Joint Committee on Health
Wednesday, 6th February 2019
Opening Statement
Simon Harris, Minister for 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, Jim Daly, Minister of State for Mental Health and Older People and Finian McGrath, Minister of State for Disabilities. I am also accompanied by Jim Breslin, Secretary General at the Department of Health. I also welcome Anne O’Connor, Acting Director General of the HSE and HSE officials.

You invited me here today to give an update on recent developments in the health sector and issues affecting the Department of Health and the HSE. I am more than happy to do so.

Before I do I would just like to take a moment to highlight some of the progress made in 2018.

The Department recently published *Health in Ireland: Key Trends 2018*. The report shows that life expectancy in Ireland has increased on average three months per year over the last decade, with much of
this increase due to significant reductions in the major causes of death such as circulatory system diseases and cancer.

In 2018 I published 'A Trauma System for Ireland'. This report aims to reduce the incidence and the burden of trauma and to significantly improve the survival rate of major trauma patients.

Ireland became one of the first countries in the European Union to provide access to ORKAMBI for children with cystic fibrosis aged 6-11 years old.

The Public Health Alcohol Bill became law marking another landmark in public health legislation and the introduction of Sugar Tax represented major progress in efforts to tackle obesity.

Ireland became a member of the BeNeLuxa Initiative on Pharmaceutical Policy which aims to secure affordable and timely access to new medicines for Irish patients.

The enactment of the Health (Regulation of Termination of Pregnancy) Act 2018 was achieved just twelve months after the Dáil Committee produced its recommendations on the subject and seven months after the people voted to pass the Constitutional amendment.

There was also significant progress on an area that has been raised regularly at this Committee - reducing waiting lists.

Under the 2018 Action Plan I wanted to see real progress in driving down waiting lists especially for high volume procedures. Significant progress has been made over the last 18 months in improving access for patients to an inpatient or day case procedure. Through the work
of the NTPF and the HSE the number of people waiting for a hospital procedure was reduced to 70,200 by the end of 2018 – from a peak of 86,100 in July 2017. This represents a reduction of over 18% in the overall number of patients waiting for a procedure. The number of patients waiting over 9 months reduced from over 28,100 to just over 17,500 in the same period equating to a 37% reduction.

This year we will build on the progress achieved in 2018 to build a health service we can truly be proud of. So how are we going to do it?

**Sláintecare**

Firstly, we have been able to increase investment in our health service but, importantly, we have a clear and agreed strategic direction.

The implementation of Sláintecare is a key priority for Government and the Department of Health.

The Sláintecare Implementation Strategy, which I published last year, provides the framework within which a system-wide reform programme will be advanced. We all recognise that this is a long-term process and that we need to do things the right way.

Key structures to drive the implementation of the Sláintecare reforms are now in place.

These include a dedicated Sláintecare Programme Implementation Office, led by an Executive Director, which is now established with an allocated budget of over €200 million for this year.
Other high impact actions included are public engagement events and a Citizen Care Masterplan.

This process has already begun with a Citizen Engagement and Empowerment Programme, which is chaired by Dr Grainne Healy, to ensure the voice of service users is heard in the design of the reform programme.

The Programme Implementation Office will publish action plans every year and progress reports will be published every 6 months.

The Sláintecare Action Plan outlining key deliverables for 2019 has been developed and will be published shortly.

It will be overseen by the Implementation Advisory Council, chaired, as you know, by Dr Tom Keane. Project Teams are now being established to drive the delivery of the Action Plan.

In the meantime, for the first time the HSE based and developed the National Service Plan on the framework of the Sláintecare Implementation Strategy.

The focus on Sláintecare in this process is an important element of the strategic transformation of our health service.

**Appointment of the HSE Board**

Putting the key structures in place in the HSE is a key enabler in implementing Sláintecare.
On 22 January 2019 I announced the names of the 8 new appointees to the Board of the HSE. These members will join Mr Ciarán Devane who Government noted as the designated Chair of the Board in September last.

The appointees reflect the range of competencies sought for prospective HSE Board members through the State Board’s process.

The Board has been appointed on an administrative basis until the HSE Governance Bill has passed. The Bill was passed by the Seanad last year and completed Second Stage in the Dáil on 16 January 2019. I hope this Committee will consider the Bill shortly.

So, what does all this mean for patients?

**Waiting lists**

Returning to waiting lists, since July 2017 the number of patients waiting longer than 3 months has fallen from just under 58,000 to 40,200 at the end of December 2018. This is a fall of 31% and marked an end-of-year milestone with numbers waiting at their lowest level since 2014.

Ongoing collaboration between the HSE and NTPF to maximise the number of patients treated in both a public and private capacity has resulted in over 26,000 patients accepting offers of treatment for a hospital procedure in 2018.
Improving access remains a priority in 2019 and the Government has further increased investment in this area with NTPF funding increasing from €55 million in 2018 to €75 million this year.

The Scheduled Care Access Plan 2019 is due to be published shortly. This plan will set out measures to improve care for patients waiting for scheduled care in 2019 by reducing wait times for inpatient/day case treatment and outpatient appointments. A key element of this Plan, which is a joint collaboration between my Department, the HSE and the NTPF, is the stabilisation of the Outpatient Waiting List, as access to outpatient services remains a significant challenge.

Furthermore, through the work of the NTPF Centralised Validation Unit to assess the true demand for inpatient, daycase and outpatient service it is projected an additional 30,000 patients will be taken off the Waiting Lists in 2019.

Overall, in 2019, NTPF activity will aim to remove over 100,000 patients from our Hospital Waiting Lists through a combination of arranging treatments for 70,000 patients and through the activity of the Central Validation Unit.

Last year, I met with the CEOs of all hospital groups, giving me the opportunity to hear about the impressive work going on across the Groups to improve access for patients. At these meetings I requested that all Hospital Groups continue to work with the NTPF and HSE to address the number of waiting patients on outpatient lists in 2019 and I look forward to seeing their innovative proposals.
The priority of my Department is to continue to build on the considerable progress made last year into this year.

**GP contract**

I know that the GP negotiations are of interest to the Committee. I can confirm that there has been intensive engagement between the Department of Health, HSE and the IMO and I can assure you of my commitment to conclude an agreement that will position General Practice centrally in the future health service.

Let me also say that since 2015, negotiations have resulted in a number of service developments including the provision of free GP care to under 6's and over 70's, and the introduction of a Diabetes Cycle of Care for adult GMS patients with Type 2 Diabetes. Under this Government, negotiations brought forward enhanced supports for rural GPs and a revised list of special items of service that can be provided by GPs. The effect of these measures has been an increase in State funding to general practice, as well as improving services and accessibility for patients.

**Primary care**

The Sláintecare strategy envisages an expansion of community-based care to provide high quality, safe, accessible and sustainable care at the local level which will enable people to be cared for in their own homes and communities for as long as possible.
In 2019, the further development and implementation of Community Healthcare Networks with the establishment of nine learning sites, involving the management of primary care staff by a network manager working collaboratively with community nursing and GPs, is an exciting development and marks another stage on the journey to delivering real change that will be experienced by all those who use health services or work in the sector.

We will continue to invest in Primary care centres, with another 12 such facilities due to open in 2019 in addition to the 126 that are already operational.

**Listening to the patient’s voice**

More broadly, there is important patient safety policy work under way.

I am pleased to say that following a competitive process, a contract was awarded for a new independent Patient Safety Advocacy Service just before Christmas. This service will support those wishing to express a view about their experience of the public health service; and provide support to patients who may have been affected by a patient safety incident. The service will be staffed by professional, trained advocates and will be operational for the public acute hospital system in the second half of 2019.

The awarding of this contract is a significant step towards addressing the important concerns raised to ensure that we have a responsive,
compassionate and supportive approach to assisting people when they are unhappy with their care.

I also intend to finalise a review of the healthcare complaints policy and legislation in 2019 to provide improved access, awareness, streamlining and simplicity to a complaints process that is currently complex and difficult for many people to navigate.

My Department is also continuing to progress a number of important legislative priorities, including the Patient Safety Bill, which incorporates requirements in relation to mandatory reporting of serious incidents to the appropriate regulator and mandatory disclosure of such incidents to patients and their families, and the Patient Safety (Licensing) Bill, which will see the introduction of a licensing system for all hospitals in Ireland, public and private.

**The National Patient Experience Survey**

While there is often much focus on the negative aspects of the health service, it is useful to recall that the majority of patients accessing hospital care have a positive journey.

This was borne out in the results of the second National Patient Experience Survey, which was held in May last year and saw 50% of in-patients in hospitals respond to share their experiences of the care they received. Very encouragingly, over 80% of respondents reports that they had had either a good or very good experience.
We also saw tangible progress being made in the areas that were identified for improvement, in particular about communicating with patients in relation to discharge and follow up care and treatment.

The HSE is now looking to build on the findings of these two surveys, and I hope that the third iteration will see a continued upward trend emerge.

Thank you for the opportunity to brief you on developments. Let me be clear I am not underestimating the challenges that lie ahead. However, as I have set out today we are making progress.

I know that there are a number of current issues you wish to raise and, rather than address those in this opening statement, I imagine you would prefer I allowed the time for your questions.

You may have also questions that relate to the Minister of State portfolios and we will address them as the morning progresses.

Thank you.