

## **Opening Statement**

**Mr. Robert Watt, Secretary General, Department of Health**

**Joint Committee on Health**

**Wednesday 7<sup>th</sup> December 2022**

### **Introduction**

Good morning, Chairman and members.

Thank you for the invitation to meet again with the Joint Committee on Health to discuss progress with implementation of our Sláintecare reform. I am joined today by my colleagues: Derek Tierney, Sarah Treleavan, Bob Patterson, and Grace O'Regan.

As we approach the end of the year, I am pleased to say we can report significant progress in the delivery of Sláintecare.

Our key objectives are to increase the volume of public activity and treat more patients in non-acute settings through improved integrated care.

### **Increasing capacity**

Over the last two years, we have seen the largest ever increase in healthcare capacity. Over 900 additional acute beds have been delivered since 1 January 2020, while we have increased our number of critical care beds by 26%.

We have recruited more than 15,000 staff over the last two years: 4,500 nurses and midwives, 2,300 health and social care professionals, and over 1,400 doctors and dentists.

## **Improving Access**

Central to delivery of **Sláintecare** is integrating health care delivery between acute and community settings and delivering more care closer to where patients live. This goal is being significantly achieved through the Enhanced Community Care (ECC) programme. Members of the Committee will recall the progress outlined previously in terms of establishing the relevant teams which are now substantially operational.

The **Community Specialist Teams**, for example, are providing consultant-led multi-disciplinary care to Older Persons and those with Chronic Disease. **Community Intervention Teams** provide a rapid and integrated response to patients experiencing an acute episode of illness.

Under the **Chronic Disease Management Programme**, to the end of October this year, GPs conducted 333,000 consultations with over 284,000 registered patients. The programme engages with patients to encourage a pro-active management of chronic conditions. Next year, the programme will reach full implementation as it is extended down to patients over 45 years of age.

Sláintecare has also delivered GP access to diagnostics for patients, with more than 205,000 diagnostics being provided by the end of October 2022. GP access

to diagnostics reduces referral rates to the acute setting and increases flexibility and continuity of care.

An encouraging first sign of the impact of this innovation from a recent small study across 16 practices provides positive indications of significant reductions in referrals to emergency departments and outpatient clinics for diagnostics.

In this context, the significant investment in the implementation of the ECC Programme is being monitored in terms of its activity, outcomes and impacts, and the Department is working with the HSE on the provision of a suite of metrics to report on its progress. I look forward to updating members further on this in 2023.

### **Improving Affordability**

2022 has seen major developments in making healthcare more affordable, at a time when families are facing cost of living pressures.

The Drug Payment Scheme threshold was reduced to €80 in March, while we also saw the abolition of inpatient hospital charges for children under 16, and the introduction of free contraception for women aged 17 – 25 in 2022.

The recent budget including funding that will allow the State to expand the free contraception scheme to include 16-year-olds and those aged 26 -30. Next year will see a significant milestone when we will be able to abolish public in-patient hospital charges for all. We also will be able to extend free GP care to people earning no more than the median household income of €46,000.

## **Innovation**

Another Sláintecare Project making an immediate impact is the **Sláintecare Integration Innovation Fund (SIIF)**. The aim of the Sláintecare Integration Innovation Fund is to test innovative care pathways and ehealth transformation solutions, informed by front line staff, which provide the right care, in the right place, at the right time, by the right team.

As members of the Committee will be aware, Round 1 was a notable success with 106 (85%) projects now mainstreamed and will receive recurring funding annually. Key achievements of these projects include an estimated 19,000 inpatient bed days and 3,000 ED attendances avoided.

## **Waiting Lists**

While we have not achieved all that we hoped to in terms of waiting lists in 2022, we have seen particular progress in relation to long waiters, which have reduced significantly from their pandemic peaks. The number of patients waiting longer than 12 months for an Outpatient appointment has decreased by 35% since March 2021, while the number of patients waiting longer than 6 months for an inpatient or day case procedure has decreased by 35% since September 2020. In terms of GI Scopes, we have seen a 75% reduction since September 2020 in those waiting for these appointments longer than 6 months.

While we are seeing marked progress in many individual hospitals in increasing activity, and thereby in reducing waiting lists, our challenge is now to replicate these success stories across the health system.

## **Regional Health Areas**

The Department and HSE continue to work in developing the new RHA structures for integrated care. I have updated the Committee previously on the detailed approach taken to date. As you know, an Implementation Plan is being prepared to set out the organisation and governance of RHAs and the relative roles of the Regions, HSE National and the Department of Health. This plan will set out a critical path for implementation through 2023 and 2024.

## **Health in Ireland – Key Trends 2022**

Finally, the committee will have noted the *Health in Ireland – Key Trends 2022* report which was published by the Department last week. The report sets out clearly some of the progress we have made over the last decade in terms of life expectancy and overall health and well-being.

While we now have the highest life expectancy at birth in Europe, these welcome developments also show the scale of the challenge we now face as a health service. Over the last 10 years our number of over 65s has increased by 35%. The number of people in this age group is expected to double in the next 20 years, most markedly in the over 85 category. As our population grows and gets older, so too do the challenges facing our health service.

## **Conclusion**

While 2022 has seen increased capacity and improved affordability, we must continue our efforts and accelerate the pace of reform in future years. 2023 will see the highest ever level of expenditure on health in Ireland and we must continue to demonstrate progress toward our goal of transforming our health service in order to meet the ever-increasing demands of our population.

Our challenge continues to be to implement foundational system change through innovation and the delivery of integrated services, by investing in people, new care pathways, new technologies and new ways of working that will enable us to better respond to the growing health needs of our population.

This is the motivation for the Sláintecare reform programme, and it is a challenge we are determined to meet.

I am happy to take any questions members may have.

**ENDS.**