Joint Committee on Health

Wednesday, 9th May

Opening Statement

Simon Harris, Minister for Health

Introduction

Chairman, Committee members

I would to thank you for inviting me to attend today.

I am joined today by my Ministerial colleagues, Finian McGrath, Minister of State for Disabilities, Minister Byrne, Minister of State for Health Promotion and for the National Drugs Strategy and Jim Daly, Minister of State 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 Dean Sullivan, Deputy Director General of the HSE, and HSE officials.

You asked me here today to brief you on Slaintecare. I know that you are also interested in hearing about targets set out in the National Development Plan and the results of the mid-term review of the Capital Plan.
But before I go any further I would like to say a few words about current events. This has been an intensely difficult time for everyone involved most importantly the individuals and their families.

The events of the last 10 days in relation to CervicalCheck have shaken the confidence of the public and me as Minister in the very fundamentals of our health care system. Fundamental values have been questioned. Honesty. Trust. Openness. Our commitment to these vital principles and values has been questioned. And it is right that it has been questioned.

We have a long road to travel to restore public confidence but I am determined as Minister to get to the bottom of what happened here and why such a crisis of confidence and trust came to pass.

I want to briefly outline for the Committee the steps I propose to take, firstly in regard to examining issues relating to CervicalCheck itself, and secondly, in regard to the broader issues of open disclosure, of the approach to medical negligence claims, and of accountability.

First, however, I want to pay tribute to Ms Vicky Phelan, who has played a central role in bringing these issues to light. I want to take this opportunity to thank her again for her courage in doing so.
I want to see all issues relating to CervicalCheck examined and dealt with without delay. Accordingly, the Government is establishing two strands of investigation.

**Scoping Inquiry**

The first strand of investigation is the Scoping Inquiry. Yesterday I announced that Dr Gabriel Scally has agreed to lead this inquiry. He will be joined by Dr Karin Denton, who is a leading expert in women’s health.

Yesterday I also published the Terms of Reference for the inquiry. These reflect the cross-party engagement that has taken place. I believe they are comprehensive and allow for the full examination of all the issues arising, and the concerns raised by other parties as well as the concerns of the Government.

However, what is most essential is that the inquiry deals with the concerns of Ms Phelan and other women affected, for their family members. Dr Scally has already spoken with Ms Phelan, and will continue to engage directly with Ms Phelan and with other affected women where they are willing to and wish to do so. I anticipate the Scoping Inquiry will report by the end of June.

**International Clinical Expert Review**

The second strand of investigation is the clinical strand. This is an International Clinical Expert Review to be carried out by a panel established from representatives of the British Society for Colposcopists and Cervical Pathologists, and the Royal College of Obstetricians and Gynaecologists.
This panel will comprise a full team of senior independent medical experts from outside Ireland. Their review will ensure that each woman with a diagnosis of cervical cancer who had a previous smear through the CervicalCheck will have her case reviewed so that her concerns can be addressed, including in respect of the timing of her diagnosis, the nature of her treatment and the outcome of her care.

These two strands of investigation are crucial to firstly establish the facts, secondly determine what action is needed to address the issues, and thirdly help to restore trust and confidence of women in CervicalCheck.

**Restoring trust and confidence in CervicalCheck**

This is essential because, despite its failings in relation to disclosure, the CervicalCheck programme works and it is important we are clear on this.

Since the inception of the programme, over 1,200 invasive cancers have been detected by CervicalCheck. In addition, 30,000 low grade abnormalities (CIN 1) have been detected and more than 50,000 women with high grade abnormalities (CIN 2 & 3) have been diagnosed and treated, considerably reducing their risk of developing cervical cancer. The incidence of cervical cancer has been falling and there has been an increase in earlier stage diagnoses. I want this progress to continue.
It is particularly concerning that the events of the past ten days have undermined people’s confidence in the clinical performance of screening programmes. The facts available do not give any reason to believe that the screening programmes have operated outside or below international benchmarks for screening programmes.

I very much hope that as we move forward with these two strands of independent investigation, led by international experts, women will begin to feel reassured about the programme’s effectiveness. Women can of course also consult with their GP if they want to discuss their concerns, and arrange a repeat smear test if necessary without charge.

**Steps to be taken in regard to the broader issues raised**

There are a number of broader issues which have come to the fore as part of the CervicalCheck issue. These are, firstly, open disclosure, secondly the way that we approach medical negligence claims and thirdly, accountability. I believe addressing these issues to ensure that we do as much as possible to improve this system and patients’ experience of it are essential to the restoration of trust and confidence that has been so badly eroded in recent weeks, and I intend to focus on these as a priority.

**Open disclosure**

It is clear that the delayed communication to Ms. Phelan of the results of the clinical audit of her case, and the absence of communication of results to other women following clinical audit, is significantly out of step with the standards expected by the public and with best practice in regard to open disclosure.
I am pleased that yesterday, the Government approved the drafting of a Patient Safety Bill, which will provide for mandatory open disclosure to patients of those serious events which will be the subject of mandatory external notification.

This is part of a major programme of patient safety and patient centred reform underway. It is led by my Department and includes a range of measures to increase openness and transparency including patient safety statements, annual quality reporting and the National Patient Experience Survey, the second round of which is underway in our hospitals this month. It also includes major legislation to provide for licensing, clinical audit, and the extension of HIQA’s powers to the private sector as an important step on the journey to full licensing.

**Approach to medical negligence claims**

Our tort laws have been criticised for being adversarial and slow to provide for persons who have suffered harm within the healthcare system, and there has been a growing recognition of the need for reform in this area.

My Department has collaborated with the Department of Justice and Equality on a suite of reforming legislation including in relation to pre-action protocols, mediation and periodic payment orders. I also intend to engage with the Minister for Justice and Equality and the Minister for Finance/State Claims Agency on whether further improvements can be made to the legal framework and the management of medical negligence.
Such an approach should complement and inform the major programme of patient safety and advocacy underway in the National Patient Safety Office.

**Accountability**

The Slaintecare Report placed an emphasis on the need for **both clinical and managerial** accountability and states that the ‘Committee strongly believes there is a requirement for clearer clinical and managerial accountability and governance throughout the system. This includes clarity at all levels, from the Minister for Health, the Department of Health, the HSE and healthcare providers’.

I intend to shortly bring forward legislative proposals to provide for the appointment of a new HSE Board. In addition, as part of my Department’s response to Slaintecare, it is proposed to consider how best to further strengthen clinical governance and managerial accountability in healthcare.

Returning to business, I will start by talking about an ambition we all share – to reform our health system.

Among the recommendations put forward in the Sláintecare Report are:

- Accountability legislation setting out the requirements on the Minister and staff at all levels of the health service.
- Introduction of a board for the HSE, with the Chair accountable to the Minister and the CEO accountable to the Board.
• Development of a strategic national centre complemented by regional integrated structures that would be accountable for delivering integrated care.

• Development of a blueprint for clinical governance across the health system, underpinned by legislation which specifies standards and structures.

These recommendations are central to delivering meaningful reform of our health service.

I have said it many times in this Committee, in the Dáil and elsewhere, but I think it is important to state it for the record again. The Sláintecare report and the cross-party support that it enjoys presents us with a unique opportunity to deliver long lasting reform that will fundamentally change the way we deliver healthcare to provide fairer, better and more accountable healthcare for all our citizens.

The Government is fully committed to leveraging the support and momentum that has been generated by the Sláintecare report, and to putting in place a robust programme of health reform and associated implementation arrangements. I believe that just as cross party cooperation and support was required to bring forward the Sláintecare report, similar cross party cooperation and the support of all stakeholders will be required to implement the recommendations. We will only succeed to bring about change if everyone – politicians, clinicians, health professionals, patients, service users and others – are united on the overall goal and are pulling in the same direction.
I am pleased to say that I have already been able to take action on a number of the recommendations in the Sláintecare report.

Work is ongoing to bring forward a bill this year to legislate for the establishment of a governing board for the HSE. I hope to bring a Memorandum to Government shortly with the General Scheme for a Bill.

I would ask for the cooperation of this Committee in getting the legislation through the Oireachtas this year in recognition of its importance to the reform agenda. I know we all agree that we need to ensure more robust and transparent structures of accountability across our health service and the appointment of a strong board is essential to achieving this.

I also prioritised the Committee’s recommendation to consider the impact of removing private practice from public acute hospitals. This is a far reaching, complex reform – but absolutely fundamental to achieving a fairer, more equitable health service. I have established an independent review group, chaired by Dr Donal de Buitléir, to examine the impact of separating private practice from the public hospital system. The group has advanced its work very well and will conclude its work later this year. This will provide valuable guidance to how we go about implementing this recommendation and eliminate private practice on a phased basis.

My Department has also commenced work on the Committee’s recommendations in relation to changes to the HSE structure itself.
As members will be aware, this is an area that I addressed in my own appearance between the Committee on the Future of Healthcare last year. I believe we need to address what has developed into an over centralisation of decision-making, responsibility and accountability within our health service. With governance too far removed from the front line the HSE has become too big to fail and too big to succeed. Real accountability requires more local ownership and decision making. An important component of this will be the development of regional structures to support the delivery of integrated care. The first step in this process is to better align our current regional structures – hospital groups and community healthcare organisations.

Developing more comprehensive and integrated community care services is at the heart of the Sláintecare vision. A public consultation has opened on the geo-alignment of Hospital Groups and Community Healthcare Organisations. I believe that the alignment of our delivery structures can go some way to being a key enabler of delivering integrated care. The role that general practice will play within this is vitally important. I have now secured Government approval to move forward with contract negotiations with general practitioners and I hope to see progress on this in the coming months. There is Government commitment to supporting the negotiations with a multi annual programme of funding. This is a game-changer for delivering identifiable improvements in general practice.

The Government has already committed to the established of a Sláintecare Programme Office and the recruitment process for the Executive Director of the Office is in its final stages. This has involved a thorough process, led by the Public Appointments Service, and involving a national and international executive search.
I hope to be able to make an announcement on this very soon.

I have previously pointed out that I do not think that reform alone can solve all our problems. We must also increase the capacity of our system to meet the needs of a growing and ageing population. The recently published Health Service Capacity Review is the first real assessment of capacity needs across the system for a decade with an extended scope to take in primary and community care. I successfully secured funding through the National Development Plan to deliver the identified capacity requirement in full.

I fully appreciate that staff must be recruited in tandem with the delivery of beds and initiatives such as the Framework for Safe Nurse Staffing and Skill Mix in hospitals will facilitate this.

Work on an implementation plan for Sláintecare is at an advanced stage within my Department and I plan to bring this to Government for approval shortly. This will set out a concrete programme of reform for the next decade, including a more detailed programme for the immediate years ahead.

It will be a living document, in that it will be reviewed and refreshed by the Sláintecare Programme Office on an annual basis. It will provide a clear policy framework and roadmap for change and I look forward to working with you all on its implementation over the coming years.

I would now like to refer to Project Ireland 2040 and, in particular, this Government’s capital spending plans for the public health sector for the next 10 years.
Capital funding for our health service will be 165% higher for the next 10 years than it was for the last 10 years. We have a funded, ambitious plan to build a better health service for the future through the combination of this significant capital investment programme alongside the implementation of the Sláintecare reforms.

This funding provides us with the opportunity to reform and modernise our health service to meet the needs of our growing and aging population.

The €10.9 billion over the next ten years provides a real, long-term opportunity to:

- improve our health services,
- drive down waiting lists,
- increase bed capacity
- reform pathways of care and
- modernise how we deliver services through e-health and the implementation of Sláintecare.

Capital investments over the coming decade will support existing Government priority projects and commitments and will enable the roll-out of new additional capacity guided by the Sláintecare report and the Health Service Capacity Review.
The strategic investment priorities for the public Health sector in Project Ireland 2040 include a number of major investment projects and programmes, such as:

- **National Maternity Strategy developments including the relocation of standalone maternity hospitals to acute hospital campus**
  - Holles Street to the St Vincent’s campus,
  - University Maternity Hospital in Limerick to University Hospital Limerick,
  - the Rotunda to Connolly Hospital, and
  - the Coombe to St. James’s campus

- **National Cancer Strategy capital developments including the National Programme for Radiation Oncology at Cork, Galway and Dublin and the expansion of Breastcheck**

- **Development of the eHealth Strategy**

- **Delivery of the recommendations of the Health Service Capacity Review including;**
  - Almost 2,600 acute care beds
  - A 50% increase in the Primary Care Workforce comprising 1,000 extra GPs, 1,200 extra Practice Nurses and 1,100 extra Public Health Nurses
  - 13,000 extra residential care beds
  - 120% increase in homecare across additional homecare packages and home help hours
• Implementation of the Trauma Strategy with capital investment in dedicated trauma receiving areas, dedicated trauma wards and dedicated trauma operating theatres.

• The replacement and refurbishment of community nursing units for older people and long-term residential care units and housing in the community for people with disabilities at various locations across the country.

With this unprecedented capital investment in the health services we must ensure that we carefully plan and select projects. To achieve this we will have a robust method of project appraisal, assessment and selection in order to implement Health strategies including developing capacity to meet the population health needs and achieve value for money and to ensure that the capital supports complement our strategic ambition.

The Minister for Finance and Public Expenditure and Reform announced key steps to be taken to ensure that the implementation of the National Development Plan, and the various important projects within it. The Minister is putting in place arrangements to oversee the NDP’s implementation and the delivery of the projects identified in the Plan. He is establishing a high level Project Ireland 2040 Delivery Board to take on this role on behalf of the Government. My Department is represented on this Board. The Minister for Finance and Public Expenditure and Reform is also setting up an Infrastructure Projects Office to work with the Delivery Board, and in particular, to update and develop the Major Projects Tracker so that there will be full transparency on the status of the various projects in the Plan, including Health projects and programmes.
I will conclude by thanking you all again for the opportunity to brief you and look forward to hearing your views. In addition I am sure that you may have questions that relate to the Minister of State portfolios and we will address them as the morning progresses.

Thank you.