

Consultation response: Review of urgent and emergency care

June 2022

About Carers NI

1. Carers NI is Northern Ireland's membership charity for unpaid carers. We work to represent and support the near 300,000 people in Northern Ireland who provide unpaid care for ill, older or disabled family members or friends – fighting for increased recognition and support for all carers and to ensure they have a voice in policymaking.
2. We welcome the opportunity to respond to the Department of Health's consultation on the review of urgent and emergency care in Northern Ireland. While the consultation document, and proposals within it, cover a number of important themes, we have only responded to those to which we feel we have a meaningful contribution to make.

To what extent do you agree that the proposed actions under Strategic Priority 2 will improve the efficiency and effectiveness of the urgent and emergency care system in Northern Ireland?

3. Carers NI welcomes the proposed review to establish where additional capacity and investment can help to reduce pressures on urgent and emergency care services, but believes the scope of this review is not wide enough. The currently focus is, correctly, on the links between increased pressure on these services and issues like inpatient bed capacity, elective care waiting times, capacity within the medical take-in specialities and workforce shortages. It does not, however, consider some of the wider clinical and non-clinical components that contribute toward the development of urgent care needs and emergency admissions to hospital.
4. In our 2019 State of Caring survey, one in five carers in Northern Ireland said the person they cared for had had an emergency admission to hospital during the previous 12 months. Among those carers:
 - 22% felt that higher quality care generally for the person would have prevented the emergency admission;
 - 16% said more support for them, the carer, would have prevented the admission;
 - 10% said access to a district nurse would have prevented the admission; and
 - 11% felt that adaptations in the home of the person would have made a difference to their need for an emergency admission. ^[1]
5. More widely, less than 20% of carers told the survey that they had had a conversation with a health professional about what to do if the condition of the person they were caring for deteriorated. It is entirely conceivable that this has contributed to situations where, following such a deterioration, the carer has brought the patient to A&E or phoned emergency services when other, more appropriate options may have been available.
6. This data highlights that there are wider issues to consider when examining the capacity and investment decisions needed to reduce pressure on urgent and emergency care services, beyond those correctly identified in the consultation document. In particular, we would argue that the holistic, 'no more silos' approach must recognise unpaid carers as critical partners in care and ensure they receive the support and information they need to perform their caring

¹ Carers NI (2019). State of Caring 2019: A snapshot of unpaid care in Northern Ireland.

role. This will not only improve outcomes for carers but help prevent unnecessary and avoidable use of urgent and emergency care services.

7. We would also draw particular attention to the data above on home adaptations. Access to home adaptations and suitable housing is a priority for many unpaid carers in Northern Ireland, but the existing system for delivering this is too slow. For example, a recent investigation found that waiting times for home adaptations to be approved and completed under a Disabled Facilities Grant is more than three years in some parts of Northern Ireland. ^[2] Addressing this, and the wider delays in delivering the home adaptations needed by people with disabilities and their carers, must also be considered within the holistic approach to reducing pressure on urgent and emergency care.

To what extent do you agree that the proposed introduction of the regional intermediate care model will improve urgent and emergency care services in Northern Ireland?

8. Carers NI welcomes the proposals under Strategic Priority 3 to deliver a regionalised intermediate care programme across Northern Ireland. As highlighted in paragraph 6 above, local carers have identified higher quality care in the home setting as an important buttress against preventable emergency admissions for the people they care for, and we believe the new intermediate care programme can be an important component of that.
9. In this context, we would again emphasise the importance of treating unpaid carers as true partners in care and ensuring they are involved, if they want to be, in the planning and delivery of intermediate care services for the people they support.

Discharge from hospital

10. While we welcome recognition in the consultation document that carers should be part of early discussions around arrangements for a person's discharge from hospital, it is disappointing that there are no specific recommendations or requirements attached to this. In our 2017 State of Caring survey, nearly one in five carers who had a recent experience of hospital discharge were not consulted about it, and among those who were, half said they were only consulted at the last minute. ^[3]
11. This situation fails to recognise carers as true partners in care, ignores both their expertise on the patient and the support that they, the carer, would need to continue caring for them after discharge, and therefore contributes to worse outcomes for everyone. Illustrating this point, 7% of carers in the 2017 survey referenced above said that the patient was discharged from hospital too early and was then readmitted within the following couple of months.
12. Carers NI would support a proposal in the urgent and emergency care review to make early consultation with carers a statutory duty within the hospital discharge process. This would help to recognise carers are true partners in care, ensure that all of the necessary care was in place to support both them and the patient following hospital discharge, and therefore improve outcomes for all – including avoiding further admissions to hospital and putting greater pressure on emergency care services.
13. It is worth noting that there is a precedent for this in other jurisdictions – for example, the Carers Act 2016 enshrines an obligation on health boards in Scotland to involve carers when the person they support is being discharged from hospital. Specifically, steps must be taken to

² 'Disabled people trapped waiting for years for vital home adaptations'. *Bureau of Investigative Journalism*, 05.04.22. Available at: <https://www.thebureauinvestigates.com/stories/2022-04-05/disabled-people-trapped-waiting-years-for-vital-home-adaptations>.

³ Carers NI (2017). State of Caring 2017: A snapshot of unpaid care in Northern Ireland.

inform the carer as soon as possible about the intention to discharge them; invite the carer to give their views about the discharge and, as far as possible, take account of those views. ^[4]

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⁴ Carers (Scotland) Act 2016.