Joint Oireachtas Committee on Health

Quarterly Meeting

Wednesday 11th December, 2019

Opening Statement

Simon Harris TD, Minister for Health

Introduction

Good morning Chairman and Committee members.

I would like to thank you for inviting me to attend today. I am joined by my Ministerial colleagues, 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. I am also accompanied by Jim Breslin, Secretary General of my Department.

I would like to welcome Paul Reid, Chief Executive Officer of the HSE and HSE officials.

I am pleased to be here today and update the Committee on current issues.

Sláintecare

Officials at my Department have been engaging with stakeholders to gain insights into what they want and what they expect from our health services. One of the resounding messages to emerge was the need to have a clear and coherent plan. Sláintecare is the plan.

I am pleased to say that implementation of Sláintecare is well underway.

- Planning and co-design for the new regional health areas has begun. Co-design is an important part of Sláintecare and means that the patients and staff who live and work in a region play a part in setting it up.
- Following consultation with the Sláintecare office, I will make a recommendation to Government on the exact structure of each region in early 2020.
- A Forum to provide a regular platform for dialogue between the State and voluntary providers of health and social care services has been set up. It will have an overarching mandate to build a stronger relationship between the State and voluntary providers for the benefit of patients and service users. The Forum will meet for the first time in December.
- The Integration Fund of €20 million is supporting 122 projects across the country and through that €20 million, we will hire 300 additional staff.
- To reduce community waiting lists, we will spend €10 million next year and €60 million in 2021 to employ 1,000 extra community healthcare staff, who can treat people close to home. These will include therapists, nurses and other health professionals, including dementia advisers.

However, I am also acutely aware that as well as a long term plan we need to address the issues that are facing us today.

Emergency Departments

I acknowledge the challenges facing emergency Departments in our hospitals. I accept that in some EDs it is particularly difficult for patients and for staff.

The Government did allocate a budget of €26 million to assist the HSE over the winter period.

Specifically, the funding was to support access to the Fair Deal scheme and the availability of home care, transitional care, aids and appliances and other local actions to both facilitate timely hospital discharge and reduce congestion in EDs over the winter period.

Specific funding has been allocated to local Winter Action Teams (WATs) to support initiatives at local level.

Colleagues, I am also pleased today to confirm a range of new measures to alleviate pressures on Emergency Departments.

The HSE has reached an agreement with the National Treatment Purchase Fund to open up to 190 beds over the coming weeks.

The NTPF has written to each hospital group and as of today, I can confirm we can press go on 83 beds. This additional capacity will open in Letterkenny, Tullamore, Waterford, Cork, the Children's Hospitals and in Limerick.

The NTPF is continuing to engage with hospital groups to finalise the details of the additional capacity.

I also want to confirm I will be signing a new statutory instrument to reduce the cost of Minor Injury Units to €75. There are 11 minor injury units across the country. They want to do more and they can do more. This reduced fee will be effective from next week.

Waiting times for scheduled care

Reducing waiting time for patients for hospital operations and procedures is a key priority for Government.

As a result of increased activity and the ongoing collaboration between the HSE and the National Treatment Purchase Fund (NTPF), the number of patients waiting for an Inpatient or Day case procedure fell to 66,594 in November 2019, from a peak of 86,100 in July 2017.

This represents a reduction of over 23% in the overall number of patients waiting for a procedure. The number of patients waiting more than 3 months fell by over 21,400, or 37% in the same period from July 2017 to the end of November 2019.

The impact is particularly notable when we consider the improvements to waiting lists for those specialties which were the focus of the Inpatient/Daycase Action Plan in 2019. These include Ophthalmology, where the number waiting over 3 months for a procedure fell by 63% from July 2017 to the end of November 2019; the number waiting over 3 months for an ENT procedure fell by 58%, and the number waiting over 3 months for a Cardiology procedure fell by 33%.

My Department is working with the HSE and NTPF to develop the Scheduled Care Access Plan 2020 which has a particular focus on improving access to hospital outpatient services.

It is expected that in 2020 the NTPF will further expand its list of targeted inpatient and daycase procedures to support further reductions in wait times. A key development for the Outpatient initiatives will include arranging full packages of care for patients, where appropriate, to include surgery or treatment where required.

In 2020, the Department will also be asking the HSE and NTPF to work together with the Sláintecare Implementation Office with the aim of driving sustainable improvements to service provision.

We are working to identify initiatives which also meet the objectives of Sláintecare and broadly under the themes of (i) revised processes, to include protocols, data and governance; (ii) innovative approaches to increase activity; and (iii) hospital avoidance initiatives.

A key focus for 2019 and into 2020 will be on moving care to more appropriate settings and providing care at the lowest level of complexity.

This will build upon work undertaken earlier this year to examine short to medium term initiatives to improve access to specialties that comprise almost half of the OPD list, namely ENT, Orthopaedics, Dermatology, Ophthalmology, Urology and Gynaecology.

Initiatives which will be examined will include maximising the use of Advanced Nursing Practitoner led clinics; physiotherapy to manage orthopaedic clinics; and providing ophthalmology services in the community.

Royal College of Obstetricians and Gynaecologists aggregate report

As you will be aware on Tuesday 3rd December I published the aggregate Report of the Independent Expert Panel Review led by the Royal College of Obstetricians and Gynaecologists . This Committee will have an opportunity to discuss the report in detail on 18th December but I might just make some comments.

I want to thank the Expert Panel who conducted this Review and especially all of the women and their next of kin who agreed to participate in this thorough examination of the performance of the CervicalCheck programme.

The findings and conclusions contained in this Review provide reassurance and assist in restoring confidence in our programme and address its importance and quality, as well as the limitations of all screening programmes.

The report finds the CervicalCheck programme is working effectively and crucially that women can have confidence in the programme.

The key conclusions of the Expert Panel are that the CervicalCheck programme has undoubtedly saved the lives of many of those who participated in the Review, that the programme is working effectively and that women can have confidence in the programme.

The Panel emphasises it is important to recognise the serious impact that screening failures have on the lives of women and their families. However, it also acknowledges that failures are, unfortunately, inevitable given the limitations of cytology-based screening and should not be taken to suggest the programme overall is not working.

If we are to achieve our goal of making cervical cancer a rare disease in this country, it is vital that women continue to attend for screening. It is also why we must continue to build on the considerable progress in other areas over the course of this year, with smear test turnaround times now stabilised and implementation of Dr Scally's recommendations having been strongly progressed.

In particular, the switch to HPV primary screening is a key element in helping to eradicate this devastating disease in Ireland. This is why I have written to the HSE to ask them to consider the recommendations from this Review in the context of this crucial project, and to ensure the successful introduction of HPV primary screening in Quarter 1 next year.

I have also asked the HSE to consider these recommendations in the design and implementation of future systems of audit within our screening programmes.

I am pleased to report on another key element in restoring trust and confidence is our system. Last week I published the new **Patient Safety Bill 2019**

At the heart of many patient safety issues has been poor communication between patients and health practitioners. I want us to have a culture of open disclosure, where health practitioners are supported and where patients' voices are heard.

It is so important that when things go wrong, a sincere and genuine apology is offered; that there is an understanding of what has happened; and an assurance that what happened will not happen again.

The Patient Safety Bill will focus on open disclosure and will signal a new era for the health service. This legislation establishes a robust and future-proofed framework for mandatory open disclosure.

This flexible approach will ensure that the list of serious patient safety incidents subject to mandatory open disclosure can be kept up-to-date.

A second core purpose of this new legislation is to enable national learning from these serious patient safety incidents and to support health service-wide improvements so that harm to other patients can be prevented.

The new Bill will require notification of these serious patient safety incidents externally to the Health Information and Quality Authority (HIQA), the Chief Inspector of Social Services (CISS) and the Mental Health Commission (MHC) to contribute to national patient safety learning and improvement.

Importantly, mandatory open disclosure and the notification system for these serious patient safety incidents will apply to both public and private health services. This new legislation seeks to support a just culture in our health services, which is focussed on openness, learning and improvement rather than blame.

In many situations where patients are harmed, the error or mistake occurred because systems were not in place to support the healthcare professional or team in identifying and avoiding that error.

For this reason, the new Patient Safety Bill places clear responsibilities and obligations on the health services provider to ensure that mandatory open disclosure occurs and that external notification to the regulator takes place. This is to ensure health service employers take responsibility for ensuring the appropriate governance, systems, processes and resources are in place to support health practitioners in making disclosures.

When this legislation is enacted, Ireland will have made another great stride forward in our suite of patient safety legislation. I look forward to continuing to work with all of the stakeholders, but with patient representatives in particular, on the implementation of this Bill and my Department's legislative programme to support patient safety across the health services.

The Bill is also part of the broader programme of legislative and policy initiatives to improve the ability of the health service to anticipate, identify, respond to patient safety issues and improve the quality and safety of health services for patients.

Creating a culture of open disclosure and learning from the things that go wrong is the bedrock of making services safer. That requires a commitment from every single one of us in the health service to engage openly and transparently with patients.

MESH Implants

I understand that the Committee is interested in the care of women who have been affected by the use of mesh implants.

I have met with the Mesh Survivors group on a number of occasions, most recently on 11th November, and I have listened to their personal stories.

I am fully committed to ensuring that all women who develop mesh-related complications receive high quality, multi-disciplinary and patient-centred care.

Since this issue came to my attention in late 2017, an ongoing priority focus for my Department and the HSE has been to understand the clinical and technical issues and to put in place the necessary structures for, and the provision of, care of women who have been affected by the use of mesh. Progress has been made across a number of areas.

Firstly, I requested the Chief Medical Officer to thoroughly examine the issue and prepare a report for me on the safe and effective provision of mesh procedures and responding to women experiencing mesh complications. This report was published in November 2018 and includes recommendations across a number of key areas including care pathways for the management of women with complications.

The HSE has advised that a package of care is now available for women who have been identified with urgent or immediate needs. In addition, the HSE's National Service Plan 2020 identifies the continued implementation of the CMO's report on transvaginal mesh as a priority action.

The HSE is continuing to progress the delivery of care pathways for women affected by mesh, which includes a specialist, multi-disciplinary National Mesh Complications Service.

I would also like to discuss the issue of Medical Cards. Medical Card provision is primarily based on financial assessment. Under our health legislation, having a particular condition does not of itself establish eligibility for a medical card.

The HSE may exercise discretion to take full account of an individual's circumstances, not only from a financial perspective but also from a medical and social perspective. The additional financial burden associated with an illness or condition is taken into account and I know that the HSE operates the system in a sensitive and appropriate manner.

Having met with some of the women and heard their stories, I am very conscious that women who have suffered complications have complex ongoing care needs.

Every effort is made by the HSE, within the framework of the legislation, to provide a medical card application system that is responsive and sensitive to people's needs.

I strongly encourage all women affected by this issue to engage with the relevant HSE contact points - provided on the HSE website - and the associated care pathways being provided, to ensure that their service needs can be identified and provided for as early as possible.

While a key priority for me and my Department has been addressing the care needs of the women affected. Work on related matters is also being progress.

An Expert Group was established in June of last year, under Judge Meenan, to examine the law in relation to personal injuries arising in the healthcare context and to explore alternative mechanisms by which claims could be managed more effectively, particularly from the perspective of the person on whose behalf a claim has been made. The work of the Group is at an advanced stage and it is expected that its final report to both myself and the Minister for Justice and Equality, will be received before the end of 2019.

I wish to stress that mesh devices are certified as compliant with relevant EU legislation. Currently, European device regulatory competent authorities consider that the benefits outweigh the risks for these devices. In fact, at EU level serious consideration is being given to this issue and an EU Urogynaecology Surgical Mesh Taskforce has been established to examine mesh issues. The HPRA is contributing to this work and it is important that we have regard to the outcome of this process.

Also, having met with the women affected recently, I have made a commitment to consider the establishment of an independent, compassionate process for women affected by mesh to have their voices heard. My Department is currently developing proposals on how to establish this process. Work is underway and I look forward to progressing this.

I am happy to deal with this issue further in the questions and answers today and officials from the HSE, HPRA and my Department will be able to deal with the matter in more detail with the Committee in January.

Conclusion

As I have said before I do not underestimate the challenges we face in trying to improve our health services. But I remain firmly committed to delivering on the plan we all agreed would deliver the right care at the right place at the right time.

Thank you.