

## Opening statement, Oireachtas Joint Committee on Health

My name is Dr. Patrick Owens, cardiologist in Waterford, with me today are Dr. Aidan Buckley, Consultant Cardiologist from Wexford General Hospital, Dr. Niall Colwell, Consultant Cardiologist at South Tipperary General Hospital in Clonmel, and Dr. Mark Doyle, Consultant in Emergency Medicine in University Hospital Waterford.

Thanks you for the opportunity to talk today about the cardiac services in the SE of Ireland. The narrative of how we got here today you will know, from the news coverage and the briefing document we submitted earlier this week.

The essence of the matter at hand is the parlous state of the cardiac services in the SE of Ireland. We all work in different hospitals in the South East, and all can testify to the great difficulties we encounter in trying to do right by our patients. We have come to realize that the unacceptable wait times we encounter for outpatient and inpatient care are seriously detrimental to their wellbeing. These delays arise solely because of the lack of an additional cath lab facility on the UHW campus. This risk was recognized by the HSE over several years with the lack of a second facility identified as a critical risk, on the formal HSE risk register.

Because of this we sought expansion of the service in the SE, with the building, staffing and running of a second cath lab, to increase our case volume to levels commensurate with the demand for service we encounter. The Department of Health and the then Minister chose to ignore the HSE risk rating and submitted business case in this regard, and instead commissioned an Independent Report into the matter. It is our contention that the report was not independent: it was constrained by its terms of reference; the reviewers instructions were prefaced by the Department in biased terms; and finally, the review itself is flawed in its methodology, assumptions and therefore its conclusions. I have outlined these in the accompanying briefing document.

In brief, we contend that

1. The reviewer excluded a large number of patients from his 'counting' of the catchment population for the Cath lab, leading to a gross underestimate, of the order of 50%, of the true value.
2. The determination of the infrastructure needed for meeting with our actual service demand was based on non-real world estimates of the time required to perform procedures; the true estimate shows a need for just over two cath labs, running 9 to 5 Monday to Friday.
3. The evaluation of the primary PCI programme at UHW exceeded the terms of reference of the review. The recommendation arrived at is to withdraw the service as exists now, and replace it with an unworkable alternative. This is an extraordinarily one-sided view, and does not take into account potential alternatives which would retain this vital service in the SE, and with minimal investment would allow it to meet the minimum

requirements of the national strategy. Furthermore, it would fit seamlessly into the broader picture of enhancing service delivery for cardiac care in the SE.

Furthermore, the report does not even mention the hard reality of a single cath lab, performing large volume and complex procedures; it is a single point of failure, and provides inadequate contingency for breakdown and co-incidental acute illness presenting to its doors. This has already happened on a number of occasions.

Now, there is an assumption made by the people of the SE. It is that their Ministers must make decisions for the overall greatest good for the greatest number, but must also sometimes make decisions that appear to run contrary to their interests. Nowhere is this more the case than with health care. However, there is also an obligation to ensure that the evidence on which these decisions are based is correct, irreproachable and stands up to robust scrutiny. I'm sure that all would agree with that, not least Dr. Herity, the author of the report.

It is our contention that this review, on which so much depends, is indeed flawed, and draws conclusions that are therefore invalid. The Department went to great lengths to prevent the report being seen prior to publication and adoption as Policy; so much so that the consultants who sit here today were not shown the document prior to its adoption as policy, and were given no right of reply. Indeed, my two colleagues from Wexford and Tipperary were not even consulted during the review process, although in fairness to Dr Herity this was not identified as a necessity in the terms of reference he received. It is our contention that had either of those eventualities occurred, the flaws would have been identified and corrected, and a more considered report would have been forthcoming; but also one that would have reached a different conclusion.

It is within the terms of reference of this body to make representation to the Minister, and perhaps also to the Unelected, Unseen and Unanswerable in the Department who are at the heart of this matter. I would ask that that representation be made, for the sake of the people in the SE.