Joint Committee on Health
Wednesday, 14th November, 2018
Opening Statement
Simon Harris, Minister for Health

In the absence of Minister Harris due to his attendance at a meeting of the Cabinet to discuss developments in Brexit negotiations his Opening statement was delivered by Mr. Jim Daly, T.D., Minister of State with special responsibility for Mental Health and Older People at the Department of Health.

Introduction

Good morning, Chair, Committee Members

I would like to thank you for inviting me to attend today. I am joined by my Ministerial colleagues, 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. Finian McGrath, Minister of State for Disabilities, has sent his apologies. I am also accompanied by Jim Breslin, Secretary General. I would also like to welcome John Conaghan, Acting Director General of the HSE and HSE officials.

You invited me here today to give an update on issues affecting the Department of Health and the HSE, including expenditure to date on
Vote 38. I am happy to do so, and I will also outline priorities, significant developments and progress in the area of Health.

2018 Expenditure
I will start off by updating on the Vote position for 2018. As you will be aware, the Government approved gross expenditure of just over €15.3 billion (€15.332bn) for the health services for 2018.

The announcement by my colleague Minister Donohue that he intends to allocate an additional €700 million to the health service in 2018, by way of a supplementary estimate is most welcome, as is the fact that it has been possible to carry this additionality into the base for 2019. Consideration of the Supplementary Estimates will be before this Committee very shortly so there will be an opportunity to go into further detail.

Health Sector Budget 2019
The gross current budget for the Health Sector for 2019 is €16.36 billion. This is equivalent to an increase of €1,521 million or 10.2% compared to the 2018 original allocation of €14,839 million. I am also pleased to announce a Capital budget of €667 million, an increase of €174 million on last year. This brings the total gross health budget for 2019 to over €17 billion.

National Service Plan
For the immediate future the next significant step is agreement of the *National Service Plan*.

The Service Plan 2019 will set out the type and volume of services that the HSE will provide in respect of the significant budget of over €16 billion it has received for next year. The HSE must ensure that the most beneficial, effective and efficient use of resources is made when planning the services to be provided in 2019.

I said on Budget Day that we are now firmly in the era of Slaintecare and 2019 will see the HSE National Service Plan based and developed for the first time on the framework of the Sláintecare implementation strategy which sets out the Government’s plan for delivering a high quality, sustainable and equitable health and social care service over the next decade. The National Service Plan will set out the details on how the totality of health service resources will be made to advance Sláintecare objectives.

The HSE is now in discussion with my Department on developing the Service Plan for 2019 with the goal of delivering a Plan which makes progress in meeting priority health and social care needs and clearly allows the executive to operate within its notified resources.

I expect to receive a draft Service Plan submitted for my approval from the HSE in the coming weeks.
The focus on Sláintecare in this process is an important element of the strategic transformation of our health service. But of course we must also focus on the here and now and the immediate challenges we face.

Winter Planning

As we head into a period of pressure in our health service, I want to acknowledge the ongoing commitment, dedication and cooperation of people working in our health services. This is something I as Minister and we in Ireland can be very proud of. I know that on a daily basis our doctors, our nurses, our healthcare professionals make personal sacrifices in the interests of putting patients first. However, we have learned lessons from previous winter seasons. Consideration of staff management issues is just one element of a planning process to ensure that we prepare for the winter period in the best way we can.

My Department is working closely with the HSE to ensure the most effective response to this winter within current capacity and resources.

€10 million in additional funding has been allocated in 2018 primarily for provision of supports to get patients home from hospital, where appropriate, before the end of the year, with a focus on supporting patients in the over 75 age group. The core objective of this measure is to ease congestion in hospitals as far as possible before the end of the year, to prepare for the expected peak in demand in the New Year.
In addition, I have requested, in the context of the National Service Plan, that the HSE plan activity in 2019 to manage critical demand pressures, most particularly in respect of increased attendance at emergency departments. This planning will include activity in hospitals, primary care and community care to ensure that the system is working at full capacity thought out busy periods. This request provides clarity to the HSE on the level of funding available in 2019 to meet winter pressures.

The challenges evident in hospital emergency departments are the symptom of broader challenges both within the hospital itself and across the wider health service. Increasing capacity and efficiency throughout the hospital, improving services in the community to provide care for patients outside of the emergency departments and supporting the discharge of patient’s home or into other community services are all part of the solution.

**Bed Capacity**

The National Development Plan provides for a major increase of 2,600 in bed capacity as identified in the Health Service Capacity Review and this will remain a priority in 2019. Over the past 12 months an additional 240 beds have been opened and a further 79 additional beds are planned for Quarter 4 2018 and early 2019.
A further €10 million will be invested next year to enable additional beds to be opened to alleviate pressure on Emergency Departments for Winter 2019/20 and the years ahead, on foot of the recommendations in the Health Service Capacity Review.

The Department is currently in discussion with the HSE, in the context of the National Service Plan 2019, to identify the sites for investment and the associated number of beds, as part of an agreed capacity programme for 2019.

Waiting lists

Increasing capacity and access goes hand-in-hand with reducing waiting lists. A very significant investment of €55 million was made in the NTPF this year and ambitious targets were set to reduce the number of patients waiting for a hospital procedure to below 70,000.

I am pleased to report that as a result of the activity of the HSE and the NTPF we are on-track to meet this target; with the number of patients for the end of October at 72,000, down from a peak of just over 86,000 in July 2017.

The improvement has been delivered against a back-drop of increased demand for services and also a very challenging start to the year that saw elective activity curtailed as a result of emergency department pressures and severe weather.
Building on this progress, in Budget 2019 the Government has further increased investment in this area, with funding to the NTPF rising to €75 million in 2019. The NTPF plans to further reduce the number of patients waiting to below 59,000 by year end.

While significant progress has been made on inpatient and day case procedures, the number of patients waiting for their first outpatient appointment continues to be a challenge. I have asked the HSE and the NTPF to bring a renewed focus to outpatient activity in 2019. Arising from the increased investment, the NTPF plans to arrange at least 40,000 first outpatient appointments in 2019.

Earlier this year I approved the establishment of a Central Waiting List Validation function within the National Treatment Purchase Fund.

Validation has many benefits including the identification of patients on waiting lists who are ready willing and available to proceed with hospital care, the reduction in the Did Not Attend rate and an improvement in information for managing waiting lists. It is worth noting that over half a million patients do not attend their appointment each year.

Validation has been underway for a number of years at a local level and the NTPF estimates that over 30,000 patients who no longer require an outpatient appointment will come off the outpatient waiting list as a result of this activity next year.
CervicalCheck/Scally implementation

I wish to now update members on matters related to CervicalCheck. Dr Gabriel Scally provided the Final Report of his Scoping Inquiry into issues relating to CervicalCheck in September. His report provided welcome reassurance about the laboratories currently contracted by Cervical Check.

He is satisfied with the quality management processes in these labs.

It is very important to say that Dr Scally confirmed that he found no reason why the existing contracts for laboratory services should not continue until the new HPV regime is introduced.

He also stated that continuation of screening in the coming months is of crucial importance.

The Government fully agrees with this – screening saves lives. CervicalCheck has been successful in reducing cervical cancer rates in Ireland. As stated in the Scally report, the lifetime risk of a woman getting cervical cancer was 1 in 135 in 2015, significantly lower than the lifetime risk in 2007 of 1 in 96. This represents a substantial improvement. Government has accepted all 50 of Dr Scally's recommendations. I have committed to returning to Government within three months as recommended by Dr Scally with a full plan for the implementation of these recommendations.

In June 2018, I established a National Cervical Steering Committee, that is co-chaired by the Chief Medical Officer and the Assistant
Secretary for Acute Hospitals in the Department, and includes senior management of the Department, the HSE, clinicians and patient advocates.

It provides oversight and assurance in relation to managing the response to the CervicalCheck issues, and ensuring the implementation of the key decisions taken by Government.

The minutes and agenda for each meeting are published on the Department’s website, to allow for full transparency and for members of the public to be updated on the Committee’s activities. I am updated weekly, receiving updates on the progress of the Steering Committee, and these are also published.

The Committee has had 12 meetings to date since it was established on 21 June last. The most recent meeting was on 8 November. The Committee will meet twice more before the end of the year.

Separate to the work carried out by Dr Scally, the Independent Clinical Expert Panel Review which is being led by the Royal College of Obstetricians and Gynaecologists (RCOG) is underway. This review is examining the results of screening tests of all women who have developed cervical cancer who participated in the screening programme since it was established.
The review will provide independent clinical assurance to women about the timing of their diagnosis, and any issues relating to their treatment and outcome.

**Health (Regulation of Termination of Pregnancy) Bill**

I would also like to take this opportunity to thank the Committee for your time and engagement in recent days as we discussed the *Health (Regulation of Termination of Pregnancy) Bill 2018 Bill.*

In addition preparations are ongoing for the implementation of the service as soon as possible. The Department and the HSE are at an advanced stage of drafting contractual proposals for the provision of termination of pregnancy services in the community setting.

In parallel with service planning and expansion, clinical guidelines for medical practitioners are in preparation by the medical colleges, and my Department has provided a grant to support their development.

I am conscious that women are continuing to travel every day to access services abroad, and in some cases to order medication over the internet.

So I want to stress again that it is this Government’s priority to have a medically delivered, safe and regulated service for the termination of
pregnancy for all those who require it, based on the huge mandate that the Irish people have given for this work.

There is also significant work being done to implement the National Maternity Strategy.

Ireland’s National Maternity Strategy was published in 2016. The National Women and Infant’s Health Programme has been established within the HSE and is driving the Strategy’s implementation. A key aim of the Strategy is to ensure that appropriate care pathways are in place so that mothers, babies and families get the right care, at the right time, by the right team and in the right place. The Strategy’s three care pathways – Supported, Assisted and Specialised – will deliver maternity care in a manner that is both appropriate and woman centred.

A detailed implementation plan for the Strategy was published in October 2017, providing a clear road map for the development of maternity services into the future and, in 2018, the Government provided additional development funding of €4.55m to progress the Strategy and to improve waiting times for gynaecology services.

The National Women and Infants Health Programme highlighted a number of priorities which this funding has continued to address over the course of 2018. These include the development of community midwifery teams, the development of quality and safety frameworks
and the improvement of access to anomaly scanning services. 2018 has seen the continued expansion of anomaly scanning services in maternity hospitals and units across the country and the development of critical quality and safety initiatives. The development of the Supported Care Pathway and of community midwifery teams to deliver care in line with the recommendations of the Strategy is also ongoing and a multi-disciplinary Steering Group has been established by the NWIHP to oversee the implementation of the Strategy’s Model of Care. This year has also seen the continued roll out of the very successful Maternal and Newborn Clinical Management System, with Phase 1 completed and implemented across 4 sites: Cork University Maternity Hospital, University Hospital Kerry, the Rotunda and the National Maternity Hospital.

Looking ahead, it is important to ensure that we build on developments to date and my Department will be engaging closely with the Programme to ensure this progress continues in to the coming year. So to conclude, planning for the weeks and months ahead now we are in the winter period is of course a priority. Yes, we face challenges. However, we now have a long-term plan for healthcare and as I have just outlined we are making progress this year, as we will each and every year.
Thank you again for the opportunity to brief you on developments. I am interested in hearing your views. You may have also questions that relate to the Minister of State portfolios and we will address them as the morning progresses.

Thank you.