

Opening Statement Joint Oireachtas Committee, 26th April 2023

I thank the Committee for the invitation to discuss the challenges facing public hospitals, the progress that has been made in the past three years and plans for on-going expansion of capacity in line with fundamental reform of patient care.

I have visited Emergency Departments across the country to hear first-hand the experiences of patients and healthcare workers. I have seen the distress that overcrowding causes for patients, their families and frontline staff. I have visited hospitals where the conditions for patients and healthcare workers are simply unacceptable. I have listened carefully to the solutions being proposed for overcrowding in these hospitals.

I have also visited hospitals where patients are seen quickly, where few patients wait for admission to hospital beds. I have listened carefully to what our healthcare professionals tell us as to why things are better for patients and healthcare workers in these hospitals.

Our Emergency Departments are run by skilled and experienced staff providing access to healthcare for those in urgent need, and on access to beds for patients who require hospital admission. Not all of the solutions to overcrowding are found in the Emergency Departments or even in hospitals. As we continue to reform our healthcare service and integrate care pathways, we must ensure that our new and expanding community services provide alternatives to acute hospital admission for all but the sickest of patients.

Hospital waiting lists are too long in too many hospitals and too many specialties. Waiting lists were far too long before Covid, and were made worse by Covid around the world. In Ireland, waiting lists for scheduled care increased by nearly 60% between 2015 and 2021.

In late 2021, as the worst effects of Covid began to recede, we began to tackle the waiting lists in a meaningful way. We are now in the middle of a multi-annual approach to achieving the maximum wait times of 10 and 12 weeks, as agreed by all parties in 2017. As a result of these efforts, last year saw an 11% reduction in patients waiting longer than these targets. That's 56,000 people. In fact, from the Covid peak to the end of last year, 150,000 less people were waiting longer than the agreed maximum waiting times.

Without the intervention of our 2022 Waiting List Action Plan, waiting lists would have further increased last year to over 1 million people. Instead, 2022 was the first year since 2015 in which overall waiting list numbers decreased – a 4% reduction was achieved. This year will be the second year in a row that happens. These reductions are contrary to what is being seen in many countries, with waiting lists increasing due to the after-effects of Covid.

In March we launched the 2023 Waiting List Action Plan as the next stage of our multi-annual approach. The Government allocated €363m to remove 1.66 million patients from waiting lists. This is projected to result in a reduction of 10% to the number of people on waiting lists.

The Plan allocates €32 million to the three priority areas of paediatric orthopaedics, gynaecology and bariatrics to address long-term capacity gaps, and to implement significant reform initiatives such as patient-initiated reviews and patient-centred booking arrangements, both of which will significantly improve the patient experience.

We are also fast-tracking the development of new elective surgical hubs in Cork, Dublin, Galway, Limerick and Waterford to address shorter term capacity demands. The Plan is also continuing

essential longer-term reforms, including the modernisation of patient care pathways, to deliver sustained, meaningful reductions to our waiting lists.

Over the last three years we have added nearly 1,000 hospital beds, 410 community beds and 65 critical care beds. 261 Acute beds and 16 Critical Care beds are expected to be constructed under the Capital Programme 2023. In addition, I am in discussions with government colleagues on a proposal to expedite the construction and delivery of 1,500 additional hospital beds.

The Strategic Plan for Critical Care will continue to deliver additional critical care beds in 2023, and we are leading Strategic Reform of Pre-Hospital Emergency Care through the development of a new National Ambulance Service strategic plan. This is focused on increasing capacity in the Service, further developing alternative care pathways, progressing the development of aeromedical services, including commencement of the new HEMS (Helicopter Emergency Medical Service) in the southwest.

At the same time, changes to working practices are required in our public health service. This includes having senior decision makers on site more often, both in hospitals and community care. We have seen the positive impact this can have. We need to ensure strong connections between the acute and community sector, which is being addressed in part by the move to regional health areas. We need to see more discharge options available to some hospitals. We need a consistency in approach to patient flow, with what's being seen in the best performing hospitals becoming the norm.

Annual funding of €195 million has been allocated to the continued implementation of the Enhanced Community Care (ECC) Programme.

- 94 of the planned 96 Community Health Networks (CHNS) are now established.
- 21 of 30 Community Specialist Teams (CSTs) for Older Persons are now established
- 21 of 30 Community Specialist Teams for Chronic Disease Management are now established
- 21 Community Intervention Teams are operational with national coverage secured and continue to be expanded.

These Community Healthcare Networks, for the first time in Ireland, provide for the integration of General Practice with wider community services, providing the foundational structure for the delivery of integrated care, allowing for more local decision-making, and improving access to the primary care services that individuals, families and carers need.

Alongside these, the Community Specialist Teams provide consultant-led multi-disciplinary care to Older Persons and those with Chronic Disease, in the community, reflecting the shift in focus away from the acute hospital and towards a primary and community-based service model.

The Community Intervention Team (CIT) service provides a rapid and integrated response to patients experiencing an acute episode of illness and facilitates the delivery of enhanced care in the community or home setting. We are currently providing for further expansion of CITs across the country, with a particular focus on the Mid-West and North-West regions.

ECC is also continuing the development of increasing access to diagnostics to GPs and their patients, for example through the provision of Real-Time Heart Failure Virtual Clinics. These clinics facilitate the delivery of shared and integrated care between the GP and the acute-based Integrated Care Cardiologist, reducing the requirement for GPs to refer patients to the acute setting.

We will continue with the implementation of the important reforms needed to our healthcare service, including more advanced practice, more community-based care, more time when senior decision makers are available to patients.

This is how we create a public health service that gets people the care they need when they need it, be that for a scan, an appointment with a specialist, a procedure, home care supports or a bed when admitted through an Emergency Department. That's the work this Government has prioritised. That's how we get the health service the public deserves.