Tithe an Oireachtais

An Coiste um Chúram Sláinte sa Todhchaí

An Dara Tuarascáil Eatramhach ón gCoiste um Chúram Sláinte sa Todhchaí

Eanáir 2017

Houses of the Oireachtas

Committee on the Future of Healthcare

Second Interim Report of the Committee on the Future of Healthcare

January 2017

Table of Contents

Contents

CHAIR'S FOREWORD

When the motion to establish the Committee on the Future of Healthcare came before the Dáil in June 2016, almost 150 members were in support of it. That was unprecedented, and an indication of the willingness on all sides to work together to identify solutions to the problems we face in our health services.

In August the Committee published its first Interim Report, as mandated in its Terms of Reference. It identified 12 workstreams across a number of key areas. Given the range of issues that the Committee had to address, the volume of material the Committee has received to date, and the number of meetings that have taken place, the Committee agreed that it would be appropriate to look for an extension for our report, until 28 April 2017. A motion to that effect was agreed in the Dail on 13 December 2016. Following on from that, the Committee has agreed that it is timely to now provide a further update to the Dáil, outlining its work to date.

The members of the Committee recognise this is a unique opportunity to achieve cross-party consensus in developing a vision for our health and social care system and we look forward to the next phase of our work.

Róisín Shortall

_____

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

MEMBERS OF THE COMMITTEE

			
Mick Barry T.D.	John Brassil T.D.	James Browne T.D.	Pat Buckley T.D.
(AAA-PBP)	(FF)	(FF)	(SF)
			
Joan Collins T.D.	Bernard Durkan T.D.	Dr. Michael Harty T.D.	Billy Kelleher T.D.
(I4C)	(FG)	(RITG)	(FF)
			
Alan Kelly T.D.	Josepha Madigan T.D.	Hildegarde Naughton T.D.	Kate O'Connell T.D.
(LAB)	(FG)	(FG)	(FG)
			
Louise O'Reilly T.D.	Róisín Shortall T.D.		
(SF)	(SD/GPTG) (Chair)		

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.

The Committee produced an initial Interim Report which was laid before the Houses of the Oireachtas on 4 August 2016. The Interim Report outlined twelve workstreams identified by the Committee. These are presented in Table 1 below. They encompass the overall vision and strategic direction of the system, the model of care, systemic issues including organisational reform and funding, workforce, and the critically important area of implementation and monitoring.

Table 1

Work Streams: Interim Report	
1	*Future Vision & 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*

The Interim Report also set out the Committee's intention to be both evidence-based and consultative in dealing with these workstreams, and to take account of existing research and policy analysis, utilise expert input, invite submissions from stakeholders and hold public sessions. A brief overview of the Committee's work to date is set out below.

On 13 December 2016, Dáil Éireann passed a Motion to amend the Committee's original Terms of Reference (see Appendix 2) in regard to the date by which it is required to produce its final report, which is now 28 April 2017.

Over the coming weeks, the primary focus for the Committee will be to complete its consideration of the evidence before it with the public phase of its work expected to be of a limited extent.

EXISTING RESEARCH AND POLICY ANALYSIS

It has been a frequent criticism of our health system that numerous reports and strategy documents are developed, to be only partially implemented or, indeed, shelved. The Committee is conscious of the very substantial policy analysis carried out for these reports, much of which remains valid, and of the wealth of health systems research undertaken in Ireland.

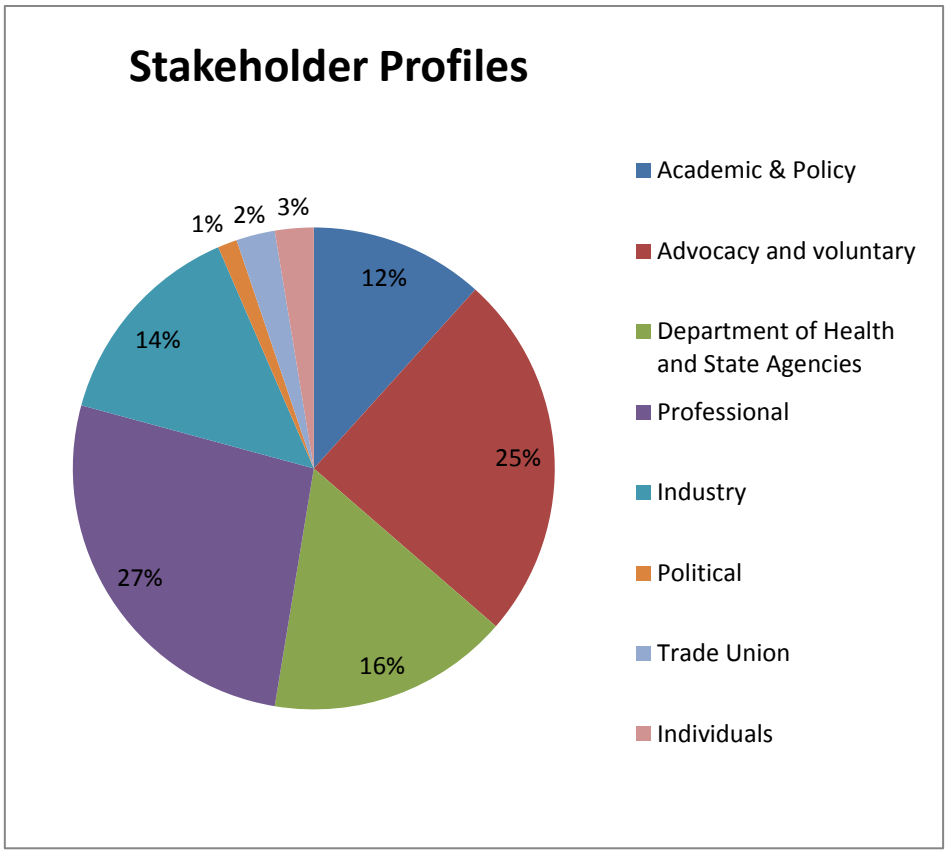
The Committee is also mindful that many of the issues facing the Irish health system are not unique, and that other health systems are also grappling with the challenges of ageing populations, rising incidence of chronic disease, and financial constraints of a demand-led system. Hence it considers that it is essential to take account of international perspectives, including the work of the WHO and others. It is not the intention to import ready-made solutions, but to reflect on international best practice and knowledge while developing the vision and direction for the Irish context.

This existing research and analysis has been reflected in a number of summarised research papers on key areas which have been considered by the Committee to date. They address a range of issues, including universal healthcare and equality of access; scheduled and unscheduled acute care; primary care, integrated care and chronic disease; organisational structures; and demographics.

SUBMISSIONS TO THE COMMITTEE

In July 2016 the Committee invited written submissions from interested representative bodies, individuals and groupings. Submissions were invited in relation particularly to three areas: overall strategy, primary care and the funding model. The full text of the call for submissions is set out at Appendix 3.

The Committee received over 150 written submissions by the closing date of 26 August 2016, representing a broad range of concerns and viewpoints. For the purposes of analysis, these have been categorised into groupings or profiles of stakeholder type. This breakdown is shown in Figure 1, below.



While analysis of the submissions is continuing, it is clear at this stage that there are some significant areas of consensus. These include in particular the need for integrated care, and for the reorientation of services towards primary care.

As would be expected, the concerns and priorities expressed in submissions vary somewhat depending on the profile of those submitting; advocacy groups and voluntary service providers provided an essential patient perspective, while

academic and policy experts offered expertise and insights on technical and strategic health policy issues. Some of the key themes emerging are set out below.

Access and coverage

The submissions indicate broad support for free at the point of use healthcare, although there are differences in emphasis among different groups. For patient advocacy groups, a core ambition is equitable access to timely, high-quality care based on need, not income. Some submissions recommend expanding the existing medical card and drug payment system to cover groups with long-term needs, such as people with disabilities, chronic conditions and rare genetic diseases, while others emphasise the need for statutory entitlement to homecare packages and community care services.

Many submissions cite challenges of access, including waiting lists for patients without private health insurance, geographic variation in services, the current lack of entitlement to community care services, such as homecare packages, and the inability of rural groups to access services. Inequality of access to healthcare based on socio-economic status or marginalisation also emerged strongly in some submissions.

Submissions from those with economics or policy expertise warn of constraints on the extent to which care can be provided free at the point of use, and highlight the importance of strengthening the provision of basic services and the use of cost-effectiveness and health technology assessment to determine what might be covered.

Health promotion and prevention

Health promotion and prevention are seen as a key priority and a crucial aspect of a healthcare strategy. Many submissions reference the *Healthy Ireland* strategy as a positive policy direction that should be resourced and implemented as an effective preventative measure. Children's groups emphasise the need to invest in early childhood development, health promotion and prevention services in order to improve future health outcomes.

Primary care

There appears to be broad consensus on the central role of primary care in managing the vast majority of care, including chronic disease and multi-

morbidities. That includes mental health issues which, some submissions note, are often co-morbid with other conditions. However, those working in primary care frequently reference the need to resource primary care services in order to achieve this. Submissions from primary care providers, GPs and allied healthcare professionals identify staffing capacity as a significant impediment to meeting demand. Other issues raised are the suitability of the current GP contract for a primary care-oriented health service, and the importance of access to diagnostic services for GPs.

Integrated care

There is widespread agreement that the healthcare system should move in the direction of an integrated care model. Diagnosis, treatment, disease management and step-down care should be provided at the lowest possible level of complexity, with secondary care only being utilised when necessary. The perspective from all groups is that in order to facilitate integrated care, electronic health records are an essential investment, and primary and social care services need to be strengthened. Lack of integration between state agencies is highlighted in a number of submissions.

The need for case management for patients with complex patterns of service use emerges also, particularly in submissions from groups advocating on behalf of the homeless, people with disability or with neurological conditions.

Workforce planning, recruitment and retention challenges

There is consensus amongst professional groups about the scope to optimise skills use and skill mix among professionals. A broad range of primary care and allied healthcare professionals, such as GPs, nurses, physiotherapists, pharmacists and optometrists advocate for expansion of their roles, arguing that they have the skills to take on more responsibility in patient treatment and enable a wider range of services to be provided in primary care. Many submissions from healthcare professionals raise difficulties experienced in their working environment. These issues, which include staff morale, are in turn causing difficulties in recruiting and retaining healthcare professionals in the Irish health system.

Governance and management
Governance and management issues, including clinical governance, are cited as key issues by groups of healthcare professionals.

Funding model
Many of the submissions do not offer views on the most appropriate funding model for Ireland (whether tax-based, social insurance based or other combination) and of those that did, there are some mixed views.

Some submissions comment on the distribution of funding rather than its collection, and some on the overall quantum of funding required. Suggestions include budget pooling across sectors to support integrated care, and models such as needs-based funding (older persons) and personalised budgets (disability groups). There are mixed views on activity-based funding, with some seeing it as essential and others as unsuitable for the complexity of some services.

ICT
The need for improved IT systems and the implementation of electronic health records is consistently and strongly highlighted across all stakeholder groups. An electronic health record is seen as a critical enabler for the delivery of integrated care across settings.

Implementation of existing strategy and policy
Many submissions urge the implementation of existing programmes, strategies and policy documents. Some of those mentioned are *Healthy Ireland; A Vision for Change; the National Plan for Rare Diseases; Better Outcomes, Brighter Futures; the National Dementia Strategy; the National Positive Aging Strategy; the National Policy and Strategy for the Provision of Neuro Rehabilitation Services in Ireland 2011-2015.*

The need for full implementation of the National Clinical Programmes (for example in Neurology and Rehabilitation) is also referenced by some groups. Overall, there is broad agreement across the groups that the National Clinical Programmes are a positive development and should be expanded and developed, along with care pathways and protocols. There is some concern that these Programmes are single-disease focused and hospital-centric, and that an

integrated approach that recognises the increasing challenge of multi-morbidity is required.

Demographic pressures and bed capacity

The theme of demographic pressures on services emerges from all stakeholder groups. Population growth, the rising numbers of older people, and the increased incidence of chronic disease and co-morbidity are all identified as putting escalating demand on all health and social care services. Health promotion and disease prevention are seen as essential to managing these pressures. Additionally, many submissions emphasised the need to increase bed capacity in the system.

PUBLIC SESSIONS

The Committee has held formal meetings, either in public or in private session, with a range of different groups. A list of meetings is attached at Appendix 1.

There was a number of private sessions at the outset, in which the Committee heard from Dr Eddie Molloy, a management consultant specialising in strategy, large-scale change and innovation; from the Trinity Centre for Health Policy and Management and the ESRI, both of which are currently involved in important health system research projects; and from the Department of Health and the HSE. These meetings provided the Committee with important contextual and technical information from a range of perspectives.

The Committee considered it essential to explore the role of ICT in health reform, and on 14 September, it heard from the HSE's Chief Information Officer (in public session) on digital solutions, including introduction of an electronic health record and expansion of the e-referral system.

The Committee recognises that workforce is central to the delivery of high quality healthcare, and has identified it as a core workstream in its first Interim Report. It has heard from trade unions representing doctors, nurses, allied health professionals, ambulance professionals and other healthcare workers. These groups provided the Committee with perspectives and insights from the frontline of health service delivery. Dr Stephen Kinsella provided the Committee with an outline of an evidence review of workforce planning in five countries,

undertaken on behalf of the Department of Health, and resulting recommendations emerging.

Several of those who came before the Committee spoke about the issue of implementation, and of deficits in this regard (the need for full implementation of existing strategies was also emphasised in many of the submissions from patient groups as outlined earlier). Professor Tom Keane, former Director of the National Cancer Control Programme, outlined his experience in leading the implementation of major reform in the Irish health system.

On primary and integrated care, the Committee heard from Deep End Ireland, a group of GPs providing services to patients in deprived areas; the Irish College of General Practitioners; and Dr Ronan Fawsitt and Professor Garry Courtney who are doctors in general practice and St Luke's Hospital, Kilkenny, respectively. These meetings provided the Committee with perspectives from primary care practitioners and from the primary-acute interface. The provision of acute hospital services was explored in meetings with the seven Hospital Groups, which addressed issues ranging from the primary and community interface with hospitals and bed capacity, to recruitment and organisational structures. The provision of healthcare in private hospitals, was explored in a meeting with the Private Hospitals Association, which represents 19 hospitals across the country.

A further meeting with Mr Tony O'Brien, Director General of the HSE served to further explore many of the issues emerging in these meetings.

The Committee heard from a number of academics in public session on whole-system issues ranging from entitlement to universal healthcare, inequality of access and performance improvement and funding models. These included Dr Sara Burke, Trinity Centre for Health Policy and Management; Dr Josep Figueras, European Observatory for Health Systems and Policies; and Professor Allyson Pollock, Professor of Public Health Research and Policy, Queen Mary College, University of London.

The Committee heard from a number of groups presenting a patient focus. These included the Health Reform Alliance; Mental Health Reform; Family Carers

Ireland; Forum on Long-Term Care for Older People; and St Patrick's Mental Health Services.

The Committee was also grateful to receive a briefing from the Royal College of Physicians in Ireland outlining some of its work to develop a 10-year health strategy for acute hospital provided care. This served to highlight the extent of common ground between the Committee and the RCPI on issues identified.

The Committee's public sessions can be viewed on www.oireachtas.ie.

Many of the themes that have emerged in these meetings mirror those which were raised in the submissions received and/or are reflected in existing research and policy. They include:

- Broad support for the delivery of services based on need and not on ability to pay.
- Overwhelming consensus on the critical importance of health promotion and prevention of ill-health in the interest both of improved public health and financial sustainability.

- Further strong consensus on the fundamental role of primary care in managing the vast majority of care needs, and a recognition that primary and community services must be in place and able to deliver in order to bring about a decisive shift away from our current hospital-centric system.

- The need to ensure that a patient's different care needs are met in an integrated way as he/she moves from primary care to the hospital and perhaps on to community care.

- Widespread agreement on the role of an electronic health record as a critical enabler for integrated care.

- The requirement to address challenges in recruitment and retention of qualified staff, which is fundamentally linked to capacity.

- A desire to see clear clinical and managerial accountability and governance, and increased provision for frontline decision-making.

WORKSHOPS

In November and December 2016, the Committee held three workshops, facilitated by the Trinity College Dublin Centre for Health Policy and Management. The aim of these workshops was to further analyse and reflect on the wealth of information collected, and begin to frame conclusions. These workshops have assisted the Committee in crystallising key themes and building consensus.

The first workshop was held on 23 November 2016. It included a review of the Committee's work to date, consideration of building blocks for universal healthcare and detailed discussion of policy areas such as primary care and chronic disease management. A second workshop took place on 7 December 2016 and included consideration of funding models, and further discussion of policy areas including enablers of healthcare reform. A third and final workshop in this phase was held on 20 December and addressed healthcare entitlements.

CONCLUSION AND NEXT STEPS

As has been indicated, the Committee has gathered a considerable volume of evidence to date. This work has indicated some areas of strong consensus, while there are also complex issues to be determined and challenges for which there are no obvious solutions. Over the coming weeks, the Committee will as outlined earlier engage in further detailed consideration of these issues as it moves towards completion of its final report by 28 April 2017.

APPENDIX 1 LIST OF MEETINGS

Date	Witness
23 June	Public session: Election of Chair
28 June	Informal technical briefing: Dr. Catherine Darker, Dr. Steve Thomas, Professor Charles Normand (TCD)
30 June	Private session: Department of Health, HSE & ESRI
6 July	Private session: Dr. Eddie Molloy
12 July	Informal meeting of the Committee reference group
13 July	Private session: Discussion of work schedule
14 September	Session A: Dr Stephen Kinsella, University of Limerick [Workforce Planning] Session B: Mr Richard Corbridge, CIO, HSE and Ms Yvonne Goff, HSE [Role of IT in Healthcare Reform]
21 September	Session A: Deep End Ireland [Primary Care and Health Inequality] Session B: Dr. Ronan Fawcitt and Professor Gary Courtney [The Carlow-Kilkenny Model of Primary Care]
28 September	Session A: Prof. Allyson Pollock, Professor of Public Health Research and Policy at University of London [Universal Healthcare and the NHS] Session B: ICGP [Management of Chronic Disease]
5 October	Session A: Dr Sara Burke, Trinity Centre for Health Policy and Management [Inequality of Access to Healthcare] Session B: Seanad Civil Engagement Group [citizen centred healthcare]
12 October	Dr. Josep Figueras, European Observatory on Health Systems and Policies [International Health Systems]
19 October	Prof. Tom Keane [The National Cancer Strategy as a Case Study of Health Service Reform]

26 October	**Session A: ICTU** Ms. Patricia King, Mr. Liam Berney, Mr. Liam Doran, Mr. Paul Bell, Mr. Terry Casey, Mr. Eamon Donnelly **Session B: IMO** Dr. Peadar Gilligan, Dr. Padraig McGarry, Mr. Cian O'Dowd **Session C: INMO** Ms. Martina Harkin-Kelly, Mr. Dave Hughes, Mr. Edward Matthews
9 November	**Session A: Mental Health Care** Mr. Paul Gilligan, CEO, St Patrick's Mental Health Services and colleagues **Session B: Community & Social Care Support** Dr. Michael Browne, author of the Report of the Forum on Long-Term Care for Older People, Professor Cillian Twomey and Patricia Rickard-Clarke (Joint Chairs of the Forum); Mr. Diarmaid O'Sullivan, Family Carers Ireland; Dr. Shari McDaid, Director, Mental Health Reform
16 November	**Hospital Groups** **Session A**: Saolta, UL, & RCSI Hospital Groups **Session B:** Ireland East, Dublin/Midlands, South/South West, Children's Hospital Groups
23 November	Briefing with **RCPI** on its forthcoming report, *Towards 2026: A vision for patients, hospitals and doctors*
30 November	**HSE** Mr. Tony O'Brien, DG, HSE and Mr. Liam Woods, Interim National Director, Acute Services, HSE
18 January	**Private Hospitals Association** Mr. Simon Nugent, CEO, Private Hospitals Association Mr. Brian Fitzgerald, Deputy CEO, Beacon Hospital

APPENDIX 2 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, note the date for the final report has been extended 27 April 2017 by Dáil Motion of 13 December ; and

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

APPENDIX 3 REQUEST FOR SUBMISSIONS

OIREACHTAS COMMITTEE ON THE FUTURE OF HEALTHCARE

REQUEST FOR SUBMISSIONS

The Oireachtas **Committee on the Future of Healthcare** (the Committee) is examining future models of health care in Ireland. To assist in preparing its report, the Committee is seeking written evidence from interested representative bodies, individuals and groupings.

SCOPE OF EXAMINATION

The remit of the Committee is to achieve cross-party consensus on a ten year strategy for health care and health policy in Ireland, and to make recommendations on a changed model of health care, see the Committee's Terms of Reference.

Written submissions should be submitted electronically by email and received by Mr Ronan Murphy, Clerk to the Committee on the Future of Health Care at **healthcare@oireachtas.ie not later than 5.00 p.m. on Friday 26th August 2016.**

Note the Committee is not seeking further submissions

FORMAT

Written submissions should be no longer than 3,600 words in a **MS Word** or equivalent format (i.e. **pdf not accepted**), accompanied by a separate covering letter.

The single page covering letter should include your contact details (name, phone number, postal address and email address). If the submission is on behalf of an organisation, please indicate your position in the organisation.

Submissions should contain:

1. An **Executive Summary** (1 page maximum).
2. The main body of your submission. This should be concise and highlight any relevant factual information, data or case studies from which the Committee could draw conclusions, or which could be put to other parties for their reactions.
3. Any recommendations for action by Government or other actors which the Committee should consider in preparing its report.

FOCUS OF SUBMISSION

Recommendations to the Committee should focus on the Terms of Reference, and consider some of the following questions:

Strategy

- What are the key priorities for inclusion in a ten year plan for the health service?
- What are the key challenges, in your view, to achieving a "universal single tier health service, where patients are treated based on health need, rather than ability to pay"?

- What actions are needed to plan for, and take account of, future demographic pressures (population growth, ageing population), and their impact on the health system?

Integrated Primary and Community Care

- What steps are needed to move from the current model towards a model based on integrated primary, secondary and community health care?
- What are the key barriers to achieving this, and how might they be addressed?
    - **In your experience**, what are the key roadblocks you encounter in your particular area of the health service?
    - How would you ensure buy-in from health care professionals to progress towards an integrated health care model?
    - Are there any examples of best practice that the Committee should consider? Please refer to any evidence you have to support this.

Funding Model

- Do you have any views on which health service funding model would be best suited to Ireland?
- Please outline the specifics of the financing, payment methods and service delivery (purchaser and provider) of the model you are advocating
- What are the main entitlements that patients will be provided under your funding model?
- Please provide examples of best practice, or estimated costs of such models if available.

SUBMISSION PROCESS

Submissions and communications should only be sent to the email address above and not to individual members of the Committee. The Clerk to the Committee will ensure that all members of the Committee receive, in due course, copies of all submissions and communications received.

The Committee is not obliged to discuss your submission with you. You should be aware that the Committee may publish your submission either as part of a Committee Report, or separately, at its own discretion.

All submissions shall be deemed eligible for publication.

The Committee will consider all submissions received in Private Session or in Public Session at its own discretion. The Committee will not disclose details of its considerations in Private Session.

The Committee reserves the right to invite the authors of certain submissions, as it so decides, but also to invite other expert witnesses on its own initiative. For oral consultations in Public Session, the Committee wishes to prioritise evidence-based, expert research.

The Committee reserves the right not to discuss its reasons for inviting or not inviting any given witnesses to address it.