

Joint Committee
on
Health
Sláintecare

OPENING STATEMENT

Bernard Gloster
Chief Executive Officer
14th June 2023



Introduction

Good morning, Chair and members of the Committee. Thank you for the invitation to meet with the Committee today and to join with colleagues from the Department of Health in providing an update on our work arising from the Sláintecare policy framework. I note in your invitation you have also indicated the wish of members to discuss access criteria for medical cards and associated issues. I am happy to address both topics.

I am joined today by my colleagues;

- Mr. Pat Healy, National Director of Clinical Programme Implementation & Professional Development (with responsibility for the ECC Programme).
- Ms. Mary Day, National Director of Acute Operations (with responsibility for the Waiting List Action Plan (WLAP))
- Ms. Anne Marie Hoey, National Director of HR
- Mr. Shaun Flanagan, Asst National Director PCRS (medical cards)

I am supported by senior staff Ms. Sara Maxwell and Ms. Niamh Doody.

Sláintecare

As indicated when I last appeared before the Committee, today I would like to draw attention to the significant progress made in the development of Primary and Community Care services. These services are essential to allow us to move away from an acute centric model to the delivery of care at the lowest possible level of complexity. Primary and Community Care are also developing to meet the needs of our ageing demographic and to facilitate the change in the management of chronic disease.

In recent days, the Committee will have received a detailed briefing on this work, Enhanced Community Care (ECC), and the substantial progress that has been made,

despite the influence of the pandemic. ECC has had substantial investment and is now starting to yield results. The investment of clinical front-line staff is unprecedented. At this point, in summary;

- 2,643 WTE (whole time equivalent) are secured, representing 76% of the overall 3,500 WTE approved for the programme.
- 94 of the 96 Community Healthcare Networks (CHNs), and 47 of 60 Community Specialist Teams (CST's) for Older People and Chronic Disease are operational with the balance to be in place by year-end.
- The 21 Community Intervention Teams (CITs) are operational, with national coverage secured for the first time.

The technical briefing sets out further detail and it is instructive to note the success rates being achieved.

- There were 22,266 patient contacts by ICPOP Community Specialist Teams (CSTs) for older people in the first 4 months of 2023:
 - 64% were discharged home,
 - 6% were admitted to acute hospital,
 - 1% were admitted to long term care
 - 29% remain engaged with the teams.
- 91% of patients with chronic disease are now fully managed routinely in primary care and are not attending hospital for ongoing management of their chronic condition. GP's are referring any patients who cannot be managed within general practice to the specialist CST's for Chronic Disease, with 28,362 patient contacts from January to April 2023 inclusive.
- Our Community Healthcare Networks provided over 460,000 therapy services patient contacts between January – April 2023.

- Community diagnostics provided 136,852 radiology scans between January and May 2023 (253,172 in 2022) - reflecting significant reductions in referrals to hospital services.

I have set a specific requirement for September 2023 to flex the ECC model to provide an interface with both public and private nursing homes to improve hospital avoidance and to support post-hospital discharge.

This high-level view of the ECC programme demonstrates a significant opportunity for the future and we are focused on ensuring this valuable resource has both short term and long term benefit to the reform of health care delivery.

Medical Cards

Anyone who is 'ordinarily resident' in the Republic of Ireland can apply for a Medical Card or GP Visit Card. This includes families, single people, including those working full or part-time or not at all. 'Ordinarily resident' means that an individual is living in Ireland and intends to live in Ireland for at least one year.

Individuals will receive a Medical Card (or GP Visit Card) in the following situations:

- When their finances – income and outgoings – are assessed, and they meet the income requirements.
- They don't meet the income requirements, but they have a medical condition or conditions that make paying for healthcare difficult. The National Medical Card Unit has well developed processes for looking at hardship. This is often called a discretionary card.
- Individuals who automatically qualify and may not have to do a means test. This includes those listed at Appendix 1 of my statement.

The HSE advises the public that the most efficient way for individuals to apply for a medical card is online, however the National Medical Card Unit (NMCU) processes both manual and online applications. There is no expectation that a fully online system could be achieved.

Currently the majority of Medical Card (and GP Visit Card) processing is completed within 4 working days of receipt of a fully completed application, albeit the printing and posting of a Medical Card may take a further number of days. During the month of May 2023, 99.10% of completed Medical Card applications were processed within 15 working days.

If an individual does not qualify for a Medical Card based on means the National Medical Card Unit can consider if the cost of meeting their or their family's medical and other health needs is fair and reasonable despite their income. This is often called a discretionary card and an individual would usually only apply for same after their application has been turned down on income grounds alone.

Between December 2022 and the end of May 2023:

- There was a net overall increase of 22,994 medical cards, to 1,591,373 persons at the end of May 2023.

Between December 2022 and the end of May 2023:

- There was a net overall increase of 10,229 GP visit cards, to 545,970 persons in the end of May 2023.

At the end of April 2023, there were 183,354 medical cards and 39,324 GP Visit Cards in existence which had been awarded on discretionary grounds.

Workforce

At the end of March 2023, HSE & Section 38 agencies had 139,838 WTE (158,582 people) employed and this is +20,020 (16.7%) on 2019 levels. This week we are commencing a major international recruitment campaign associated with the new POCC (Public Only Consultant Contract).

Other Matters

Other matters relevant to Sláintecare have previously and recently been briefed to the Committee including the implementation of RHA and Waiting Lists. I am happy, with colleagues, to address those further with the Committee.

Chair that concludes my opening remarks.

Appendix 1: Individuals who automatically qualify and may not have to do a means test.

- People who are taking part in certain government work schemes or returning to work
- Some people affected by the drug Thalidomide, whose mother took Thalidomide while she was pregnant with them and living in Ireland and they have been affected by the drug, automatically qualify.
- Women affected by symphysiotomy
- Children under 18 who have been diagnosed with cancer
- Children in foster or residential care
- People living solely on Direct Provision payment
- People who qualify under EU Regulations
- Children whose parents get a Domiciliary Care Allowance for them
- Individuals arriving from Ukraine receive a 1 year automatic Medical Card but it is required to be means tested before being extended beyond 1 year
- GP Visit Card for people getting Carers Allowance or Carers Benefit.