

*Dé Máirt, 30 Bealtaine, 2017*  
*Tuesday, 30th May, 2017*

2 p.m

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**GNÓ COMHALTAÍ PRÍOBHÁIDEACHA**  
**PRIVATE MEMBERS' BUSINESS**

*Fógra i dtaobh leasú ar Thairiscint : Notice of Amendment to Motion*

**107.** “That Dáil Éireann:

notes:

- that more than 660,000 people are on a hospital waiting list;
- that there are in excess of 100,000 outpatient appointments outstanding for over a year as of May 2017;
- the establishment, in January 2015, of maximum permissible waiting times for inpatient/day case treatment and outpatient appointments of 18 months by 30th June, 2015 and 15 months by the end of 2015;
- that these targets were not met and still have not been met;
- that 46,629 outpatients were on the waiting list for more than 18 months in April 2017; and
- that 5,770 patients were on the inpatient and day case waiting lists for more than 18 months in April 2017;

further notes:

- the very great distress and pain being suffered by people enduring long periods on hospital waiting lists;
- the fact that the long waiting times are further exacerbating the clinical conditions needing treatment thereby producing more pain and suffering; and
- that such long waits are not only intolerable and excruciating for the patients, they are also counterproductive and a waste of health service resources and lead to poorer clinical outcomes and increased mortality;

recognises:

- the deplorable and dangerous overcrowding that continues to be experienced in hospital emergency departments;
- the record number of patients waiting on trolleys, particularly the frail elderly, during the first four months of 2017;

- that such overcrowding results in further delays in scheduled hospital treatments and essential surgery, thereby further worsening the waiting lists; and
- the comments by the Director General of the Health Service Executive (HSE) that should the trend in presentations to emergency departments continue that all work will be emergency work and hospitals will be unable to accommodate elective work; and

calls on the Government and the HSE to:

- hold each hospital chief executive accountable for the open disclosure of accurate data on waiting lists in each hospital;
- make transparent to the public the monthly progress from each hospital on waiting list figures, giving specific detail on outpatient waiting lists, access to diagnostic waiting lists and elective surgery lists;
- ensure each hospital group present monthly updates on waiting list progress of each hospital in their region, making transparent the difference between those patients awaiting a clinical procedure or elective surgery or an appointment to be seen in an outpatient clinic;
- ensure that each hospital review the scheduling and utilisation of outpatient clinic space;
- ensure that each clinical director meets with each and every consultant providing outpatient clinics and elective treatment, to examine the scheduling of clinics and procedure lists to match scheduling to demand;
- schedule elective diagnostic investigations seven days a week;
- schedule elective surgery seven days a week;
- open without delay all ward beds that have been closed;
- expedite the bed capacity review and expand it to include a review of outpatient clinic capacity and utilisation;
- examine the potential for hospitals without 24/7 emergency departments to increase their elective work;
- direct the National Treatment Purchase Fund (NTPF) to publish all other waiting list data on a monthly basis as per the criteria used in the waiting lists currently published;
- immediately provide scheduled procedures under the NTPF and maximise the use of private capacity in this regard;
- utilise the existing community hospital network more efficiently to help prevent admissions to acute hospitals by facilitating direct admissions by general practitioners to these facilities, to facilitate post-operative discharges from acute hospitals and to work as an interface between the acute sector and the Fair Deal Scheme; and
- commit to upgrades of the community hospitals network to help alleviate pressure in general hospitals.” — *Billy Kelleher, Bobby Aylward, John Brassil, Declan Breathnach, James Browne, Mary Butler, Thomas Byrne, Jackie Cahill, Dara Calleary, Pat Casey, Shane Cassells, Jack Chambers, Lisa M. Chambers, Niall Collins, Barry Cowen, John Curran, Stephen S. Donnelly, Timmy Dooley, Sean Fleming, Pat the Cope Gallagher, Seán Haughey, John Lahart, James Lawless, Marc MacSharry, Micheál Martin, Charlie McConalogue, Michael McGrath, John McGuinness, Aindrias Moynihan, Michael Moynihan, Eugene Murphy, Margaret Murphy O'Mahony, Darragh O'Brien, Jim O'Callaghan, Éamon Ó Cuív, Willie O'Dea, Kevin O'Keeffe, Fiona O'Loughlin, Frank O'Rourke, Anne Rabbitte, Eamon Scanlon, Brendan Smith, Niamh Smyth, Robert Troy.*

*Leasú:*  
*Amendment:*

1. To delete all words after “Dáil Éireann” and substitute the following:

“notes:

- that the Irish health service is in a continuous state of crisis;
- that more than 660,000 people are on a hospital waiting list;
- that there are in excess of 100,000 outpatient appointments outstanding for over a year as of May 2017;
- the establishment, in January 2015, of maximum permissible waiting times for inpatient/day case treatment and outpatient appointments of 18 months by 30th June, 2015 and 15 months by the end of 2015;
- that these targets were not met and still have not been met, and even if they were met they would still constitute some of the worst waiting time situations in Europe;
- that 46,629 outpatients were on the waiting list for more than 18 months in April 2017;
- that 5,770 patients were on the inpatient and day case waiting lists for more than 18 months in April 2017;
- that Ireland has a discriminatory health service, where public patients wait significantly longer to access essential medical services than people who can afford to pay privately; and
- the success of the integrated Information Technology (IT) system used in the Portuguese National Health Service which has, alongside greater investment in public hospitals, delivered significant and sustained reductions in waiting times for surgery since it was first introduced in 2004, namely over five years the waiting lists for surgery have decreased by almost 35 per cent, the median waiting times by almost 63 per cent and variation across providers is also diminishing;

further notes:

- the very great distress and pain being suffered by people enduring long periods on hospital waiting lists, as well as the distress and suffering caused to their families;
- that under the current waiting list system, waiting lists for outpatient appointments, diagnostic tests, day case and inpatient procedures vary drastically from one public hospital to the next;
- that patients do not know where they stand on the list, nor at what speed their list is moving, relative to that of other hospitals within reasonable travelling distance;
- the fact that the long waiting times are further exacerbating the clinical conditions which need treatment, thereby producing more pain and suffering;
- that such long waits are not only intolerable and excruciating for the patients, they are also counterproductive and a waste of health service resources and lead to poorer clinical outcomes and increased mortality; and
- that people with comparable health concerns can wait very different lengths of time for assessment and treatment depending on the hospital to which they happen to be initially referred;

recognises:

- the fantastic work carried out by health care professionals in the Irish health service;

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- that in 2007 the recruitment embargo was introduced in the health service, two years ahead of all other public service organisations;
- that the waiting list crisis is one of access, capacity, funding and resources;
- the deplorable and dangerous overcrowding that continues to be experienced in hospital emergency departments and wards;
- the record number of patients waiting on trolleys, particularly the frail elderly, during the first four months of 2017;
- that such overcrowding results in further delays in scheduled hospital treatments and essential surgery, thereby further worsening the waiting lists; and
- the comments by the Director General of the Health Service Executive (HSE) that should the trend in presentations to emergency departments continue, all work will be emergency work and hospitals will be unable to accommodate elective work; and

calls on the Government and/or the HSE to:

- provide the necessary increases in resources, both financial and human, for our health service to function in the manner necessary to best serve our people and our healthcare professionals;
- make the Minister for Health legislatively accountable for the delivery of health services;
- hold the Minister for Health and hospital chief executives accountable for the open disclosure of accurate data on waiting lists in each hospital;
- require the Minister for Health to publish monthly hospital waiting list figures, giving a specific breakdown of numbers on waiting lists, length of time on waiting lists, progression or regression of numbers on waiting lists, detail on outpatient waiting lists, access to diagnostic waiting lists and elective surgery lists;
- provide the necessary increases in resources, both financial and human, for hospitals to carry out elective diagnostic investigations and elective surgery unhindered;
- open, without delay, all ward beds that have been closed;
- ensure adequate registered nurse/doctor-to-patient ratios and sufficient beds in the acute hospital sector to deal with demand and the demographics of the local area;
- ensure that we have adequate numbers of healthcare professionals and to protect them from exploitation and overwork, and to provide the support they need to carry out their duties;
- combat the exodus of workers to the private sector and overseas, by addressing the failures that workers and their unions themselves outline in the health service;
- ensure the provision of a greater Core Activity Budget to public hospitals to increase their capacity;
- increase investment in the HSE IT budget to bring it in line with the European Union average, with a view to increasing this further;
- fast track the roll out of the Electronic Health Record;
- empower local managers to appoint necessary frontline staff;
- explore the feasibility of a new model to maximise the capacity of the public hospital system, and introduce fairness and strategic management across all waiting lists, the component parts of which should be:
  - the introduction of Comhliosta – a new and single Integrated Hospital Waiting List Management System to cover all participating health facilities;

- the provision of a greater Core Activity Budget to public hospitals to increase their capacity;
  - the introduction of a new Comhliosta activity fund to cover the cost of procedures for those patients transferred via the integrated waiting list to a different participating health facility; and
  - an end to the treatment of private patients in public hospitals;
  - increase necessary resources, both financial and human, to the public health service and move away from the provision of treatment under the National Treatment Purchase Fund (NTPF), which has not only failed in significantly reducing waiting times, rather, it reinforces the idea that private healthcare is the panacea to problems in the public system; and
  - expedite the move to deliver healthcare in primary and community care settings to proactively deal with health issues, thereby reducing admissions to acute hospitals, facilitating discharges from acute hospitals, facilitating post-operative recovery in a more beneficial environment, and relieving pressure on general and acute hospitals.”
- *Louise O'Reilly, Gerry Adams, John Brady, Pat Buckley, Seán Crowe, David Cullinane, Pearse Doherty, Dessie Ellis, Martin J. Ferris, Kathleen Funchion, Martin Kenny, Mary Lou McDonald, Denise Mitchell, Imelda Munster, Carol Nolan, Jonathan O'Brien, Eoin Ó Broin, Caoimhghín Ó Caoláin, Donnchadh Ó Laoghaire, Aengus Ó Snodaigh, Maurice Quinlivan, Brian Stanley, Peadar Tóibín.*