-produced care through access to Self-Directed Support offering choice and control”.  

“In practice, the commitment made by the Northern Ireland Executive to transfer funding from hospitals to community based services to relieve pressure on Emergency Departments and other hospital services is being bypassed”.

“It is imperative that Trusts refuse to engage with this process but rather respond with a spending projection that is realistic and which honours the health and social care needs of the citizens of Northern Ireland”.

“These arbitrary cuts, announced at short notice, are without foundation and are unjustified”.

“Engendered a widespread cynicism about a process perceived to have been choreographed primarily in order to legitimise draconian cuts to patient care and services”.

“The savings proposed by the Trusts are not sustainable ways of securing long-term efficiencies: there is a pressing need for political leadership to refocus the agenda on strategic longer-term reform with an emphasis on prevention, which has the capacity to generate future savings.”

“Health is a-political and should always remain so, and should be a priority in funding for the government”.

“It is my opinion that the Board should seek to resist these ‘savings’ cuts and bring them back to the Department. Anything less than this is in my/our view a failure in its duty of care and they should consider their position”.  

“Transformation will never happen in health and social care if there is an ethos that the only statutory obligation that matters is to balance books”.

“Who will be making these difficult decisions as they have extremely serious outcomes”?  

“Increased litigation as disease worsens due to undiagnosed or deteriorating conditions due to waiting lists”.

“Increase in untoward clinical incidents”.

“Reputational damage to the Service in general and individual Surgeons in particular, which we anticipate, will be difficult to recover when service funding is restored”.

“The proposed cuts present a backwards step, posing a threat to the health system as patients who have been denied treatment become a greater burden in the future due to poor disease and symptom management earlier on.”

“The Trust must say no to the cuts...as they will breach the Trust’s duty of care to patients, clients and workers alike, and will breach the Trust’s duty under Section 75 of the Northern Ireland 1998 and the Human Rights Act 1998”.

“Such cuts are targeted to kick in at the start of November 2017, the time of year when health costs dramatically increase, as winter bites and the elderly and vulnerable need the services of the NHS most.”

“Short term ‘solutions’.. will only add to the pressure, shift the difficult decisions further down the line, and most critically, result in poor outcomes for all.”

“The financial savings with a patchwork of cuts does not explain the abandonment of commissioning and needs assessment, the lack of priority to health expenditure by the
Department or accounts for the use of Barnett Consequentials coming to Northern Ireland through increased health expenditure in England.

6.8 Broader impact and ability to realise savings

“We believe that making further cuts to care packages and access to nursing/residential homes will not bring about savings when looked at a whole system”. “The proposals … are frankly frightening and I believe unprecedented. If we are seriously considering a downturn in activity with direct adverse outcomes for our patients and families than I am truly sad and feel as a community that we are falling in caring for our most vulnerable in society”.
“The controversial proposals simply cannot be allowed to go ahead”. “The risks are so great and any potential ‘savings’ are temporary”. “These cuts will be hugely damaging in the long terms – the risks vastly outweigh any potential savings that can be made”. “The Trust is proposing to mortgage 2018/19 for a marginal balance sheet gain in 2017/18”.
“There is a need to estimate the potential displacement costs that could arise. This may then lead to the need to review the efficacy of these proposals for saving expenditure”. “Saving money can be good, but it needs to be fair”.
“Significant improvements had been made to patient flow in our Emergency Department over the last year, all this progress would be lost and the whole system could be brought to a standstill”.
“Has there been an analysis conducted on long term impact and cost of short term savings? Additionally what would be the cost of undoing these costs?”
“This will not deliver savings .. but simply postpone costs”
“Total stagnation of the system”
“This will have dire consequences for many of the most vulnerable people in society, jeopardise the future of social care, increase overall health care costs and put even further strain on acute care provision”.
“The reduction in the provision of domiciliary care and nursing home packages has the potential to impact on essential services provided by the Community Dental Service”.
“Our members have also been advised that the cuts to fertility services will have a knock effect on the delivery of wider gynaecology services although this is not recognised in the consultation document”.
“When combined with possible reductions in the nursing workforce, the impact these proposals will have on women managing the burden of unpaid care for family members in the community is huge and will contribute to gender inequality, poverty and mental health problems.”
“What reassurances can service users have that funding for health and social care in 2018/2019 will be any better?”
“These proposed cuts are going to significantly hinder rather than help with the transformation of services, which is urgently required.”
“Increased attendance, waiting times and trolley waits in A&E due to cuts in social care”?
6.9 Regional and/or rural impact

“I have real concerns about safety and the detrimental impact that these proposals in their totality would have on the health and well-being of the citizens of Belfast and beyond in regard to our regional services”.

“What about the broader regional impact?”

“This could bring the whole system to a standstill”.

“This could impact on vulnerable older people living in a rural setting and the potential impact being greater on them, than those who live in a busy community and have more access to support”.

“We are concerned that the cumulative impact of cuts to social welfare (as a result of welfare reform) and plans to reduce access to health and social care support are likely to be particularly harmful for disabled people.”

“While a number of the plans include similar themes, the scale of proposed savings varies between Trusts resulting in potential inequalities in the geographical distribution of services.”

“Half of the Trust’s proposals may be considered major and/or controversial - these will clearly have an impact regionally given the number of services that Belfast Trust offers to large parts or all parts of Northern Ireland”

“Unclear from document which aspects of the savings are significant specifically to BHSCT and which have regional significance? Where there a need in fact to carry out the higher impact savings, this would be of particular concern to those right across NI who have conditions specifically named in the section on decreasing or outright withdrawing certain drugs and treatments (including with regard to fertility)”.

“Concerned with the way the proposed cuts by BHSCT have been communicated and deliver...this potential deferment will affect patients across all 5 HSC Trusts, not just Belfast...however there is no mention of potential cuts to fertility services in the other 4 HSC Trust consultation documents, beyond Belfast”.

“Belfast Trust deals with a large urban area but there are areas of rurality within the Belfast Trust boundaries, for example parts of Castlereagh are within the Trust boundaries...Any aspect of the SEHSCT savings plan that impacts on the Ulster Hospital will potentially have an adverse impact on Belfast Trust.”

“For patients in the rural setting, a delay in effective treatment could potentially lead to greater reliance on the immunology service in question, and increased time spent in the hospital setting.”

“Worryingly people in rural areas are already isolated in terms of proximity to others and they can be reticent to ask for help thus suffering in silence with the loneliness of infertility which can lead to a break down in their mental health”.
### 7.0 Suggested Alternatives

We asked for suggested alternatives to the proposals as identified below:

#### 7.1 Structural

- “Dissolve HSC Board and distribute money across the Trusts”.
- “Merge all the HSC Trusts in Northern Ireland into one”.
- “Arrangements for health services to be provided outside Northern Ireland- Trusts should identify every other opportunity for sharing services between Northern Ireland and its neighbours, where this is in the best interests of patients”.
- “Consolidation of areas of duplication across the Trust and temporarily rationalising these e.g. Emergency Departments, General Surgery”.
- “Rapid repatriation of patients to their own Trust area”.
- “With a more integrative approach (i.e. students spending time each week at a residential home) we could help lower levels of isolation and loneliness. The Trust would then be able to prioritise elderly care as it pertains to essential medical/therapeutic interventions.”
- “In terms of procurement ..it is important to remember that the commissioning of services from the community and voluntary sector save more for Health and Social Care in long term”.
- “Cut contracts with C and V sector”.
- “Move forward with plans to rationalise the number of acute hospitals in NI whilst also delivering the necessary infrastructure supports to ensure that these changes are done safely and earn public confidence.”
- “Reintroduce Prescription Charges”.
- “Analyse the monopoly and general high costs of drugs from a consumer rights perspective”.
- “Look at money spent on obesity, dental and smokers”.
- “Stop paying private companies to cut waiting lists”.
- “Do not allow prescriptions on over the counter medication e.g. paracetamol”.
- “Introduce fines for smoking, abuse of HSC staff”.

#### 7.2 Workforce related

- “Money should be saved by cutting back on managers not staff on the front line”.
- “Explore consultants (medical) pay and their contractual arrangements with private clinics”.
- “Consultants should forego any existing Distinction Awards”
- “HSC should be exempt from apprentice levy scheme”.
- “Tackle the NHS Sickness Level – 5% of the NHS staff bill is sick pay”.
- “Make overseas recruitment more achievable”.
- “The Health Service should be looking to improving recruitment and retention of staff so that as not to have to rely on expensive agency, bank and locum workers”.
- “Offer/encourage staff to take extra annual leave up to 10 days or temporarily reduce their hours”.
- “Reduce training budgets. Stop recruitment”.
- “A comprehensive, structured solution is required from the Department of Health, HSCB and all Trusts which leads to increased recruitment of permanent, public sector workers; proper workforce planning across the whole system”

#### 7.3 Financial alternatives

- “Raising money from property sales and rental within Belfast Trust facilities”.
- “Don’t change staff uniforms”.
- “Order less stock”.
- “Allow pharmacy departments to take back unused drugs to re-dispense them”.
- “Modernise commissioning processes and explore if payment by results would be a better system for NI”.

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The Trust recognises the merit of these ideas, many of which are well-made and already form part of the Trust’s ongoing overarching efficiency work. In addition, a number are included in the work of the regional Medicines Optimisation Efficiency Group, which the Trust contributes to in order to deliver substantial pharmacy and medicines optimisation savings each year.

Some of the proposals highlighted are strategic and structural in nature and therefore form part of the DoH-led Transformation Implementation process.

It is important to highlight that many people who participated in the consultation process felt that it was not reasonable for the Trust to ask them to suggest alternative savings proposals.

<table>
<thead>
<tr>
<th>Proposal</th>
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<tr>
<td>Why not close or reduce access to statutory care homes and optimise independent care homes, which are cheaper?</td>
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<tr>
<td>Review of the prescribing and management of antibiotics</td>
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<td>Increase spending on community care packages</td>
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<td>Reduce the amount of monthly clothing allowance paid to children in care</td>
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<td>Charge for those who Do Not Attend without good reason</td>
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<td>Energy efficiencies- heating/lighting/pc monitors</td>
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<td>Waste management</td>
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<td>Procurement of cheaper theatre supplies</td>
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<td>Recycling</td>
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<td>More environmentally friendly energy production</td>
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8.0 Trust Board considerations

The Trust has taken time to continuously review and consider all the responses and feedback received from a wide range of stakeholders throughout the 6 week consultation period.

The quality of engagement at all our meetings and the detailed feedback have both informed this Consultation Feedback Report. People shared their personal stories and brought to life how these proposals, if implemented, would affect them or their loved ones. Many participants conveyed how difficult it was even to listen to the proposals and hear about their potential impact.

There was a general belief that the proposals were counter-strategic, counter-intuitive and would impact significantly on service delivery.

Trust Board will carefully consider all views and suggestions received in planning the way ahead.
Appendix 1: Questions asked on Consultation Pro Forma

1) Do you consider that the Trust has identified reasonable actions to deliver our share of this regional savings plan given the timescale available and principles of safety, deliverability, impact and strategic direction?

2) Do you consider that there are any alternative proposals that could be brought forward that would deliver the equivalent reduced spend in-year, taking account of the principles set out in this document? If so please describe the nature of these alternative proposals below.

3) Can you propose any further actions that could be taken to manage the risks presented due to the impact of the implementation of these proposals? Please set out your response below.

4) An outcome of initial equality screening considerations was issued. Please detail below your views on the assessed impact of the proposals and any other potential impacts you feel we should consider.

5) The Rural Needs Act places a duty on public authorities, including government departments, to have due regard to rural needs when developing, adopting, implementing or revising policies, strategies plans and when designing and delivering public services. Do you have any evidence to suggest that the proposals within our proposals would create an adverse differential impact?

6) General Comments