

Joint Committee on Health
Opening Statement
Minister for Health Simon Harris T.D.
28th June 2017

Introduction

Chairman, Committee Members

I am very 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 responsibility for Disabilities; Catherine Byrne, Minister of State with special responsibility for the National Drugs Strategy and Health Promotion; and Jim Daly, Minister of State with special responsibility for Mental Health and Older People. I congratulate Finian and Catherine on their reappointments and welcome Jim to his new role as part of the Ministerial team in the Department of Health. I am also accompanied by Jim Breslin, Secretary General at my Department.

I am pleased on more than one level to be here again. I have said on a number of occasions that our health service needs stability in its political leadership and direction. I am very glad and honoured that I - as Minister for Health - will have this opportunity to continue to work to improve our health service.

Although the name in the chair is the same I welcome the opportunity to take stock and take a fresh look at this Government's priorities and refocus our efforts to make things better for patients.

The Taoiseach was very clear in his speech to the Dail chamber that delivering real improvements in our health services is a key priority for this Government. I won't deny that we face challenges. But I have learned some valuable lessons.

Lessons learned

Perhaps one of the most encouraging lessons is that there is an abundance of *good people who are making a difference*. I am talking about clinicians, patient groups, policy makers and Oireachtas members – all of whom share the same goal – to develop a health service we can be proud of. We need to harness that commitment.

While we need to acknowledge the range of issues and challenges we face we also need to look at our *success stories* and there are many.

Just yesterday I welcomed the publication of the third annual report of the National Healthcare Quality Reporting System. It is very encouraging to see the improvements in many areas. For example, hospitalisation rates have decreased substantially for diabetes and heart failure. During the last 10 years, deaths following ischaemic stroke and heart attack have decreased by 28% and 40% respectively. Cancer screening and treatment services compare favourably against other OECD countries and rates of MRSA have fallen by 66% since 2006.

We have a range of policies and strategies in place to bring about further improvements. The Healthy Ireland strategy, the Maternity Strategy and the eHealth Strategy provide great clarity on what is required in three important areas, as do the HSE's National Clinical Programmes at a more operational level. Shortly I will launch a new Cancer Strategy and Minister of State Byrne will bring a new National Drugs Strategy to Government following a huge amount of work and engagement with stakeholders on her part. I also intend to shortly bring proposals to Government on the development of a Human Tissue Bill that will encompass opt out arrangements for organ donation. All of these represent real progress in improving outcomes for patients and service users.

I have also learned the value of using the available *expertise to inform solutions*. Importantly the strategies above have all been developed with patient and service user input. Who better to inform a strategy than those who have experience and valuable input to offer.

The way forward

The value of adopting a *cross sectoral approach* cannot be overstated. When I say cross sectoral I am talking about collaboration within our health services and also across Government.

This is clearly evidenced in the publication of the **Report of the Committee on the Future Health Care**. The near unanimity in support for the report demonstrates that we as politicians can put aside political differences for vital issues such as the goal of delivering a world class health service.

I would again like to commend the work of all members of the Committee, some of whom are also members of this committee for the time and effort they have dedicated to producing the report.

This is a critical milestone in the history of our health service and provides us with a solid framework and guidance for the development of health services over the next decade. There is no doubt that considerable change and transformation is required.

That is why the ten year timeframe is a key strength of the report. If we want to introduce meaningful changes on a sustainable basis we need to be realistic about the timelines required to plan and implement large scale system change in services as important as health care. And we need to ensure sustained buy-in to these changes, independent of intervening electoral cycles and the composition of the Government of the day.

We need a new model of integrated care, centred on comprehensive primary and community care services. That fact is undisputed. Our hospital system simply won't cope with the likely levels of demand in the coming years if we continue with our current model of care. Our hospital services are already showing the signs of considerable strain in meeting growing demand for services. Health outcomes and patient experience can be much improved by developing greater services in the community and by bringing about deeper and more seamless integration across the health and social care system.

Capacity

Since taking up the position of Minister over a year ago, I have been clear that we need more capacity, both physical and staffing. This is a problem that is being experienced right across the health system.

A capacity review is underway which will report later in the year. It will give us a definitive assessment of capacity requirements across the system and will provide a platform for planning and delivering health services in the years ahead. We won't address capacity constraints overnight but, building upon additional capacity introduced last winter, we can through targeted capital investment start to equip our health services for the growth in demand that is being experienced.

Since last we met Government has approved two major capital investment decisions in health facilities in the form of the National Children's Hospital and the National Forensic Mental Health Facility.

There is also a concerted effort underway to recruit and retain staff. This is not without its challenges but the development of a more attractive working environment will go hand-in-hand with the roll-out of system improvements.

The number of consultants has increased significantly. At the end of April 2017 there were 2,884 whole time equivalents. This constitutes an increase of 298 since April 2014. The number of NCHDs has also increased significantly, from 4,982 at the end of April 2014 to 6,092 at the end of April 2017, in order to support service delivery and the progression of compliance with the provisions of the European Working Time Directive.

Nursing and midwifery numbers at the end of April 2017 stood at 36,549 whole time equivalents, having increased by 625 whole time equivalents in the 12 months from end April 2016 and by 1,870 in the three years from end April 2014.

We intend to build upon these increases through further recruitment and retention initiatives.

The new public pay agreement, which is under consideration by union members, provides improvements in pay which will make the salaries we can offer more attractive. However, pay is not the only issue that influences the attractiveness of a working environment. A number of initiatives are being taken forward by the HSE and my Department including the continued implementation of the recommendations of the MacCraith Group and the Task Force on Staffing and Skill Mix for Nursing. Significant work is also being undertaken by the Office of the Chief Nursing Officer in my Department to widen opportunities for nurses to develop career paths as advanced practitioners or working in the community as part of the development of primary care services.

An essential part of any development of primary care will be the agreement of a new GP contract. I am very pleased that the next phase of discussions on a new GP contract is underway. The aim is to develop a new modernised GP contract which will facilitate the shift within the health service away from hospital services towards an integrated primary care service in order to deliver better care close to home in communities across the country. I want to see a new contract which has a population health focus, providing in particular for health promotion and disease prevention and for the structured ongoing care of chronic conditions.

The discussions which are currently taking place are wide ranging and ambitious in their scope. While there will be challenges for all parties involved, I am hopeful that with the goodwill and cooperation of all parties, significant progress can be made in these discussions in the months ahead.

eHealth

To achieve the responsive, integrated, effective system that we all desire significant investment in information systems is needed. Yes, we were coming from a particularly low base when the eHealth Strategy was first put in place. This is a prime example of a challenge that, at the time, may have seemed too daunting to even contemplate systemic change. But now we can begin to see what can be achieved when a clear strategy is put in place and an effective implementation plan and roadmap is defined.

At end of May, I signed a Commencement Order and made Regulations under the Health Identifiers Act 2014 allowing for access to the Register of individual health identifiers and also for use of the health identifier within the health sector, both public and private, for the purposes provided for in the Act.

This latest legislative provision allows for the beginning of the roll out of individual health identifiers by the HSE. While it will take some considerable time to embed the number in all our health systems, the recent legislative action is a timely and important step and an enabler for an improved health information system. I am committed to the achievement of greater integration, security and accuracy in our approach to health information.

Priorities

In addition with tasking me with preparing a response to the SlainteCare report, the Taoiseach announced that bringing forward legislation on alcohol is one of his priorities. Committee Stage of the Public Health (Alcohol) Bill will likely recommence in the Seanad in this session of the Oireachtas. I want to appeal to you as individuals and as a Health Committee to give this legislation your full support as we progress this critical piece of public health legislation through the Oireachtas.

The Taoiseach also announced that bringing forward legislation to allow for a referendum on the Eighth Amendment in 2018 is one of his priorities. I await the Report of the Citizens' Assembly which I understand is due to be published at the end of this month.

The Report will then be referred to the Special Joint Committee on the Eighth Amendment which is to report its conclusions and recommendations to both Houses of the Oireachtas within three months of its first public meeting. I have been clear my view is that this is an issue that, as a nation, we now need to deal with definitively. I want to be the Minister who brings forward the legislation to enable this important referendum in 2018 and I am committed to making all possible resources available to make this happen.

One of my personal priorities and that of the Taoiseach is to make progress on **Access** related issues. **Reducing waiting times for the longest waiting patients** is one of the Government's key priorities. It is for this reason that €20 million was allocated to the NTPF in the Budget 2017, rising to €55 million in 2018.

In order to reduce the numbers of long-waiting patients, I asked the HSE to develop Waiting List Action Plans for 2017 in the areas of Inpatient/Daycase, Scoliosis and Outpatient Services. These plans have been published and their implementation is ongoing.

The Inpatient / Daycase and Outpatient Plans focus on reducing the number of patients waiting 15 months or more for inpatient and daycase treatment or for an outpatient appointment by the end of October. The Scoliosis Action Plan aims to ensure that no patient who requires scoliosis surgery will be waiting more than four months for surgery by the end of 2017.

During 2017, my Department will continue to work with the HSE and NTPF to ensure the best use of public hospital capacity and the private hospital system to meet the needs of patients waiting for inpatient, daycase and outpatient services. We will do so in a way that positions us to continue the work into 2018 so as to achieve sustainable improvement in waiting times.

In relation to Emergency Care, I would firstly like to like to acknowledge the distress caused to patients, their families and those frontline staff working in extremely difficult working conditions in Emergency Departments (EDs) in hospitals throughout the country.

Data from the HSE indicates that the national situation saw an improvement from January to early May. Since May, there has been an increase in trolley numbers due to a series of factors including, increased ED attendances, elective activity and delayed discharges at certain hospitals. My Department and the HSE are currently engaged in a process to commence winter planning for next year, and to achieve an improvement in ED performance. The HSE is implementing a Roadmap, which sets out an approach to driving reduction in the number of patients waiting on trolleys and trolley wait times over the period from March 2017 to the end of the year 2018.

Achieving improvement in access times for both scheduled and emergency care is a challenge for health services against a backdrop of growing demand but it is a challenge to which everyone must rise. I will be working closely with officials and the HSE to show that we can make a positive impact in this area.

My Ministerial colleagues are also progressing a number of priorities within their areas of responsibilities and I am sure they will be able to outline these during the questions which follow.

Conclusion

I am very happy to be returning to work with the Committee with a fresh mandate to deliver real and lasting improvements in our health services. Life will never be so dull that we will have unanimity on everything. But we do agree on many important elements and, in any event, I attach great value to the views of this Committee. I look forward to working closely with you in our shared goal to better meet the health and social care needs of our citizens.

Thank you.

ENDS