Joint Committee on Health

Meeting

Wednesday 14th November 2018

Opening Statement
by
Mr. John Connagahan
Director General
Health Service Executive
Good Morning Chairman and members of the committee. Thank you for the invitation to attend the committee meeting. I am joined by my colleagues:

- Ms. Anne O Connor, Deputy Director General and Chief Operations Officer
- Mr. Stephan Mulvany, Deputy Director General and Chief Financial Officer
- Mr. Damien McCallion, National Director Screening Services
- Dr. Colm Henry, Chief Clinical Officer

In preparation for the meeting, committee members requested information and replies to a number of specific questions and you will by now have received a written response to them. I will therefore confine my opening remarks to the following issues.

Firstly can I welcome the announcement by Minister Donohoe that it is intended to allocate an additional €700 million to the health service in 2018 by way of supplementary estimate which now brings the 2018 net revenue budget of the HSE to €15.2bn. I know that this was the subject of the Joint Committee on Health meeting of the 24th October so will confine my remarks to welcoming the fact that this will be included in the base funding of 2019.

The HSE is currently finalising an implementation delivery plan in response to the Scally review recommendations. This is a considerable piece of work ranging from procurement to open disclosure and from governance to risk management. While our focus will be on early implementation, our concern will be to also ensure that plans are solid and sustainable.

We are continuing to support the International Expert Panel (RCOG) review, which was commissioned by the Minister, for women who were diagnosed with cervical cancer. This work will continue through 2018 and into 2019.

A key risk to enable cervical screening to continue in Ireland was the extension of the laboratory contracts. We have secured agreements to enable continuity of service and are currently finalising contracts with the providers. The new model will ultimately see a more balanced model of public-private provision. We are also carrying out an extensive world-wide survey exercise to secure additional capacity given current demands leading to extended reporting time for women.
We are progressing plans to introduce primary HPV screening, with a focus on international best practice to ensure we have a successful deployment. At the present moment until we complete our planning work and finalise on current laboratory provision we are not in a position to provide a critical path/timetable for the introduction of HPV testing.

We are continuing to provide supports to the women and their families impacted by the crisis. We are also strengthening the role of patients in the cervical check programme with the establishment of a PPI (Public Patient Involvement) panel and patient representation on key groups.

Turning to other matters, can I advise the committee that Planning for Winter 2018 / 2019 is well advanced with plans, in respect of planning and escalation, the operational management of patient flow and maintaining public health in place at Hospital Group and CHO level.

*Priorities for this winter include:*

1. Ensuring integrated working between acute hospitals and the community.
2. Ensuring robust preparedness plans that optimise our existing resource.
3. Ensuring de-escalation pre-Christmas, maintaining demand and capacity balance between Christmas and the New Year and ensuring the provision of enhanced measures for the New Year surge.
4. A focus on ambulatory patients and on older persons with emphasis on admission avoidance, enablement and community supports.
5. Strengthened working arrangements with GPs, Nursing Homes and the HSE.

€10m once off funding has been allocated by the Department of Health for winter. It is intended to utilise this additional funding to increase the provision of community supports pre-Christmas and open additional capacity in January.

Since the last Joint Health Committee update we have made some progress on key performance indicators such as trolley count, with each month since the end of quarter one 2018 recording a decrease over the same period in 2017. Inpatient & day case waiting lists have decreased by 5,296 from 78,014 in June to 72,718 in September 2018. The Gastrointestinal Waiting List also decreased by 751 in the same time period.
In the National Ambulance Service ECHO incidents responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less is above target at 81% noting improving performance month-on-month in last quarter.

In relation to our community services, HIQA has advised the HSE that all 1,149 Disability Centres are now registered by HIQA as of 31st October 2018 under the National Standards for residential services for children and adults with disabilities. This has been a substantial achievement for the sector. This is a very positive indication regarding our investment in quality improvement through dedicated professional programmes and additional financial resources for providers.

However notwithstanding the above we still have significant pressure on Acute, community and social care services with high numbers of people on outpatient waiting lists, a significant increase in the numbers of people attending emergency departments (ED) and increasing unmet demand for home care support with over 6,000 people now awaiting home support across the 9 Community Healthcare Organisations. All of these will be the subject of detailed planning in our National Service Plan 2019.

As we move into 2019 we need to prepare for the introduction of a Board to the HSE. This is welcome and necessary for the appropriate governance of the largest organisation in Ireland. I would particularly like to welcome Mr Ciarán Devane to the post of Chairman.

I know from my early discussions with Mr Devane that a focus on patient safety and quality and culture and values will be early agenda items for the Board. The consideration of how the HSE responds to the recommendations on Audit, Risk and Governance and Accountability arising from the Scally report will be the most important aspects of the early work of the Board.

Before I conclude this opening statement Mr. Chairman, can I take the opportunity to look forward into 2019 to highlight some of the other key strategic objectives for the HSE?

Sláintecare has provided a framework within which the HSE will focus on transforming health services over the coming decade.

New services will be progressed in line with government policy. Care closer to home will be improved by further investment in primary care services through GP services, extension of eligibility, reduction in prescription charges and drug payment scheme limits.
There are a number of key organisational objectives that the HSE will focus on in 2019, these include the designation of the major trauma centre and trauma units in Dublin, commencement of the nine learning sites focused on a new Network Operating Model for community health networks that will lead to full scale national implementation, further development of maternity services and continued investment in eHealth, with specific regard to Electronic Health Records (EHR).

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

Thank you.