

The 14th Annual National Health Summit

Thursday 8th February, 2018

Opening Address by Simon Harris, T.D., Minister for Health

Health of the Nation: Creating a responsive, accessible and sustainable health service

I am delighted to be here with you today. I would like to thank the organisers for their kind invitation to attend and address you all. This is now the 14th year of this annual National Health Summit which attests to its success in attracting renowned speakers at national and international level, as well as policy makers, national stakeholders, patient groups, and health service staff and leaders.

This gathering represents a cross-section from all aspects of our health system. It is an opportunity to take time out from our daily routines to engage with colleagues, share experiences and open our mind to new ways of doing things.

It is important to remember that we are not the only country grappling with big questions about healthcare, and we can also learn a lot from our international colleagues.

I am pleased to have the opportunity to open the conference and kick off the day's debate and discussion. If we all share the goal of creating a responsive, accessible and sustainable health service – as I believe we do – then it is important to reflect on where we stand now and how we can go forward together.

First, let's assess where we stand.

There is no shortage of difficult headlines about the Irish health service. But before we talk about the deficits, let us also acknowledge some successes in improving patient experience and outcomes.

The first National Patient Experience Survey published in 2017 showed that 84% of patients rated their overall experience within our hospitals as good or very good.

Significant progress is being made in addressing health risk factors such as smoking and alcohol. On World Cancer Day earlier this week we marked an improvement in Ireland's five-year survival rates for cancer from 44.2% to 61.1% between 1994 and 2014.

These positive outcomes have been driven in part by proactive strategies and initiatives at national level, including the National Cancer Strategy and the Healthy Ireland Framework.

This week we have moved forward another significant national initiative with the publication of A Trauma System for Ireland which I believe will reduce death and disability, and ensure high quality trauma services are available to everyone in the country, whether they live in a city or in rural Ireland. It is essential that the 1,600 patients a year who suffer major trauma in Ireland receive the right care in the right place, first time.

I also want to recognise the multiple initiatives taking place at local level through the hard work and dedication of our health workforce across the country. I am privileged to witness examples of this dedication every week.

Despite this progress, the challenges facing our system are well known.

Our hospitals are struggling to cope with demand, as we have seen again during the recent flu season. Our community care system, as currently configured, is ill-equipped to play the role that we all know it should play, and must play, if we are to face the challenges of impending demographic changes.

There is a growing prevalence of chronic disease. Now approximately 60% of Irish people have one chronic disease and around 25% have two or more chronic diseases.

Our population is rising with a particular increase in older age groups which will put additional pressure on our system. You will hear later today from Dr. Maev-Ann Wren from the ESRI and she will paint a very stark picture of the projected increases in demand for healthcare over the next decade as result of our changing demography and other factors.

Health inequalities and unmet need are increasing and there is an on-going challenge to attract and retain the right workforce.

Ireland is not unique in this. It is clear that the world around us is also changing rapidly and similar demographic and disease-related demands face countries worldwide - particularly in Western Europe. Rapid changes in mobility and technology present new challenges, such as the spread of infectious diseases and the risk posed by antimicrobial resistance. The development of knowledge and technology also presents opportunities to fight disease – but at a cost.

We face many difficulties, but we also have an important opportunity.

The report of the Oireachtas Committee on the Future of Healthcare, the Sláintecare report, has provided a vision for reform which has attracted wide support. We know that we need to invest in our health services, but we also know that we need to change them, and we know the direction that reform should take.

Sláintecare

Health is an issue of greatest national importance. It matters to the wellbeing of our people, and the wellbeing of our country and its economy. Improving our health service must be a key priority of every Irish government for the next ten years. We don't want to just tackle the current challenges facing the system, we want to build for the future.

The Oireachtas Committee was tasked with developing cross-party political agreement on a long term vision and policy direction for the health and social care system. The process included in-depth consideration of national and international evidence and extensive engagement with stakeholders. The Sláintecare report represents a significant milestone in both our political and health policy history. It is the first time that consensus of this scale has been achieved on health policy and it offers a once in a generation opportunity to achieve reform.

The report advocates a re-orientation of the health service towards a high quality integrated system providing care on the basis of need and not ability to pay; a universal system, founded on those same principles I mentioned earlier – providing the right care in the right place at the right time, provided by the right people. The aspiration is for a system that is modern, responsive and comparable to other European countries. A system that inspires long-term public and political confidence.

The Sláintecare report provides us with a solid platform for change. Now we must translate this vision into a plan for action, supported by the required resources. The Government has been clear in its commitment to implement a programme of reform arising from the report and indeed this work has begun.

Firstly, the majority of additional funding for new health initiatives in Budget 2018 has been targeted at areas identified in the Sláintecare report. This includes additional support for primary care, homecare and tackling waiting list challenges, as well as reductions in medicine and prescription charges.

A dedicated Sláintecare Programme Office is being established, and the recruitment process for its Executive Director is underway.

In addition I have tasked my Department, in collaboration with the HSE, to develop an implementation plan that will set out our ambitions for the next decade. This plan will provide clear and concrete actions for the immediate years ahead. I intend to bring proposals to Government shortly.

The Government is determined to harness the momentum initiated by the Oireachtas Committee to build a broad coalition for reform across the whole health sector. I would now like to expand on a number of areas that will be fundamental to our reform approach.

Integrated Community Care

The Sláintecare vision is anchored in the conviction that primary and community care must be at the heart of the healthcare system. Care must be integrated across settings, it must be safe and of high quality. Historically, as with many countries around the world, health and social care in Ireland has been organised around institutions or settings rather than population needs. Now our population is changing, our experience of health is changing and our health service must change too.

We need to develop a much more comprehensive community and primary care system, where the vast bulk of health and social care services can be provided in local communities or in people's homes. This will reduce pressure on our hospital system and can greatly improve patient experiences. If we want a responsive system, then it makes sense to build it up at community level.

This responsive health system will be person-centred and will provide the right care in the right place at the right time, delivered by the right people. Health reform must start with clarity on the services to be provided. Ireland now needs a new 'model of care' or set of services which ensure appropriate care for each cohort of the population.

To support integrated, patient-centred care we must also ensure that the right health delivery structures are in place. I welcome the conclusions in the Sláintecare report that there is a need for greater alignment between hospital groups and CHOs. Our current structures need to evolve to ensure a better balance between the need for central decision-making and standard setting on the one hand and local flexibility and responsiveness on the other. As a first step towards ensuring the best structures for delivery of integrated care, my Department will undertake a consultation process on the alignment of hospital groups and CHOs. A first phase of stakeholder engagement is planned for later this month, followed by the launch of a public consultation in early March.

We hope that those delivering, managing and using our services will share their views so that we can find the best way to move towards integration of services, which will ultimately deliver better health outcomes for our population.

Access

Access to healthcare is one of the most pressing challenges facing our world today. In 2015, United Nations member states agreed to work toward worldwide universal health coverage by 2030. This international context highlights our responsibility to achieve equality of access to healthcare for all our citizens.

In Ireland, our current system is not equally accessible to our citizens. At the moment, the majority of our population pays out-of-pocket fees to access primary healthcare and 42% of people purchase private health insurance to gain faster access to private health services in both public and private hospitals. We are somewhat of an outlier in Western European in terms of provision of universal access to primary care. We can't ignore these facts.

The Sláintecare report makes two major recommendations to address access. First, it proposes to remove private practice from our public hospital system. This has been a feature of the Irish healthcare landscape for generations, and seems to be a uniquely Irish phenomenon. I have made my views on this quite clear and have committed to removing private practice from our public system.

This is a very complex task but it is necessary in order to ensure a high quality of public care and to reduce inequality of access. I have set up a group, under the chairmanship of Donal de Búitléir, to consider all the relevant issues and I expect to receive their report towards the end of this year. Second, it proposes the expansion of universal access to community based services. Developing a system which provides clarity and broad access to these services will be a core part of driving a real shift in our model of care. But again, it is not something we can deliver overnight.

Entitlement expansion will be meaningless if it is not matched with the appropriate levels of capacity to meet new demand. It will be important to introduce sufficient increases in the supply of healthcare as we stimulate demand and utilisation through changes in entitlement or charging if we are to avoid exacerbating access issues for those most in need or reducing quality for everyone. This will require careful planning and sustainable delivery.

To improve the practical accessibility of our system, we must also invest in e-health and a new data strategy, to support healthworkers in coordinating patient care, and to bring patient records and data closer to the patient. This will include the roll-out of electronic health records and e-prescribing. Ireland has not yet fully realised the potential that eHealth and technology can deliver in transforming care. Digital technology must be at the heart of delivering new

models of care. We must ensure that the type of technology enablement that is seen in other sectors, such as mobile banking, retail, and communications is appropriately deployed to benefit our health services.

Sustainability

We know from international experience and from our own history that reforming healthcare is difficult. Healthcare in Ireland, as in every developed society, is a large and complex sector. During a reform process our health system must operate on multiple fronts.

We must continue to deliver existing services, address ever-increasing demand, and also implement reform. There are multiple inter-dependencies between different parts of the health sector which complicate reform. There are also multiple constraints which have to be navigated. How then do we proceed?

Designing and delivering a ten-year programme of reform is a huge task which will require sustained investment and effort across our health sector. We must strike a balance between achieving quick wins and strategic, long-term planning and investment. We must tackle urgent priorities such as reducing our waiting lists, and also address the likely challenges of the future, such as demographic change.

If we are to be successful in achieving the vision set out in the Sláintecare report – of a universal, sustainable, single-tier health service – we must ensure that reform and service development are adequately financed and protected. We must do this despite on-going pressures on existing services.

We must secure both regular and ongoing investment and transition funding to drive reform. This is a central recommendation of the Sláintecare report and it represents funding to change the system, beyond business as usual. A new approach to funding will help the system to sustain reform.

The recent Health Service Capacity Review outlines the scale of future demand on our services and underlines the need for both investment and reform in the coming years. Overall, the Review concludes that the following increases in capacity will be required by 2031:

- nearly 2,600 acute hospital beds
- 48% increase in primary care workforce
- 13,000 additional nursing home beds
- 120% increase in homecare

It is vital that we decide how to plan, design and deliver new capacity in the years to come.

Both the forthcoming National Development Plan and the Sláintecare Implementation Plan will provide the vehicles for doing this. I know there has been a lot of focus in recent weeks on the extent of hospital beds required over the next period. And of course, bringing on stream new capital infrastructure is essential.

But perhaps the most vital ingredient in all of our plans will be investment in our health workforce. We will not achieve any of our shared ambitions without the buy-in and commitment of our people. We must tackle challenges of recruitment and retention. We must also grow our workforce in the years to come, but this must be done in a managed and evidenced-based way. I launched our new National Strategic Framework for Health and Social Care Workforce Planning last year. The roll-out of this framework will significantly strengthen workforce planning capacity within the health system. This will ensure that the introduction of new models of care is planned and managed effectively from a health workforce perspective. I am fully committed to putting in place the supports and the opportunities to enable an expanded health workforce to play its part in reforming our health services. Reform will provide opportunities for new ways of working and greater levels of engagement across disciplines, across professions and across sectors. It will support up-skilling and re-skilling.

Conclusion

Reform is a complex, long-term process. Few areas of our national life are as complex as health, and complex problems are not solved by simplistic solutions. The world will continue to change in ways we can't yet imagine, so we must have the flexibility, ability and leadership to respond.

Taken together, the Sláintecare report and the Capacity Review present all of us here with a great opportunity, but they also confront us with a challenge.

With the Sláintecare report, the Oireachtas is putting forward its consensus view of how we reform healthcare over a ten period – to deliver the service we all want and our people deserve.

As stakeholders representing all parts of our healthcare system, the challenge to us is to respond in kind. To build a broader coalition across the health system to ensure that reform is achieved. In agreeing the Sláintecare report, the members of the Committee had to work hard to find common ground. As we move to developing the Sláintecare implementation plan, armed with the findings of the capacity review, we must do the same.

We are embarking on a period of innovation, experimentation and learning in our health system. This will require us to harness strengths and talents across our system to better serve the Irish public. No one group has all the answers. As a coalition for health reform, what we need to bear in mind, at all times, is the purpose of our work.

Each of us will, of necessity, interact with the health service at some stage in our lives. It is very likely that this will be at a point in time when we are feeling most vulnerable. This may be as a patient, a parent of a sick child, a son or daughter of an elderly person or as a carer. At such times we rely on the professionalism and dedication of all healthcare staff, whether on the front line or in supporting roles. It is also the time when we appreciate the real value and importance of a well-functioning health service that is responsive to our needs, accessible to all, and sustained by appropriate resourcing in the long-term.

I am hopeful and confident that the work of everyone in this room today will contribute to helping us deliver on making a universal single-tier health service a sustainable reality in Ireland. I look forward to working together with you all as we move forward on our journey to improve our health services and the provision of care to the Irish people.

Thank you.

ENDS