

**Joint Committee on Health**  
**Wednesday, 7<sup>th</sup> February**  
**Opening Statement**  
**Simon Harris, Minister for Health**

**Introduction**

Chairman, Committee members

I welcome the opportunity to appear before you again. I am joined today by my Ministerial colleagues, Finian McGrath, Minister of State for Disabilities and Jim Daly, Minister of State for Mental Health and Older People. Minister Byrne is unable to attend and sends her apologies. I am also accompanied by Jim Breslin, Secretary General and Greg Dempsey, Deputy Secretary at my Department. I would also like to welcome Tony O'Brien, Director General of the HSE and his officials.

2017 was a significant year in terms of the progress made in reforming our health service. To make the changes required to create a health service we can be proud of requires significant preparatory work.

I want to acknowledge the very valuable work done in driving the reform agenda. A number of key pieces have been put in place, not least the Sláintecare vision which a number of members of this Committee were very influential in developing. My Department has overseen the finalisation of the ESRI's projections of Demand for Healthcare in Ireland 2015-2030, the Health Service Capacity Review to 2031, the National Strategic Framework for Health and Social Care Workforce Planning, the National Trauma Strategy approved by Government just yesterday and the National Cancer Strategy 2017-2026 which was published last July. All of these will feed into the Government's response to Sláintecare on which extensive work has now been undertaken and which will be finalised shortly.

I would also like to take the opportunity to thank all those in our health services for the tremendous work they do in providing a high quality of care for patients, often in challenging and highly pressured circumstances. Our staff and patients deal with the system as it is today – both good and not so good – as we urgently seek to introduce improvement and respond to growing needs.

Government is committed to the implementation of a significant programme of reform, as outlined in the Sláintecare report. Significant progress has been made in developing the Sláintecare implementation plan. A draft of the implementation plan has been shared with the Department of the Taoiseach and the Department of Public Expenditure and Reform. Following discussions between Departments, I intend to bring the plan to Government shortly. The recruitment process for an Executive Director of the Sláintecare Programme Office is now well underway and I expect the selection process to be completed by April.

I know that you are particularly interested in discussing the issue of overcrowding in hospitals and I want to address this issue at the very outset. I feel exactly like you do about patients are on trolleys waiting for long periods in overcrowded Emergency Departments.

I am not, and no one in Government or the HSE, is claiming that the difficulties which arise immediately after New Year are unpredictable. That is why we had detailed plans and extra resources in place but we still encountered a surge that was extremely challenging for the system.

So there's a difference between predictable and avoidable, and if we are to achieve the latter it means breaking the cycle of overcrowding and that won't be done by any one year's winter plan.

I want to focus first on this year's **Winter Plan**. As part of Budget 2018, an extra €30m was made available to respond to winter pressures in 2017, with a further €40m being provided in 2018. This investment is aimed at alleviating pressures in our EDs during the winter period, includes increased access to homecare, transitional care and diagnostics along with additional bed capacity, and is having an impact.

In 2017, ED attendances were up 2.8% or over 34,000 patients on 2016, including a 5.6% increase in ED attendances by people over 75. Within this context of increasing demand, HSE data indicates that at the end of December 2017 there had been 2.6% or 2,517 less patients waiting on trolleys in 2017, compared to 2016. This signals that the system, based upon the measures being implemented at all levels, is showing incremental improvement within a challenging operational environment.

Unfortunately, despite the intensive efforts of staff, management and the HSE through the course of the winter, since the beginning of January this year we have seen a rise of 8.4% in the number of patients waiting on trolleys. This reflects an increase of 5.6% in the numbers attending EDs (that is, 1,247 more patients being seen) as well as a continued increase in the age and complexity of patients requiring admission.

Each winter, the system must also deal with the increased demand for services due to the prevalence of the flu, which is currently at its height. Our system is also working hard to grapple with the challenge of infection prevention and control, specifically the emergence of virulent antibiotic-resistant bacterial strains or “superbugs”.

The reality is we need both considerable reform and additional capacity to reduce the unacceptable number of patients who are still ending up on trolleys. This winter we are opening over 300 additional beds. As of today 170 additional beds have been opened with a further 139 due to come on stream in 2018. The Capacity Review report will inform our plans for increasing capacity further.

Notwithstanding the rising demand and pressures on our hospital system, some hospital sites have made a considerable leap forward in the past year in improving their trolley performance. It is testament to the great work being done by our health service staff.

I want to acknowledge the hard work of hospitals that continue to focus on improving patients' ED experiences in challenging circumstances. I see the impact of leadership in hospitals on how performance is improved. We need to ensure that when things are being done very well in parts of the health service this is captured and the learning spread throughout the system.

I would also like to reassure people that as we begin 2018 the budget for the National Treatment Purchase Fund and Waiting Lists has dramatically increased and we expect to see good progress in driving down waiting lists as we come into the spring.

Last October's Budget announced a total 2018 allocation of €55m for the NTPF which more than doubles its 2017 total allocation which was €20m. This significant increase in funding reflects the fact that reducing waiting times for patients is one of this Government's key priorities.

The HSE and NTPF are now working on additional waiting list measures for 2018 including scheduling a much increased volume of procedures than undertaken over recent years. The HSE is also focusing on scheduling patients in public hospitals in specialties that have patients waiting long times for their procedure and where more complex procedures are required.

At present over 57% of patients on the Inpatient List wait less than 6 months, and over 84% wait less than 12 months for their procedure. This is despite the additional demands on our Acute Hospitals, which, since 2000 are carrying out four times more procedures for patients ages 65 and over, and twice as many in the under 65 age group.

The Outpatient Waiting List remains a big challenge that needs to be addressed. It is worth noting that last year almost half a million (479,000) outpatients did not attend their appointment.

Tackling this issue and the balance between new and return appointments will free up considerable capacity to address outpatient waiting lists. A number of steps are being taken to ensure the lists are accurate and these efforts are to intensify in the coming months.

### **Improved Primary Care and GP Services**

In line with Sláintecare's recommendations we also need to prioritise the improvement of primary care services. Last year I extended eligibility for medical cards to children covered by the domiciliary care allowance, and we are working to enable all persons in receipt of carer's allowance to qualify automatically for a GP card, from later this year.

Investment in additional staffing and service re-orientation has also been made in the therapy areas, most recently in Budget 2018 with funding provided for the recruitment of extra occupational therapists.



Additional funding in Budget 2018 has also been provided for the continued investment in, and expansion of, community intervention teams; a vital nurse-led service which is a successful hospital avoidance measure as well as enabling patients to be discharged earlier from hospitals.

To build on these developments a key priority for me in 2018 is the negotiation of a new GP services contract.

I want to acknowledge the important role that GPs play in our health service, and my strong commitment to the development of a new GP contract. One of my key objectives is to develop a contract which has a population health focus, providing in particular for health promotion and disease prevention and for the structured on-going care of chronic conditions.

A process of engagement with representative bodies of contracted health professionals is planned, aimed at putting in place a new multi-annual approach to fees, commencing in 2019, in return for service improvement and contractual reform and in line with Government priorities for the health service.

Agreement in principle on this process was achieved with the Minister of Public Expenditure and Reform and reflected in the revisions to the FEMPI legislation which he brought through the House before the Christmas recess.

Officials in my Department are currently undertaking preparatory work with the Department of Public Expenditure and the HSE in relation to this important agenda. This is an important issue in the context of the GP contract negotiations as representative bodies have sought clarity on this matter.

It is of course essential that the engagement on GP contractual issues is squarely aimed at meeting the substantial challenges, current and future, that the health service and general practice face. At my request, officials of my Department are working with counterparts in the Department of Public Expenditure and Reform and in the HSE to ensure that the overall approach is fully focused on the strategic challenges and the Government's health service reform agenda as we move into the next phase of engagement.

The wider reform agenda set out in the Sláintecare Implementation Plan will need to inform the approach to be taken in developing our GP services and improving access. I look forward to intensive progress in the coming months on the GP contract and I hope that agreement can be reached on the introduction of a range of service developments starting in 2018.

### **Recruitment and retention**

I want to turn to the recruitment and retention of staff within our health services. I accept we face challenges, although the level of recruitment in the health services is continually increasing. A National Strategic Framework for Health and Social Care Workforce Planning has been developed by a Cross-Sectoral Group led by the Department of Health, which will support the recruitment and retention of the right mix of workers across the health and social care system to meet planned and projected service need.

The issue of pay restoration in section 39 organisations has been the subject of considerable debate, most recently in this Committee last week.

You will be aware that I have asked the HSE to carry out an evidence gathering exercise to establish the factual position regarding pay reductions and pay restoration in these organisations. This analysis will establish with supporting evidence the following information:

1. Whether, when and to what extent reductions in pay rates were applied during the crisis in each relevant organisation;
2. Whether, when and to what extent restoration of pay reductions has happened;
3. It will identify the financial implications for each organisation, taking account of all sources of funding, associated with addressing the issues identified and propose an appropriate plan for phased resolution in each case.

It is anticipated that this process will bring about the necessary clarity and transparency, and lead to an agreed way forward. Contact is continuing with the parties involved.

## **National Service Plan 2018**

**The 2018 National Service Plan** sets out a budget of over €14.5 billion for the HSE which is the highest ever budget allocated.

This represents an overall increase of over €600 million on 2017, which is a substantial additional level of funding. The amount allocated each year follows an extensive process, which considers both the funding requirements as submitted by the HSE and the fiscal position. This process concludes with the Government making a decision as to the funding it will provide to the HSE.

These types of engagements are a normal part of the Budgetary process and happen with agencies across Government. All public bodies put forward spending proposals but all such bodies, including the HSE, are required to operate within the amounts proposed by Government and determined by the Dáil. While increased resources contribute to health service improvement, there are also ways in which improvements can be achieved within the current resources. The HSE has my full support in achieving these improvements as part of our shared reform agenda.

## **Conclusion**

We all share the same goal. Working together we need to find sustainable solutions to the issues facing our health services.

I believe 2018 will be the year of reform and the beginning of adding extra capacity so that we can build a better health service for our patients and our staff.

Thank you.