

Statement by Liam Doran, Chair of Irish Congress of Trade Unions Health Sector Committee

Oireachtas Committee on the Future of Healthcare

26th October 2016.

1. Introduction

2. Chairperson and Members of the Committee

3. It is the view of Congress that there is a growing consensus, across Irish society that a single tiered public health service, which treats all citizens equally, is in the common good for communities and our economy. We also believe there is significant unease about the current two-tiered health system, where money buys you quicker access to many services.

4. However, despite the many limitations, with accessing our public health service, patients report a very high level of satisfaction with the quality of care and treatment they receive. This high level of performance, once the public health service is accessed, must be maintained as we transition to a public health service which is resourced, structured and available to all citizens equally. Access and equality must be the two measures against which progress is measured.

5. Against this background Congress wishes to stress that the transformational change required must be commenced against a number of guiding principles including:

- the change, to a single tiered universally accessible public health service, will require far more than a decade;
- the change process must involve a long term multi-annual commitment for the provision of ring-fenced, core, funding for the public health service at a minimum of 10% of GDP per annum;
- in addition there will be a requirement for a significant capital programme, to improve existing infrastructure and provide for new services;
- all funding should be provided through a system of progressive general taxation with a declaration that the state will, over time, cease to fund or to subvent any

form of private healthcare provision. This will require the phased elimination of all tax reliefs for private healthcare insurance and direct subventions i.e. to existing private nursing homes;

- another principle of the transformational programme must be that all existing public health services are maintained, and where necessary enhanced, until the alternative models of service, with much greater emphasis on community based services, are established and fully operational;
- the transformational programme must also lead to a simplified, integrated and readily understood organisational structure with clear lines of accountability and transparency; and
- the single tiered public health service must also be an employer of choice offering all staff the opportunity to fully utilise their skills and talents in an environment which encourages innovation, autonomy and excellence.

6. Primary Care

7. A cornerstone of our new health service must be universal eligibility for all health services, beginning with primary care services, provided by directly employed health professionals. Staffing should be on the basis of seven over seven opening and centred on a team approach. The public must access the full range of health professionals who can cross refer, from one colleague to another, based upon the needs of the person presenting for support/care. There can be no artificial/structural barriers to a fully integrated primary care service.
8. Primary care services, available on this seven over seven basis, must be provided on the basis that they can offer sufficient diagnostic and other support services so that the majority of persons attending can have their needs met without referral to the hospital/secondary care service.
9. The shift to primary care will require, in addition to investment, a massive reorientation, not only of health professionals and staff but, equally, the general public. In that regard services must be capable, in a seamless fashion without lines of demarcation or limitations to access, of ensuring:
 - all health professions are fully utilised;
 - chronic diseases can be managed away from the acute hospital;

- vulnerable people can access care, advice, support and guidance near their home; and
- significant investment in managing lifestyles in order to maintain positive health.

It has to be noted, and accepted, that a public health service must be enabled, and resourced, to promote the maintenance of good health, within the community, and not just be left to deal with ill health and poor lifestyles.

10. **Acute Hospital Care**

11. Congress must state, at the outset, that an immediate requirement, within our existing public health service, is the need for additional acute beds in a number of locations across the country.
12. As we indicate, in our written submission, the latest OECD bed to population ratio confirms that Ireland, at 2.8, is significantly below the international norm of five beds per thousand in the population.
13. In essence, we have, currently, the perfect storm of too few acute beds, to cater for demand, with wholly inadequate primary care services which might, if they were resourced, provide a viable alternative to hospital care.
14. In the context of a major investment programme, to deliver the required additional acute beds (many of which can be five day/day beds to reflect changing models of care), we also need to transform the role played, by senior clinical decision makers, (Consultants) who should be employed to work, exclusively, in our public health service.
15. The transformation programme, which should begin immediately, must see Consultants, on new contracts, rostered over an extended day, on a seven day week basis. This will, in turn, require a significant number of additional Consultants in the core specialisms of medicine, surgery, paediatrics, obstetrics and emergency medicine.
16. While moving to this Consultant delivered service, with less reliance upon NCHDs, there must be a significant reconfiguration of the roles played by other health professionals, to optimise their contribution to patient care.

17. This, as we have said with regard to primary care, must involve more autonomous roles, cross-professional referrals and greatly enhanced team working.
18. In the context of structures Congress wishes to broadly welcome the establishment of the seven Hospital Groups and the potential it offers to provide optimum patients pathways, minimise duplication and streamline decision making. However, Congress also believes, in the context of commencing this transformational programme, no existing acute hospital service can be discontinued unless/until an alternative service, which enjoys the confidence of the public, is readily accessible and available;
19. **Care of the Older Person**
20. In the context of this country's demographics, we face two major challenges with regard to the provision of services, to the older person, arising from the following:
 - it is a fact that the number of senior citizens will steeply increase over the next 25 years i.e. there has been a 21% increase in the number of persons, over 65, since 2010 alone; and
 - linked to this increase in the number of older persons will be a significant increase, estimated at 4%/5% per annum, with the number of people presenting with multiple chronic conditions requiring ongoing intervention/ care/support.
21. That is why the shift to primary care, and the significant investment required, is an absolute prerequisite of a single-tiered health service. Congress holds the view that this changing demographic must be planned for, providing our senior citizens with ongoing access to services, through primary care centres, home help services, home care packages as well as, when necessary, more intensive reviews within the acute hospital system. It must be recognised that this will be a significant demand upon our health services in the coming decades.
22. However, regardless of how effective we make primary care services, it is a reality that long term care will be necessary for significant numbers of our senior citizens.
23. In that regard Congress is absolute in its belief that the state must declare that, over time, it will return to being the main direct provider of long term residential care for older people. This will require significant state investment, in terms of physical infrastructure in residential surroundings. All monies currently spent, on direct state provision to private nursing homes, which can be estimated at €20 million a week or

over €1 billion per annum, should be phased out and redirected into public direct provision.

24. Mental Health

25. In relation to Mental Health Congress must begin by highlighting its concern that both budgets and services have been severely cut in recent years.

Furthermore it would appear that funding earmarked, for Mental Health, has, for various reasons, been utilised in other areas of our public health system.

26. As recommended by the WHO it is imperative, as we transition to a single tiered service, that funding, for Mental Health, must be set, at a minimum, at 12% of the total healthcare budget.
27. In addition service provision, as part of the transition, must be integrated within primary care. It must be accessible, by the service user, on a seven over seven basis and in major urban areas, on a 24/7 basis, through dedicated staff in major Emergency Departments.
28. Congress also believes that, in properly resourcing mental health support/ services, necessary funding must be provided for preventative programmes. In addition we must also recognise that a wider range of professional staff, including teachers (both in schools/colleges) as well as all health professionals, must have training with regard to identifying signs of mental health difficulties.

29. Disability Services

30. Congress must ask the Committee to recognise, acknowledge and accept that the funding for disability services, in this country, has been subject to major cuts over the last seven years. This has been done in a way which has had a major impact upon the quality of services available and the range of services that can be accessed in different parts of the country.
31. This negative development has also been exacerbated as many services are provided by a range of entities which, while independent, rely, almost exclusively, upon state funding (Section 39 Agencies).

32. It is the view of Congress that all disability services should be provided through direct provision, with directly employed staff, and in a manner which ensures that access to necessary supports is available regardless of income and/or location. In making this point we acknowledge the excellent work done, by many not for profit voluntary organisations. However, in order to ensure equality of access and service provision, Congress believes direct provision is the model for the future.

33. In the context of moving to direct provision there must also be a continuing process of integration into community based living/working opportunities, for the disabled person, as we minimise the need for more traditional residential type living environments. This must be provided for in the capital development programme mentioned earlier.

34. **Miscellaneous Matters**

35. Congress is acutely aware of the need for openness, transparency and accountability from those who manage and deliver services to the citizens of this country.

36. That is why Congress supports strong regulation to govern how all professionals practice. For the public to have confidence in those providing care it is essential that clear regulatory standards apply and are seen to apply.

37. Congress also recognises that any such service must be subject to constant review and examination by a wholly independent inspectorate.

38. **Workforce**

39. Congress believes that an absolute cornerstone, of a world-class single tiered accessible health service, is the employment of highly motivated health professionals and support staff. This must be within an environment where innovation is encouraged and staffing levels, as determined by an evidenced based approach, are maintained and guaranteed.

40. In that regard the transformation programme we are all seeking must recognise that our health service, in the future, must provide excellent remuneration, reward and recognition systems. It must also provide continuing development programmes so that staff are fully equipped for the ever changing environment which will inevitably exist within every health system.

41. **Conclusion**

42. The establishment of this Committee, and your report, can, in the view of Congress, be an absolute watershed moment for this country and its approach to the provision of health services to its citizens.
43. In that context Congress believes that this Committee should clearly state that an overarching goal of this process, in the interests of communities and the economy, is a move to a universal, fully integrated, single tiered public health service that guarantees access and quality of care regardless of income.
43. This can only be achieved by guaranteed minimum funding, in addition to significant capital investment, which must be removed from the uncertainty of the political/electoral/budgetary cycle. Congress recognises this is not an easy challenge but it must be obvious to all of us, that declaring a budget, for the health service, in October, for the coming year makes forward planning all but impossible.
44. The reality of our two tiered health system, with its illogical and contradictory incentives for key players, makes the journey, to a single tiered system, all the more difficult. That is why Congress believes the change process will take at least 15 years and will require significant, sustained and increased investment. Congress believes there is no option, or alternative, to this reality when one takes into account:
- existing contractual arrangements;
 - existing service limitations;
 - growing demand;
 - changing demographics; and
 - societal expectation with regard to treatment.
45. Congress also believes that this journey will require clear, determined and unambiguous leadership across the political system and within the health service itself.
46. The goal must be that when we reach 2030 the citizens of Ireland will live in a country which promotes the maintenance of good health but which responds to ill health, in all its forms, with efficiency, effectiveness and professionalism regardless of socio-economic status or where you live. This is a demanding objective but one that can, and must, be realised.

Ends