



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Joint Committee on Health

Meeting

Wednesday 28th June 2017

Opening Statement

by

Mr. Tony O'Brien

Director General

Health Service Executive

Good afternoon Chairman and members of the Committee. Thank you for the invitation to attend the Committee meeting. I am joined today by my colleagues:

- Ms. Anne O'Connor, National Director, Mental Health Division
- Mr. Pat Healy, National Director, Social Care Division
- Mr. Liam Woods, National Director, Acute Hospitals Division (Interim)
- Ms. Rosarii Mannion, National Director, Human Resources Division

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

Acute Hospitals

Access

Balancing scheduled care and unscheduled care demands remains challenging in 2017. Despite a sustained increase in ED attendances of the order of 6% and particularly in the over 75 age category overall TrolleyGAR numbers year to date are lower than the comparable period last year. Improvements in ED Patient Experience Time less than 24 hours have also been achieved with national performance currently at 97% compliance with 12 sites achieving in excess of 98% compliance.

A high priority for the HSE is to continuously improve elective access to services for patients. A key objective in 2017 is to build on the successes in reducing waiting times achieved in 2016.

The HSE, working with the NTPF and the Department of Health has developed Waiting List Action Plans over the last number of months for the Inpatient and Daycase (IPDC) Waiting list, Outpatients Waiting list and for Scoliosis.

Analysis of the IPDC waiting lists by the NTPF, as of February 2017, identified that 38,991 patients will be waiting greater than 15 months at the end of October 2017. The HSE has agreed a plan with the Department that targets a 75% reduction in this number by the end of October 2017. The HSE will reduce the number of breaches by 23,000 approximately through funded activity levels.

The plan is supported by additional funding of €15m from the NTPF which would see an additional 7,000 patients treated through insourcing and outsourcing initiatives. Latest figures show that the HSE has already progressed treatment for almost 14,300 of the longest waiters.

The HSE has also published an outpatient waiting list action plan that is aimed at achieving a 50% reduction in the number of patients that will be waiting over 15 months by the end of October 2017. To put this into context, in February 2017 it was established that 191,016 patients would breach 15 months by the end of October 2017. Accordingly our Plan provides for 95,508 patients from this cohort being seen by October 2017.

Based on the most recent NTPF data 36,000 patients have had their outpatient appointments under the Outpatient Plan. This means that the HSE is 12.6% ahead of target

Earlier this year I announced a commitment that no paediatric patient would wait more than four months for scoliosis surgery by the end of 2017. I am pleased to confirm that the Scoliosis Plan now in progress addresses treatment of children requiring both spinal fusion and other spinal procedures. This includes insourcing in the Children's Hospital Group and the broader public hospital sector, as well as outsourcing initiatives, including private providers nationally and abroad. In tandem, the HSE is working to develop a long-term sustainable solution for scoliosis and paediatric orthopaedic patients

Quality and Safety

The HSE continues to seek to improve the quality and safety of its services. The recent publication of Maternity and Hospital Safety Statements are important steps in measuring the quality and safety of our services and making this information available to our patients and the wider public. The National Patient Experience Survey is the largest single survey of the healthcare system to be conducted in Ireland. We will listen and learn from the findings of this survey to shape future healthcare policy and improve health outcomes for patients.

The HSE is progressing some key service developments in 2017 to continuously improve the environment for patients and staff. The new ward block in University Hospital Galway is now open. The new ED in University Hospital Limerick opened in May and is fully operational. Recruitment is underway for 2 additional Intensive Care Unit beds in Cork University Hospital and for the opening of the Acute Medical Unit in Midland Regional Hospital Portlaoise.

Primary Care

In Primary Care, the HSE continues to expand its Community Intervention Teams. The CIT / OPAT service is now operational at 13 sites, as follows:

Dublin North	Midwest (Limerick, North Tipperary, Clare)
Dublin South	Cork
Kildare	Galway
Louth	Waterford
Meath	South Tipperary
Wicklow	Roscommon
Carlow/ Kilkenny	

The number of patient referrals for the period January – May 2017 was 14,844. This has increased by 34% compared to same period last year, and activity is scheduled to exceed 32,000 new referrals by end of 2017.

Improving the infrastructure for **Chronic Illness Management** in Primary Care is a key Service Plan target, involving structured GP care for type 2 diabetics and the recruitment of 49 additional front-line clinical posts in the areas of Diabetes, COPD and Heart Failure.

The **Hepatitis C** programme is a multi-annual public health plan which aims to provide treatment across a range of healthcare settings to all persons living with hepatitis C in Ireland. Advancements in therapeutic treatments for Hepatitis C have allowed patients to be successfully treated and fully cured from the blood borne virus and therefore making it a rare disease in Ireland is becoming a realizable objective.

Improved commercial terms in relation to medication costs are enabling treatment for up to 1,600 patients in 2017, an increase from the 600 patients treated in 2016. Of note for 2017 is that all patients infected with hepatitis C through the supply of blood and blood products will now have been offered treatment, with success rates of over 97% within the cohort.

The 2017 Service Plan makes provision for **improved access** to GP care for over 9,000 children in receipt of Domiciliary Care Allowance, and reduced prescription charges for people over 70 (and their dependents) – charges now reduced from €2.50 to €2.00 per prescription item and a reduction of the monthly cap from €25.00 to €20.00.

Social Care

Demand for Social Care Disability Services continues to increase reflective of demographic trends and the service continues to respond proactively within available resources. Each Community Healthcare Organisation (CHO) has now established a formal consultative process with Service Providers to coordinate and prioritise responses to emergency cases which are being delivered within the profile for the year. 2017 will see the allocation of the largest level of funding for School leavers and rehabilitative training exists in recent years. An additional allocation of €10m has been provided to meet the needs of 14,005 identified individual's equivalent to a full year cost of €20m in 2018. A profiling exercise for each 2017 school leaver referred to our services has been completed and each CHO will be communicating a proposed allocation of places for Service Users and their families by the end of June this year.

In relation to Services for Older People Home Care and Transitional Care are being delivered within profile for the year while in relation to Long Term Care for Older People through the Nursing Home Support Scheme is being delivered on target with waiting times no greater than 4 weeks.

Mental Health

In mental health services, the implementation of Connecting for Life - Ireland's National Strategy to Reduce Suicide 2015-2020 continues to be a key priority for the HSE. Significant progress is reported in the implementation of the actions set out in the Connecting for Life Strategy with activity initiated and/or planned for 2017 in 65 out of the 69 actions (94%). The Central Statistics Office has recently published provisional suicide data for 2016 which indicate a decrease of 11.5% on 2015 numbers. In addition the National Self-Harm Registry Ireland also confirms a stabilisation and slight reduction in the rates of self-harm presentation to A&E departments.

In relation to recent reports that suggested that Ireland has the fourth highest teen suicide rate in the EU/OECD region it is important to note that this data related to 2010. In May 2017 Eurostat updated their OECD suicide rate comparisons based on 2014 data which shows that in Ireland, the suicide rates among young males and females aged 15-19 have decreased with Ireland now 19th across the countries studied with an average rate of 4.64 per 100,000 which is now slightly lower than the European average rate of 4.67. We are working to bring about further improvements.

The HSE will continue to focus on the implementation of key actions in Connecting for Life and the forthcoming recommendations of the Youth Task Force to improve access to and quality of services and supports to young people. Within the Mental Health Division, there continues to be a focus on service improvement with a view to improving quality of and access to mental health services for all age groups - both to those who are already known to services and to those who present for the first time. It is acknowledged attending an Emergency Department can be a very stressful experience and other alternatives are now being explored including 7/7 services and out of hours services.

The contract for the new 170 bed National Forensic Mental Health Service Hospital on St. Ita's Campus in Portrane has now been signed by the HSE and work on the site is underway. This hospital will replace the 94 bed Central Mental Hospital in Dundrum which was built in 1850s and is no longer fit for purpose. The new hospital will play a national role in the provision of a modern forensic mental health services and it will enable the HSE to provide an environment that positively supports patient recovery with modern healthcare standards.

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

Thank you.