Joint Committee on Health

Meeting
Wednesday 6th February 2019

Opening Statement
by
Ms. Anne O’Connor
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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:

- Liam Woods, Deputy Director General and Chief Operations Officer.
- Dean Sullivan, Deputy Director General and Chief Strategy & Planning Officer.
- Dr Peter McKenna, Clinical Director, National Women and Infants Health Programme.

Chairman and members I would like to update you on the following issues:

**Winter Plan Update**

The HSE commenced Winter Planning for the 2018/2019 period in May of 2018. The planning process focused on 3 main areas:

1. emphasis on providing community based care options to prevent ED attendance and expedite discharge from acute hospitals to either a patient's home or a community based care alternative;
2. close integrated working between acute hospitals and community services through local Winter Action Teams with National Oversight and;
3. increasing specific measures in nine (9) sites over a peak 4-week focus period from 17\textsuperscript{th} December to 30\textsuperscript{th} January.

€30 million was provided in terms of winter funding, €10.0m once-off in Quarter4 2018 and €20.0m in 2019). The emphasis on community based services saw two thirds of the available funding directed towards primary and social care services - €10.6 million to Home Service Packages, €4.0 million to the provision of aids and appliances, €1.5 million to Transitional Care and over €4.0 million allocated to Community beds and initiatives.

Due to increasing system pressures towards the end of the Focus Period, the National Oversight Group agreed to extend the enhanced measures by an additional two weeks to support Unscheduled Care at the nine sites.

 Unscheduled Care performance improved significantly in Q4 2018 when compared to Q4 2017 where the 8am trolley count was 4.2% lower than the same period last year. This was despite ED presentations increasing at a rate higher than expected +3.3% for the same period.
This trend has continued and indeed increased into January 2019. Analysis of performance for the period 1st January to 27th January 2019 recorded ED attendances of 98,797, an increase of 9.2% on the same period in 2018.

ED admissions in this period were 27,319, an increase of 6.3% on the same period in 2018. Despite such increases, the 8am trolley count for the same period in 2019 was 8,732 representing a 14.8% decrease in trolleys on the same period in 2018.

It should be noted that the Flu season in 2018/2019, while not yet over, appears to have been shorter and less intense that that in 2017/2018. However, the higher ED attendances this year have included significant levels of Respiratory cases that are non-flu related.

**Service achievements and improvements in 2018**

During 2018 there were significant achievements and improvements across the range of health and social care services and I would like to highlight some of these for the Committee.

Our acute hospital services continue to demonstrate improvements in the Inpatient Daycase waiting list which reduced to almost 70,000 at the end of 2018 from 86,100 in 2017 or a reduction of 18%. This ambitious target was achieved as a result of the continuous focused efforts in collaboration with the NTPF and DOH.

Last year also saw considerable improvements in a number of other targets as follows:

- Number of patients waiting over 9 months which has almost halved since July 2017 from 28,100 to 14,900.
- Number waiting over 9 months for a Cataract procedure which have fallen by 87% since July 2017.
- Number waiting 9 months for a tonsillectomy have fallen by 84% in the same period; and angiograms have fallen by 88%.

Over the course of last year, 418 spinal surgeries were completed (incl.201 spinal fusions) and the number of children waiting greater than 4 months, reduced to 35 at the end of 2018.

Cancer KPI performance continued to improve in such services as Symptomatic Breast Cancer, Lung and Prostate 2018 with all sites showing sustained improvement over the year.
In 2018, Primary Care services expanded with the opening of 13 new Primary Care Centres. Within the Primary Care services, 743,000 people were seen by community nursing services, 1.5 million people were treated by Health and Social Care Professionals and in excess of 1 million contacts were made with GP Out of Hours Services in 2018.

A significant milestone was achieved when all 1,149 Disability Centres were registered by HIQA as of 31\textsuperscript{st} October 2018 under the National Standards for residential services for children and adults with disabilities. This has been a substantial achievement for the sector.

Over 53,000 people benefited from Home Support in 2018 and 15.7m hours of support were provided. The percentage of persons over the age of 65 in long term care has fallen to 3.4% against a target of 4%. This is assisted by the on-going investment in home support.

In our mental health services 10,734 children / adolescents were seen by child and adolescent mental health services (CAMHS), 203 children / adolescents were admitted to CAMHs acute inpatient units and 27,124 adults were seen by mental health services.

However notwithstanding the above progress and achievements we still have significant pressure on Acute and community 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. Our service plan for 2019 will focus on bringing about further improvements and increased capacity across the health services, particularly in those areas where we are experiencing ongoing service pressures.

2018 saw the publication of the \textit{Sláintecare Implementation Strategy}. A detailed action plan is in development, led by the Executive Director of the \textit{Sláintecare} Programme Office that will set out a series of work streams and designated actions, with associated measures to be delivered in 2019. The HSE is committed to working with the \textit{Sláintecare} Programme Office and all stakeholders to play our part in successfully bridging the gap between the vision for health service transformation in Ireland and delivery of that change at the frontline.

\textbf{Termination of Pregnancy Services}

Following last year’s referendum and subsequent legislative change, abortion services are now being provided by the HSE, through GPs or family planning services, and in maternity units and hospitals across the country. People can now access an abortion in Ireland under specific circumstances.
259 GPs have signed the contract and each day more GPs are signing up, as the service evolves. Of the 259 GPs, 128 consented to having their details shared by ‘My Options’. There is a good geographic spread of GPs taking part, enough to meet the needs of people who may need to access the service. The Well Woman and IFPA clinics are now well established in the provision of services in the greater Dublin area.

All maternity hospitals are providing the following services:

- Managing complications arising from termination.
- Providing appropriate care and supervision for women following a diagnosis of fatal foetal abnormality, and referral to the appropriate tertiary unit.
- Providing appropriate care and supervision in cases where maternal health/life is at risk, and referral to the appropriate tertiary hospital, as appropriate.

9 maternity hospitals are providing the full range of TOP services. The number of sites providing these services will increase during the remainder of 2019.

‘My Options’, the HSE’s unplanned pregnancy service, is the first point of contact, providing free, and confidential information and non-directive counselling to people experiencing an unplanned pregnancy. The My Options helpline has seen a steady number of calls each day since it also went live on the 1st Jan 2019. Since the Myoptions.ie website information went live (21st December 2018 after the legislation was enacted), there have been over 80,000 visits and almost 300,000 page views to the website.

Update on nurses strike action

The HSE have put in place a governance structure to oversee preparedness for the series of Nurses strikes and for the co-ordination and implementation of system wide contingency plans. During the recent strike days the on-going interaction between local Management and Strike Committees proved to be effective.

As the action continues there is increased risk for patients and clients along with increasing disruption. We estimate that in excess of 40,000 patients and service users are impacted upon each strike day. The HSE continues to seek full derogation for cancer surgery and services while the action continues. There is on-going engagement with CHO’s, Hospital Groups and all frontline services to seek to manage this difficult situation.
We are acutely aware of the significant impact of patient appointment cancellations and the cumulative impact on access to services and we are advising the public to stay tuned to media reports and adverts as well as contacts from local services to those affected.

In addition to this week’s strike days, the INMO have notified further Strike dates next week from the 12th to the 14th inclusive and 19th and 21st of February. The overriding objective remains that the dispute is resolved given the number of patients and clients affected. The HSE remains open to be part of any talks to achieve that objective.

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

Thank you.