Joint Committee on Health  
Wednesday, 22nd May 2019  
Opening Statement

Simon Harris TD, 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 colleague, Finian McGrath, Minister of State with Special Responsibility for Disabilities. Minister Catherine Byrne, Minister of State for Health Promotion and for the National Drugs Strategy and Minister Jim Daly, Minister of State for Mental Health and Older People send their apologies. I am also accompanied by Jim Breslin, Secretary General of my Department.

I would like to welcome Paul Reid, Director General of the HSE and HSE officials. I would like to wish Paul well in his new role, as I’m sure we all do. I would also like to thank Anne O’Connor for her tremendous commitment whilst serving as Interim Director General.

I am happy to be here to give an update on recent developments in the health sector and issues affecting the Department of Health and the HSE.

Sláintecare

I am particularly pleased to report on a number of positive developments.
We have spoken at length here at this Committee about the need to transform our health services and how they are delivered. Our population is changing rapidly, bringing with it changing healthcare needs. Like other countries, the Irish health service needs to radically change if it is to properly meet the health needs of the population. We also need to rethink how we deliver services, placing a greater emphasis on prevention and population health initiatives in order to support people to live independently in their own community for as long as possible. We need to deliver efficient, effective and sustainable health and social care services to meet the needs of all citizens. This will require a whole-society approach with new ways of thinking and working together.

Sláintecare provides us with the vision for the future of Irish healthcare and the Government has made substantial progress in turning this vision into reality. The focus of the implementation plan is on establishing the building blocks for a significant shift in the way in which health and social care services are delivered in Ireland through the provision of four overarching goals and ten high-level strategic actions. These include changes and improvements to health services, and a range of measures to strengthen structures, governance and accountability. This system-wide reform process commenced with the appointment of Laura Magahy as the Executive Director to lead the Sláintecare Programme Implementation Office. An Action Plan for 2019 in now
in place, which sets out a detailed and programmatic approach to delivery and a clear structure of how we will deliver this ambitious reform programme. Delivery will be tracked and monitored closely; the Sláintecare team published their report for Q1 recently, which – I am pleased to say - showed that 28 out of the 28 actions for delivery in Q1 2019 are on track.

Budget 2019 provided over €200m of additional funding to support a range of additional services and priorities proposed in the Sláintecare Implementation Strategy.

This includes funding for a modernised GP contract and expansion of free GP care; new therapy posts to address the waiting lists for assessment of needs of children with disabilities; new development funding aimed at further enhancing community mental health teams for adults and children; reduced user charges and out of pocket payments for prescription charges; and has allowed for investment of €75m in the National Treatment Purchase Fund, which will be used to treat 70,000 patients on waiting lists in 2019.

The overall additional funding includes the €20m Sláintecare Integration Fund, launched in March. This Fund will focus on proposals that support the development of existing and new best practice projects that deliver integrated care and the shift to community care, and which have potential to be scaled nationally.
The interest in this Fund has so far exceeded our expectations, demonstrating the innovative and entrepreneurial mindset that exists across our health and social care service. We look forward to announcing projects to be funded by the Integration Fund in due course.

**Transformation**
I am delighted to say that the transformation process required to deliver Slaintecare is well underway. The pieces of the jigsaw are falling into place.

**GP contract**
I am particularly happy that my Department has concluded an agreement with the Irish Medical Organisation on a major package of GP contractual reforms.

This is a landmark agreement, which will help transform and reform the Irish health service.

Importantly this will benefit patients and general practitioners and make general practice a more attractive career option for doctors.

The agreement will see a €210 million investment in General Practice over the next four years. This is a 40% increase on the funding currently available.

€80 million will be available for the management of chronic diseases like diabetes and chronic obstructive pulmonary disease through the family doctor network. This will benefit more than 400,000 patients.
A wide-ranging set of modernisation measures has also been agreed in the areas of eHealth, medicines management and multidisciplinary working.

**Primary Care Centres**

The future direction of primary care services is guided by the vision set out in Sláintecare. The aim is to create a much more comprehensive community and primary care system.

We are already making real progress by investing in primary care infrastructure and services, but our aim is to achieve a much more significant reorientation of the healthcare system over time to deliver the right care in the right place at the right time.

Good progress continues to be made in the development and rollout of Primary Care Centres - 127 are now fully operational, up from 70 at the end of 2012. 18 primary care centres became operational in 2018. A further nine primary care centres are expected to open in 2019 with another 11 estimated to follow in 2020.

In addition, eight primary care centres are at the Advanced Planning stage with operational dates to be confirmed. We are also continuing to expand Community Intervention Teams (CITs) and increase the number of Paediatric Homecare Packages (PHCPs) being provided.
The HSE is progressing the improvement of access to radiology services for patients in primary care.

I am also pleased to report on important progress in relation to developments for healthcare professionals. The Labour Court recommendation in relation to nurses and midwives envisaged a range of tangible and specific enhanced nurse practice measures that the Court viewed as the basis for a fundamental change in the role of the Staff Nurse grade. It spoke of the need for a new Enhanced Nurse Practice role. This role was described as the beginning of a transformation process of the profession.

The positive ballot by the Irish Nurses and Midwives Organisation accepted this Labour Court recommendation and should result in a new contract for a new Enhanced Practice Nurse who will be working in different, more flexible ways which should see us realise transformative change in the nursing profession.

Another element of the transformation process involves reviewing capacity.

The *Health Service Capacity Review* is a key commitment in the Programme for a Partnership Government. It was commissioned in response to the growing demand for health services and was published in January 2018.
Increasing capacity in the health service is vital but this must be based on evidence. This kind of analysis is integral to future planning.

It is acknowledged Ireland has entered a relatively new phase of demographic ageing; the population also continues to grow. These changes will have particular impacts on the demand for health services, as older age cohorts tend to be the highest users of most health services.

**De Buitléir report**

I have received the report of the de Buitléir group to examine the removal of private practice from public hospitals. My Department is considering the report and its recommendations. This process has almost concluded, and I envisage substantial engagement with relevant Government Departments in advance of the proposals being taken to Government for decision, and the report being published.

The de Buitléir report is a comprehensive examination of private activity in public hospitals and contains a small number of recommendations, including on the practical approach to take to remove private practice from public hospitals, the impacts that this removal will have, what timeframe should apply and how to phase it over time.

Of course **capital investment** is also important.
**National Development Plan 2018 – 2027**

The €10.9 billion provided in the National Development Plan 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 health services.

Capital investments in health, over the coming decade, will support existing Government priority projects and commitments and will support the Sláintecare reform programme, especially including delivering the shift to primary care and the development of eHealth records as part of the wider eHealth strategy.

Transformation of how we deliver services needs to be supported by robust governance arrangements.

**HSE Governance**

The Health (Amendment) Bill is on the priority list for publication this session. The General Scheme will be published, once approved by Government. The purpose of the new Bill is to improve the strategic multi-annual corporate planning and annual service planning processes for the HSE. Also next week I will be in the Seanad to discuss the Health Service Executive (Governance) Bill.

The Health Service Executive (Governance) Bill 2018 provides for an independent Board governance structure for the HSE in line with the recommendations of the Sláintecare report of the all-party Oireachtas Committee on the Future of Healthcare. The HSE will have a Board
accountable to the Minister for Health for the performance of its functions and a Chief Executive Officer accountable to that board. The Board will also fulfil a key recommendation from Dr Gabriel Scally’s report by ensuring the Board will have at least two members with patient advocacy experience or expertise. As the governing body of the HSE, the Board will support transparency and accountability of actions.

**Current Issues**

Today I have updated you on progress in several areas. We will also have the opportunity to discuss a range of issues as the morning progresses. I know that there are current issues you wish to raise. I am of course happy to answer your questions but at this point I would like to make a few things clear.

In relation to the Cross Judgment, my officials and I, in conjunction with the State Claims Agency and the Office of the Attorney General are now carefully studying the judgment. My Department received correspondence from the HSE which sets out concerns relating to potential implications for, in particular, screening services arising from the judgment.

I would ask that those in leadership positions in the medical profession work with me during this time as we reflect on the judgment and form a fuller understanding of the potential implications. This will give us the necessary time and space to consider what actions might be required. I want the clinical
community to know that both I, as Minister for Health, and the Government, understand their concerns and we are committed to addressing these concerns and that we will work with the clinical community in so doing. I intend to meet the leadership of the medical profession as part of my response to the issues arising.

**To conclude** I would like to make a few points:
We all agree. We need to transform the way we deliver care and structures need to change. I am happy to say that transformation is well underway.

The pieces of the Slaintecare jigsaw have fallen into place. We are now seeing tangible evidence of implementation.

The patient’s perspective is at the root of all we do. Indeed this is one of the most positive elements of recent transformation. Patients and individuals experiencing health services are making their views known. I can assure you that I am listening. Thank you.