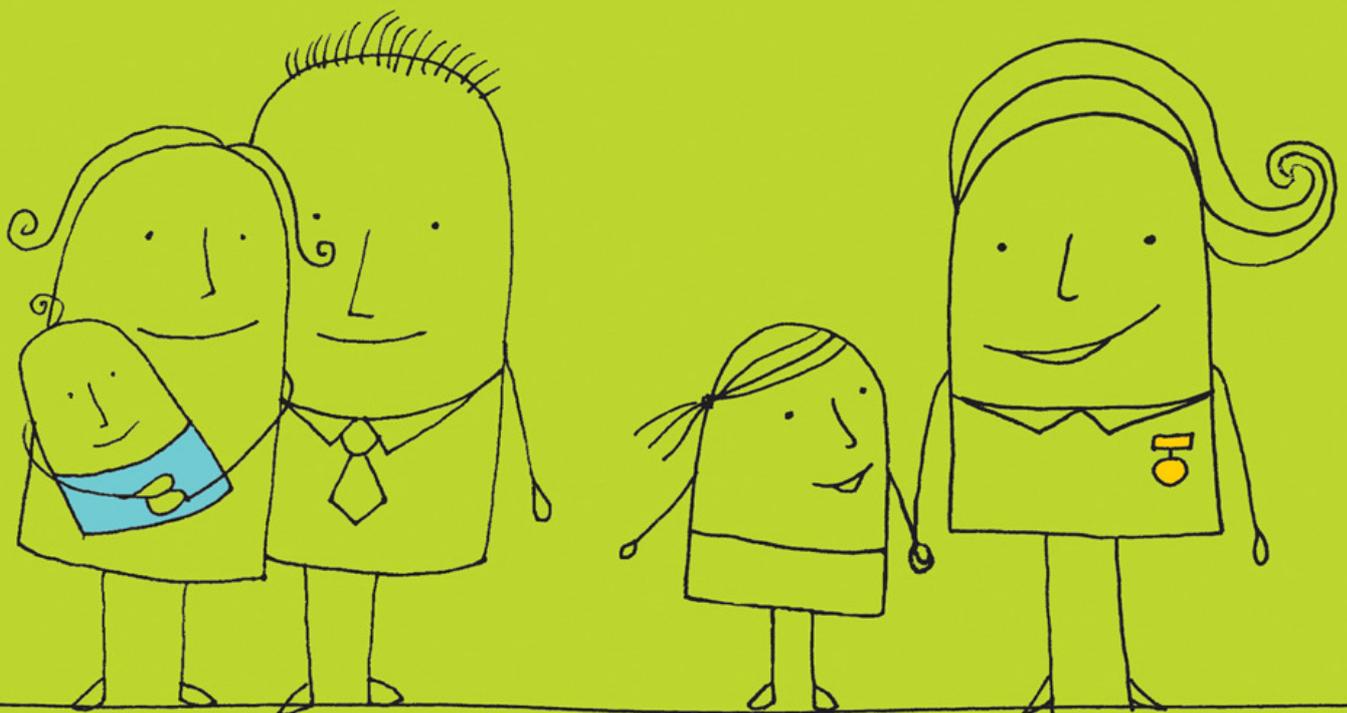


Patient and Client Council

The People's Response to "Draft Budget proposals for the Department of Health Social Services and Public Safety (DHSSPS) over the period 2011-15".

February 2011



Your voice in health and social care

This information is available in other formats

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Foreword

Dear Reader,

I am pleased to present this report on our consultation with members of the Patient and Client Council Membership Scheme regarding their perspectives on the Draft Budget proposals for the Department of Health Social Services and Public Safety (DHSSPS) over the period 2011-15. This report should be read in conjunction with our report entitled “The People’s Priorities” (November 2010).

The Patient and Client Council believes that there has never been a more important time for people to have a say in the future of their public services. The fact that many people took time to give us their views is a testimony to the interest they have in the future of health and social care services. From our many conversations it is clear to me and the staff of the Patient and Client Council that people really value these services and the efforts of staff who deliver care and treatment.

There are important messages for the Department and the Northern Ireland Assembly. These reports make clear that people support the protection of the budget for health **and** social care services. However, they are concerned about spending on management and administration, protection of front line staff, care for the increasing numbers of elderly people, provision of community care and support for people who experience mental ill health.

I would like to express my sincere thanks to everyone who took part in this consultation. Without your input this report would not have been possible. The Patient and Client Council will strive to ensure that the voices raised in these reports and resulting recommendations influence decision making in 2011 and beyond.



Maeve Hully

Chief Executive of the Patient and Client Council

Summary

The purpose of this report is to help ensure that the process of budget setting for health and social care sufficiently reflects the opinions of people who use the services. 191 individual members of the Patient and Client Council Membership Scheme completed a short questionnaire.

The opinions of patients, service users, carers and communities (“people”) are wide and varied. Despite the broad range of opinion which exists there are common themes in relation to issues affecting health and social care in Northern Ireland.

The results show that most respondents felt relatively uninformed by the budget consultation document. Respondents did express a desire for the public to be better informed and wished to engage with decision makers in future decisions about spending on health and social care.

The results of this study should be read in conjunction with a report entitled “The People’s Priorities” which was published by the Patient and Client Council in November 2010; that report detailed the views of almost 1,000 people on priorities for health and social care, and the top ten priorities were indicated as follows:

1. the protection of front line staff – particularly nurses;
2. increasing waiting times for hospital inpatients, outpatients, diagnostics and GP appointments;
3. care of the elderly including domiciliary care;
4. mental health and learning disability services;
5. the need to secure public funding for health and social care;
6. access to local services including A & E and outpatients services;
7. access to and quality of GP services including out of hours services;
8. access to and quality of cancer care;
9. communication, and
10. the rising costs of prescription drugs.

This report reiterates some of these messages and in particular shows that:

- people wish to be involved in spending decisions affecting the future delivery of health and social care;
- people wish to be assured that money spent on management and administration of health and social care is justifiable and,
- people are particularly concerned about the future of care in the community, care for elderly people and support for those people who experience mental ill health.

Both reports make a number of recommendations to the Department and key decision makers. They will also play a significant part in the development of the 2011/12 work plan for the Patient and Client Council.

1.0 Background and Purpose

1.1 The Patient and Client Council

The Patient and Client Council was established on 1st April 2009 to provide a powerful, independent voice for people.

The Patient and Client Council has four main duties. They are to:

- listen and act on people's views;
- encourage people to get involved;
- help people make a complaint; and,
- promote advice and information.

1.2 What is the Purpose of this Report?

The Northern Ireland Executive's 'Draft Budget 2011-15' was announced by the Minister for Finance and Personnel on 15 December 2010. The Executive's Draft Budget provides proposed Departmental Current Expenditure and Capital Investment allocations for the four year Budget period 2011-12 to 2014-15.

During January 2011 the Minister for Health issued Draft Budget proposals for the Department of Health Social Services and Public Safety (DHSSPS) over the period 2011-15. The Draft Budget was issued for consultation with a closing date of 16th February 2011.

The purpose of this report is to help ensure that the process of setting a budget for spending on health and social care sufficiently reflects the opinions of people who use the services.

2.0 Our Approach

Given the short timescale for consultation the Patient and Client Council decided to issue a copy of the consultation document to all members of the Patient and Client Council Membership Scheme, along with a short questionnaire to assist members to make a response. A copy of the questionnaire is contained in Appendix 1 of this report.

The opinions and needs of patients, service users, carers and communities (“people”) are wide and varied. Despite the broad range of opinion which exists there are common themes in relation to issues affecting health and social care in Northern Ireland.

191 people responded and this report presents the findings of this exercise.

3.0 Our Findings

3.1 Some Definitions

191 members of the membership scheme completed the questionnaire. This section summarises their responses.

As a general guide the following definitions will give the reader an indication of the frequency of occurrence during responses:

+	“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; and,
+	“most”	= 70% + of the people.

“NA” indicates the number of respondents who did not complete a question.

The quotations used throughout this document are verbatim comments from respondents. A full list is contained in Appendix 2.

“This is an extremely important area of work which impacts each of our families at some point in time. An effective and efficient health and social care service should be given priority in budgetary terms as a healthy nation is a prosperous nation.”

“The health and social care provides a remarkable service. We have very high expectations of what can be delivered.”

3.2 Question One

“How well informed do you feel about how the Department of Health, Social Services and Public Safety spends its money?”

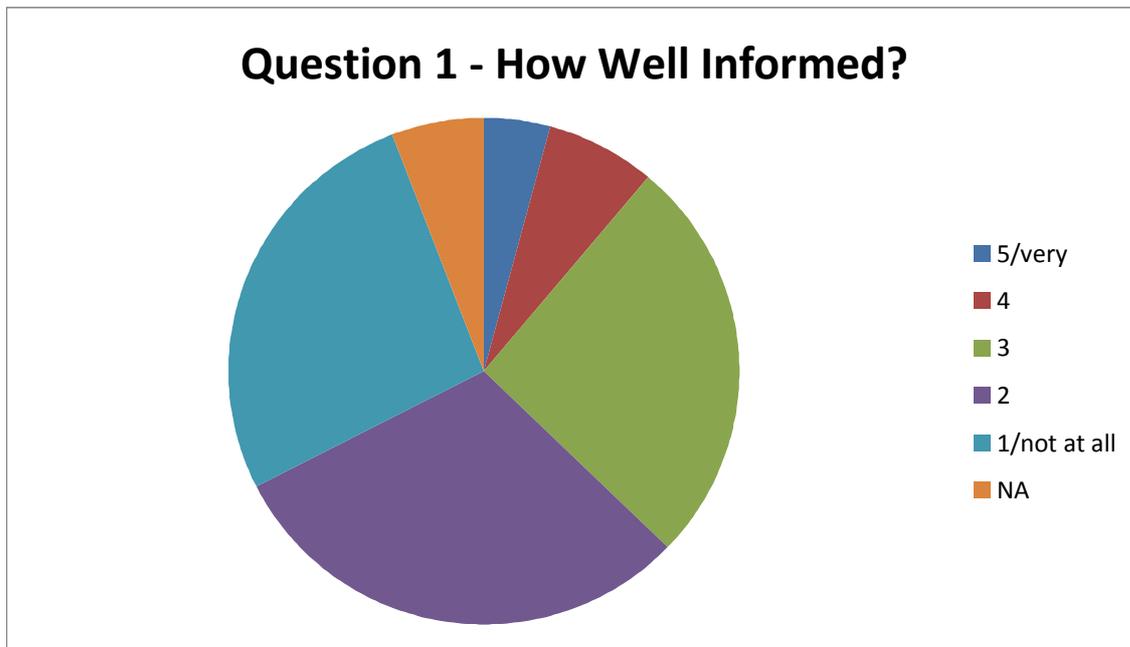
Respondents were asked to rate their response to this question on a scale of one to five with one being not at all informed to five being very well informed. Table 1 and Figure 1 below summarise the responses to this question, and indicate that the majority of people felt relatively uninformed by the consultation document.

Table 1

Response	No.	%
5/Very	8	4.18%
4	13	6.80%
3	50	26.18%
2	58	30.36%
1/Not at all	51	26.70%
NA	11	5.76%

Total 191

Figure 1



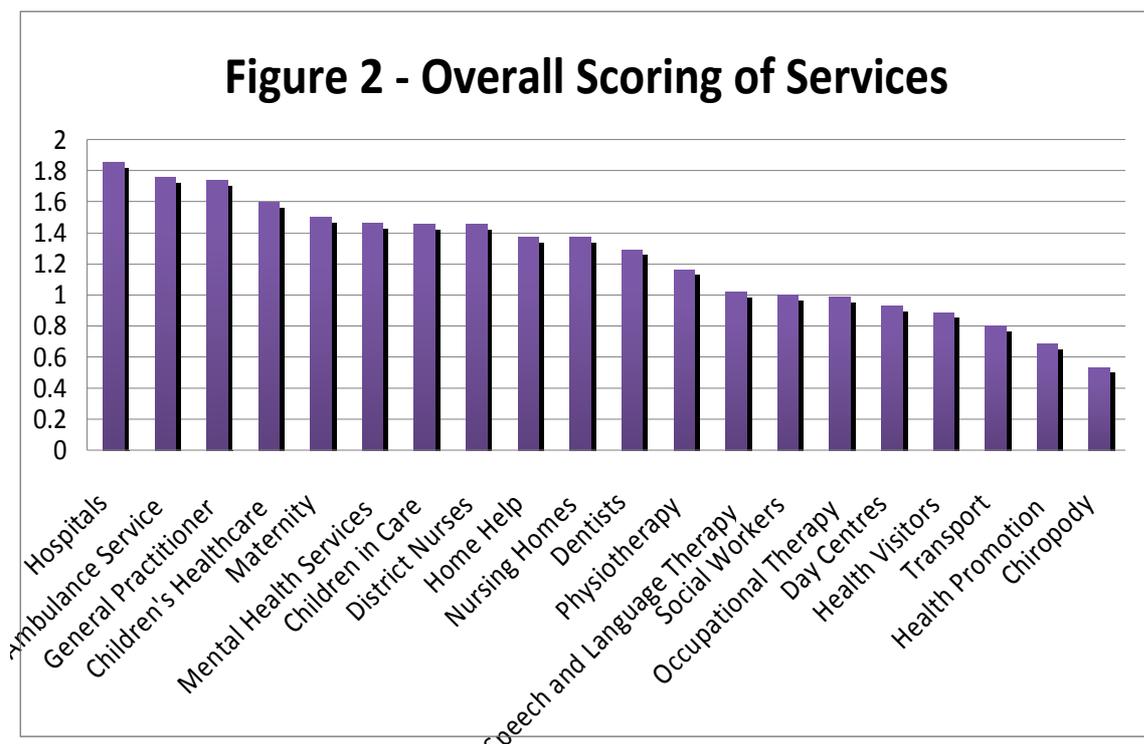
3.3 Question Two

“The services listed below are where the Department of Health, Social Services and Public safety spends some of its money. Please tell us how important you feel each of these services is by ticking one box for each service.”

Respondents were given a list of some of the services which are delivered through funding provided by the Department of Health, Social Services and Public Safety, and they were asked to give their opinion on the level of importance they attach to these services from “very important” to “very unimportant”. Figure 2 below presents the overall level of importance attributed to each service by the respondents. The results were calculated using a scoring system which attributed a value of between 2 and -2 to the individual respondents answer as follows:

Very Important = 2, Important = 1, Neither = 0, Unimportant = -1, Very Unimportant = -2

The results indicate that respondents **do not** differentiate between health and social care services. They also show that the majority of people rated the **entire list of health and social care services as “very important” or “important”** as no service actually achieved a negative score overall.



3.4 Question Three - Individual Comments

“Please let us have any other comments you would like to make regarding the draft budget for health and social care.”

This question provided people with the opportunity to give individual comments on the consultation document. The comments are transcribed verbatim and are contained in Appendix 2 of this report.

An analysis of the responses reveal a number of recurring themes and the top five issues highlighted are summarised below:

1. People queried the level of investment in administration and management costs across the services; and sought assurance that this does not impact on funding for “front line” staff.

“A reduction if possible in top managers i.e. less chiefs and more Indians on the ground delivering services”

2. People are concerned about the ability of health and social care to care for people in their own homes; they also raised the need for more imaginative involvement of voluntary and community sector organisations and support for carers.
3. People are concerned about the need to provide adequate health and social care for people who experience mental health problems.
4. A number of people expressed concern regarding the accessibility of the consultation document. They felt that it was difficult to understand and did not provide enough information on which to make an informed comment.

“The budget is very vague and nonspecific. It is impossible to tell where cuts will fall and what the priorities are.”

5. People wish to be assured that the services will be able to care for the increasing number of elderly people.

3.5 Question Four – Further Involvement

“Before final decisions are made on how to spend the budget, would you be interested in attending a meeting in your area including key decision makers?”

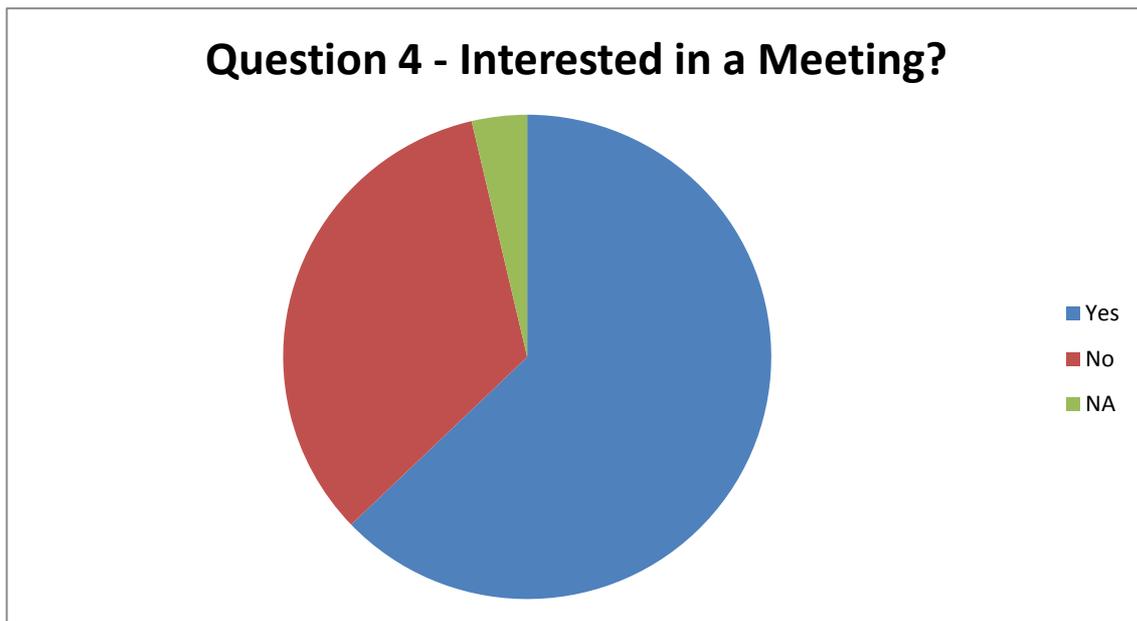
Table 2 and Figure 3 below summarise responses given to this question. The results show that the majority of people wish for further engagement with decision makers.

Table 2

Response	No	%
Yes	120	62.83%
No	64	33.51%
NA	7	3.67%

Total 191

Figure 3



3.6 Questions 5, 6 and 7 – Profile of Respondents

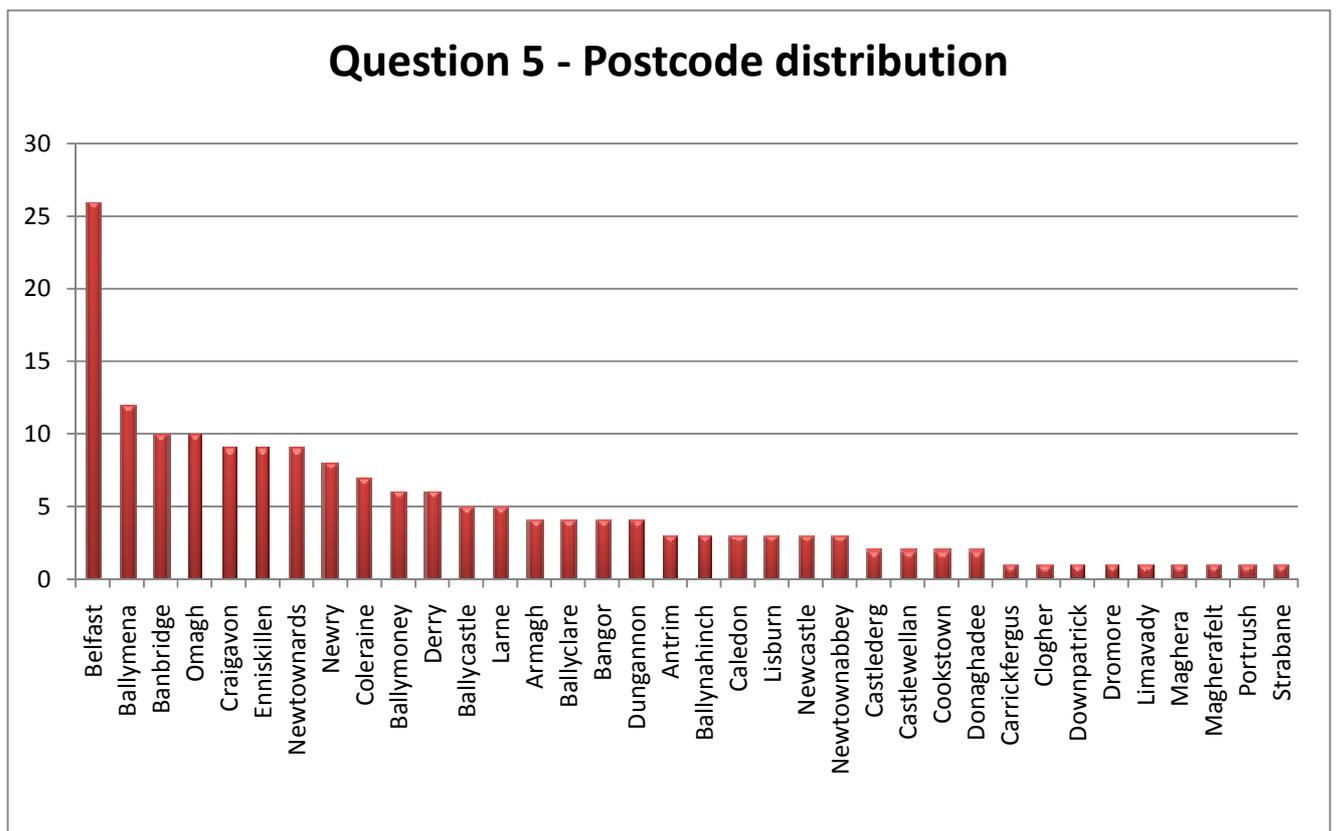
The tables and figures which follow provide some basic demographic information regarding the geographical distribution and profile of respondents.

Question 5 “What is your postcode?”

18 left no postcode
Total 191

Antrim	3	Castleberg	2	Larne	5
Armagh	4	Castlewellan	2	Limavady	1
Ballycastle	5	Clogher	1	Lisburn	3
Ballyclare	4	Coleraine	7	Maghera	1
Ballymena	12	Cookstown	2	Magherafelt	1
Ballymoney	6	Craigavon	9	Newcastle	3
Ballynahinch	3	Derry	6	Newry	8
Banbridge	10	Donaghadee	2	Newtownabbey	3
Bangor	4	Downpatrick	1	Newtownards	9
Belfast	26	Dromore	1	Omagh	10
Caledon	3	Dungannon	4	Portrush	1
Carrickfergus	1	Enniskillen	9	Strabane	1

Figure 4



Question 6

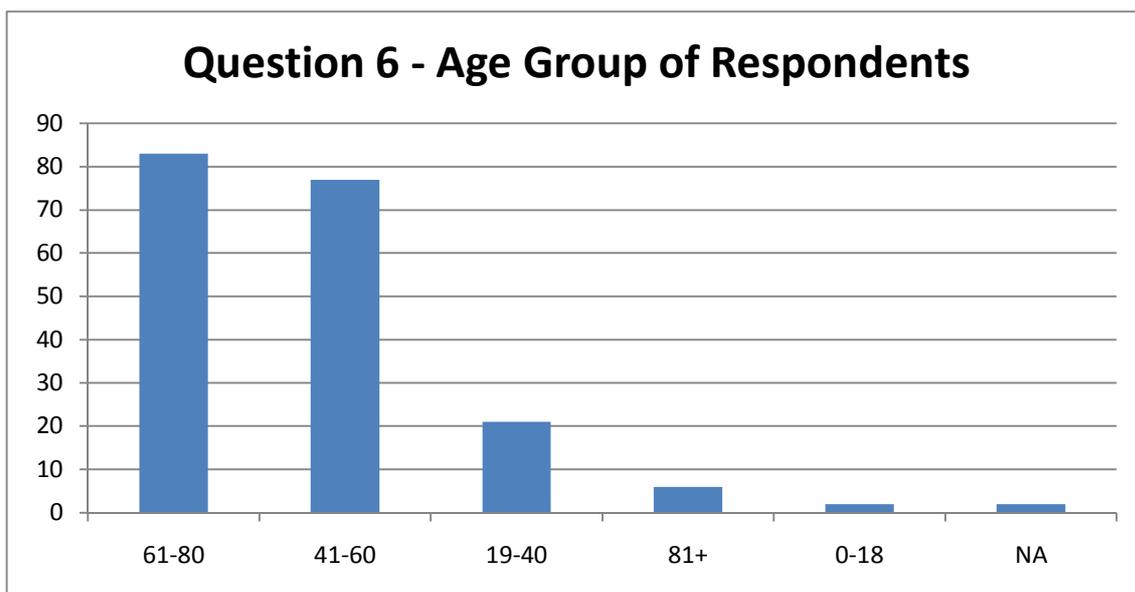
“Which age group do you fall into?”

Table 3

Age Group	No	%
0-18	2	1.05%
19-40	21	11.00%
41-60	77	40.31%
61-80	83	43.45%
81+	6	3.14%
NA	2	1.04%

Total 191

Figure 5



Question 7

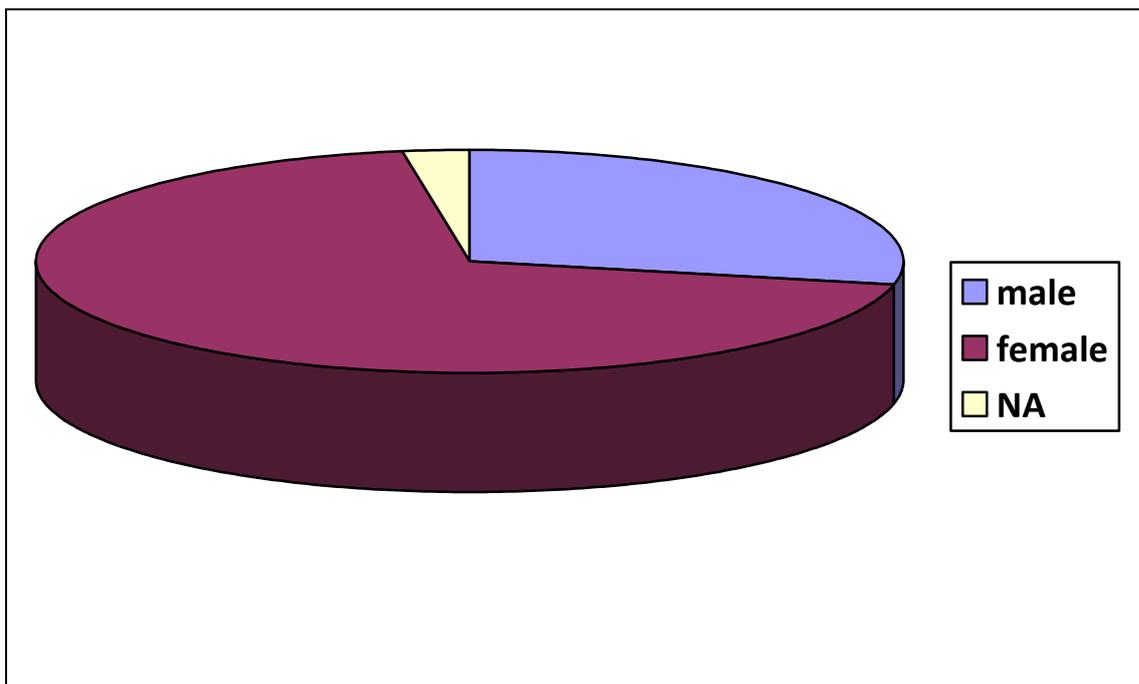
“What is your gender?”

Table 4

Gender	No	%
Male	54	28.27%
Female	132	69.11%
NA	5	2.62%

Total 191

Figure 6 – Gender of Respondents



4.0 Conclusions

This report presents a number of common issues that patients, clients, service users and communities feel strongly about and want to be represented in future decision making in health and social care:

- People seek greater participation in the budget setting process. They want to be involved in the decision making process and feel that important decisions should be made with them.
- People seek more accessible information about the health and social care budget.
- People wish to see funding for health and social care in Northern Ireland ring-fenced during any potential funding cuts.
- People prioritised a range of services. These include care of the elderly, mental health and domiciliary care.

“As a document designed for eliciting a response from the public, it is too technical with too many terms and headings obscure or unexplained. It is redolent of a document produced for internal consumption. Simpler language, or a glossary at the least, would have been useful for such an important document; decisions underlying this document are going to impinge on our lives for years to come.”

The Patient and Client Council will continue to work with the Department to ensure that mechanisms are developed to ensure that patients, clients and carers are fully involved in decisions regarding the planning and delivery of health and social care.

5.0 Recommendations

There is common ground between the priorities people have said they wish to see in “The People’s Priorities” and this consultation exercise.

The Patient and Client Council therefore recommends the following:

1. The Department of Health, Social Services and Public Safety should take into account the issues raised in the “The People’s Priorities” and this report when making budgetary decisions.
2. The Budget should provide greater clarity as to funding allocation so that people find it easier to understand and comment on services relevant to them.
3. The Department should offer a range of methods of engagement with service users on important spending decisions. Prolific users of health and social care are often the most disadvantaged and less likely to find it easy to engage in formal consultations and public debates.
4. The opinions of service users should be taken into account, if possible to a greater extent than now, as they are in frequent contact with the health and social care services.
5. The Department should outline how they are going to take into account the opinions of patients, service users, carers and communities.

Patient and Client Council

Your voice in health and social care

QUESTIONNAIRE

Health and Social Care Budget for Northern Ireland 2011-2015

INSTRUCTIONS: Please take time to read the Northern Ireland Executive's draft budget statement then answer the following questions.

Q1 How well informed do you feel about how the Department of Health, Social Services and Public Safety spends it money?

Very					Not at all
5	4	3	2	1	
<input type="checkbox"/>					

Q2 The services listed below are where the Department of Health, Social Services and Public Safety spends some of its money. Please tell us how important you feel each of these services are by ticking one box for each service

	Very Important	Fairly Important	Neither Important nor unimportant	Fairly unimportant	Very unimportant
Ambulance Service					
Children's Healthcare					
Children in Care					
Chiropody					
Day Centres					
Dentists					
District Nurses					
General Practitioner					
Health Promotion					
Health Visitors					
Home Help					

Hospitals				
Maternity				
Nursing Homes				
Occupational Therapy				
Physiotherapy				
Mental Health Services				

PLEASE TURN OVERLEAF

	Very Important	Fairly Important	Neither Important nor unimportant	Fairly unimportant	Very unimportant
Speech and Language Therapy					
Social Workers					
Transport					

Q3 Please let us have any other comments you would like to make regarding the draft budget for health and social care:

Q4 Before final decisions are made on how to spend the budget, would you be interested in attending a meeting in your area including key decision makers?

Yes

No

Q5 What is your postcode?

Q6 Which age group do you fall into?

0-18

19-40

41-60

61-80

81+

Q7 What is your gender?

Male

Female

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE

“Please let us have any other comments you would like to make regarding the draft budget for health and social care.”

Verbatim Responses

(comments have not been amended regarding grammar, orthography or syntax but in some cases punctuation has been added; furthermore, when the meaning or spelling was unclear, a suggestion is made in square brackets)

94 did not leave a comment

- I did not Get reading the Booklet yet; But I think it is very important [?] that is money for everything that disabled people for the things they need and for Mental Health Services.
- I fail to understand the construct of the questionnaire. A narrative or some comment from within PCC staff would have been a useful guidance. I consider that the collated result from this survey will only give a snapshot view of what is a complex and far-reaching Budget.
- Lack of communication between departments eg hospital appointments made by G.P.s cannot be traced. General administrative costs too high.
- It is long overdue for a survey of the work/hours done by consultants; for NHS and private patients. This clinical excellence/good governance is open to evasion and lack of clarity: investigate. It is time that the old-fashioned time and motion expert was employed to accompany key staff ie. consultants, administrators and managers, just to see how much time they waste. The arrogance of many would be exposed.
- Cuts perhaps on the periphery of Health Care but on the first point of need being a standard of excellence when life and death is an issue, like to see more ethical health care not restricted to age or post-code. With the qualities of life good and people living longer age limits should be raised to obtain expensive care and treatment.
- It is good to see capital expenditure continuing as in case of SARC in Antrim as this has been a long awaited and vital service. Too many managers in the system are making it top heavy. Too many Band 7'8 nurses/paramedics earning thousands of pounds each month.
- The West of the Province is always forgotten. Service seen to rotate around the greater Belfast Area of [and] Londonderry. Fermanagh is a rural area and should [be] reco[g]nized as getting facilities, but seem to be left out!!! Maybe if people would get off the dole and we stop paying out for foreign national hospital treatment. These people come to this country and [?] seen yet never paid any National Insurance. It's a disgrace going to Enniskillen A&E & seeing foreign national in with sore throats/ingrown toe nails etc., just because they

have no doctor. Yet we as citizens sit for hours waiting to be seen for broken bones. Something is wrong with the DHSS system.

- Health should be ringed fenced.
- Nothing in draft budget regarding administration which I believe accounts for a large slice of the budget. People need to be aware of the true facts.
- I feel one pence more in tax you save our Health Service from cuts. Also, over a life time to many managers and shortage of worker (no government will take this on).
- The projections show a cut in actual spend year on year. The closure of local hospitals such as Mid-Ulster (Magherafelt) is not the way forward, reducing management such as bed managers, ward managers etc. And the expense's these people control would go a long way in returning NHS frontline workers to the caring job they work in the health service.
- Is this a true reflection of what will happen over this period 2011-2015 [?]
- Only that the least well off will be worse off, the ill will, it seems, will just have to tough it out. Hospitals will suffer as will anyone who needs treatment. As for care in the community, it is almost non-existent with clients (that I know of) being allocated daily visits of between 15 and 30 minutes.
- Any cuts that are to be made need to be at top level, and leave the people that does the work alone.
- Admin costs should be looked at & reduced before any key services are cut. Fines should be put in place for those people not attending appointments & not bothering to ring up & cancel same.
- Instead of commissioning plans and saving's delivering plans, each CEO and manager should be given reduction target & told if they didnt achieve it that heads would roll & it would be their head.
- It is very disappointing to see such a lack of imagination in using the voluntary sector to get better value – the “mixed economy of care” is not mentioned. The regional commissioning Board does not seem to have a role in promoting non statutory provision to achieve better value for money.
- Home help should be a priority and carers should be paid better wages and the providers who employ carers have to reduce their profits.
- People with illness, diseases e.g. cancer, heart & other complaints should be seen quickly by hospitals & followed up quickly with help out in the community. More local day centres & exercise centres for older people e.g. dancing of different types (old etc.). More ‘rols’ [folds?] for people who can look after themselves which secure in rold [?].
- It's ridiculous that the proposed allocation is decreasing over the next few years while the number of older people is increasing. The majority of these

people worked hard all their lives & shouldn't be deprived of proper care & attention in their old age.

- Sorry, but this space wouldn't be big enough for me to put all I would like to so I'll just say God help us because that's what we'll need.
- I can't help feeling that if wastage is tackled aggressively the impact on frontline services would be minimal.
- We need more nurses and less managers; in our hospitals we could manage with less than half the management. This is where all the money is going on big salaries.
- Move towards moving people into community and out of hospital.
- I see more money going to managers to operate new funding initiatives and less to providing actual cool face services with computers etc. there should be less desk operators and more staff actually giving care.
- Less money in the budget for managers and more healthcare professionals to give better services.
- It is vitally important that elderly and vulnerable do not suffer as they are generally viewed as the line of least resistance and expendable.
- Reintroduction of prescription charges to help reduce some shortfall in monies.
- I feel children with extra needs in speech and language are most important, they are the future of the country. Families with children who are ill need support.
- Regret I am unable to comment on the quality of childcare - but realize it is important – no experience of it in N. Ireland. P.S. Having waited on an sp in Altnagelvin for 2 ½ years & then had 6 cancellation (one the day before) I would appreciate an improvement here. No mention of this aspect in your questionnaire.
- Care for people in rural areas has been greatly reduced, particularly with the elderly.
- Much less money needs to be spent on h[il]ocum Doctors etc; expensive consultation and chief executives and money spent on front line services ie nurses and dentist rather than bringing in nurses from abroad as we have a lot of our young graduates out of work.
- Speak to the staff at the 1st rung of the ladder and ask how they would save money. Reduce capital investment 2012-2013 onwards. Pay freeze for all levels & pay cuts for those over a certain salary level. No overtime or bonus payments.

- Vulnerable persons – should not bear cost-reducing exercises – particularly the elderly. We could have reduction in management posts, pay freezes within management – This would be a huge % of pay [on] the table.
- I feel all health issues and budgets are very important. I myself particularly care about Mental Health which when it comes to budget falls at the bottom of the tree and in my opinion is not a good service in Northern Ireland.
- To many people are abusing our health service, proper managers need to be appointed to oversee spending. To many new buildings are being put up and then no monies are available to run the services within them. People are abusing our system getting mobility cars and when they need to go for hospital appointments getting patient care ambulances to take them. At what cost. It wouldn't happen in many other countries. To many 'suits' getting big wages for doing nothing!
- Hospital appointments top priority.
- It would be interesting to know what % of the overall budget will be spent on drugs (Prescriptions), and what % is allocated to preventative care.
- The possible 4,000 loss of personell should not come from front line medical staff eg nurses, doctors etc.
- It's always the elderly and the young disability who have to be picked on and cutting their very important services. The service should be doing a lot more for them.
- More money and attention to clients and services at Day Centres.
- I have had experience with the NHS over the years, and recently with Private Health Service. The Private Health Service is more tightly run with far fewer managers, to make decisions, and staff more focused and efficiently ran.
- Admin cost must be curtailed. Staff at highest level must be trimmed.
- Availability of services and simplicity would help in most cases.
- Surely salaries of managers & doctors are too high. There are so many people in a care team, who work very hard but are drowned in needless bureaucracy created for the sake of maintaining an empire!! It is time for honesty? Protection of jobs should not be priority of health service, H. Service is there to look after sick.
- The health and social care is important. Doctors & day centres was important to me. Physiotherapy was very important.
- Transport for people in rural areas who have hospital visits eg. outpatient appointments etc. living in Ballycastle. Our nearest hospitals are Coleraine and Antrim, one way journeys of 40 miles and no transport route, also journeys to Belfast hospitals.

- Social workers are important when they do their jobs properly. My experience is that this is not the case.
- It would be better if it had been drafted in simple english and in figures that were
- Better use of existing staff.
- Each item listed is very important to those using the service. On reading thro, I have answered Q3 first. I don't have children in care, so I would say it is neither import or unimportant but that is not the issue. I am looking at the big picture. Most services could make real savings if they wanted to.
- This is an extremely important area of work which impacts each of our families at some point in time. An effective and efficient health and social care service should be given priority in budgetary terms as a healthy nation is a prosperous nation.
- Mental health care is really important. Patients are being sent home after suicide attempts. Often no beds available in Hospitals. if you are lucky enough to get a bed, you are asesed in 48 hrs and sent home quite often. I was sent home after trying to slit my wrists in front of the psychiatrist. NO BEDS
- The health and social care provides a remarkable service. We have very high expectations of what can be delivered.
- If the department stops 'bailing out' the Belfast trust EVERY year than the budget in this paper will [be] more realistic. The Belfast Trust must manage their finances better & report to the public where they have mis managed their budget persistently every year. There is a huge waste in nonclinical areas & over spend of salaries & wages. The senior manager teams in all areas are top heavy. Many many staff with long service to the NHS are willing to take early retirement but this is not offered! Interesting that 'end of yr' funds can be spent on nonclinical uses but not where Medical and Nursing Staff need a piece of equipment. Managers are often away from their jobs for long periods of time @ courses & conferences – often non directly related to their job & when a conference is related to a junior members job they are not able to secure funding to develop within their job/role. Attendance management is not managed well & there is a lot of stress to stay due to financial constraints from managers.
- Social care to the individual who insitist in staying at home, a smoker, an abuser of rights. Who get maximum benefit homehelp x 3 daily, district nurse 2 daily. Carers 2 2x daily & other services should be cut. Their should be a maximumcap for allowance and after that help should be paid for. Clients using disability allowances as an income should be yearly assessed. And the assessment should involve a degree of community input, for example someone cutting hedges & lawns while partner claims carear allowances should have benefit cut. I feel very strongly about abuse of benefits. In particular disability living allowance. People who need it don't claim it. And people abuse it. For example I know a 83 year old with cancer who didn't get

it. While a 67 year old with arthritis [arthritis] can claim all the benefits. Services are not equally disturbed.

- Contributions from service users need serious consideration.
- Surely re-introducing prescription fees for those who can afford them is a way of taking some of the pressure off the budget for drugs. It seems so obvious & certainly none of my friends in the £ 25,000 – 35,000 bracket have a problem with this.
- care packages must be protected - DHSSPS must remember that it has a legal responsibility to ensure people are able to access basic personal care - it's not an option its a necessity.
- RE THE TRANSPORT QUESTION, YOUR ANSWER SHOULD DEPEND ON WEATHER COST IS AN ISSUE OR NOT.
- I believe millions of money could be saved by prevention of accidents Better design of homes like no steps domestic appliances made safe Like kettles and saucepans that cannot open if they are pulled of a cooker by accident when they are boiling All homes should have a safety/hazard inspection every year to prevent accidents getting all hazards corrected eg overloaded plugs Heaters to near curtains /Bedding I think all accident and emergencies should be logged and then get these causes eliminated 7 Children lost their life last year due to cords on blinds 9 people lost their lives due to trees falling on their car any people catch their fingers in car doors Car doors could have an easy close mechanism that would prevent finger damage The way to save money is by prevention All people should have a medical every year we MOT our cars We should prevent illness not make plans to treat it
- As i come from a background in Disabled care and am community based my concerns are very much based around funding, to continue to provide the quality of service that we have established over the years. The fallout will have a resounding effect on the service users and their quality of life. Communities across Belfast have been instrumental in unifying people, training, education and allowing people to create a new vision and acting for change. I have grave concerns that lack of funding or reduced budgets will have a devastating effect on the people who need these services the most.
- HEALTH IS THE WELL BEING OF US ALL SO THIS SHOULD BE PROTECTED IN ANY DECISION REGARDING FUTURE BUDGETS.
- There is still a high dependency on administration services and perhaps too big a drain on budgets. Need a clearer definition of services provided eg Day Centres covers a multitude of sins some day centres provide very important rehabilitation services whereas others may provide just basic social services ie elderly care and are therefore less expensive to run.. There has been a farming out of services from health care providers, that may appear cost effective on a balance sheet, but in reality are out of control of service recipients and providers and the physical supervision of contracts is a added burden not included in the costing of the services.

- More investment on prevention and commissioning to community sector. Creative solutions invested in to aid service delivery and prevention. better partnership working across internal health departments to avoid duplication of spending or how to improve joined up working with clinics, out patients etc could work more effective and efficiently for both the patient and service protect the small budget allocated to community sector and prevention.
- My particular interest is in the care of those suffering from eating disorders. The eating disorder service has been in existence for just 5 years and is struggling to cope with a very limited amount of money. If there was any cuts at all to this extremely limited budget, the consequences would be devastating. The inadequate start up money provided for this service leaves no room for cutbacks.
- The amount of money spent means very little to me. They are only figures. It is WHERE and HOW the money is spent is more important. I have run a house hold budget for 35 years and dealt with many a financial change of circumstances and have never got into serious financial difficulty. Although the government is thousands of times larger, the principles are still the same. Inside every family there are the greedy and the needy. The Greedy shout the loudest so the needy do without. Governments need to be strong enough not to listen to those who shout the loudest but to listen quietly to those in need.
- As a retired senior civil servant who has managed a region of a national public service in England I am sympathetic to the Department in having to absorb budget cuts of this scale. However I would prefer to hear less bleating about what will have to be cut and greater effort in identifying how outputs can be maintained or improved with less input. I do hope that managers are already well down the road in doing this. All organisations of the scale of the Health Service in Northern Ireland carry a fair degree of 'fat' that can be shed. Instead of engaging in hyperactive sympathy seeking I would much prefer to see managers in the service prioritising the work it can do and resourcing it accordingly. Making this scale of savings requires managers to drive change and ensure maximum efficiency in all areas of the service. What is very clear is that the service will have to shed staff to make some Departments leaner and more efficient. I would make one observation about the consultation process and that is that the Department must not lose sight of the fact that the only interest that should matter to them is that of the end user- the patient.
- Where are the family carer support services in the list above. CARER category is still not in the membership booking form- I have requested this several times. We deliver more value wise than the whole NHS (actuarial study). It appears social care is not protected, but health is? How can we protect essential services for care at home? Will the new £200 million shortfall mean that all areas of health care could face the chop?
- The reason I have put neither important/unimportant for the case of district nurses, home help, Health carer is that they dont always come in and do what they are paid for eg coming in for 5 mins and, asking a few questions and

leaving again when they are supposed to be getting tea and toast for an elderly person after a hip operation or giving help getting dressed.

- Two things regarding Strategic plan. Interventions involving health promotion and education. Also reducing inequalities. The Minister is aware that Audiology services in NI fall way behind rest of UK. Services for the 260000 deaf and hard of hearing are being cut back all the time. We only have 11 interpreters, 1 electronic notetaker and speech to text reporter for all of NI. We need more audiologists and deaf awareness training to protect us from physical and verbal abuse
- All the above issues are very important but in this present climate some issues have to take second place. More pressure should be put on patients to give up addictions if they want expensive treatment. Some of the budget should rightly be spent on prevention or health promotion with the aim of saving money in the long term. This may involve more pressure on people and on retailers in for a profit at the expense of the health the nation. More families will have to take responsibility for social issues until we can secure better funding. Other issues like transport could be better sorted with some thought eg. A train stop at Coleraine Hospital (It is right beside the railway) like the University So that a rail link to the Belfast hospitals could be utilised.
- A reduction if possible in top managers i.e. less chiefs and more indians on the ground delivering services.
- In a CAMs report given to Michael McGimpsey both patients and doctors report a 70%+ satisfaction with various CAMs particularly homeopathy. It's good enough for the Queen, the Clintons, the Blairs, Martina Navratilova, Boris Becker, and 500 million people world wide and in spite of people reporting great improvements with seemingly intractable problems the medical establishment continues to denounce it. It is used through Europe =France, Germany Switzerland Greece Denmark Norway etc as well as further afield. 500 million deluded people, I don't think so. I personally have made minimal use of my doctor since homeopathy cured my migraine 30 years ago and has met my other needs since then. It could save the health budget millions and ease the problems of many many people.
- I have just finished working in the Health Service and am convinced that it is the high pay of a ridiculous number of consultants, doctors, and the unnecessary number of highly paid managers throughout that are crippling the service. There is also a ridiculous overlap in Public health delivery since so many boards + the Agencies were amalgamated to form the Public Health Agency. This is where savings could be made - no front line services should be affected. The trouble is, managers are not going to decide to deplete the managerial/consultant workforce or it would be the end of their careers and they would then have fewer to delegate their work to!! Fewer people at the top is what is desperately required - it would save a fortune
- The budget is very vague and nonspecific. It is impossible to tell where cuts will fall and what the priorities are.

- Significant savings could be made by making complementary medicine available on the NHS, particularly homeopathic medicine. We are the only part of the UK where I cannot see a homeopathic doctor on the NHS. Evidence in GB shows that homeopathic treatment often reduces the need for more expensive services. Fully trained and regulated homeopathic doctors from the Faculty of Homeopathy (i.e. not lay homeopaths) are waiting in NI to provide this service and yet the Health Minister refuses to allocate funding to this area.
- I think it was terrible the way money was taken from the treasury in Stormont for Education.
- We need to balance spend at the preventative end with the treatment end.
- I am very worried about services for disabled people and older people especially home helps care packages and day care services.
- tough decisions are essential if properly researched
- As a document designed for eliciting a response from the public, it is too technical with too many terms and headings obscure or unexplained. It is redolent of a document produced for internal consumption. Simpler language, or a glossary at the least, would have been useful for such an important document; decisions underlying this document are going to impinge on our lives for years to come.
- More money needs to be provided for diagnosing/helping CFS/ME patients. Many patients (like myself) are just dumped with their GPs who don't have the time to cater for such a complicated illness. The specific tests eg Mycoplasma/XMRV/Bilharzia/ Chlamydia /parasites /rickettsia/lyme etc are not being carried out by the NHS. According to Prof(Dr)Garth Nicolson who has educated doctors there, the vaccinations are contaminated (with mycoplasma). The Govt doesn't want to know about it and of course the Drug companies benefit. XMRV is also in blood supplies. If a Health Service is Excellent and Effective then all patients should benefit, not just a chosen few! In my own case I have had to go outside the NHS for help. Then I'm met by angry doctors/consultants inside (here) who only follow NHS guidelines (that excludes the specific testing that patients such as myself require) The UK should have one Clinic for cases such as mine that cannot be resolved within the NHS as it is at present.
- Management and admin costs should be reduced as far as possible. Money should be spent on identifying wastage of resources whether manpower or material and management controls should operate rigorously and systematically.
- I think free prescriptions for all is a total waste of vital NHS money. I work, earn above the minimum wage and would have no problem paying. I sincerely believe this should be addressed within this budget to divert much needed resources to reduce waiting lists and emergency services. My main disappointment (again) is the lack of availability of alternatives to non-life threatening health care by more natural means. The prescription drugs bill is

beyond belief, Adverse Drug Reaction is staggeringly high and still investment in alternatives i.e. homeopathy etc is omitted

- very little information on what cuts are going to be made, apart from the 3 major places mentioned and how the majority are going to be affected. Simple strategies for the public to take responsibility could include: nominal sum for each GP visit, perhaps on a descaling price range, for example those who visit a GP rarely pay a set amount but for those who go often due to medical conditions pay less for each visit and then there is a cap where they don't pay after so many. This would also help to alleviate the problem of people missing appointments. Charging for prescriptions again would bring in money.
- In Northern Ireland there are a lot of voluntary organisations within the Health Sector doing excellent work in our local communities - it would seem many of the services they provide overlap - it may be prudent if a directory of all voluntary organisations within each Health and Social Care Trust was drawn up, the services they provide, the annual funding they receive, and perhaps there could be a more joined up approach, so that more people can benefit from this excellent work. From my own experience over the past year in just one organisation I have been impressed by how funds are managed and how thought is put into on how funding is spent, and how accounts are maintained. I worked in the public sector, until made redundant, but I cannot help thinking perhaps if some of us in the public sector had been afforded the opportunity of working in the voluntary sector for a short time we could have learned valuable lessons on how to provide good services on limited funding. In conclusion, I do believe, contrary to what our Health Minister and his Civil Servants think, savings could be made, if managers did not work in isolation, but included all the key workers within their Directorates, before making decisions. I always found it was the frontline Staff who could put forward valuable contributions, when asked for their opinions. It is also good for staff morale, to feel they are being included and listened to in decision making.
- I feel that Mental Health Services need more resources. They have in the past been the "Cinderella" of Health Services. Mental illnesses, of all types, are on the increase and drug and alcohol addiction, often related to many mental illnesses, is also on the increase. I feel that there should be a more concentrated attempt to educate about Mental Health, alcohol and drug abuse, and provide support and counselling to young people at top primary school level and upwards.
- All of the above Services are very important to certain people.
- Look into the benefits of high dose vitamins, instead of buying Big Pharma poisons. Check out vitamin B17!
- the draft budget seeks to be Section 75 neutral but states it will be difficult. We have a situation of historic and chronic under spend in many areas and we have to reduce further. How can this budget meet the needs of Section 75 Groups particularly the elderly, the disabled and carers. how much resource is going to be wasted in litigation.

- Preventive health care important. Informed choice should frame patient decisions. Alternatives such as homeopathy should be available within primary health care budgets.
- HEALTH IS NOT A LUXURY, IT IS ESSENTIAL AND IT IS A HUMAN RIGHT. WITHOUT GOOD PHYSICAL AND MENTAL HEALTH THE ENTIRE COUNTRY SUFFERS BOTH ECONOMICALLY AND SOCIALLY. TO MAKE DRASTIC CUTS TO THE HEALTH SERVICE IS TO HARM THE ENTIRE PROVINCE. RECENT YEARS HAS SEEN THE SOME IMPROVEMENTS TO THE HEALTH SERVICE BUT ALSO MANY POOR DECISIONS. FAR TOO MUCH TIME AND MONEY IS NOW SPEND ON PAPERWORK AND MANAGEMENT AND LESS ON PROPER HEALTHCARE
- I realise there is a certain amount of "scaremongering" in the highlighted issues around the draft budget for Health and Social Care. However this does not detract from the fact that there is not enough money available for healthcare for the next few years. To have a potential shortfall of £800m by 2014 is very alarming. To state that new buildings now being constructed could be left unopened is on a par with the new Nimrod planes (completely paid for) being broken up for scrap. To spend millions of pounds on new buildings and then say no money is available for running costs is typical of how money is wasted.
- Very concerned about threat to funding of voluntary services. Budget is too broad to enable us to comment in any detail other than to say we are very worried about an ongoing funding shortfall.
- It is difficult to make comment between legitimate competing demands, but it is important to maintain existing essential services & to fund new services such as the Radiotherapy Unit at Altnagelvin Hospital. Referral & waiting times need to be effectively managed and staffing levels in key areas need to be maintained to avoid backlogs as happened at Altnagelvin X-ray department. Cost savings and productivity levels need to be secured through good planning, management and governance. Proposed closure of facilities/services should go through public consultation at local level to consider impact on health & social wellbeing within communities

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