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An Coiste um Chúram Sláinte sa Todhchaí

**Tuarascáil Eatramhach ón gCoiste
um Chúram Sláinte sa Todhchaí**

Lúnasa 2016

Houses of the Oireachtas

Committee on the Future of Healthcare

**Interim Report of the Committee
on the Future of Healthcare**

August 2016

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In June 2016, the Committee on the Future of Healthcare was established with the aim of examining and costing potential future models of healthcare for Ireland. The Committee will investigate these models with the goal of establishing a universal, single tier healthcare system, where patients are treated on the basis of need, rather than ability to pay. This interim report outlines the Committee's proposed goals, work schedule and approach to its work.

This is a unique opportunity for cross-party consensus in developing a coherent and meaningful healthcare strategy to be implemented over the next ten years. The driving ambition of the Committee's work is to see its recommendations implemented. To do this will require a very practical and consensual approach which will underpin the work of the Committee.

The Committee has held a number of briefing sessions with relevant stakeholders. These stakeholders have included health policy experts from Trinity College Dublin, representatives of the HSE and Department of Health, researchers from the ESRI, and Dr Eddie Molloy, management consultant. These briefing sessions have assisted the Committee in planning its various work streams.

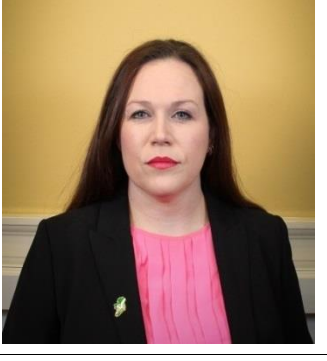
The Committee has also launched an invitation for submissions from the public. Based on these submissions, the Committee will gauge the views of stakeholders from all sectors of society on the important issues around healthcare reform. The process for making a written submission is published on the Committee's [Oireachtas website](#), and you are strongly encouraged to make a submission.

On behalf of the Committee, I wish to formally request that this report be debated in the Dáil at the earliest possible opportunity.

A handwritten signature in cursive script that reads "Róisín Shortall".

Róisín Shortall, T.D.
Chair
Committee on the Future of Healthcare

MEMBERS OF THE COMMITTEE

			
Mick Barry T.D. (AAA-PBP)	John Brassil T.D. (FF)	James Browne T.D. (FF)	Pat Buckley T.D. (SF)
			
Joan Collins T.D. (I4C)	Jim Daly T.D. (FG)	Michael Harty T.D. (RIG)	Billy Kelleher T.D. (FF)
			
Alan Kelly T.D. (Lab)	Josepha Madigan T.D. (FG)	Hildegard Naughton T.D. (FG)	Kate O'Connell T.D. (FG)
			
Louise O'Reilly T.D. (SF)	Róisín Shortall T.D. (SD/GPTG)		

INTRODUCTION

By Order of the Dáil on 1 June 2016, the Committee on the Future of Healthcare was established to:

- agree an all-party 10 year plan for the future of the health service;
- to identify a pathway towards a universal single tier health service; and to achieve consensus on a new healthcare model based on need.

The Committee will make its considered recommendations to the Dáil based on its examination of available research, analysis of written submissions received and oral evidence received during public hearings.

Meetings to Date

The first meeting of the Committee took place on 23 June 2016. The Committee's fourteen members voted to elect Róisín Shortall T.D. to serve as Chair.

The Committee held four subsequent planning meetings where the Committee received technical briefings on a number of topics, including:

- A factual overview of the role of the Department of Health;
- The organisational structure of the HSE and related health and community services;
- Discussion of project planning and strategy design;
- An overview of existing and ongoing research of relevance to Committee's Terms of Reference;

At its meeting on July 20th, the Committee also held its first public hearing to receive evidence from the Health Reform Alliance, a representative group of patient organisations.

Interim Report

The Order establishing the Committee requires that the Committee produce an Interim report, setting out its proposed work schedule, by 23 August 2016 for consideration and debate at a meeting of the Dáil (D51/13 (k)). It is pursuant to this requirement that this Interim Report of the Committee has been prepared and laid before the Dáil. The Committee formally requests that the report be debated in the Dáil at the earliest possible opportunity.

Final Report

The Committee is required to present a final report to the Dáil by 23 January 2017, whereupon the Committee shall stand dissolved.

At the first meeting of the Committee, a preliminary discussion took place amongst members as to how the Committee should approach its task, and formulate a project plan, including a work schedule. Members emphasised the very short timeframe of the Committee, and the need for its work to be tightly focused.

It was agreed by Members that, given the volume of work to be undertaken in a very short timescale, the Committee should initially meet on a weekly basis. The Committee further agreed that the project plan and timelines should be kept under review on a monthly basis.

Reference Group

It was agreed to establish a Reference Group consisting of representatives from each party/group on the Committee, to ensure the Chair could consult with Members on key issues on a timely basis.

Joint Committee on Health

From the outset, the Committee on the Future of Healthcare agreed to have regard for the remit of the Oireachtas Committee on Health. The Joint Committee on Health has an important oversight role, and monitors the performance of the Department of Health, and agencies under the aegis of the Department. The role of the Committee on the Future of Healthcare is to have a more strategic focus, to examine the current model of healthcare, and to outline a vision for the future.

Work Schedule

Regarding its work schedule, a consensus emerged that stakeholder sessions should be organised based on a number of work streams, which are outlined in the main body of this report. The Committee agreed to hold its first public session on July 20th 2016, with further public sessions to be held on a weekly basis from September until November 2016.

COMMITTEE OBJECTIVES

The Committee has identified the following objectives:

1. To achieve cross-party consensus on a ten year vision for the health service with an emphasis on quality of patient care, supported by strong managerial and organisational accountability.
2. To include an implementation plan as part of the Committee's reporting process, setting out achievable targets with appropriate milestones and resources needed for implementation.
3. To establish what healthcare entitlements should be covered under an agreed definition of 'Universal' Healthcare.
4. To outline the steps required over time to implement Universal Healthcare, including an appropriate funding model.
5. To develop a model of integrated healthcare with an emphasis on primary and community care.
6. To analyse future healthcare needs and to assess the resource implications of demographic trends and health deprivation data.

PROPOSED APPROACH TO THE CONSULTATION PROCESS

The Committee will adopt a structured approach to this project to achieve its goals within a relatively short time-frame.

Recommendations on the future of healthcare in Ireland will be based on findings from evidence-based research. A review of the international literature will inform the Committee's work.

This will also include a review of:-

- available data and existing management reports on the Irish health sector;
- further information requests and appropriate assistance from the Department of Health, and agencies under its remit, including the HSE.
- the Committee will consider what assistance will be required to implement the project, including consideration of possible expert-led workshops at key intervals between September and November 2016.

Call for Written Submissions

On July 14th 2016, the Committee launched a public call for written submissions from interested parties, with a closing date of **August 26th**. The call for submissions was published on the [Oireachtas website](#)

A stakeholder consultation paper will be developed, providing analysis of key themes identified from submissions received. The stakeholder consultation process will also feed into the request for oral evidence.

Oral Evidence

Due to the large number of interest groups, organisations, patient groups, health professionals, and institutions in the health sector, it will not be possible for the Committee to meet with, and hear oral evidence from all stakeholders.

The Committee agreed that its focus in oral sessions will be to prioritise evidence-based research, and engagement with academics, representative / umbrella groups, academic experts and health professionals.

The Committee will then draft its report based on evidence presented to it. The Committee's report will include a series of recommendations, to be accompanied by an implementation plan. The report will be launched in public and be debated in the Dáil. A review of the report's implementation will take place early in 2017.

PROPOSED COMMITTEE WORK STREAMS

The Committee has identified a number of key issues and Work Streams which it believes it necessary to address in the course of its work.

Table 1 (below) provides a summary of the Work Streams that have been identified. Based on the work streams a list of potential witnesses is being developed. The list is preliminary at this stage, and a more specific list of witnesses will be published as its work progresses. The work schedule, and the order in which the Committee addresses the different work streams may also vary, subject to availability of witnesses and other factors.

	Committee Work Streams
1	Future Vision and Strategic Challenges
2	Funding Model
3	Primary Care
4	Integrated Care
5	Chronic Disease Management
6	Access to Care
7	Quality and Safety
8	Resource Allocation
8	Organisational Reform
10	Workforce Planning
11	Stakeholder Consultation
12	Implementation and Monitoring

COMMITTEE CONSULTATION AND REPORT TIMELINES

- June – July 2016: Planning meetings and background briefings
- 20 July 2016: Public meetings commence
- 4 August 2016: Publication of Interim Report (August 23 2016 is deadline for agreement of Interim Report)
- September 2016: Interim Report debated in the Dáil
- July-September 2016: Stakeholder written consultation
- August 2016: Oireachtas recess
- September-November 2016: Public meetings
- November 2016 –January 2017: Drafting of final report and Implementation Plan
- January 2017: Final Report published

APPENDIX 1 TERMS OF REFERENCE OF THE COMMITTEE

That, notwithstanding anything in Standing Orders, Dáil Éireann:

recognising:

— the severe pressures on the Irish health service, the unacceptable waiting times that arise for public patients, and the poor outcomes relative to cost;

— the need for consensus at political level on the health service funding model based on population health needs;

— the need to establish a universal single tier service where patients are treated on the basis of health need rather than on ability to pay;

— that to maintain health and well-being and build a better health service, we need to examine some of the operating assumptions on which health policy and health services are based;

— that the best health outcomes and value for money can be achieved by re-orientating the model of care towards primary and community care where the majority of people's health needs can be met locally; and

— the Oireachtas intention to develop and adopt a 10 year plan for our health services, based on political consensus, that can deliver these changes,

orders that:

(a) a special all-party Committee, which shall be called the Committee on the Future of Healthcare, shall be established, to devise cross-party agreement on a single long-term vision for health care and direction of health policy in Ireland;

(b) the Committee shall be made up of fourteen members of the Dáil, of which four members shall be appointed by the Government, three members by Fianna Fáil, two members by Sinn Féin, one member by the Labour Party, one member by Independents4Change, one member by the Anti-Austerity Alliance —People Before Profit, one member by the Rural Alliance and one member by the Social Democrats—Green Party group, and four shall constitute a quorum; members may be substituted as provided under Standing Order 95(2);

(c) notwithstanding the provisions of Standing Order 93, the Committee shall elect one of its members to be Chairman, who shall have one vote;

(d) the Ceann Comhairle shall announce the names of the members appointed under paragraph (b) for the information of the Dáil on the first sitting day following their appointment;

(e) the Committee shall have the powers defined in Standing Order 85 (other than paragraphs (3), (4) and (6) thereof);

(f) the Committee shall examine existing and forecast demand on health services, including the changing demographics in the Irish population;

(g) the Committee shall examine and recommend how to progress a changed model of healthcare that advocates the principles of prevention and early intervention, self-management and primary care services as well as integrated care;

(h) the Committee shall examine different funding models for the health service and make recommendations on the funding models that are best suited to Ireland and have these models fully costed;

(i) the Committee shall examine and make recommendations on how best to re-orientate the health service on a phased basis towards integrated, primary and community care, consistent with highest quality of patient safety, in as short a time-frame as possible;

(j) the Committee shall be mandated to hold hearings in public with expert witnesses; invite and accept written submissions; draw up a report(s); make findings; and/or suggest recommendations if the membership so agrees in unison or in majority/minority format;

(k) the Committee shall produce an interim report, containing also its proposed work schedule, to be debated at a meeting of the Dáil no less than one week, and no more than two months, after its establishment;

(l) the Committee shall, within six months of the initial meeting, present a final report to the Ceann Comhairle for earliest possible discussion in the House; and

(m) the Committee shall meet as frequently as appropriate to fulfil its remit.”