

Statement by Patricia King, General Secretary of the Irish Congress of Trade Unions

Oireachtas Committee on the Future of Healthcare

26th October 2016

1. Chairperson and Members Committee.

2. Congress is pleased to accept the invitation to address the Oireachtas Committee on the Future of Healthcare. The establishment of this Oireachtas Committee and the attendant focus on formulating a long term vision for a reformed public health service is a positive and welcome development. Congress has made a detailed written submission to the Committee and my comments and the statement to be made by my colleague Liam Doran are based on that submission.
3. The views expressed in our submission to the Committee have been developed in consultation with our affiliated unions. However the Irish Medical Organisation (IMO) has independently developed a strategy for the organisation of the health services. We understand that the IMO have made a submission to the Committee and we further understand that the Committee will hear evidence from them later in the morning.
4. You will have noted that in our submission we referred to the fact that over the last three decades there have been several proposals to reform or overhaul the public health service. However it is clear that real transformational change has not occurred and we continue to have a dysfunctional system in which the perverse incentives that encourage private over public practice continue to persist.
5. The failure to bring about real transformational change has also had a very demoralising effect on staff within the service. There is strong evidence of a developing and growing culture of restructuring fatigue.
6. It is for these reasons that Congress believes that the establishment of the Committee presents a real opportunity to begin a programme of reform that should begin with a declaration of intent that, over time, we will move to a universal, fully integrated, single-tier public health service that guarantees access and quality care, regardless of income.
7. In our submission we have argued that the public health service should be funded through a progressive taxation system. At a minimum, the service should be

allocated dedicated funding of 10% of GDP per annum, with a further recognition that significant additional capital spending will be required in some years. It is crucial that, as part of the reform programme that, over time the state will cease to subsidise all forms of private health care provision.

8. We strongly believe that the development of a network of public, locally based community health care centres is vital to the future restructuring of the service. For the vast majority of citizens the first point of contact with the public health service will be these centres. These centres should provide an expanded range of clinical and diagnostic services and will lead health promotion campaigns in the communities in which they are based.
9. The network of public hospitals will continue as a vital cornerstone of the public health service, but the role of the public hospital will be re-focused with some services devolved to the community health care centres. Vital to reform the health service will be a move to a team-based approach to patient care which is consultant delivered and where all hospital staff are respected and enabled to perform tasks appropriate to their qualification levels and competence.
10. The increase in the number of older people living longer lives is the biggest challenge facing our public health service. This challenge is such that it will require the state to reverse its current policy of privatising elder care and re-engage as the principal provider of health care services for older people.
11. The incidence of mental health disorders continues to rise and demands a renewed commitment to deliver in full the proposals contained in the *Vision for Change* strategy published in 2006.
12. Not for profit organisations currently provide the bulk of health services to people with disabilities. A small number of highly publicised failures have highlighted the need for better oversight and a focus on quality assurance and patient care. A strategy of providing services in community-based settings must be part of an overall approach to the care of people with disabilities.
13. The Committee must accept that moving to a universal, fully integrated, single tier public health service presents a number of workforce planning challenges, not the least of which is understaffing. In designing the new system, full regard must be had for appropriate remuneration, reward and recognition systems and other conditions of employment, such that the Irish public health system is ultimately viewed as the employer of choice and is capable of attracting and retaining the most talented staff.

Ends