

**FROM THE MINISTER OF HEALTH**



Department of  
**Health**

An Roinn Sláinte

Mánnystrie O Poustie

[www.health-ni.gov.uk](http://www.health-ni.gov.uk)

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Our ref – SUB-0125-2021

Date: */25* February 2021

Dear *Conor,*

Following your recent paper on the January monitoring position I thought it would be useful to write to you to set out some additional considerations from a health and social care perspective that may be useful in influencing HM Treasury in your discussions on the carryover of surplus funding.

As you are aware, the health and social care system here is badly in need of a long term recurrent budget settlement to enable us to invest to properly rebuild – both to recover from the pandemic but also to ensure that the service is fit for purpose in the future and sustainable financially.

In that context it is a matter of significant concern that we are in a position where we are actively being encouraged to spend money on things that can be done quickly in the current financial year, rather than using the available funding in a more targeted and effective way over a longer period of time.

Whilst I appreciate that there is no easy solution to the multi-year funding issue, it appears to me that the issues we face in transforming the Northern Ireland health and social care system provide a strong case for the excess funding in 2020/21 to be carried forward, with certainty, for use in later years – this would allow us to take a much more strategic, and effective, approach to addressing, for example, the huge challenges we face in terms of excess elective waiting times. This financial flexibility is not available to the health and social care system here as it is in the English NHS, putting us at a distinct disadvantage particularly when service performance is compared across jurisdictions.

In terms of elective care waiting lists, in January 2020 we made it a priority in the NDNA agreement to tackle these backlogs. In order to do this we planned to utilise spare capacity across the United Kingdom and the Republic of Ireland. Even then we recognised that this would take sustained investment over a number of years. Aside from the challenges presented by COVID, the single year funding approach means that we cannot develop the long term approach that is essential to taking this work forward.

In addition, we know that the 2021/22 budget settlement provides the English NHS with additional funds to clear their waiting list backlog. This will have a direct impact on the capacity we could secure from GB providers, and again points to the importance of a multiyear settlement to allow us to construct longer term partnerships to address our needs.

I cannot emphasise enough the importance of seeking to address this position – while the battle against COVID is dominating the public narrative around healthcare at the moment, as we move out of this the focus will rightly turn to the excessive elective waiting lists. When comparing December 2020 to December 2019, outpatient waiting times against the 9-week target have increased by 43,500 and 52 week waits have increased by just under 59,000. In relation to treatment, 23,000 more people are waiting longer than 13 weeks and 52 week waits have more than doubled to 56,273.

What is needed at a minimum is a recurrent source of earmarked funding, agreed in advance, to close the capacity gap and address the backlog of patients waiting. In total, this is estimated at £750m-£1bn. Given the workforce constraints, an incremental year-on-year increasing allocation will be required and it could take in the region of 5-10 years to enable waiting times to be reduced to an acceptable level. Longer term surety of funding at a significant scale will enable innovations both in-house and with independent sector providers.

I am therefore asking you to redouble your efforts with HM Treasury to secure a settlement that enables us to spend the money we have to best effect, in order to put us in a position to address the health issues that we know will be at the top of our citizen's minds once we reach the other side of the current crisis. I stand ready to assist you in any way I can.

PD

**Robin Swann MLA**  
**Minister of Health**