Northern Ireland Cancer Charities Consultation response: Department of Health budget 2024/25 Equality Impact Assessment August 2024

Key Points

- We recognise that this is a catastrophic level of cuts, and whilst we understand why the financial picture is what it is, this will have a significant negative impact on the public and staff working within Health and Social Care services. Section 75 statutory duties are being pushed to the very limit.

- Fair pay is also an important part of retention and recruitment of staff, including skilled staff, and given the ongoing cost of living crisis, not having consistent resource to meet pay offer agreements will affect Trusts ability to retain and attract staff to fill the vacancies which will further diminish service, impact staff morale, and create longer backlogs, not to mention skilled staff vacancies lead to more costs e.g. expensive locums and delayed care.

- We are at a critical juncture, short term measures to plug gaps and create savings over countless years have led to a financial crisis within health. The impact on Section 75 groups will no doubt be significant.

- With respect to cancer waiting times, Northern Ireland's performance against the target lags far behind the rest of the UK, with the most recent statistics showing only 29.8% of people started treatment within 62 days, which is the worst performance on record. This is a huge inequality for people residing in Northern Ireland in comparison to other nations in the UK which is completely unacceptable.

  Any funding cuts to waiting list initiatives will have a profoundly negative impact on the people who are waiting, and on the staff and systems who are trying to support the large numbers of people on waiting lists across the health service.

  Without action to reduce cancer waiting times, thousands of lives will be put at risk. Worrying delays in getting a diagnosis and starting treatment can lead to people's cancer continuing to grow and spread, jeopardising their physical and mental health, restricting their treatment options, and potentially reducing their chances of survival. In addition, long waits and failures to detect cancers early increase costs by leading to more invasive and complex treatments.

Specific consultation questions asked

a. **Are there any adverse impacts in relation to any of the Section 75 equality groups that have not been identified in section 5 of the EQIA Consultation document? If so, what are they? Please provide details.**

   1. Health and Social Care cannot afford to work through a status quo budget let alone a reduced budget, there are many reports and strategies providing transformative solutions that need to be implemented to future proof services, including the Northern Ireland Cancer Strategy.

With a projected funding gap of some £340 million we envisage that long term and irrevocable damage to services with a negative impact on those protected through the Section 75 equality categories.

2. Additional information for the already identified impact on age; NI Cancer Registry have shown that 65.8% of people were aged 65 years or more at diagnosis in 2021[i] which is a continued increase in those over 65 receiving a cancer diagnosis. This disadvantages older people even more than outlined in the document, and particularly those with cancer. They are some of the greatest users of the health service and so will suffer disproportionately from many of the reductions made and considered here, but particularly from the reduction in waiting list initiatives (WLI) funding.

3. The proposal to place restrictions on the use of new drugs and therapies approved in GB will cause severe inequity to every group in Section 75. A postcode lottery created by poor governance, lack of transformation and financial instability will create unnecessary inequalities when our Minister of Health has publicly stated that inequalities is an area they wish to target.

b. Please state what action you think could be taken to reduce or eliminate any adverse impacts in allocation of the Department's draft budget?

1. Cancer is Northern Ireland's biggest killer; it would be logical to protect cancer diagnostics and cancer services in reductions in service taken due to the budget.

2. We all agree that transformation is needed within the healthcare system in Northern Ireland. Cancer care has been long-suffering, even as the long-awaited cancer strategy was being developed. Since publication in March 2022, it remains unable to be fully implemented which means waiting lists have remained the worst in the UK, people's care has been compromised, and the cancer workforce has been continually under-funded and overlooked.

The cancer strategy provides the greatest opportunity in years to improve and future-proof cancer services. It will require years of sustained funding to transform existing services and systems to make them fit to address the complex cancer care environment of the future, and to address the consistent failure to meet NI cancer waiting time targets. By delaying the funding required, the cancer strategy and the other required transformation plans, and strategies run the risk of being another undelivered commissioned document that doesn't achieve the change it was designed to make and impacting everyone in our society including the most vulnerable.

3. The significant capital investment programme that the Department has planned to take forward which sees investment in acute, primary and social care, in the ageing mental health infrastructure, in the cancer strategy, in digital technology and in emergency services, which cannot happen without sizeable uplift in the budget settlement, are a critical component in safeguarding services as all these plans are intrinsically linked and inter dependent, especially for people diagnosed and living with cancer.

4. Reduction of payments for support services provided by the community and voluntary sector will have a detrimental impact on vulnerable members of society who will fall into Section 75 categories. The community and voluntary sector are always the first to be called upon to fill the gaps in public services, but we are also the first to have any funding cut when budgets become squeezed. Charities do not have infinite resources and are also impacted by inflation pressures and the cost-of-living crisis which puts our service provisions in extremely precarious positions.

Whilst we welcome the Minister of Health's announcement on 9th July to keep the Core Grant Funding at £1.8m to maintain the 2023/24 levels, this funding does not extend to cancer charities and we ask that alternatives measures be put in place to stop a reduction in payments for support services provided by the community and voluntary sector. Those with a cancer diagnosis and undergoing cancer treatment can experience severe long-term impacts of treatment causing disability issues both in physical and mental health. Reduction in support in the community and voluntary sector will result in significant reduction in support currently provided which compliments the support provided by Health and Social Care services, this will result in further pressures on the acute and secondary care.

c. Are there any other comments you would like to make in regard to this EQIA or the consultation process generally

1. Even the NHS agrees that '1 in 2 people will develop some form of cancer during their lifetime.'[ii] While 'cancer patients' is not an identified Section 75 group, people with disabilities is and cancer is deemed to be a qualifying disability from the point in time that a person is diagnosed. There is a case for these cuts potentially disadvantaging all cancer patients (which is potentially half the population) as they are greater users of the health service, and in particular are more likely to be on waiting lists which may be reduced under this plan.

2. The loss, again, of the extra 300 nursing and midwifery undergraduate year on year places is hugely concerning when we know we have a huge number of unfilled vacancies within the system now.

Cuts in student numbers that took place between 2010 and 2015 are a significant factor for why there is such a crisis in the current workforce. The increase in nursing and midwifery places were a key part of the New Decade, New Approach document, but it is a huge step backwards to reduce training places and leaves the current workforce under even higher pressure, many of whom are already burnt out from poor working conditions and is completely counterintuitive to achieve any progress when dealing with an already fragile workforce situation. The fact that we know there is a requirement for an extra 100 clinical nurse specialists to meet demand in cancer care by 2030 makes this cut even harder to take.

The World Health Organisation predicted that there will be a global shortage of 18 million health care workers by 2030, a statistic created pre pandemic. We are in a global competitive pool to attract talent and by reducing places and having unstable pay offers it makes Northern Ireland an extremely unattractive prospect as a place to work. We need to address current and future gaps for all medical professions to meet health needs in Northern Ireland.

Other comments

1. Cutting funding for waiting list initiatives now will inevitably lead to more late-stage cancer diagnoses. NI Cancer Registry statistics (patients diagnosed 2016-2020) show that cancer incidence is 6% higher in the most socio-economically deprived areas compared to the Northern Ireland average. In addition, mortality rates in the most socio-economically deprived areas are 29.2% higher than the NI average.

Although deprivation is not a category within Section 75, significant consideration must be given to the greater consequences of health service cuts and waiting list initiative funding cuts

in particular, on those most at risk of a cancer diagnosis and those most likely to have poorer outcomes.

Northern Ireland has extremely high numbers of people on waiting lists. It would be a worthwhile investment of small amounts of funding for Trusts to work collaboratively to share cancer waiting lists, where need can literally be life or death and in turn reduce the number of ED cancer diagnosis which ultimately create a bigger burden on elective care not to mention the impact on the patient. Trusts also need to undertake a deep review of those on waiting lists to see how many people no longer need their appointments, have had treatment elsewhere, have had their condition resolved or have passed away.

2. The suspension of some vaccination programmes is alarming, we would like reassurance that this does not include the HPV vaccination programme that is critical to reduce cancer incidents.

3. Proposals to reduce nursing and residential care placements, and restrict domiciliary care packages, will have a significant effect on people who are receiving palliative and end of life care, and will place an even greater strain on community nursing. We know that many people with cancer want to die at home, and more cuts to services which provide the support needed to do this will mean even greater pressure on the system and widening health inequalities. This will have a significant impact on hospitals and potentially increase levels of "delayed discharge" if people are not able to be cared for in their homes. This has a negative impact on the patient, as well as putting pressure on the hospital numbers and workforce.

Conclusion

This is an unenviable situation that the Department of Health has been placed in by a dysfunctional Executive which is having a significant negative impact on the management of the health budget, with little political and strategic decision making and civil servants left to manage departments and difficult spending decisions. Single year budgets make planning and delivering of the long-term transformation of the system extremely challenging, and multiyear budgets need to be put back in place.

Transformation is critical to help services become more economically sustainable and to optimize toward efficient and effective care, especially in light of longstanding budget challenges and increasing cancer incidence.

The 2024-25 budget will have long lasting impacts of a detrimental nature, not only to those who are under Section 75, but the whole population.

We also note that the Department may have to consider more extreme budget decisions which will have substantial impact on Health and Social Care as well as the requirements of Section 75. Should further drastic cost saving measures be deemed as necessary, we would require a further Equality Impact Assessment before decisions are made that will have a further devastating impact on the people of Northern Ireland.

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[i] https://www.qub.ac.uk/research-centres/nicr/FileStore/OfficialStats2018/Factsheets2018/Filetoupload,957477,en.pdf

[ii] https://www.nhs.uk/conditions/cancer/#:~:text=Cancer%20sometimes%20begins%20in%20one,of%20cancer%20during%20their%20lifetime.