



Department of
**Health, Social Services
and Public Safety**

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**MINIMUM STANDARDS FOR
INDEPENDENT HEALTHCARE
ESTABLISHMENTS**

**CONSULTATION RESPONSE
QUESTIONNAIRE**

June 2013

CONSULTATION RESPONSE QUESTIONNAIRE

Introduction

You can respond to the consultation on Minimum Standards for Independent Healthcare Establishments by e-mail or letter.

Before you submit your response, please read Appendix 1 about the effect of the Freedom of Information Act 2000 on the confidentiality of responses to public consultation exercises.

Responses should be sent to:

E-mail: sgqu@dhsspsni.gov.uk

Written: Standards and Guidelines Quality Unit
DHSSPS
Room D1
Castle Buildings
Stormont Estate
Belfast, BT4 3SQ

Telephone: (028) 90522351

Responses must be received no later than 5pm on 27th September 2013

I am responding: as an individual
on behalf of an organisation
(please tick a box)

Name:	<hr/>
Job Title:	<hr/>
Organisation:	<hr/>
Address:	<hr/> <hr/>
Tel:	<hr/>
Fax:	<hr/>
e-mail:	<hr/>

Background

The Department has developed draft minimum care standards for independent healthcare establishments in Northern Ireland.

The draft standards amplify and expand on the legal requirements for service providers set out in the Independent Healthcare Regulations (Northern Ireland) 2005 as amended, and will apply to independent hospitals (including those providing in-patient mental health care), clinics, hospices and independent medical agencies.

Regulations define an “independent clinic” as:

A walk-in centre, in which one or more medical practitioners provide services of a kind which, if provided in pursuance of the 1972 Order, would be provided as primary medical services; and a surgery or consulting room in which a medical practitioner who provides no services in pursuance of the 1972 Order provides medical services of any kind (including psychiatric treatment) otherwise than under arrangements made on behalf of the patients by their employer or another person.

Where two or more medical practitioners use different parts of the same premises as a surgery or consulting room, or use the same surgery or consulting room at different times, each of the medical practitioners shall be regarded as carrying on a separate independent clinic unless they are in practice together.

An independent hospital is not defined in the same terms as the regulations list a number of establishments exempt from definition as an independent hospital. Exempt establishments include:

- A mental health hospital which provides no overnight beds;
- A service hospital for the armed forces;
- A hospital which forms part of a prison, remand centre or young offenders’ centre;
- An establishment whose sole or main purpose is provision of primary medical services by GPs;
- A private residence of a patient where treatment is provided to them and no one else;
- Treatment areas provided in sports grounds and gymnasia; and
- Surgeries or consulting rooms where a medical practitioner provides services on behalf of an employer.

Establishments may be registered as an independent hospital by virtue of delivering what are referred to in the regulations as “prescribed techniques”. These are:

- In-Vitro Fertilisation (IVF);
- Hyperbaric Oxygen Therapy;
- Dialysis;
- Laser treatments using class 3B lasers, class 4 lasers and intense light sources; and
- Endoscopy.

The final version of the standards will be used by the Regulation and Quality Improvement Authority (RQIA) in registering and inspecting providers of these services.

Minimum care standards are a key element in the Department's drive to improve the quality of health and social care. Standards aim to promote a collaborative, multi-disciplinary approach to providing person-centred care through specification of the facilities, processes and training and qualifications necessary for the delivery of a quality service.

As well as providing service users with information on the quality of service they can expect to receive, the standards will set a benchmark against which service providers can measure their provision. RQIA will use the final version of the standards to assess and report on the quality of services delivered by registered providers.

Purpose

This questionnaire has been designed to aid those who wish to respond to the consultation exercise on the **Minimum Standards for Independent Healthcare establishments**.

The questionnaire seeks your views on the draft standards and should be read in conjunction with the standards document itself.

The questionnaire also seeks views on the equality implications of the draft standards. A preliminary equality screening exercise has been carried out and copies are available on request.

Completing the questionnaire

The questionnaire can be completed by anyone who has an interest in the provision of these services and can be completed by an individual or on behalf of a group or organisation.

Q1. Are the standards easy to understand?

Yes

No

If your answer is no, please identify the difficulties.

Q2. Are you content with the layout of the document? For example, do you have any comments on the allocation of standards to common areas and service specific sections?

Yes

No

If your answer is no, please identify the difficulties.

Q3. Do the standards cover areas that are priorities for independent healthcare? If your answer is no, please identify any areas you feel are missing.

Yes

No

Comment:

Q4. Is it reasonable to expect providers of services to meet these standards now?

Yes

No

Please outline any criteria which you think cannot be met and explain the difficulties.

Q5. Will any of the standards have significant costs associated with compliance?

Yes

No

Please comment on which standards you feel will have cost implications.

Equality implications

Q6. Are the draft standards likely to have an adverse impact on any of the nine equality groups identified under Section 75 of the Northern Ireland Act 1998?

Yes No

If yes, please state the group or groups and provide comment on how these adverse impacts could be reduced or alleviated in the proposals.

Q7. Are you aware of any indication or evidence – qualitative or quantitative – that the draft standards may have an adverse impact on equality of opportunity or on good relations?

Yes No

If yes, please give details and comment on what you think should be added or removed to alleviate the adverse impact?

Q8. Is there an opportunity to better promote equality of opportunity or good relations?

Yes

No

If yes, please give details as to how.

Q9. Are there any aspects of the draft standards where potential human rights violations may occur?

Yes

No

If yes, please give details as to how.

Further Comments

Please use the box below to insert any further comments, recommendations or suggestions you would like to make in relation to these draft standards.

**Please return your response questionnaire.
Responses must be received no later than 5pm on 27th September 2013
Thank you for your comments.**

Appendix 1

FREEDOM OF INFORMATION ACT 2000 – CONFIDENTIALITY OF CONSULTATIONS

The Department will publish a summary of responses following completion of the consultation process. Your response, and all other responses to the consultation, may be disclosed on request. The Department can only refuse to disclose information in exceptional circumstances. **Before** you submit your response, please read the paragraphs below on the confidentiality of consultations and they will give you guidance on the legal position about any information given by you in response to this consultation.

The Freedom of Information Act gives the public a right of access to any information held by a public authority, namely, the Department in this case. This right of access to information includes information provided in response to a consultation. The Department cannot automatically consider as confidential information supplied to it in response to a consultation. However, it does have the responsibility to decide whether any information provided by you in response to this consultation, including information about your identity should be made public or be treated as confidential.

This means that information provided by you in response to the consultation is unlikely to be treated as confidential, except in very particular circumstances. The Lord Chancellor's Code of Practice on the Freedom of Information Act provides that:

- The Department should only accept information from third parties in confidence if it is necessary to obtain that information in connection with the exercise of any of the Department's functions and it would not otherwise be provided;
- the Department should not agree to hold information received from third parties "in confidence" which is not confidential in nature;
- acceptance by the Department of confidentiality provisions must be for good reasons, capable of being justified to the Information Commissioner.

For further information about confidentiality of responses please contact the Information Commissioner's Office (or see web site at: <http://www.informationcommissioner.gov.uk/>).

Appendix 2

EQUALITY IMPLICATIONS

Section 75 of the Northern Ireland Act 1998 requires the Department to “have due regard” to the need to promote equality of opportunity between persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation; between men and women generally; between persons with a disability and persons without; and between persons with dependants and persons without. The Department is also required to “have regard” to the desirability of promoting good relations between persons of a different religious belief, political opinion or racial group.

In keeping with the above statutory obligations and in accordance with guidance produced by the Equality Commission for Northern Ireland, the Department has carried out a preliminary equality screening exercise to determine if the draft standards are likely to have a significant impact on equality of opportunity and should therefore be subjected to an Equality Impact Assessment (EQIA). The Department has concluded that an EQIA is not appropriate for a number of reasons including:

- The preliminary screening and engagement/consultation with key stakeholders to date has showed no evidence of any adverse impact on the different groups;
- The draft standards are intended to set a transparent and consistent regional benchmark for the quality of these services, which will benefit all those who use and provide these services.

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June 2013