

Joint Committee on Health

Opening Statement

Minister for Health Simon Harris T.D.

22nd February 2017

Introduction

Chairman, Committee Members

I am pleased to have this opportunity to appear before you once again.

I am joined today by my Ministerial colleagues; Finian McGrath Minister of State with special responsibility for Disabilities, Catherine Byrne, Minister for Communities and the National Drugs Strategy and Marcella Corcoran Kennedy, Minister for Health Promotion [and Helen McEntee Minister for Mental Health and Older People]. I am also accompanied by Jim Breslin, Secretary General at my Department.

I would also like to welcome Tony O'Brien, Director General of the HSE and his officials.

Since our last meeting, there has been a significant spotlight on aspects of our health service which are of great public concern and which I will address in my opening statement here today.

However, at the outset, I want to be very clear that my resolve and my determination to improve our health service has only been strengthened. You know that I believe this requires an all-party effort and this Committee, and the Future of Health Care Committee, are vehicles for building the kind of political and societal consensus we need on the delivery and future direction of health service. I am happy, of course, to be held to political account for the challenges and problems we face but I would also like to acknowledge that my engagements with the Oireachtas have continued in large part to be constructive and cooperative in nature

As I think you would expect me to, I'm going to start today with **Waiting Lists**. I hope that everyone understands that I believe, as Minister for Health, I should express my genuine feelings on the impact on patients of waiting too long for treatment but it is wrong to characterise my honest response to their suffering as my only response.

So today I want to focus on what we can do and what we are doing to address *waiting lists and waiting times for patients?* This has been a consistent focus of mine since becoming Minister. During 2016 there were growing numbers of patients waiting excessively long times for inpatient or daycase treatments and the trajectory being forecast by my Department and the HSE was stark.

Consequently with limited additional resources, I unapologetically targeted resources at the specialties with particularly long waiting lists such as Scoliosis and Orthopaedics through the Winter Initiative funding.

The HSE put in place an Action Plan to halve the number of patients waiting 18 months or more for their inpatient or day case procedures. Through that Action Plan, over 11,500 patients came off the Inpatient/Day case waiting list from August to December 2016. Also in 2016, the NTPF undertook an Endoscopy Waiting List Initiative to arrange for the provision of endoscopy procedures to patients waiting over 12 months. By the end of December, over five and a half thousand people (5,500) had come off that waiting list.

January 2017 Waiting List Performance

However, as you know, overall waiting list figures rose in January 2017. I am disappointed by this increase, but not surprised as our hospitals responded to the ongoing pressures of high Emergency Department attendances and admissions during this peak winter period.

I am also aware that it will take some time before waiting list figures will start to go down.

This year, waiting lists initiatives have been planned and scheduled to take into account peak ED activity times in hospitals and times when the private sector capacity is most available. Scheduled care will be the main priority from spring through to winter 2017.

€20 million has been allocated to the NTPF, rising to €55 million in 2018. The NTPF are starting with a dedicated €5m Daycase Waiting List Initiative with the aim that no patient will be waiting more than 18 months for a daycase procedure by 30th June 2017.

It is expected that in excess of 2,000 patients will receive treatment through this process and it is expected that patients will commence receiving appointments for treatment during March.

The main areas of focus will be those lists with large numbers of long waiting daycase patients namely: ENT, Ophthalmology, General Surgery, Dental, Urology and Vascular Surgery.

The HSE is also producing a Waiting List Action Plan for 2017, which will outline waiting list initiatives to be driven by hospitals and Hospital Groups. I expect to receive that Plan by the end of the month.

This plan will concentrate on reducing the length of time patients wait for an inpatient, day case or outpatient appointment, with the aim of no patient waiting longer than 15 months by the end of October. While I consider this is still far too long, it would mark a significant and solid reduction in waiting times with an aim of reducing waiting lists further in the future.

In order to ensure the best outcome for patients waiting, the HSE and the NTPF are working together to utilise capacity in both the public and private sector, and the Plan will be supported by the NTPF's proposal for the remaining €10m allocation in 2017 for patient treatment.

I am also considering what further measures should be taken to ensure that patients have access to more timely procedures, and in that context, I am of the view that a number of individual targeted initiatives are required.

I have visited a number of hospitals in recent months and I am particularly concerned about waiting lists in the specialties of gynaecology and cardiology, as well as waiting times across a number of specialities in certain regions. I have asked the HSE to address these specialties in particular in the Action Plan under development.

Scoliosis

I want to make specific reference to scoliosis. While some progress has been made in 2016 as a result of investment in the scoliosis service, it is clear there is much more to do to provide the level service that is needed.

Additional funding has been provided in recent years to develop paediatric orthopaedic services, including scoliosis services. €2m was made available under the Winter Initiative funding in 2016 and over 50 additional children and teenagers were treated under this initiative. While this investment made some progress, there is much more to do to provide the level of service that is needed.

As you know, I recently met with the CEO of the Children's Hospital Group and the CEO of Our Lady's Children's Hospital Crumlin. I can confirm that the new theatre will provide the additional capacity for scoliosis procedures from April, following the recruitment of additional nurses.

Also an orthopaedic surgeon post in Crumlin Hospital will be filled by June. This means that from July, the hospital expects that the theatre use will be further increased.

The HSE is also working on a specific Action Plan on scoliosis, which it will submit by the end of the month.

Emergency Departments

Let me also address the situation in our Emergency Departments at the start of this year. I want to acknowledge the distress for patients and their families, and the impact on staff, caused by overcrowded EDs.

I would also like to acknowledge the intensive efforts of staff, management and the HSE, who, on a daily basis, work to ensure that patients receive high quality care in a challenging environment.

While the number of patients waiting on trolleys continues to be too high, over the last couple of weeks ED congestion has been easing in many hospitals.

One of the key objectives of this year's Winter Initiative has been to reduce the numbers of people waiting to be discharged from hospitals by providing the specific supports and pathways to allow patients to move home or to an alternative suitable community setting which best meets their needs, and consequently to free up acute hospital beds.

I want to commend those teams across acute hospitals and Social Care that, working together on a daily basis, have exceeded the target set in the Winter Initiative and reduced our delayed discharges from a high of 659 earlier in 2016 to 496 on 15 February 2017.

A range of other practical measures have also been implemented:

- ✓ Since the start of the Winter Initiative, an additional 711 patients have availed of Community Intervention Team services.

- ✓ Over 4,250 patients have availed of aids and appliances, enabling them to be discharged from hospital sooner.
- ✓ Under the Initiative, over 990 additional homecare packages have been made available and over 5800 additional transitional care beds have been approved since early October,
- ✓ Also, 90 newly-opened additional beds in the Mercy Hospital Cork, University Hospital Galway, the Mater, Beaumont and Mullingar Hospital.

In order to maintain a tight focus on ED performance and implementation of the Winter Initiative, I, and my Department, have been meeting with senior HSE management on a weekly basis. This process has been helpful in enabling a rapid response across the health system to significant ED pressures, such as we saw in early January, and the HSE put in place a range of enhanced measures across primary, acute and social care services.

Increased overall capacity in the public health system

I have repeatedly made clear that increasing capacity is a priority. That includes physical capacity, the staffing capacity to support that and harnessing untapped capacity in the system. Ireland's improving economic position has enabled the health service to achieve much needed Budget increases in each of the last two years. Additional funding provided during the course of 2016 presented the opportunity to address some immediate issues facing patients, such as investment in a Winter Initiative to manage overcrowding in Emergency Departments.

During the last year, over 100 additional hospital consultants, almost 250 extra non-consultant hospital doctors and nearly 500 additional nurses and midwives have been employed by the HSE. In addition, my officials are working with the HSE to develop a national integrated strategic framework for health workforce planning, with the objective of recruiting and retaining the right mix of staff. I expect to receive a Report and a high-level implementation plan during 2017.

Bed Capacity Review

In line with the commitment in the Programme for a Partnership Government, a Bed Capacity Review is underway.

Systematic analysis of the capacity requirements of the health service is an obvious requirement of proper planning and management.

The review will be comprehensive with a wider scope than previous reviews, which focused on bed capacity in acute hospitals only. While acute hospital bed capacity is a critical component of the health service, it cannot be considered in isolation. It is directly affected by capacity availability in other parts of the health service, such as primary care, long-term residential care, homecare, respite, rehabilitation, and palliative care.

I am keen that this review be progressed sufficiently to enable it to feed into the mid-term review of the capital programme, which will take place later in the year. While the review will consider capacity requirements over the next decade or so, I am also anxious that it have a short-term focus and determine how capital investment over the coming years can be best targeted, given the current pressures being experienced within our hospital services.

Hospital Groups Strategic Plans

As part of the Hospital Group structures, we are now starting to see hospitals working together to support each other, providing a stronger role for smaller hospitals in delivering less complex care and ensuring that patients who require true emergency or complex planned care are managed safely in larger hospitals.

There was clear evidence of this under the HSE's Waiting List Action Plan in 2016 where public hospital capacity was utilised to best effect, for example with Cappagh and Kilcreene Hospitals taking orthopaedic patients from Tullamore, St James's, Beaumont and Tallaght. Also, University Hospital Limerick undertook a number of vascular surgeries on behalf of the Saolta Hospital Group.

There are many ways in which hospitals within a Hospital Group can work together to improve services for the benefit of patients. I am committed to securing and further developing the role of our smaller hospitals with the expansion of services delivered in these hospitals, especially in services such as day surgery; ambulatory care; medical services and diagnostics. Many of these hospitals are now busier and safer as a result of the changes implemented.

During 2017 each Hospital Group will be required to develop a Strategic Plan to describe how they will provide more efficient and effective patient services; and demonstrate a co-ordinated approach to the planning and delivery of services within and across the hospital groups.

The Role of ICT

Information technology can play a significant role in underpinning a more integrated approach to managing waiting lists which would achieve a more patient centred approach, while optimising resources.

One of the critical enablers of any integrated waiting list management system is the unique Individual Health Identifier (IHI) which was given a legislative basis in the Health Identifiers Act 2014. The system of identifiers will be deployed across the public and the private healthcare system. The electronic health record became reality in December 2016 with the arrival of Ireland's first "digital babies" in Cork and the deployment of the IHI Register in the health sector.

Health Care professionals and Recruitment

I would like to take this opportunity to acknowledge the tremendous commitment and dedication of all of our health care professionals working throughout the health service.

I was very pleased that agreement was reached between the IMO and the HSE, Department of Health, and Department of Public Expenditure and Reform on the issue of the restoration of the Living Out Allowance (LOA) for Non-Consultant Hospital Doctors.

The Agreement reached with the IMO and management provides for restoration of the Living Out Allowance for NCHDs from 1st July 2017 in the context of the forthcoming Public Sector pay negotiations.

In addition, in light of the Government's commitment to the full implementation of the recommendations of the Strategic Review of Medical Training and Career Structure (MacCraith Report), a review of the continuing education requirements of NCHDs will take place under the auspices of the WRC between March and May 2017.

The IMO will not proceed with the ballot for Industrial Action and this is a very welcome development.

I also want to take this opportunity to address the recruitment and retention of nurses and midwives.

I, my Department, and the HSE, recognise the importance of recruiting and retaining nurses and midwives within the public health service. It is also recognised that the fall in numbers employed between 2008 and 2013, from 39,000 to 34,000 had to be addressed when the moratorium ended.

Currently there is a global shortage of nurses and midwives and it is a challenging environment in which to grow nursing and midwifery numbers. However, the number of nurses and midwives employed in the public health services has increased from just over 34,000 at the end of 2013 to almost 36,000 at the end of December 2016, an increase of over 1,600 nurses.

There are many initiatives currently underway to improve staffing levels throughout the country. The HSE is offering permanent posts to 2016 degree programme graduates, and full time permanent contracts to those in temporary posts. The HSE is also focussed on converting agency nurses to permanent posts, while also accepting that there is still the need to have some element of agency working.

The HSE ran a 3 day open recruitment event over the Christmas holiday period in Dr Steevens' Hospital for nurses and midwives from all disciplines who are interested in working in the Irish Public Health Service and there will be further such events throughout the year.

In September 2016 the HSE set up a Project Group to review nursing workforce planning, recruitment and retention. This Project Group is expected to report back to the National Director of HR this month.

The Government is committed to 1,000 additional permanent nursing posts in 2017 as part of the Programme for Partnership Government. These posts are provided for in the HSE's 2017 Service Plan. The HSE's Management are committed to engaging constructively with the INMO to address its concerns and to agree a range of initiatives that will support future recruitment and retention.

Primary Care

Of course whilst developing services in our acute settings is critical, I am firmly committed to making the decisive shift of the health service to primary care a reality, in order to deliver better care close to home in communities across the country. GPs can do more; they want to do more. If we can get primary care right we unlock tremendous potential.

The Programme for Partnership Government reflects this focus on enhancing primary health care services, including through improving GP capacity, increasing the number of therapists and other health professionals in primary care and continuing to expand the development of primary care infrastructure.

The Government is also committed to ensuring that patients throughout the country continue to have access to GP services, especially in remote rural areas and also in disadvantaged urban areas, and that general practice is sustainable in such areas into the future.

I have emphasised repeatedly the need for a new GP services contract which will help modernise our health service and develop a strengthened primary care sector. Health service management have already progressed a number of significant measures through engagement with GP representatives.

The next phase of discussions on a new GP contract is currently under way. I am keen to ensure that future contractual terms for GPs enjoy the support of the broad community of GPs and in this regard officials from the Department of Health and the HSE will be engaging with the relevant GP representative bodies in relation to the wide range of matters which will need to be encompassed by the contract development process.

The aim is to develop a new modern GP services contract which will incorporate a range of standard and enhanced services to be delivered.

The development of Primary Care Centres to accommodate Primary Care Teams and, where possible, GPs in one location is an important enabler of more integrated primary care service delivery. 99 Primary Care Centres are already operational and a further 37 locations are under construction. Of these 17 centres are expected to open in 2017 and 11 in 2018.

Maternity Services

The Government is committed to the progressive development of our maternity services. 2016 saw the publication of Ireland's first ever National Maternity Strategy, the HSE's National Standards for Bereavement Care following Pregnancy Loss and Perinatal Death and HIQA's National Standards for Safer Better Maternity Services.

In addition, all 19 maternity hospitals/units now publish Maternity Patient Safety Statements on a monthly basis. These developments represent key building blocks to provide a consistently safe and high quality maternity service.

Additional funding provided last year, and continued this year, has enabled us to build capacity in the maternity workforce including the approval of an additional 100 midwives, including for the development of specialist bereavement teams. It also provided for the implementation of the Maternal and Newborn Clinical Management System, the new electronic health record system which I saw when I recently visited Cork University Maternity Hospital.

New Children's Hospital

In keeping with the theme of building for our future I am very pleased to speak about our plans for the new Children's Hospital

I want to see construction start on the National Children's Hospital in 2017.

Ireland is about to get the new children's hospital that it badly needs and that our children, now and in the future, deserve. A world class design, with child-friendly, high spec, modern interiors and acres of outdoor space has been completed. Hundreds of staff from the three children's hospitals continue to input into the fit out and internal design to ensure that the children, young people and their families can be treated in the best possible environment – helping to improve clinical outcomes as well as overall well-being and patient experience.

Enabling works (site clearance and demolition), which began in summer 2016 on the campus of St. James's, are advancing well and will be substantially completed within a matter of weeks.

An internationally recognised design team supported by an experienced NPH Board and Project Team are in place, have followed best international design, planning and procurement process at each stage of the project.

I understand that the final construction elements of the project, which are set out in the business case, compare favourably to the costs of international projects of a similar size and scale.

The costs put forward in the preferred tenders have been incorporated into the definitive business case, which has been submitted to the HSE for final review after which it will be considered by my Department. Following this, I intend to bring a Memorandum to Government in the coming weeks.

Older People

And whilst we must invest in our children's health, we must also consider the needs of our **older people**. Government policy is to promote care in the community for older people so that they can continue to live in their own homes for as long as possible surrounded by the people and communities that they love. I think this is something we all agree on.

Long-term nursing care should be a last resort after home support and other community based supports have been exhausted. Quality residential care must continue to be available for those who need it.

The overall funding for Services for Older People available to the Health Service Executive for 2017 has increased to €765 million. Homecare accounts for about 50% of this. The additional funding is aimed at allowing people to continue to live in their own homes and at facilitating discharge of older people from hospitals when the acute phase of their treatment has been completed.

The Government accepts the need for the regulation of the homecare sector and it is already being progressed by the Department. I consider that the best option will be a home care scheme designed specifically for the home care sector. However, a significant amount of preparatory work is required if reforms are to be successful, affordable and sustainable.

We will launch a public consultation process in the coming months to allow those who have views on this issue to have their say, including older people themselves, their families and healthcare workers.

Meanwhile, a review by the Health Research Board of the way in which home care services are funded and regulated in four comparable European countries, which was commissioned by the Department of Health in 2016, is to be published shortly. This will inform future decisions about the structure and governance of home care services.

Reduction in the Prescription Charge for Over 70s Medical Card Holders

The Programme for Partnership Government is committed to reduce the cost of medicines, including prescription charges for medical card holders. In Budget 2017, this Government announced that the prescription charge for medical card holders aged 70 and over will be reduced this year. This measure will benefit over 300,000 people.

Legislation is required to introduce this reduction in the cost of medicines for the over 70s, and this is well-advanced and imminent. I will continue to examine opportunities to address the cost of the charge to patients, having regard to the funding available.

Cost of Medicines

This brings me on to the particular issue that we, in common with many other countries, are facing on the cost of medicines. Advances in medicines have played a key role in improving the overall health of the population.

However, this comes at an ever increasing price. The medicines bill in Ireland has increased from €400 million in 1998 to over €2 billion in 2016. Securing access to innovative medicines for citizens at an affordable price is therefore a major challenge and not one that is easily solved.

A number of key initiatives have been introduced in recent times, including agreements with industry, the most recent being signed in June last year, as well as the introduction of generic substitution and reference pricing. These initiatives have generated significant savings and reduced prices in Ireland to a more sustainable level. This is to be welcomed.

Nonetheless, the medicines bill is forecast to rise significantly in the years ahead driven primarily by the increased cost and usage of recently introduced medicines and the very strong pipeline of new medicines. Therefore, our financing model for medicines needs to be both sustainable and affordable but the pricing model proposed by industry must also be sustainable and affordable.

It is important that we challenge the pricing structure and practices adopted by the pharmaceutical industry so that patients can access innovative products. That is why I have reached out to my colleagues in other countries seeking international collaboration in this area as this can be an effective tool to positively influence the pricing strategies of manufacturers.

2017 Priorities

Turning back to my priorities for 2017, some of the other positive developments I look forward to delivering include a new National Cancer Strategy, which aims to meet the needs of cancer patients in Ireland for the next decade, and also the publication of an implementation plan for Neuro Rehab Strategy.

[Patient safety

I am very pleased to report on developments in the area of patient safety. Following approval of a Government memo on a major programme of patient safety reform in November 2015, my Department's National Patient Safety Office was established and launched in December 2016. The aim of the Office is to give policy direction and leadership to a health system that has been the subject of numerous investigative reports on patient safety incidents over the last number of years.

The National Patient Safety Office will oversee a programme of patient safety measures which centres on initiatives such as the establishment of a national patient advocacy service, the introduction of a patient safety surveillance system, the measurement of patient experience, extending the clinical effectiveness agenda and setting up a National Advisory Council for Patient Safety. The development of a *Patient Safety Complaints and Advocacy Policy* has already commenced.

The National Patient Safety Office is also progressing a programme of legislation, including in relation to the provision of open disclosure of patient safety incidents, the Health Information and Patient Safety Bill, which will provide for the mandatory reporting of serious incidents, and a Patient Safety Licensing Bill. This will introduce a regulatory regime for all hospitals as well as certain designated high risk activities. The patient safety surveillance system will provide evidence to inform patient safety policy and leadership decisions.

It is planned that the first National Patient Experience Survey will commence in 2017. This endeavour is a joint partnership between HIQA, the Department of Health and the HSE. The Department of Health is fully committed to this initiative, which will allow the health service to capture learning from its patients that in turn inform improvements to the quality and safety of that service. The National Patient Experience Survey will also for the first time facilitate a comparison between Irish and international patient experiences.

This programme of work led by my Department provides a comprehensive patient-centred approach to patient safety policy development.]

The implementation of Healthy Ireland, the national framework for action to improve the health and wellbeing of our population, also continues to be a priority. I'm sure Minister Corcoran Kennedy will be happy to take any questions you have on this.

[Healthy Ireland, as you will be aware, strives to create an Ireland where everyone can enjoy physical and mental health and wellbeing to their full potential, where wellbeing is valued and supported at every level of our society, and is everyone's responsibility.

Current adverse health trends in Ireland are similar to those causing concern in other developed countries. They include projected significant increases in levels of chronic disease, exposure to health risks and growing health inequalities, all of which will lead us toward an unhealthy and extremely costly, if not unaffordable, future if we do not take collective action now.

Healthy Ireland also recognises the need to take a 'whole of government' and 'whole of society' approach to addressing the determinants of health and supporting healthy lifestyles across the lifecourse.

It recognises that the health service working on its own cannot fully address all of the many risk factors affecting people's health, such as housing, education, economic circumstances and the environment in which we live.]

The cross-sectoral implementation of a suite of national policies and strategies is underway, including the Obesity Policy and Action Plan, the National Physical Activity Plan, Tobacco Free Ireland and the National Sexual Health Strategy. My Department is working closely with other Departments and sectors on this work, as well as on a number of initiatives to support sectors such as Education, Local Authorities and Workplaces in playing their part in creating a healthier Ireland.

I might also mention some other priorities being progressed by my Ministerial colleagues at the Department of Health.

- Empowering people with disabilities to live independent lives and to have greater choice and control over the services and supports they need to make that goal a reality is a key priority Minister McGrath is progressing that commitment through the **Task Force on Personalised Budgets**
- Minister Marcella Corcoran Kennedy is driving the Health and Wellbeing agenda. Work is progressing on the **Public Health (Alcohol) Bill** and on implementing *A Healthy Weight for Ireland: Obesity Policy and Action Plan*
- Minister Byrne is actively progressing a new **National Drugs Strategy** which will set out Government policy from 2017 onwards in the areas of drug awareness and prevention, treatment of substance misuse and addiction, promoting rehabilitation and reducing the supply of illicit drugs; and the piloting of supervised injecting facilities.

- **Minister of State Helen McEntee** chairs the **National Taskforce on Youth Mental Health**. This group is considering how best to support children and young people to build resilience and emotional well-being and to teach them how to develop coping mechanisms and to access support services voluntarily at a young age.

I want to thank you for inviting me here again today and I will be happy to take your questions. Thank you.

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