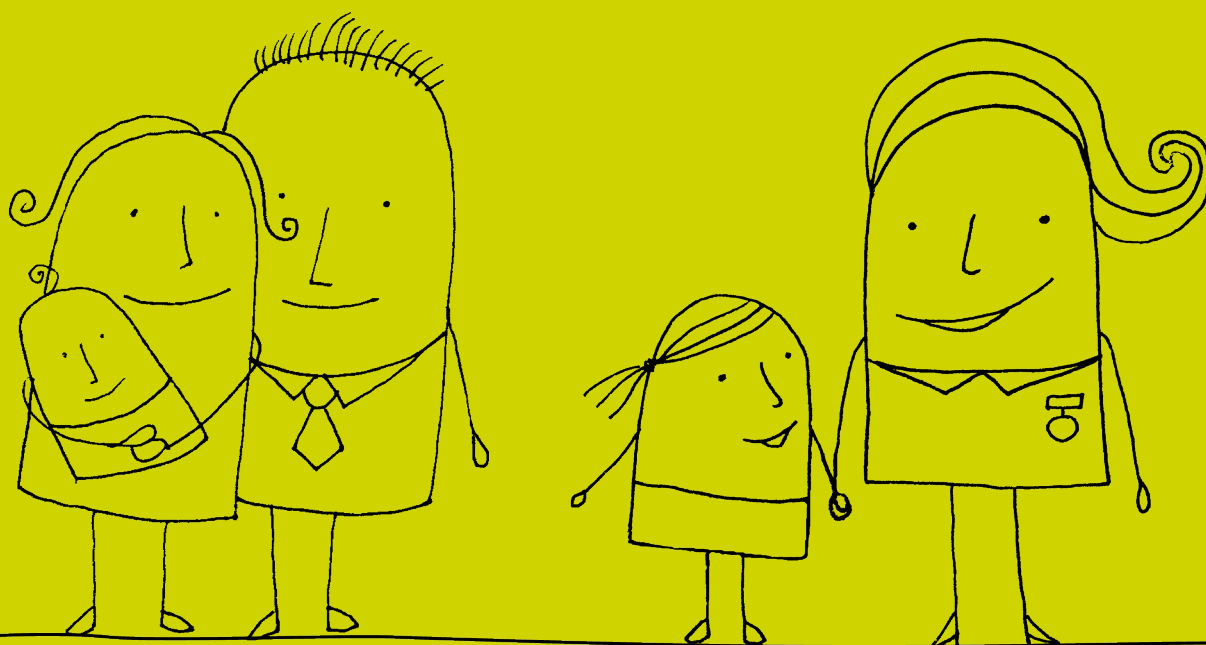


Patient and Client Council

'The Right Time, The Right Place'

The public's feedback on the recommendations from the Donaldson Review

May 2015



Your voice in health and social care

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1.0 Introduction

'The Right Time, The Right Place' report was published on Tuesday 27th January 2015. The focus of the report was a review of the Health and Social Care system in Northern Ireland to examine the arrangements for assuring and improving the quality and safety of care, to assess their strengths and weaknesses and to make proposals to strengthen them.

The report outlines a series of 10 recommendations which are summarised below.

1.1 'The Right Time, The Right Place' - Recommendations

Recommendation 1: Coming together for world-class care

We recommend that all political parties and the public accept, in advance, the recommendations of an impartial international panel of experts who should be commissioned to deliver to the Northern Ireland population the configuration of health and social care services commensurate with ensuring world-class standards of care.

Recommendation 2: Strengthened commissioning

We recommend that the commissioning system in Northern Ireland should be redesigned to make it simpler and more capable of reshaping services for the future. A choice must be made to adopt a more sophisticated tariff system, or to change the funding flow model altogether.

Recommendation 3: Transforming Your Care – action not words

We recommend that a new costed, timetabled implementation plan for Transforming Your Care should be produced quickly. We further recommend that two projects with the potential to reduce the demand on hospital beds should be launched immediately: the first, to create a greatly expanded role for pharmacists; the second, to expand the role of paramedics in pre-hospital care. Good work has already taken place in these areas and more is planned, but both offer substantial untapped potential, particularly if front-line creativity can be harnessed. We hope that the initiatives would have high-level leadership to ensure that all elements of the system play their part.

Recommendation 4: Self-management of chronic disease

We recommend that a programme should be established to give people with long-term illnesses the skills to manage their own conditions. The programme should be properly organised with a small full-time coordinating staff. It should develop metrics to ensure that quality, outcomes and experience are properly monitored. It should be piloted in one disease area to begin with. It should be overseen by the Long Term Conditions Alliance.

Recommendation 5: Better regulation

We recommend that the regulatory function is more fully developed on the healthcare side of services in Northern Ireland. Routine inspections, some unannounced, should take place focusing on the areas of patient safety, clinical effectiveness, patient experience, clinical governance arrangements, and leadership. We suggest that extending the role of the Regulation and Quality Improvement Authority is tested against the option of outsourcing this function (for example, to Healthcare Improvement Scotland, the Scottish regulator). The latter option would take account of the relatively small size of Northern Ireland and bring in good opportunities for benchmarking. We further recommend that the Regulation and Quality Improvement Authority should review the current policy on whistleblowing and provide advice to the Minister.

Recommendation 6: Making incident reports really count

We recommend that the system of Serious Adverse Incident and Adverse Incident reporting should be retained with the following modifications:

- ▶ deaths of children from natural causes should not be classified as Serious Adverse Incidents;
- ▶ there should be consultation with those working in the mental health field to make sensible changes to the rules and timescales for investigating incidents involving the care of mental health patients;
- ▶ a clear policy and some re-shaping of the system of Adverse Incident reporting should be introduced so that the lessons emanating from cases of less serious harm can be used for systemic strengthening (the Review Team strongly warns against uncritical adoption of the National Reporting and Learning System for England and Wales that has serious weaknesses);
- ▶ a duty of candour should be introduced in Northern Ireland consistent with similar action in other parts of the United Kingdom;
- ▶ a limited list of Never Events should be created
- ▶ a portal for patients to make incident reports should be created and publicised
- ▶ other proposed modifications and developments should be considered in the context of Recommendation 7.

Recommendation 7: A beacon of excellence in patient safety

We recommend the establishment of a Northern Ireland Institute for Patient Safety, whose functions would include:

- ▶ carrying out analyses of reported incidents, in aggregate, to identify systemic weaknesses and scope for improvement;
- ▶ improving the reporting process to address under-reporting and introducing modern technology to make it easier for staff to report, and to facilitate analysis;
- ▶ instigating periodic audits of Serious Adverse Incidents to ensure that all appropriate cases are being referred to the Coroner;
- ▶ facilitating the investigation of Serious Adverse Incidents to enhance understanding of their causation;
- ▶ bringing wider scientific disciplines such as human factors, design and technology into the formulation of solutions to problems identified through analysis of incidents;
- ▶ developing valid metrics to monitor progress and compare performance in patient safety;
- ▶ analysing adverse incidents on a sampling basis to enhance learning from less severe events;
- ▶ giving frontline staff skills in recognising sources of unsafe care and the improvement tools to reduce risks;
- ▶ fully engaging with patients and families to involve them as champions in the Northern Ireland patient safety program, including curating a library of patient stories for use in educational and staff induction programmes;
- ▶ creating a cadre of leaders in patient safety across the whole health and social care system;
- ▶ initiating a major programme to build safety resilience into the health and social care system.

Recommendation 8: System-wide data and goals

We recommend the establishment of a small number of systems metrics that can be aggregated and disaggregated from the regional level down to individual service level for the Northern Ireland health and social care system. The measures should be those used in validated programmes in

North America (where there is a much longer tradition of doing this) so that regular benchmarking can take place. We further recommend that a clinical leadership academy is established in Northern Ireland and that all clinical staff pass through it.

Recommendation 9: Moving to the forefront of new technology

We recommend that a small Technology Hub is established to identify the best technological innovations that are enhancing the quality and safety of care around the world and to make proposals for adoption in Northern Ireland. It is important that this idea is developed carefully. The Technology Hub should not deal primarily with hardware and software companies that are selling products. The emphasis should be on identifying technologies that are in established use, delivering proven benefits, and are highly valued by management and clinical staff in the organisations concerned. They should be replicable at Northern Ireland-scale. The overall aim of this recommendation is to put the Northern Ireland health and social care system in a position where it has the best technology and innovation from all corners of the world and is recognised as the most advanced in Europe.

Recommendation 10: A much stronger patient voice

We recommend a number of measures to strengthen the patient voice:

- ▶ more independence should be introduced into the complaints process; whilst all efforts should be made to resolve a complaint locally, patients or their families should be able to refer their complaint to an independent service. This would look again at the substance of the complaint, and use its good offices to bring the parties together to seek resolution. The Ombudsman would be the third stage and it is hoped that changes to legislation would allow his reports to be made public;
- ▶ the board of the Patient and Client Council should be reconstituted to include a higher proportion of current or former patients or clients of the Northern Ireland health and social care system;
- ▶ the Patient and Client Council should have a revised constitution making it more independent;
- ▶ the organisations representing patients and clients with chronic diseases in Northern Ireland should be given a more powerful and formal role within the commissioning process, the precise mechanism to be determined by the Department of Health, Social Services and Public Safety;
- ▶ one of the validated patient experience surveys used by the Centers for Medicare and Medicaid Services in the USA (with minor modification to the Northern Ireland context) to rate hospitals and allocate resources should be carried out annually in Northern Ireland; the resulting data should be used to improve services, and assess progress. Finally and importantly, the survey results should be used in the funding formula for resource allocation to organisations and as part of the remuneration of staff (the mechanisms to be devised and piloted by the Department of Health, Social Services, and Public Safety).

1.2 What we did

The Patient and Client Council (PCC) developed an engagement exercise with members of the public with the aim of gathering views on the report and its recommendations. The specific objectives of the study were to:

1. Engage with members of the public through a variety of mechanisms to provide an opportunity for people to give their views on 'The Right Time, The Right Place' report;
2. To understand views from people about the report, and what they felt the implications would be for Health and Social Care in general;
3. To establish the key issues and specific views people had in relation to report recommendations;
4. To identify the particular priorities that people have when considering the implementation of report recommendations.

There were two key engagement approaches, focusing on (1) feedback from the public via the PCC Membership Scheme members and the PCC website and (2) views from PCC Local Advisory Committee members.

To collect views from Membership Scheme members, the PCC included an article in the PCC Membership Scheme Updates Newsletter (both hard copy and e-newsletter editions), informing all members of 'The Right Time, The Right Place' report, detailing its recommendations and asking for views. In addition, views from members of the public were requested via the PCC website. Through these exercises, a total of 136 people responded with comments – 102 hard copy responses were returned, 28 online responses, via a link in the e-newsletter and 6 comments placed directly as comments in the blog section of the PCC website.

Views from members of the PCC Local Advisory Committees were collected via a series of group discussions.

Given that total membership of the Local Advisory Committees at time of reporting is 41 individuals, with a total of 136 comments via additional engagement mechanisms, this summary report outlines the views and comments provided by 177 people, in relation to 'The Right Time, The Right Place' report.

Given the nature of open responses received as part of our engagement exercise, it has not always been possible to assign specific numbers to the qualitative data outlined in this response. However, as a general guide the following definitions will give the reader an indication of the frequency of occurrence during group discussions:

When we say:	We mean:
"few"	10% of the people or less
"some"	11% to 25% of the people
"many"	26% to 50% of the people
"the majority"	51% to 75% of the people
"most"	76%+ of the people

2.0 Feedback from the people we talked to

This section of the report outlines views received from the PCC Membership Scheme and website engagement exercises and key issues and comments raised by Local Advisory Committee members.

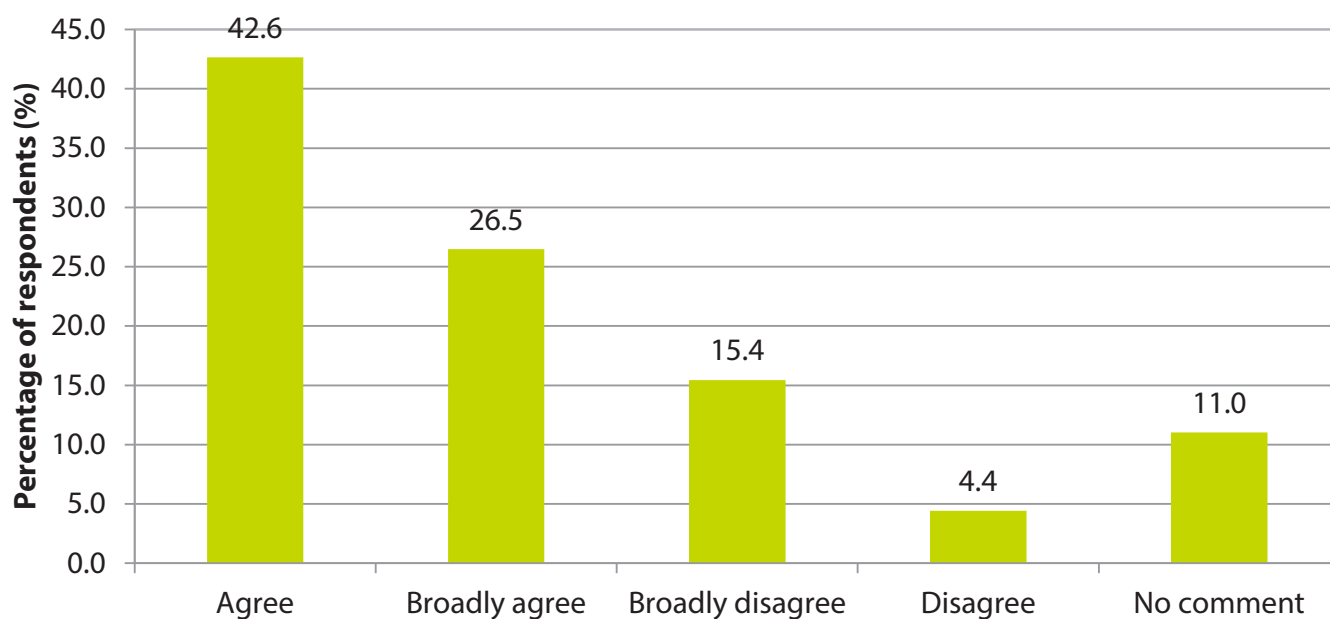
2.1 Views from respondents via Membership Scheme / PCC website

In total, 136 people responded with comments (102 hard copy, 28 online completions and 6 website blog posts).

Many respondents provided detailed views, with individual responses outlining a range of views and opinions.

Based on what people told us, 69.1% either agreed or broadly agreed with the recommendations, 19.8% either disagreed or broadly disagreed and 11.0% did not provide a particular view (see **Figure 2.1** below).

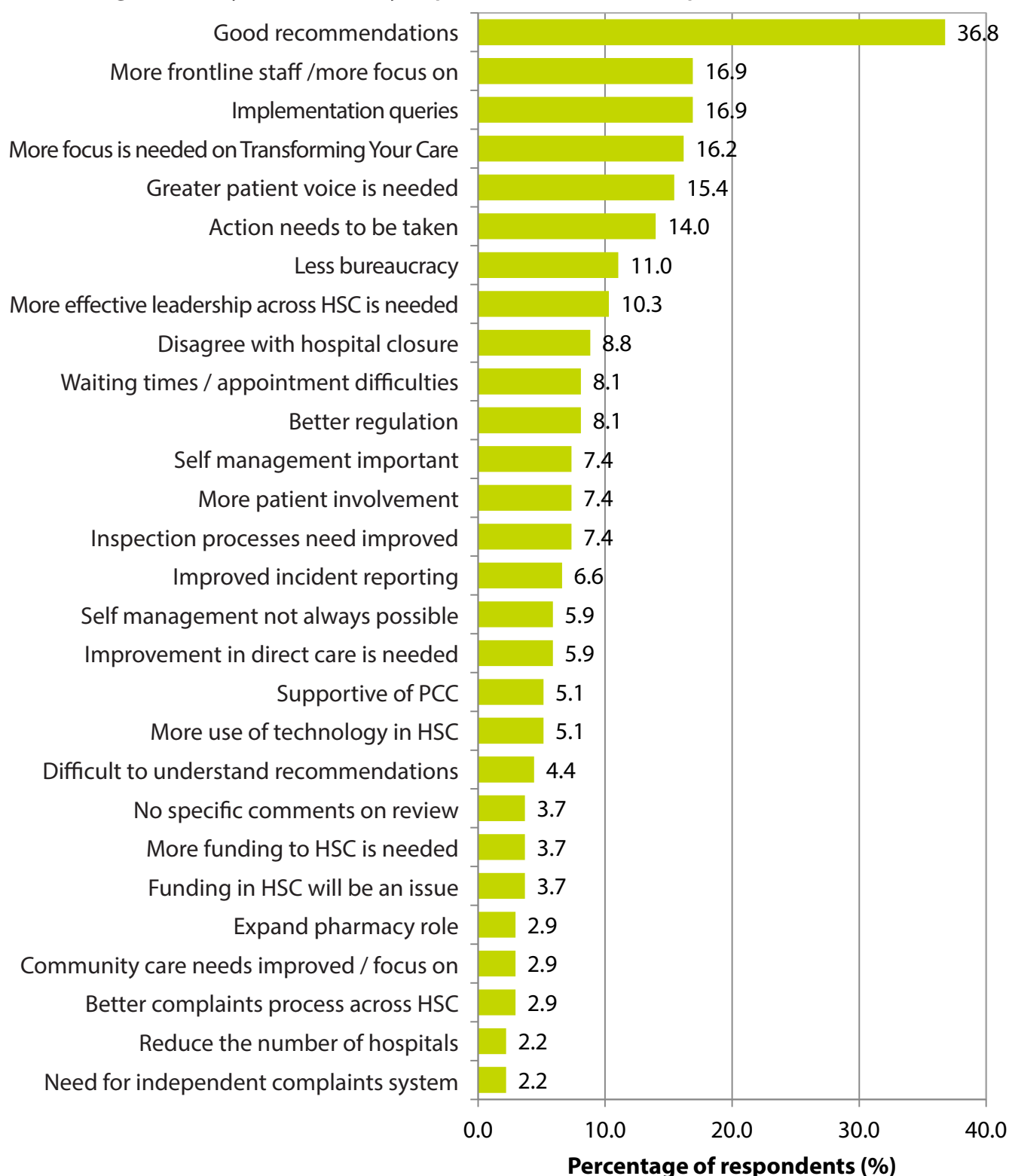
Figure 2.1: Percentage of respondents who agreed / disagreed with the recommendations



Base: 136

People provided a wide variety of views, some of which were specific to the report, whilst others were more general. **Figure 2.2** provides an overall summary of all comments provided in relation to report recommendations.

Figure 2.2: Key issues raised by respondents in relation to report recommendations



Base: 136 (multiple responses)

Other more general comments were also raised by respondents. Some of these comments related more generally to the report with a few people feeling that it was flawed or had particular issues or problems.

"As a non-medical participant of the Patient and Client Council, I found some of the wording of the recommendations difficult to understand. Some of the terms meant nothing to me: cadre of leaders; valid metrics; adverse incidents, never events, for example."

"More information on the context and whether any of the recommendations are required or optional, would be useful."

"I think he was overly polite. It is clear right throughout the report that we do not have a Health and Social Care that meets the needs of the citizens of Northern Ireland."

"The recommendations by Liam Donaldson are totally flawed because he does not understand the situation that exists in the North."

Broadly speaking, a few people felt that Health and Social Care in Northern Ireland is in a better position compared to other countries.

"N.I. (is) in a better position than England."

"As far as I am concerned, all we have to do is look at the health system in England to see the state it is in! Northern Ireland has the better hospitals and treatment in the United Kingdom!"

A few respondents also believed that there should be a greater focus on stabilising Health and Social Care, rather than focusing on making new changes.

"Stabilise what we have."

"Constant changes (are) not for the best – (they) destabilise staff and (the) delivery of quality health care."

On the other hand, a few respondents called for specific changes to Health and Social Care.

"Directory of domiciliary services would be useful."

"I can envision the role of consultants in the future being more of an advisor in many cases."

"It is now all about getting staff involved in the changes."

2.1.1 Summary of the top six key issues raised

The top six key issues raised by the PCC Membership Scheme respondents were as follows:

1. Good recommendations (n=50)

A total of 50 people noted that they welcomed the recommendations. The majority of respondents who provided comments on this issue indicated that they broadly agreed with the report recommendations.

"A report of this nature is long overdue, and key issues have been addressed."

"I agree whole-heartedly with all the recommendations."

"An excellent piece of work as it sets out specific targets and recommendations which, hopefully, a system could be devised to assess and review progress."

"I fully agree with the 10 recommendations that Sir Liam Donaldson has stated in this newsletter."

One respondent, who agreed with the recommendations, talked about their own particular situation and experience of making a complaint in order to provide an explanation as to why they welcomed report recommendations.

"These recommendations seem good if carried through here in Northern Ireland. As a family with a relative in full time nursing care, we had a number of issues with the nursing home of our loved one. Being concerned for the welfare of other older people with Alzheimer's who are extremely vulnerable; we felt we needed to make a formal complaint when our family member moved to another home. We went through the proper complaints procedure, both with the nursing home body and HSC. We did get assurances from both bodies that these issues would be addressed. This can be rather unsatisfactory as we did hear reports some months later that there were issues still unresolved. As in recommendation 5, RQIA can be proactive and review the current policies - perhaps as suggested, unannounced inspections. Independent bodies need to be involved! Our present nursing home experience is excellent - proof that things can be much better!"

Concern about present Health and Social Care structures, and the means to support an effective and patient centred service in the future were also a consideration when people talked about why they agreed with the report recommendations.

"I am of the view that this report targets the key components of delivering a health service fit for the 21st century. The recommendations set out in the report should be given due consideration by the Health Minister and the key practitioners, in particular, it must address the needs of all patients young and old and should be patient driven and not financially constrained. As well, I would like to see these recommendations go further and review health service bureaucracy to ensure that there is no financial waste and all savings achieved could, and should, be directed towards frontline services. The proposed recommendation to enhance the role of the pharmacist is commendable, however, there will be a cost and that cost should not be at the expense of poor patient care."

One respondent also noted how these recommendations would stimulate debates about how health and social care, in Northern Ireland, is delivered.

"They are very well thought out and should stimulate wide-ranging debate about the future of healthcare delivery in N.I."

As a result, many respondents noted how these recommendations, if implemented, could greatly improve conditions within Health and Social Care in Northern Ireland.

"It seems to me that these recommendations are all worth implementing."

"I think this is a well-considered report and we should move forward as soon as possible."

"I agree with his recommendations. Something needs to be done to sort out HSC in Northern Ireland. This sounds like a good idea."

"The recommendations made by Sir Liam can greatly improve conditions within the health service - not only can the recommendations benefit clients within the health service, it will also protect staff."

It is in this context that many respondents called for swift action to implement these recommendations.

"I agree with everything Sir Liam Donaldson says. Talking and stalling time is over."

2. More frontline staff/more focus on (n=23)

A total of 23 comments were received from people providing comments on frontline staff. The general view expressed was that there should be a greater focus on frontline staff. For instance, many respondents who provided comments on this issue felt that Health and Social Care needs more frontline staff.

"More doctors and nurses should be employed - also more paramedics."

"To free up more hospital beds, more district nurses are needed and more support for them."

One respondent also noted how inadequate staffing levels have placed pressures on current staff. As a result, a respondent suggested that more should be done to support staff in this current climate, rather than criticizing them.

"The frontline staff are stretched to capacity. Regulate management first, put resources to the forefront due to this saving and then regulate the care. If there is adequate staffing levels then there is no excuse for poor quality service...Most staff can't do no more."

Additionally, some respondents advocated for a greater investment in frontline staff, for instance, more staff training.

"Get basics / grass roots sorted out - more training on the wards."

"Particularly, more money should be allocated to the hiring and training of therapists."

Similarly, a few respondents noted that investment in recommendations, such as new technology, should not be at the expense of investment in frontline staff.

One respondent also noted that administrative duties should be reduced for frontline staff and there should be more focus on their caring role and duties.

"In hospitals, nurses roles have changed so much, they don't have the time to actually work with patients, they have so much paper or computer work to do...not enough bedside time with patients."

Some respondents also noted that key decisions in Health and Social Care are dominated by politicians and managers. In this context, some respondents also suggested that frontline staff should be more involved in long term policy and decision making.

"Too many chiefs and not enough ground staff."

"Too many managers who don't listen to staff and won't make changes to improve patient care."

3. Implementation queries (n=23)

Whilst many respondents agreed with the recommendations, there were concerns about their implementation.

"These recommendations look good put down in points...It would be wonderful if all these things suggested were to happen. We could lead the world in health and social care services."

"There can be no disagreement with any of Sir Liam Donaldson's recommendations ... (They) require good quality leadership, without which, the recommendation is like a nice motor car without any tyres on it."

Some respondents who provided views on this issue questioned the practicality surrounding the implementation of these recommendations. Indeed, a few respondents felt that a key setback in the implementation of these recommendations would be a lack of funding.

"I believe they are very sound if a bit woolly - maybe more pious hope than practical implementation."

"Nothing has been delivered on the ground to meet the needs of patients...now it is blatantly evident the proposed programmes will produce savings in the long term... it is totally unreasonable to prevent the implementation of such programmes by denying pump-priming funding."

Another respondent praised the report and drew a comparison with Transforming Your Care, suggesting it has failed to succeed due to an inadequate implementation strategy.

"A report of this nature is long overdue, and key issues have been addressed...The recommendations need to be acted upon without delay...It is a great pity that three years have passed since publication of 'Transforming Your Care' document, a high level strategy that notably lacked any implementation plan, and consequently has had minimal effect on current priorities and operational issues within the health service."

It was in this context that some respondents felt a clear implementation strategy needed to be established.

"I feel these recommendations point the right way forward, but can only be achieved through equitable access to a range of services across Northern Ireland."

Consequently, some respondents made suggestions for the implementation of these recommendations. Indeed, a key finding from this piece of work was that many of those who talked about this issue disagreed with Donaldson's suggestion to close hospitals in Northern Ireland. It was in this context that a few respondents highlighted that a better infrastructure system in Northern Ireland would be necessary before the closure of any hospitals. A few respondents also called for changes to the current organisation of how health and social care services are run.

"As Sir Liam Donaldson suggests, we need a better road system before hospitals are closed. So let us get things right before bad choices are made."

"We need better organisations in the system. What do all pharmacies provide? Doctors and out of hours should be easier accessed. Hospitals should work seven day clinics, they should not just be five days. This would give more work to people as the shift system could be operated in all aspects of the hospital. Power stations work in full power 24/7 so why does everything close Friday to Monday in hospitals? It doesn't make sense and all these waiting lists, I really think there needs to be big changes in health care. It will just get worse if they don't bring changes, all the talking and no action won't help."

Many respondents also expressed doubt that current leadership in Health and Social Care could effectively implement these recommendations.

"About time someone told it as it is. But who will have the courage to implement it? This report says people are dying because the leaders won't do the right thing. That has to stop. We need more community and primary care and if some hospitals have to close to provide that resource of nurses, doctors and money, so be it."

"How are all your recommendations going to happen? This is a small island and if our politicians find it hard to agree what hope for any of said recommendations?"

"Great, but our politicians will go their own way."

As a result, one respondent highlighted that effective leadership would be key to implementing these recommendations.

"Current N.I. politicians do not have the collective mutual capacity to come together and guide and steer the N.I. health service. Strategic development should be taken out of their hands."

It was in this context that some respondents suggested that frontline staff should play a key role in the implementation of these recommendations.

"If these 10 recommendations are genuine and are all implemented it should improve health care...Panels for health care should be made up from ground force people, ordinary public, all aspects of the hospitals covered by representatives - nurses, doctors etc. I don't think MPs or government bodies, who are just elected for a few years, should have big impacts on how health should be implemented, they don't have the knowledge or the experience necessary to put the proper work into action."

4. More focus is needed on Transforming Your Care (n=22)

A total of 22 comments were received from people providing views on Transforming Your Care (TYC). The general view expressed was that more focus and support is needed for Transforming Your Care. The majority of respondents who provided views on Transforming Your Care also expressed frustration with the lack of progress in implementation.

In principle, most respondents felt that Transforming Your Care is good, but it needs to be implemented effectively.

"(Transforming Your Care) should be progressed urgently with funding reallocated to the community sector."

"We need action not words."

Another respondent noted that, if Transforming Your Care was effectively implemented, this would help alleviate some of the pressures placed on hospitals and frontline staff.

"If TYC is not placed successfully within the community, then a feed down approach from the hospitals and health care trusts and vice versa, will cause a link in the chain to break, creating more demand and grid lock within the trusts and imminent failure for all."

In this context, one respondent criticised current implementation of Transforming Your Care.

"...it should have focused on what is needed within the community to enable patients to be discharged quicker, i.e. equipment and package of care, before numerous hospital beds were closed, and then there wouldn't be the crisis in the hospitals presently."

However, some respondents did note that Transforming Your Care would take time to be fully implemented and embedded in Northern Ireland.

"Transforming Your Care is not something that can be rushed."

"Transforming Your Care needs to be implemented in a timely manner."

A few respondents recognised that Transforming Your Care would be costly to implement and this has prevented its implementation.

"Transforming Your Care in principle is good but most people are aware that it cannot be fully implemented without major input of resources."

One respondent suggested Transforming Your Care should be abandoned until it has adequate resources to be successfully implemented.

"Transforming Your Care should be abandoned unless true financial commitment to fund the scheme is forthcoming. It seems that they are only content with dismantling the hard won care programmes and what they are putting in place is second rate, with no support for users or carers - I call it dismantling your care. Closure of hospitals is not acceptable. The Northern Ireland population might be small in the context of other areas in the UK, but no regard is given to the fact they are not all living in three big cities. They are mainly a rural population spread far and wide with poor roads and transport links, which make it very difficult to access these larger hospitals."

5. Greater patient voice is needed (n=21)

A total of 21 comments were received from people who called for a greater patient voice in health and social care.

"A stronger patient voice should be encouraged in all settings."

"This is vital - the patients' voice must be listened to and acted upon."

Some respondents who provided views on this issue expressed dissatisfaction that patients views are not always listened to by professionals.

"I totally agree that patients must have a much stronger voice. There is a great arrogance among some health professionals when approached by patients who are dissatisfied with their demeanour and dismissive attitude to genuine complaints."

"I do think patients and their families should be allowed to voice their opinions if they are concerned about the level of care their loved one is getting and it is important that they are listened to."

"Recommendation 10 is vital, patients are put into working groups in name only. This needs to change. Their views need to be valued and services need to be shaped to meet their needs."

Additionally, some respondents argued that there should be less investment in experts, and a greater use of patient views at ground level in order to make changes to Health and Social Care system.

"How much will the 'panel of experts' be paid? Why not ask the real experts - patients?"

"More patients and users of the HSC services should be included as it gives the ordinary patient or relative the chance to express opinions and suggestions."

"By fully engaging with patients and their families, much can be learnt. Patients need to be involved and feel their voice can be heard."

However, although some respondents expressed a desire that there should be a greater patient voice in Health and Social Care it was not detailed what this might look like.

6. Action needs to be taken (n=19)

As previously highlighted, many respondents welcomed the recommendations. However, uncertainty and doubt did surround their implementation. As a result, a total of 19 people stressed that action needs to be taken.

"Words without action are meaningless. We do not want to see another working group or committee set up to review Donaldson recommendations. Please get on with it."

"This is all very good on paper, let's just hope he follows through with actions."

One respondent agreed with the recommendations, but highlighted that other reports and recommendations have not been successfully implemented, such as Transforming Your Care. In this context, this respondent queried whether Donaldson would have the same fate.

"Sir Liam Donaldson has done a thorough job at assessing situations and making recommendations for improvement. Sadly, I have little faith that very much will be taken on board and implemented unless it's to someone's financial, political and or social benefit. Why am I so doubtful? A few years ago an investigation regarding Wheelchair Provision Reform took place. The report had superb recommendations, endorsed by the Minister. You can find it gathering dust on shelves. ..Nothing has improved."

This may also link with another issue raised by some PCC Membership Scheme respondents who called for more effective leadership across Health and Social Care, perhaps indicating a lack of confidence in current Health and Social Care leadership to make crucial changes. Consequently, the majority of respondents who provided views on this issue called for swift action, noting that these recommendations were overdue and should be implemented and monitored with urgency.

"There is always too much talking / form filling and not enough action to get on with healthcare."

"It's action not words that all patients want to see. For too long we have listened to promise after promise – but little or no actions."

"The recommendations need to be acted upon without delay, the first vital step being an International Panel of experts being commissioned to recommend a new structure for the administration and delivery of health and social care services."

"The work should be on-going, continue and be monitored regularly."

Comments directly in relation to the Patient and Client Council

The Patient and Client Council was specifically referred to by a few respondents, when giving their views on the Donaldson report.

For instance, a few respondents expressed concern that the recommendations would have an adverse effect on Health and Social Care and anticipated problems if they were implemented, for example, the threat of hospital closure. As a result, one respondent highlighted that they hoped the Patient and Client Council would be able to represent patient concerns, if necessary.

"Having heard about him on news bulletins and that he was going to close so many hospitals here in Northern Ireland...I feel most hospitals, if not all, should be left as they are. Should the change take place, a lot of people would not get to hospital and I feel many would be dead, as a long journey would have to take place and road surfaces and conditions are not all at their best. For the length of distance occurred you would need motorway or dual carriage roads everywhere to meet his requirements...P.S. I hope the Patient and Client Council will be able to stand up for all concerns when problems start to occur in times to come."

A few respondents praised the Patient and Client Council and its positive role in representing the patient voice in Health and Social Care.

"The Patient and Client Council is doing a good job and can only be a positive help for HSC."

"I can see a wonderful improvement in hospitals and health centres since the Patient and Client Council was formed."

"These recommendations have been well thought through to increase the quality of service given. These need to be implemented to see the progression of a satisfactory health care system...The PCC will be the biggest benefit to this going forward."

A few respondents noted that recommendation 10 suggested that the board of the Patient and Client Council should be reconstituted to include a higher proportion of current or former patients. This was embraced by a few respondents, as it would give patients the chance to express their thoughts and opinions. However, one respondent queried what exactly this would mean and suggested that more information surrounding this idea would be useful.

Some respondents embraced a changing role for the Patient and Client Council. In relation to recommendation 7, which called for the establishment of a new Institute for Patient Safety, one respondent suggested this was not necessary, but could be incorporated into the role of the Patient and Client Council.

"No need to set up a new body. This could come under the Patient and Client Council with appropriate training and some input from an independent source."

A few respondents suggested that they would like to see the PCC given more 'teeth' to make sure the right changes are made to services in the future.

Specific views on the recommendations

The comments from each PCC Membership Scheme respondent were coded into key themes and **Table 2.1** shows these themes beside the appropriate recommendation.

Table 2.1: Key themes which PCC membership scheme respondents highlighted for each recommendation

Recommendation	Key Themes
1: Coming together for world-class care	<p>More effective leadership</p> <p>Too many politicians, managers and admin staff</p> <p>Costly</p> <p>Politicians should have a chance to agree recommendation of a new structure</p> <p>More frontline staff needed</p> <p>Establish local forums</p> <p>International panel of experts should be commissioned to recommend a new structure</p> <p>International panel of experts should not be commissioned as they would not be experts in N.I.</p> <p>All parties to work together</p> <p>HSC should not be used as a political weapon</p>
2: Strengthened commissioning	<p>More effective commissioning</p> <p>HSC needs to change</p> <p>Didn't understand recommendation</p> <p>Costly</p> <p>More effective leadership</p> <p>All parties to work together</p> <p>Mental health given equal prominence with physical health in commissioning</p> <p>Can this be delivered?</p> <p>Time needed for change to be embedded into the system</p> <p>What would new system look like?</p> <p>How will a new tariff system benefit patients?</p>
3: Transforming Your Care - action not words	<p>No hospital closures should take place</p> <p>More frontline staff needed</p> <p>TYC in action, not just words</p> <p>Reduce waiting times</p>

Recommendation	Key Themes
3: Transforming Your Care - action not words	Investment in TYC
	Expand the role of pharmacists
	Expand the role of paramedics
	TYC does not work
	Increase GP opening hours
	Better training for professionals
	Better infrastructure needed before closing hospitals
	Hospital reduction savings should be used for community purposes
	Hospital reductions will provide safer care
	No closure of community services should take place
	Clinics in hospitals should operate 7 days a week
	More effective doctor on call services
	Nurses in GP surgeries to look after chronic patients
	Equal investment in the community
	More GPs, community nurses and carers
4: Self-management of chronic disease	Suitable staff required to look after mental health patients
	Paramedics and pharmacists can only do so much
	Patients should manage their own conditions
	Not all patients could manage their own conditions
	Still need professional contact
	Costly
5: Better regulation	Difficult to access support services
	Most people already do this
	Needs further explanation
	Better regulation needed
	More unannounced inspections
	Protection for whistle-blowers needed

Recommendation	Key Themes
5: Better regulation	<p>Strengthen role of RQIA</p> <p>Regulation should be independent</p> <p>Regular inspections</p> <p>Long over due</p> <p>Whistle-blowing would not be necessary if action was taken when complaints were made</p> <p>Too much regulation creates more admin staff</p> <p>Increase public knowledge of outcomes of assessment</p>
6: Making incident reports really count	<p>Learn from incidents to avoid further incidents</p> <p>Better reporting needed</p> <p>Portal created for patients to report incidents</p> <p>Careful monitoring required</p> <p>Action taken on incidents</p> <p>Support staff to report incidents</p> <p>Quicker resolution after incidents reported</p> <p>May help make reporting less stressful</p> <p>Independent reporting of incidents</p> <p>Cover ups are common</p>
7: A beacon of excellence in patient safety	<p>Patient safety is a priority</p> <p>No need to set up a new committee</p> <p>May make reporting incidents less stressful</p> <p>Change is needed</p> <p>Strict and open service is necessary to ensure patient safety</p> <p>Money wasted on reports</p> <p>Excellent recommendation</p> <p>How will this be done?</p>

Recommendation	Key Themes
8: System-wide data and goals	<p>Would improve the standard of HSC in the future</p> <p>Costly</p> <p>Look to Europe for guidance</p> <p>Goals may create more admin work for staff</p> <p>Disagreement with using North America as a benchmark</p> <p>Listen to staff</p>
9: Moving to the forefront of new technology	<p>New technology is important</p> <p>Staff need to be trained</p> <p>Is this not done?</p> <p>Better to focus on basic care first</p> <p>Time consuming</p> <p>Monitoring system needs implemented</p> <p>Wary of using smart line technology in health care</p> <p>Trial basis first</p> <p>Costly</p>
10: A much stronger patient voice	<p>The patient voice needs to be listened to</p> <p>PCC can help take this forward</p> <p>Long over due</p> <p>Difficult to complain</p> <p>Organisations representing patients should be given a more powerful role</p> <p>Patients have a right to complain but don't want to create a 'culture of fear' for professionals</p>

2.2 Views from Local Advisory Committee members

Local Advisory Committee (LAC) members provided views as part of group discussions. Across LACs, a general view was expressed that the recommendations 'state the obvious' but committee members were broadly supportive of what they were seeking to achieve.

Similar to comments received from Membership Scheme members and via the PCC website, feedback concentrated on Recommendation 1 (Coming together for world-class care) and Recommendation 3 (Transforming Your Care – action not words) in particular.

In discussions relating to the quality of services, some LAC members expressed concern that services outside of Belfast and / or outside of the main cities and towns across Northern Ireland, could be lost due to a lack of funding and support in the future. Consequently, people in rural areas may not receive the services they need due to where they live, rather than based on their health and social care needs.

Overall, there was some scepticism that, whilst the report was welcomed as providing a strong vision for assuring and improving the quality and safety of care across Northern Ireland, LAC committee members felt that the report could be forgotten or shelved as 'just another report' and that implementation of changes, which the report was recommending, may not take place.

Table 2.2: Key themes which LAC participants highlighted for each recommendation

	Belfast LAC	Northern LAC	South Eastern LAC	Southern LAC	Western LAC
1: Coming together for world-class care	Committee members felt that this review was necessary in order to get an external viewpoint. It was felt that recommendations should be implemented as Donaldson is an "outsider" offering a different perspective on Health and Social Care.	No view expressed.	Frustration was expressed with how decisions are made in the current system. For example, it was highlighted how the process for consulting on implementing recommendations can take too long and can be expensive and time-consuming.	<p>A view was expressed that the Minister has already dismissed this recommendation.</p> <p>It was also noted that decisions, such as those associated with recommendation 1, need to be agreed by politicians at a senior executive level. It was also felt that some politicians are hesitant about making unpopular decisions which may be needed within Health and Social Care.</p>	<p>It was noted by participants that the Minister had appeared to have already dismissed this recommendation.</p> <p>More generally, a few participants felt that political influence is preventing change in Health and Social Care. A specific example was noted around the total number of hospitals in Northern Ireland versus clinical need for these hospitals.</p>
2: Strengthened Commissioning	No view expressed.	No view expressed.	There was agreement with the view that the commissioning system in Northern Ireland is ineffective and outdated. For instance, it was believed that newly created local commissioning groups "don't really have any power".	No view expressed.	No view expressed.

	Belfast LAC	Northern LAC	South Eastern LAC	Southern LAC	Western LAC
3: Transforming Your Care – action not words	<p>There were queries about why TYC had not been successfully implemented to date, and concerns were expressed that this was due to an ineffective implementation plan. A particular issue included expanding the role of the pharmacist, which the review suggested, and which has previously been suggested, but has still to be implemented.</p> <p>In addition, it was noted that there are too many acute hospitals in Northern Ireland, but talk of closure results in public panic. It was suggested that the public need to be better informed about the benefits of coordinated services and <i>“get away from this fighting for buildings”</i>.</p>	<p>Participants felt there was a lack of clarity and detail in the report, particularly in relation to Transforming Your Care.</p> <p>For instance, one participant pointed out that Donaldson recommended the creation of an expanded role for pharmacists and paramedics; however, the participant noted that Donaldson does not state how this would materialise.</p> <p>It was also felt that the report did not present any new ideas which would help transform the health service.</p>	<p>TYC is a key recommendation that should already have been implemented.</p> <p>It was noted that the report does not state anything that was previously unknown and that the report itself calls for <i>“action, not words”</i>.</p> <p>In the context of a failure to implement TYC, participants questioned whether Donaldson’s recommendations will be implemented or sit <i>“on the shelf beside TYC”</i> and other similar recommendations / reports.</p>	<p>It was noted that big decisions still need to be made, for instance, how many hospitals Northern Ireland needs in the future.</p> <p>One participant suggested that <i>“it would be useful to do a comparative study with a place which is similar to Northern Ireland in terms of population, for example, Birmingham”</i>, looking specifically at hospitals and bed numbers for each specialty, in order to inform decisions.</p>	<p>Participants felt that it is not essential to have all the hospitals in Northern Ireland, but this is down to political influence. As aforementioned, participants felt that politicians are preventing change to Health and Social Care, as they are concerned about public reaction to tough decisions, like hospital closures.</p>

	Belfast LAC	Northern LAC	South Eastern LAC	Southern LAC	Western LAC
4: Self-management of chronic disease	No view expressed.	No view expressed.	No view expressed.	No view expressed.	No view expressed.
5: Better Regulation	No view expressed.	No view expressed.	No view expressed.	No view expressed.	No view expressed.
6: Making incident reports really count	Agreement with recommendation six.	Agreement with recommendation six.	No view expressed.	No view expressed.	No view expressed.

	Belfast LAC	Northern LAC	South Eastern LAC	Southern LAC	Western LAC
7: A beacon of excellence in patient safety	No view expressed.	No view expressed.	No view expressed.	No view expressed.	No view expressed.
8: System-wide data and goals	No view expressed.	No view expressed.	No view expressed.	Regular benchmarking with other countries, or areas which are similar to Northern Ireland, would be useful.	No view expressed.
9: Moving to the forefront of new technology	Agreement with this recommendation, in particular, with the development of a new small technological hub, which would help identify the next technical innovations that will help enhance the quality and safety of patient care. It was questioned why this has not already happened.	No view expressed.	No view expressed.	No view expressed.	No view expressed.

10: A much stronger patient voice

Belfast LAC	Northern LAC	South Eastern LAC	Southern LAC	Western LAC
Agreement that there should be a greater patient voice.	<p>Participants noted that the report suggested the PCC should be more independent. Whilst participants praised the PCC board for making progress in this area, there was also an identification that the PCC needed to fully win the confidence of patients and clients. As a result, participants felt that it was necessary to make more progress in this area.</p> <p>Participants queried Donaldson's suggestion that the PCC should be reconstituted to include a higher proportion of current or former patients or clients of the N.I. Health and Social Care system.</p> <p>The general consensus was the PCC board is big enough, and <i>"expanding it any further is making it too big"</i>. It was also identified that current PCC structures, such as LACs and the Membership Scheme, if working optimally, ensure the board is <i>"very well informed with the patient voice."</i></p>	<p>Agreement with Donaldson's view that the patient's voice is not heard in the current system. In this context, there was a query as to how the patient voice can be heard by decision makers. It was felt that we need to change current systems in order to achieve this.</p>	<p>Agreement with the recommendation that the PCC board should include a higher proportion of current or former patients.</p> <p>Furthermore, there was agreement with the idea that the PCC should have a revised constitution making it more independent, which in turn, may strengthen its overall position. It was also questioned how the PCC can represent the independent voice of the patient, when it is financed by the Department.</p>	<p>One participant acknowledged that the review may be a chance for the PCC to become more independent and is <i>"a good opportunity for the PCC to be seen and come out of the shadows."</i></p>

3.0 Summary

The aim of this engagement exercise was to gather people's views on the recommendations made in 'The Right Time, The Right Place'. In total, 136 people via PCC Membership Scheme and website engagement exercises and views from PCC Local Advisory Committee members, representing 41 people, were collated.

In general, the people who contributed to this engagement exercise welcomed the report recommendations. Many of the comments received related to specific issues with treatment and care, such as a greater focus on frontline staff, particularly in the context of the current funding challenges faced by health and social care services. People also called for a greater focus and support for Transforming Your Care, highlighting that, if effectively implemented, this could help alleviate some of the pressures placed on hospitals and frontline staff.

A general theme raised in this engagement exercise was scepticism around the implementation of the recommendations made in 'The Right Time, The Right Place'. In particular, respondents questioned whether there would be sufficient funding to support change. In addition, some respondents felt that a clear implementation strategy and effective Health and Social Care leadership was necessary so that these recommendations would become a reality. As a result, respondents called for swift action, noting that these recommendations were overdue and emphasis should now be placed on action.

Overall, views from this exercise are consistent with what the Patient and Client Council have found in our recent work, in particular, The People's Priorities 2014.¹ This report highlighted that people want accessible services which provide timely and quality care, delivered by well-trained and supportive staff who are employed in sufficient numbers. Feedback received as part of this engagement exercise is therefore consistent with what people regularly tell us are priorities for their health and social care services.

¹ Patient and Client Council. *The People's Priorities 2014*. Belfast: PCC; 2014.

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