

## 3: Health and Social Care in Northern Ireland Today

### 3.1 Introduction

The previous section provided an overview of current health and social care funding and allocations in Northern Ireland, and used the approach to future funding employed by the first Wanless Review to suggest a set of future spending paths for health and social care services. These implied a more than doubling in real terms of funding over the next twenty years. But setting the broad budget parameters only tackles part of the task of delivering a high quality health and social care service; health care needs, how services are used and the efficiency with which services are delivered all combine to determine the quality of the outcomes services can produce.

This section therefore reviews the implied demand for health and social care services arising from the current state of health of the Northern Irish population, the actual demand as revealed by the use of services and, crucially, the extent to which health and social care resources are currently being used effectively to address needs and provide acceptable levels of access to services.

In particular, we cover in some detail issues concerned with waiting lists and times, efficiency and productivity and workforce and pay.

### Section Conclusions

In considering the health & social care system in Northern Ireland there has tended to be little analysis of performance, with the main emphasis being on funding as the main determinant of outcomes such as waiting times. Whilst to an extent this is understandable given the difficulty in measuring the efficiency with which public services are delivered, it is vital that the performance of the health & social care sector is monitored in support of a rigorous performance management system.

In this section, the performance of the Northern Ireland health & social care sector is compared with the rest of the UK across a range of indicators, collectively providing a broad indication of relative performance. In terms of waiting times the picture is unambiguous, with Northern Ireland having significantly longer waits than the rest of the UK. It is important to recognise however that there are significant variations within Northern Ireland between trusts and between specialties, with some areas making significant progress whilst in others, performance is less impressive. Therefore, long waiting times can be reduced by adopting a long term strategy, including long term targets backed by strong incentives,

Activity levels per head of population in Northern Ireland hospitals are found to be broadly similar to the rest of the UK, although A&E attendances are significantly higher, raising questions regarding demand management. In addition, given that there are significantly more resources used in the provision of health care in Northern Ireland, this implies that efficiency is lower in terms of inputs such as staff and beds as well as overall funding. Whilst the lower level of efficiency may in part be due to factors considered legitimate - such as the provision of services in rural or deprived areas - the full opportunity cost of such policy decisions needs to be fully appreciated.

In terms of staff, despite a general perception to the contrary, Northern Ireland appears to be reasonably resourced in a UK context with significantly higher levels of staffing than in England. In addition, the local labour market for health and social care staff appears to be relatively benign in terms of the recruitment and retention of staff with lower vacancy rates, use of international staff and cost of living whilst there is a larger public sector pay premium than is the case for the other UK regions. In terms of the Government's policy on public sector pay and the significant financial implications of recent pay reforms in the health sector, the continued maintenance of pay parity with the rest of the UK needs to be re-examined.

The issue of pay was also found to be relevant in terms of Family Health Services where it was not clear that the new payment contracts represented value for money. The relationship between GP's and the rest of the health & social care system appeared to be somewhat disjointed as a legacy from fundholding. In addition, despite implementing various initiatives to reduce the problem, Northern Ireland still has a significantly higher level of spend on prescription drugs per head of population than the rest of the UK. As with the rest of the health & social care sector this can be linked in part to the absence of sanctions to discourage poor performance.

Social services is the area of the health & social care system where provision in Northern Ireland is considered to be the furthest behind that in England. Whilst the available evidence suggests that this is not necessarily the case, Northern Ireland still appears to be many years behind in England in terms of achieving the policy aim of providing social services in a community rather than hospital environment wherever possible. In addition, despite having lower unit costs than in England, there appears to be scope for services to be delivered more efficiently.