Joint Committee on Health

Meeting

Thursday 10\textsuperscript{th} November 2016

Opening Statement

by

Mr. Tony O’Brien

Director General

Health Service Executive
Good morning Chairman and members of the Committee. Thank you for the invitation to attend the Committee meeting. As this is our first attendance at this committee since its establishment I would like at the outset to wish the committee well with its work and assure you of our full cooperation and assistance. I am joined today by a number of my colleagues;

- Mr. Liam Woods, National Director for Acute Hospitals Division
- Mr. John Hennessy, National Director for Primary Care Division
- Mr. Pat Healy, National Director for Social Care Division
- Ms. Rosarii Mannion, National Director for Human Resources Division
- Mr. Jim Ryan, Head of Operations, National Mental Health Division

The Committee requested information and replies on a range of specific issues prior to this meeting and you will have received a written response to each of them. I will therefore confine my opening remarks to the following.

**HSE Income & Expenditure 2016**

As at 31st August 2016 (latest published figures) the HSE has recorded expenditure of €8.925 billion against a budget of €8.902 billion leading to a deficit of €22.7m or 0.26%.

Pensions and Demand-Led Areas represent two thirds or €15.0m of the overall deficit with the remaining one third or €7.7m arising within Operational Service Areas.

In relation to 2017, the HSE is currently in the process of developing the National Service Plan. We are in discussion with colleagues in DOH on the development of the Plan and we expect to submit it on 15th November 2016.
**Acute Hospitals**

*Emergency Department (ED) Performance*

There were 909,468 emergency presentations in August, an increase of 6.1% on expected activity. ED Patient Experience Times (PET) registrations in August 2016 were 4.8% higher than the corresponding period in 2015. Despite this increase the INMO 30 day moving average for trolleys in August 2016 was lower than the corresponding period in August 2015 by up to 5.6%.

**Waiting Lists**

The National Service Plan 2016 prioritises a reduction in waiting times for hospital care with a focus on those waiting the longest so that there will be no inpatient/day case patient waiting greater than 36 months by year end. Hospitals are also required to reduce by 50% inpatient and day case waiting lists for patients waiting 18 months or longer. At the end of August, 89% of the inpatient/day cases were waiting less than 15 months. In addition, 83% of patients on the outpatient’s waiting list were waiting less than 12 months and 90% were waiting less than 15 months.

**Winter Initiative**

The HSE is supported in the implementation of the Winter Plan this year, with the provision of €40 million, to provide a comprehensive range of actions and measures, across community and hospital services, to increase the availability of community care, facilitate timely discharge from hospital and increase hospital capacity.

Specifically the €40m provides for an additional 950 new Home Care Packages, and 58 weekly approvals for Transitional Care to support discharges from acute hospitals. An additional 55 Acute hospital beds are being provided across a range of hospitals as well as 18 step-down beds provided by the Mercy University Hospital in Cork. The funding will support the expansion of minor injury services in Dublin for an additional 100 patients each week.
Community Intervention Team services will be expanded and there is an increase in funding for Aids and Appliances specifically to support targeted discharge of patients from hospitals. A targeted waiting list programme for Orthopaedics, spinal and scoliosis is being implemented in designated sites by the year end.

In Summary, the outcomes to be achieved through the implementation of this plan and through integrated working across CHOs and Hospital Groups is the reduction of Delayed Discharge levels, and reduced numbers of patients on trolleys in EDs as well as improved Patient Experience Times.

**Primary Care:**
The HSE is continuing to work on the shift of clinical activity to Primary Care:-

- Community Intervention Teams are now operating in 13 areas, and expanding further for the coming winter period.
- Structured chronic illness programmes are underway for Type II Diabetes patients and Asthma care for Children.
- Improved access to diagnostic tests such as ultrasound is in place for GP’s.
- Minor surgery is also underway at 20 GP practices around the country.

This programme of work is on-going and scheduled to increase further in 2017, enabled by developments such as the review of the GP contract and ICT enhancements such as Healthlink, eReferral, IHI and the development of a shared electronic health record.

**Mental Health:**
Within Mental Health the allocation of an additional €15m to initiate new developments in 2017 with a recurring full year value of up to €35m will allow for the ongoing development of services in line with A Vision for Change.
Approval has been received for the awarding of the contract for the construction of the new National Forensic Mental Health facility at Portrane. This facility, estimated for completion in early 2020, will replace the existing Central Mental Hospital in Dundrum, with a modern facility providing 120 Adult Forensic Beds, a 10 bedded Forensic Child and Adolescent Mental Health Unit and a 10 bedded Mental Health Intellectual Disability Unit.

There is an ongoing need to improve access to psychological therapies for children. Funding is in place to develop this service and approval is now awaited from DPER to recruit in excess of 100 Assistant Psychologists.

2016/2017 Winter Flu Campaign
The 2016/17 Flu campaign which was launched as part of this year’s winter planning is well underway. This year’s campaign is targeting the challenges encountered in increasing uptake levels last year with each CHO and Hospital Group required to develop a flu plan. Staff are a particular focus this year with staff vaccination clinics being held in CHOs, supported by ‘peer to peer’ vaccination training. Additionally poster campaigns; text messaging, screen saver reminders and other innovative ideas are being utilised to encourage staff in particular to get the vaccine.

This concludes my opening statement and together with my colleagues we will endeavour to answer any questions you may have.

Thank you.