



Irish Congress of Trade Unions

Submission to the Joint Oireachtas Committee on Health

Primary Care Expansion

as recommended in the

Sláintecare Report

November 2017

1. INTRODUCTION

- 1.1 On behalf of the Irish Congress of Trade Unions (ICTU) I wish to begin this submission by formally thanking the Chair of the Committee, Dr. Michael Harty, and all committee members, for their invitation to participate in this discussion with regard to the Sláintecare Report and the expansion of Primary Care.
- 1.2 The Irish Congress of Trade Unions (ICTU), which represents over 700,000 citizens and their families, has welcomed the Sláintecare Report which recommends the introduction of a single tiered, universally assessable and quality assured public health service.
- 1.3 It is our view that this Sláintecare Report, which enjoys almost universal political consensus about how our public health services should be structured, funded and maintained, offers a real opportunity for radical reform, of the current inequitable two-tiered health system, leading to a properly resourced, public health service which is a fundamental social good in any society.
- 1.4 As an indication of our support, for the Sláintecare Report, the Health Committee, of the Irish Congress of Trade Unions, is currently meeting with the health spokespersons of all political parties. We are satisfied that, to date, these engagements have been positive and all political parties have reaffirmed their commitment while recognising the challenges and scale of change involved.
- 1.5 Primary Care Expansion, as detailed within the report, is, undoubtedly, a cornerstone of the reform programme. The ICTU fully supports, and will actively work towards achieving, the delivery of healthcare in the community as near as possible to the home of the patient/client. In that regard we note that the report identifies all critical areas, to be reformed and expanded, including;
 - Universal access to Primary Care;
 - Universal GP Care;
 - Expansion of Diagnostics;
 - Expansion of Home Care and Palliative Care; and
 - Additional services for citizens with Disabilities.
- 1.6 In working towards implementing all of the report's recommendations, we would remind the Committee of the recent report, from the Economic and Social Research Institute (ESRI), which measured the increasing demand upon the health service between now and 2030.

In a further confirmation, of the scale of the challenge facing our health system, this report states;

- Demand for home help hours to increase by between 38% and 54%;
- Demand for Practice Nurse visits to increase by between 26% and 32%; and
- Demand for GP visits to increase by between 20% and 27%.

1.7 It should be noted that, in addition to these very significant increases in Primary Care based services, this report also states that the demand for inpatient bed days will increase by between 32% to 37% for the same period.

1.8 We believe this highlights two critical facts in relation to our public health service;

- The expansion of our Primary Care services, faced with this level of measured increased demand, is absolutely critical and cannot be ignored; and
- even with major expansion of our Primary Care services the nature of our demographics will still result in a significant increase in demand for inpatient bed days;
 - In other words the demand for acute care will continue, even while we are expanding Primary Care Services, and this has resource implications which must be accepted by all political parties.

2. UNIVERSAL GP / PRIMARY CARE ACCESS

2.1 It is self-evident that any expansion of Primary Care, as recommended in the report, requires a seismic shift, in the eligibility of citizens, to access all services outside of the hospital setting.

In that regard the Sláintecare Report correctly identifies the need for the expansion of and universal access to;

- GP Services; and
- Primary Care Services

2.2 From an ICTU perspective we believe the expansion of these services should, in the context of universal access, be integrated. In other words universal access to GP, and Primary Care, services should be seamless and delivered by a Primary Care Team of Health Professionals who can;

- Directly receive self-referred patients;
- Refer patients/clients to other health professionals within the team; and
- Refer on to other specialist/subspecialist services as required.

In that regard the GP is an integral member of this team but so, equally, are all other health professionals.

2.3 This seamless approach, fully utilising the skills of all, is the most effective way of dealing with growing demand, including the management of chronic disease, in a quality assured way.

2.4 It remains the view of the ICTU that the most efficient and effective way, of delivering universal access to all Primary Care Services, including GP Services, is that they should be provided by 'directly employed health professionals';

- The ongoing discussions, with regard to a revision of the GP Contract, should be wholly informed by, and against the background of, a requirement that, in future, all new GP's, should be directly employed by the public service.

They should be rostered, particularly in urban areas, on a 7 over 7 basis as should other key health professionals and all members of the team paid a competitive salary reflecting their role and experience ensuring recruitment and retention.

3. STEPS TO IMPLEMENTATION

3.1 The ICTU believes, in the context of ensuring delivery of the reform programme, that a critical first step is the establishment of the Implementation Office, in the Department of the Taoiseach. This will ensure a 'whole of Government' approach to implementation.

3.2 In the absence of this initial oversight step the ICTU is already very concerned at the failure, in budget 2018, to provide earmarked funding to prepare for the reform programme including;

- The absence of a dedicated capital building programme, with regard to Primary Care Centres with comprehensive diagnostic services, to deliver the required community based infrastructure; and
- No engagement on the necessary, funded, workforce plan required to deliver universal access which the report states requires;
 - 900 General Nurses – to expand the Child Health and Wellbeing Programmes;
 - 1,917 Health Care Assistants – to expand the Home Care and other services;
 - 1,296 Allied Health Professionals to delivery universal access to Primary Care; and
 - 2,021 Nurses (various grades) to also deliver universal access.

3.3 In the context of the current recruitment and retention difficulties, facing grades within the health system, no expansion can take place without these additional staff. The reality is these additional staff will not be recruited without a properly structured, and funded, workforce plan covering such areas as;

- Numbers of training places;
- Clarity re autonomy of roles within each team fully utilising all available skills; and
- Improved pay and conditions of employment

3.4 The report also recommends expansion of such critical services as;

- Child and Family Health Services;
- Community based Mental Health Services (Child, Adolescent and Adult);
- Expansion of Palliative Care Services;
- Expansion of Home Care Services; and
- Expansion of Disability Services

The report states that in the transition period, (lasting up to ten years with many developments delivered within five years), expansion of the above services should begin in year one.

The report is correct when its states that all of these service expansions, while taking place on a phased basis, should be developed through an integrated model of care. This means that we must have simultaneous developments, within all these strands of services, so that the user, who will often have more than one need, can enjoy the benefits of a seamless expanding service.

3.5 Against the background of the foregoing we are already required to ask;

- When will implementation start;
- Is this year 1 of 10?; and
- Why was there not greater clarity in Budget 2018 re: funding?

4. FUNDING

4.1 A very broad overview of the additional funding requirement, arising from the expansion of services listed under Primary Care, identifies a cost of €1.297 billion (approx.). This is separate from the capital build, essential to develop

Primary Care Centres, which will be the hub of the provision of 7/7 services required as part of the reform programme.

- 4.2 Recognising the additional funding required it is necessary for all political parties, in the context of their support for Sláintecare, to be forthright in saying, in their policy statements, that reducing overall taxation levels is not compatible with delivering a single tiered, equitable and universally accessible public health service capable of meeting future demand.

5. HEALTH CARE - A SOCIAL AND ECONOMIC GOOD

- 5.1 In 2001 the then Government defined Primary Care as follows;

‘Primary Care is an approach to care that includes a range of services designed to keep people well, from promotion of health and screening for disease to assessment, diagnosis, treatment and rehabilitation as well as personal social services. The services provide first level contact that is fully accessible by self-referral and have a strong emphasis on working with communities and individuals to improve their health and social wellbeing.’

Almost two decades later, despite the excellence of effort by health service staff and significant expenditure by government, it has to be said we have not achieved this goal in the interest of all citizens.

- 5.2 There are many reasons for this, with some related to funding and others related to ideology and an acceptance that a two-tiered health system was, somehow, acceptable.
- 5.3 The Sláintecare Report provides the opportunity, and solid platform, for this country, as a society, to address the glaring inequality that is inevitable when money can ensure faster access to senior clinicians, diagnostics and, ultimately, treatment.
- 5.4 We now have the opportunity, by working together, at political, organisational and societal level, to address this inequality, informed by this report, and the expansion of Primary Care services is a cornerstone of this transitional journey.
- 5.5 The ICTU fully supports this report and the recommendations detailing how we expand our Primary Care Services. We commit, on behalf of all of our members and their families, to work with all parties in delivering the transformational change now available to us.

Thank you for your time and your attention. We look forward to discussing this submission, and the relevant elements of the report, with you.