Irish Nurses and Midwives Organisation
Cumann Altraí agus Ban Cabhrach na hÉireann
Working Together

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General Secretary
Phil NiSheaghdha

PNiS/CC

29th May 2020

Ms Aileen Fallon
Oireachtas
Leinster House
Kildare Street
Dublin 2

By email: aileen.fallon@oireachtas.ie; covid19@oireachtas.ie

Dear Aileen,

Please find the attached Submission to the Oireachtas Special Covid 19 Committee on behalf of the President, General Secretary, and Executive Council of INMO.

We would greatly appreciate an opportunity to meet with the committee so as to elaborate on the points highlighted by our presentation.

Please contact the undersigned if you require any further clarifications of information.

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Phil ní Sheaghdha

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PHIL Ní SHEAGHDHA
General Secretary

Irish Nurses and Midwives Organisation

Working Together

Submission to the Special Committee on Covid-19 Response

29 May 2020

Draft Submission to the Oireachtas - COVID-19 Special Committee

1.0 Introduction

The Irish Nurses and Midwives Organisation (INMO) wishes to thank the Oireachtas Special Committee on Covid-19 Response, for this opportunity to submit on the important matter of retention of Private Hospitals under public control.

The main issues we will concentrate on are:

1. Access
2. Supply of Nurses and Midwives
3. Cross contamination
4. Lack of Capacity and Unmet need

2.0 Executive Summary

2.1 For INMO members the key issue is safe patient care. We believe it is imperative to retain access to, and the services of, all private acute healthcare facilities, and their staff, at least until a vaccine is available and a significant majority of the population have been vaccinated. This is necessary to ensure that health services have the capacity to deliver "Covid' and "non-Covid' care in a way that maintains safety for patients and staff. The aim must be to maintain public hospital occupancy of 80%,to ensure patient safety and the ability to cope with surge activity without the customary overcrowding, which will be lethal if challenged with an outbreak of the highly contagious Covid-19 Virus.

2.2 Our health care system has been tested to its limits. This pandemic has shown that the public health care system is the optimum delivery model, which can and does provide care to match and exceed the highest international standards.

2.3 The INMO welcomed the emergency measures put in place to deal with COVID-19. Extending the current framework agreement between the Irish Private Hospital Association and the HSE serves the best interest of the country as we cope with this unprecedented public health crisis. It will prepare and test a foundation for the realisation of a universally accessible integrated health care system.

2.4 The INMO has consistently, over many years, supported the introduction of a single-tier health system in this country. This system would provide the full range of health services, from cradle to grave, with access being solely determined by need and not by ability to pay. The INMO hold the view that our current two-tier health system is deeply flawed, and inequitable, with speed of access to services being primarily determined by one's ability to pay or to hold private health insurance (INMO, 2014). The public/private system must become a singular system, re-modelled in line with Sláintecare to deliver the standard of excellence available in the public health sector to all members of our community.

3.0 Access to Health Care

3.1 Covid-19 has had a profound effect on the Irish health service that will be felt for a long time to come. Already, reports are emerging of reduction and delays in the provision of essential health care services with patients missing out on treatment and reports of delayed diagnosis. The waiting lists in Ireland are among the highest in Europe and can only be adversely affected by the reduction in access to health services over the last few months. There are now almost 800,000 people on waiting lists, a

significant increase since the beginning of the crisis. It is essential that dealing with the unprecedented backlog is done in a planned way using a whole-systems approach and one which will not adversely affect the health service.

3.2 The current restrictions have severely curtailed access to health services for non-Covid patients with serious medical and surgical needs. As the system attempts to reopen it cannot simply return to the chaotic reliance on acute hospital services and constant overcrowding. Social distancing requirements will, by definition, reduce bed capacity in the public health service as it is currently structured. If real patient need is to be addressed the additional capacity of the private hospital bed stock and staffing will be essential. Any discussion surrounding the use of private hospital capacity and resources for providing care for public patients must commence with a note on the human right to health care. "There is now evidence to show that more equal societies do better across a range of outcomes, including health. Equality is good for everyone in society" (Burke and Pentony, 2011). Poor health outcomes have been the ultimate result of the country's two-tier system, and a person's socio-economic status has become a measure of the health care they receive.

3.3 It is well established, that the ongoing provision of private beds in public acute hospitals, teamed with the lack of access to primary care services, has led to the marginalising of those in our society who cannot afford to pay for care.

3.4 It will be unforgivable during a raging pandemic to return to such an unfair rationing of care and running the risk of overwhelming the public health system.

4.0 Supply of Nurses and Midwives.

4.1 The world faces a severe shortage of nurses and midwives, which was well documented even before the impact of Covid-19. Ireland has for two decades now had a heavy reliance on international recruitment. The opportunity to recruit valuable nurses and midwives internationally will be challenged by travel restrictions and the fact that Ireland will face competition from all developed nations. For moral and ethical reasons, we will be restricted from taking such professionals from the developing world where they are most needed.

4.2 So, while challenged on the recruitment side, the demand for nurses and midwives will never be greater.

4.3 Nursing and midwifery recruitment should never again be subjected to a moratorium. The HSE moratorium, which has only recently been lifted, has left many acute services short staffed. The state is committed to a model of safe patient care based on a dependency level of patients under the framework for safe staffing. The supply of nurses and midwives will be challenged by the inability to recruit internationally, as well as the already depleted staffing levels, the additional staffing requirements and the high level of infection among health care workers.

4.4 At the time of writing 32%, 7,891 of all those already infected by Covid-19 in Ireland are health care workers. The HSE have confirmed that one third of those infected are nurses and midwives. The rate of infection among Irish healthcare workers is significantly higher than that recorded for health care workers in any other developed country. A positive test results in absence of a minimum of 14 days, and where the nurse or midwife becomes ill, a much longer period of absence. Unless the rate of infection among nurses and midwives is dramatically reduced further pressure on the supply of nurses and midwives will continue.

4.5 The expert nursing and midwifery staff available through the private hospital network must remain available for as long as we live with the threat of Covid-19.

5.0 Cross Contamination.

5.1 Research is still ongoing in relation to Covid-19. However, evidence suggests that hospital overcrowding led to increased proximity, which contributed to the spread of the SARS outbreak in 2003. This has implications for our hospitals and healthcare facilities around the country. In terms of Ireland's emergency services, the INMO is very concerned that a return to normal overcrowded emergency departments will have serious implications for contamination and cross infection. The INMO and Irish Association of Emergency Medicine (2020) have jointly outlined future requirements for the emergency departments of Ireland, and these are:

- Emergency Departments and hospital wards must not become reservoirs of healthcare-acquired infection for patients
- Emergency Departments and hospitals must not become crowded again
- Emergency care must be designed and resourced to look after vulnerable patients safely
- Emergency Departments and hospitals must be safe workplaces for all staff

5.2 Although the current statistics are moving in the right direction, it would be naive to become complacent. As time goes on all indications point to the fact that Covid-19 will not be eradicated anytime soon. Many countries have experienced a second wave of the pathogen and experts state that it may not be a case, of if, but when, Covid-19 returns.

5.3 All efforts must be made to utilise the private hospitals to ensure that if or when another wave of Covid-19 does come, the health system is prepared to deal with it. Patient and staff safety issues are a real feature of this overcrowding and must be addressed by increased capacity, which is supported by appropriately utilising resources from the private hospitals as well as implementing the necessary funded staffing measures.

6.0 Unmet Need and Lack of Capacity

6.1 Unmet need has been identified as a serious challenge to equity of access to health care in Ireland. It is crucial in determining health care access problems and there is a strong correlation between unmet need and the socio-economic status of certain cohorts in our society. "Ireland has been identified as having the second highest share of persons reporting unmet health needs for health care at 40.6%". The European average is 26.5%. (Goldrick-Kelly 2018, pp.47). Finance and waiting lists have been identified as the main reasons for unmet need.

6.2 According to the OECD, the occupancy rate for Irish acute beds is considerably above average at 95% (OECD, 2019). The capacity report published in January 2018 confirms that without reform, over 7,000 acute beds will be required to cater for projected demand and that even with significant reform, analysis is showing a "net requirement for acute hospital beds in the order of 2,590 in the public system by 2031." (Department of Health, 2018). This points to the pressing need to take urgent action to realise all available capacity in the public interest.

6.3 The current level of capacity is wholly inadequate, and this is putting extreme pressure on public hospitals and their emergency departments throughout the country. The crisis within our emergency departments continues to cause serious concern. Before emergency measures were brought in, the INMO's Trolley Watch had recorded the highest numbers of patients on trolleys since records began. Additionally, while the emergency departments amount to a visible manifestation of the problem, overcrowding had moved to inpatient wards with patients accommodated in corridors, behind doors, and in other inappropriate spaces throughout hospitals, with no attendant increases in staff to care for their needs.

6.4 While the health service will return to providing non-Covid related health services it is of serious concern that, without action, conditions may worsen, and the problems of the past may return.

All available capacity will be required to meet the challenging health needs of the community.

7.0 Conclusion

7.1 As previously stated, the staffing pressures combined with the serious overcrowding and long waiting lists were a feature of our health service before this pandemic. This, combined with the high contagion rate in healthcare workers, has meant absences due to self-isolation of a significant portion of the workforce which are likely to continue. The inability to replace nurses and midwives who are absent or on leave has never been satisfactory and now we are facing an even bigger problem.

7.2 This is further emphasised when dealing with staff sickness and reduced productivity related to use of PPE. Appropriate staffing levels must be prioritised and there must be a renewed recruitment campaign including terms and conditions that would make the HSE an employer of choice. No further recruitment embargoes should apply to nurses and midwives.

7.3 We cannot forego the additional bed capacity and staffing now available to the entire community through the public health service using all private capacity if the interminable demand for everyday health services and Covid-related care is to be successfully and safely delivered.

7.4 It is essential that we emerge from the pandemic in a planned way. It cannot be left to chance and a return to business as usual, where overcrowding in emergency departments and on hospital wards would expose patients to potentially deadly infection.

For all these reasons Private Hospitals must remain part of the available Public Health Service.

8.0 References

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