Patient Focus Opening Statement to Joint Committee on Health 25.01.2017

We would like to begin by thanking Chairman, Dr Michael Harty TD for your invitation to meet with the Committee. I would also like to thank the staff of the Committee whose help was invaluable in putting this presentation together.

I will begin by telling you about Patient Focus and will then discuss our perspective on the issue of overcrowding in Emergency Departments.

Patient Focus

Patient Focus is an Irish national patient advocacy service. We were set up in 1999 and established as a company limited by guarantee shortly afterwards. We have charitable status. We have 4 staff and are funded by the HSE at the rate of €216,000 per annum. Last year we also received some funding from the Lottery. We provide support to between 500-600 new clients damaged by healthcare each year. Most have suffered damage much of it very serious. Some are damaged in Emergency departments like in all other areas of hospital care.

Our approach is healing hurt caused by healthcare by means of patient centred advocacy. It is not widely known that many people are hurt, injured or even die each year because of the provision of inadequate care.

We are best known for our work in supporting and advocating for patients on several major issues including :

- Baby deaths and injury in Portlaoise and elsewhere.
- Miscarriage misdiagnosis.
- Unnecessary caesarean hysterectomies and ovary removals in Lourdes Hospital.
- Symphysiotomy.

Emergency Departments

It seems to our clients and to us in Patient Focus that much of the public discourse surrounding Emergency Depts relates to overcrowding and the dangers this undoubtedly creates particularly at times of pressure during the winter months, at weekends and during bank holiday weekends. Our clients tell us of a service closed down to skeleton levels at these times. They also tell us of a service where adverse events occur during normal times all too frequently. Examples include:

- Unborn infants whose problems were not picked up despite the mother raising them at Emergency departments.
- Children not transferred in a timely fashion to specialist centres.
- Misdiagnoses of illnesses leading to shortening of life and or permanent injury.
- A man found dead on a hospital corridor 'virtual ward'.
- No staff to assist with helping patient from trolley for toilet needs resulting in 'forced' incontinence
- No proper meals

These events are not reported in the media unless they can be linked to the daily trolley count. In our view this tends to set the media agenda in a way that is not helpful to patients. It is easy for media to cover issues of quantity but it serves in our view to put the resolution of issues of quality and safety even further down the line.

It is our strong feeling that for these issues to be resolved every group must buy into the finding of long term solutions. Emergency dept problems are related to problems in other parts of the system.

At present the dignity and safety of patients are sometimes sacrificed. It's almost as if the system with its competing vested interests seeks to maximise the horror at critical periods. People who work within the system have a duty to ensure that their individual professional approach is patient centred. They also have a duty to insist that their representatives do not seek to maximise the lack of dignity and safety in a way that is ultimately anti-systemic solution. It is hard to escape the impression at times that some interest groups like to use the chaos in unhelpful ways. This is easier than working with others in seeking long term solutions to the chaos.

If there are groups within the system acting against the interests of patients then that needs to be said. Courage is needed here and sometimes it seems as if that is sadly absent. HIQA made several national recommendations about how emergency departments should be run to ensure safety and dignity of patients. We believe where there is a will there is a way.

Suggestions for Improvement

Community Services need to be developed and expanded on a statutory basis as a matter of urgency.

Nursing care teams must be extended including employing more advanced nurse practitioners.

Public Health Nurses must be upskilled to carry out procedures that some do not presently see as their role.

GP services must be more effective. Sending a patient to Emergency Departments should be as a last resort.

GPs should be able to make direct referral to the specific speciality. These patients should be seen on arrival rather than patients sitting for hours in ED waiting for assessment and referral on to the speciality.

Good Social Care needs to be set up independent of the Health Service. There is duplication of assessment procedures.

Palliative care in the community needs to be available nationally including 24 hour service supported by Public Health Nurses.

Developing medical, nursing and social care in the community is expensive, however in the longer term, it's cost effective and most importantly it provides safer care to patients and is their preferred place of care, their home.

Patient Focus