

Sinn Féin



TACKLING THE TROLLEY CRISIS



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Introduction	2
The Problems	3
Health Budget	3
The Crisis in Accident and Emergency	4
The Solutions	6
Reopening closed beds	6
Recruitment and retention of staff	7
Adequate step down facilities & Home Help	10
Primary and community care	13
Conclusion	15

Introduction

There are many strands to the current crisis in our health services, from hospital waiting lists for acute surgery to children waiting more than a year for speech and language therapy, and everything in between.

However, one of the most recurring and scandalous components to the crisis afflicting our health service is that of patients being left waiting on trolleys in Emergency Departments across the state.

This problem is not new and it has dogged our health service from days of Fianna Fail through to the current Fine Gael Government.

On 3 January 2017, 612 patients were left on trolleys, the highest ever recorded number of patients on trolleys in the state¹.

For the first six months of this year 51,321 patients were forced to spend a night or more on a trolley in hospitals throughout the state, representing the worst ever recorded number since the Irish Nurses and Midwives Organisation (INMO) started collating such figures. These are not just statistics, they are human beings. They are grandparents, mothers, fathers, brothers, sisters, sons, and daughters.

The Irish Association of Emergency Medicine (IAEM) has calculated that 300 to 350 patients die every year on trolleys across Ireland, a frightening and damning statistic for a so called first world health system².

When it comes to the trolley crisis in our hospitals the problem is multifaceted. However, it incorporates four main issues which need to be immediately addressed, recruitment and retention of staff, reopening closed beds, adequate step down facilities, and proper primary and community care.

Sinn Féin believes that these issues can be tackled with an intelligent, coherent, and progressive plan in conjunction with the necessary political will.

¹ Irish Nurses and Midwives Organisation, Press Release 03.01.17, "Record Number of 612 Patients on Trolleys" <https://www.inmo.ie/Home/Index/217/12822>

² Irish Association of Emergency Medicine, Press Release 09.0.2.17, "Groundhog Day again for patients languishing on trolleys" <http://www.iaem.ie/groundhog-day-again-for-patients-languishing-on-trolleys/>

The Problems

Health Budget

There are increasing demands on our Health Service due to demographic changes, especially given that people are now, thankfully, living longer than ever. Therefore, we have to look at any increases in the health budget through this prism. In addition to funding increases to deal with demographic changes, what we need to see is investment beyond just meeting population demand.

The health budgetary envelope increased from €14.1 billion in Budget 2016 to €14.6 billion in Budget 2017, and while this 7% increase is extremely welcome, it only helps the health service to stay afloat. When we look at the spending on health since the crisis (see figure 1.1) we can see that spending dropped significantly in the years 2012 through 2015, this leaves the health service using the slight 2017 funding increase to essentially plug the gaps that have emerged due to past funding cuts.

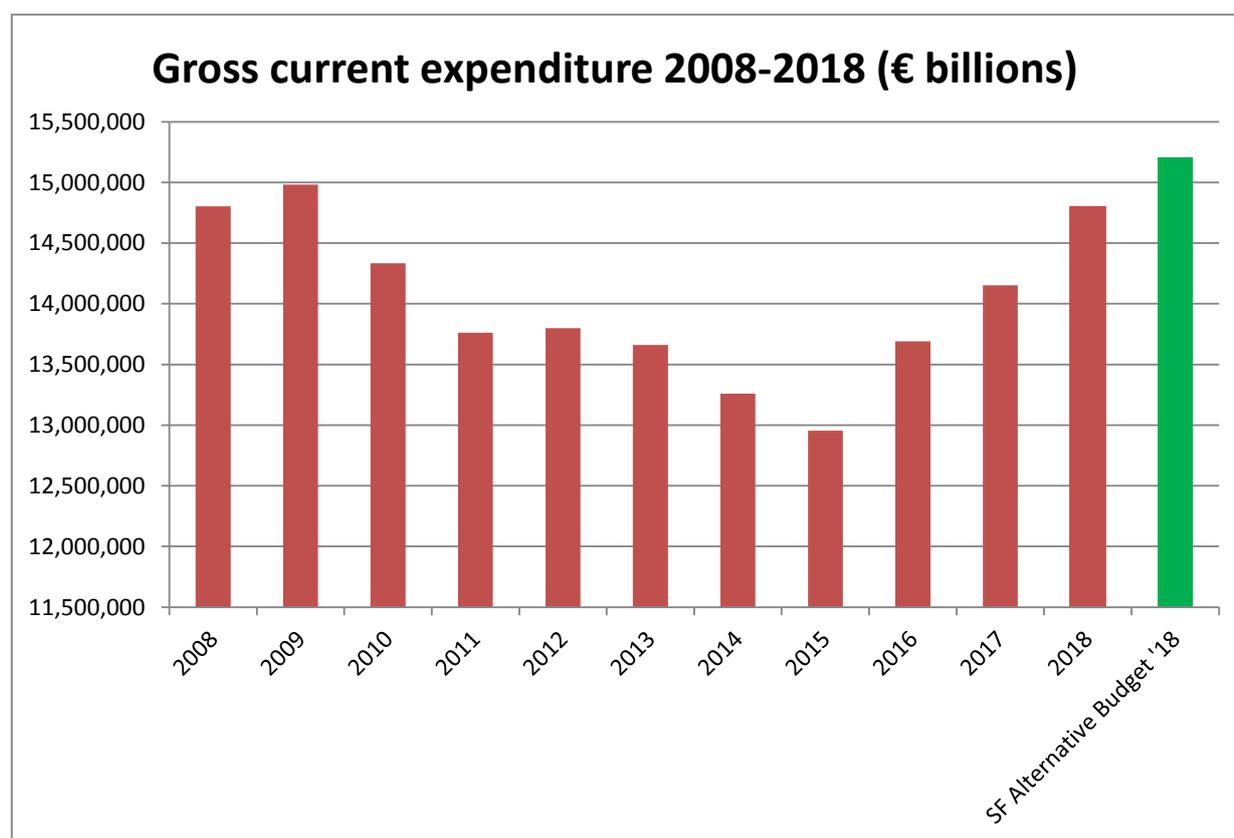


Table 1.1 PQ 45352/17, 45353/17, 45354/17, 45355/17

The Crisis in Accident and Emergency

It is estimated that 1.1 million patients present to Accident and Emergency Department's annually and of this around 300,000 of these are admitted to hospital. Using last year's INMO figures we can see that a record 93,621 patients admitted to hospitals ended up on a trolley³. Shockingly, this leaves patients with a 1 in 3 chance of ending up on a trolley if admitted to an Irish hospital. This is unacceptable and dangerous in equal measure.

It is important to note that the patients who end up on trolleys in hospitals are patients who no longer require Emergency Department care and are in need of admission to a hospital bed. Therefore, it is an immediate lack of acute beds in the system that is one of the most pressing factors.

This paucity of acute beds has been the result of the closing of beds because of funding cuts, the inability to recruit and retain staff to keep acute beds open, and the lack of adequate step down facilities to discharge those in acute beds who are ready to go home but need home care or need to be moved to a residential care facility.

On 3 January 2017, 612 patients were left on trolleys, the highest ever recorded number of patients on trolleys in the state⁴.

If the situation continues on its current trajectory for the next six months of the year, then we will end up with over one hundred thousand patients spending time on trolleys in 2017.

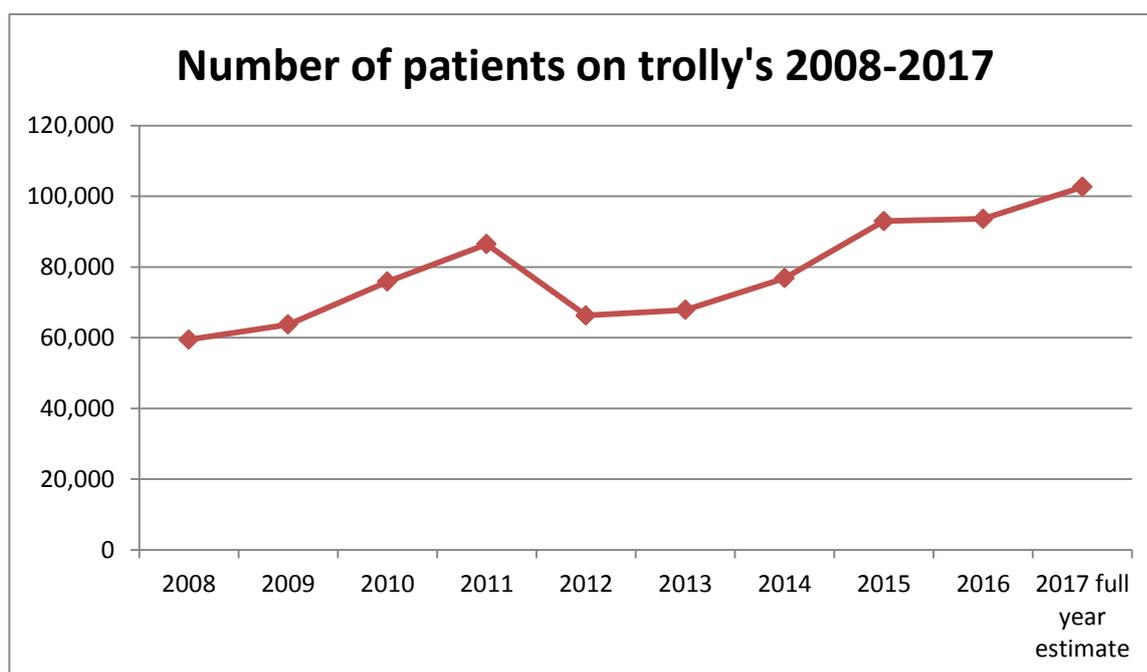


Table 1.2 INMO Trolley Watch (2008-2016), 2017 estimate (INMO Trolley Watch)

³ Irish Nurses and Midwives Organisation, Press Release 03.01.17, "Record Number of 612 Patients on Trolleys" <https://www.inmo.ie/Home/Index/217/12822>

⁴ Irish Nurses and Midwives Organisation, Press Release 03.01.17, "Record Number of 612 Patients on Trolleys" <https://www.inmo.ie/Home/Index/217/12822>

And these problems are not just confined to adult hospitals; they are affecting dedicated children's hospitals. In 2016 alone there were 949 recorded instances of children on trolleys in A&E at Our Lady's Children's Hospital Crumlin⁵.

When we think of the trolley crisis, and when it is reported on the media, children on trolleys do not immediately spring to mind, yet 2016 constituted the highest number of children on trolleys since they started recording in 2013. If the current trend for 2017 continues then there will be well in excess of a thousand children on trolleys by the years end.

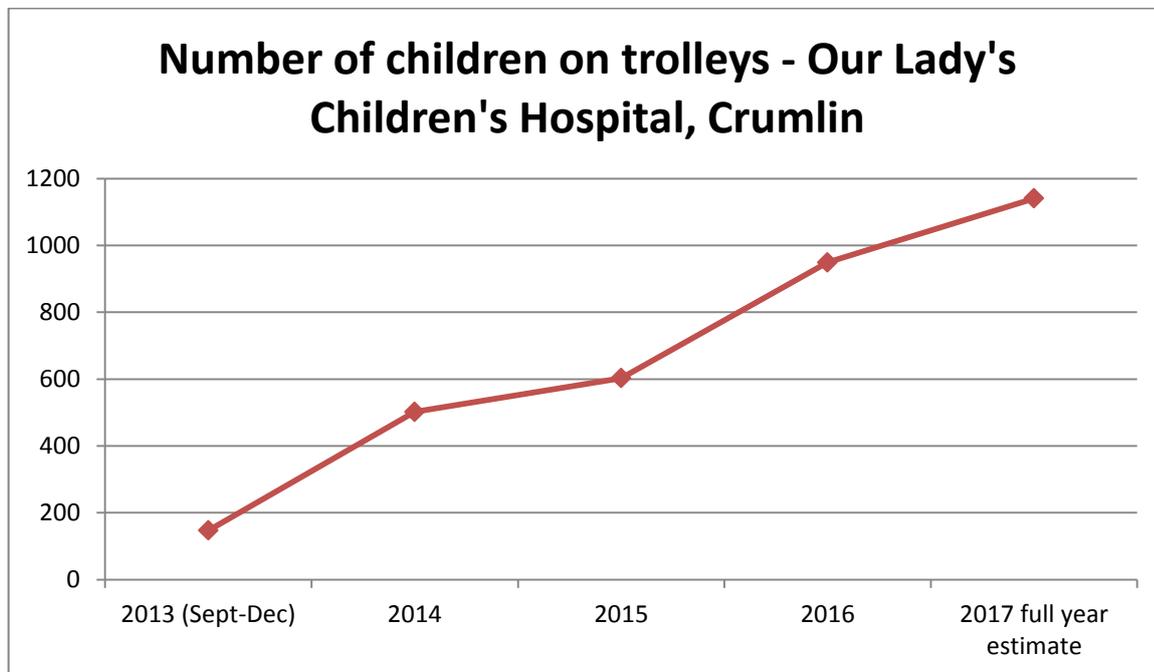


Table 1.3 Number of children on trolleys - Our Lady's Children's Hospital Crumlin

Without addressing the four main issues of recruitment and retention of staff, reopening closed beds, adequate step down facilities, and proper primary and community care then we will be looking at hundreds of thousands of patients on trolleys into the future and the medical complications and fatalities that such circumstances bring.



The Solutions

Reopening closed beds

As has been noted by those working in the health service as well as internal and external experts, the trolley crisis is a symptom of the malaise that is endemic across the wider health system.

A large part of this crisis finds its genesis in the closure of beds in our hospitals. Ireland has one of the lowest number of acute and ICU beds on a population basis in the OECD at 2.4 per 1,000 of population compared with the OECD average of 3.7 per 1000 in 2015 (nearest full year figures).⁶ As regards lost beds, there were approximately 862 less hospital beds in 2015 than in 2008. This is further evidenced through OECD statistics that show there was a drop from 2.8 beds per 1000 in 2009 to 2.6 per 1000 in 2015.⁷

Therefore, in order to address the trolley crisis we must increase capacity in our hospitals by increasing the number of beds available and increasing the services and staffing requirements needed to operate those beds.

The fallout from a lack of acute beds is that patients cannot be admitted and are instead left on trolleys. This practice is compromising patient safety on a daily basis. A leading emergency department consultant Dr Fergal Hickey noted at the annual conference of the Irish Hospital Consultants Association (IHCA), that studies are showing that shortages in critical care beds in our hospitals are resulting in an estimated 300 to 350 deaths per year.

In order to address this problem there needs to be sufficient beds in the acute hospital sector to deal with demand and demographics.



⁶ Organisation for Economic Co-operation and Development (OECD), Health Statistics 2017, Health care Resources - Curative (acute) care beds, Per 1 000 population, <http://www.oecd.org/els/health-systems/health-data.htm>

⁷ Organisation for Economic Co-operation and Development (OECD), Health Statistics 2017, Health care Resources - Total hospital beds, Per 1 000 population, <http://www.oecd.org/els/health-systems/health-data.htm>

This measure would instantaneously take pressure off emergency departments as patients could be admitted to a proper hospital bed instead of being left on a trolley because there is not beds to admit them to.

Additionally, we would ensure the Emergency Department Taskforce works on a permanent basis monitoring the situation nationwide and report on possible problems down the line which could proactively tackled.

However, it is impossible to increase the number of beds without the healthcare professionals to staff them.

Recruitment and retention of staff

As has been noted the trolley crisis exists because of a lack of capacity in our health service. Part of the lack of capacity is derived from the closure of acute beds in our hospitals due to a lack of healthcare staff.

Over the course of the crisis and the following austerity years, the health service was unfairly targeted by recruitment embargos and yellow-pack pay deals. It is always worth noting that the moratorium for healthcare staff was introduced two years before any other public sector.

The knock-on effect of this is that staffing levels have drastically reduced over the past number of years and are below the necessary levels, thus, beds have been forced to close because there is not enough staff to operate them.

In November 2014, Dr Stephen Thomas of Trinity College Dublin's Centre for Health Policy and Management said that we have experienced "the biggest proportionate drop in healthcare across Europe... We've lost almost 20% of our health funding, and certainly about 11%-12% of our staff."⁸

Resultantly, the HSE has 2,641 fewer nurses and midwives working in the service today as compared to 2008.⁹

To reverse the massive cutbacks made to nursing and midwifery levels in our health service then firstly we need to invest in recruiting more staff to the health service and also address key issues for existing and prospective staff, such as working conditions, facilities, supports, training opportunities, and pay.

At present, the official number of WTE nursing and midwifery funded posts in the health service is 35,835. Sinn Féin would seek to increase nursing numbers by an additional 500 nurses each and every year over a five-year term, bringing the five year total to 2,500, which would be followed by further recruitment.

⁸ Sinn Fein, A Sinn Fein Plan for Universal Healthcare, Better4Health, pg. 51

http://www.sinnfein.ie/files/2017/HealthDoc_May2017.pdf

⁹ Parliamentary Question Response 31.07.17, PQ Ref 35931/17

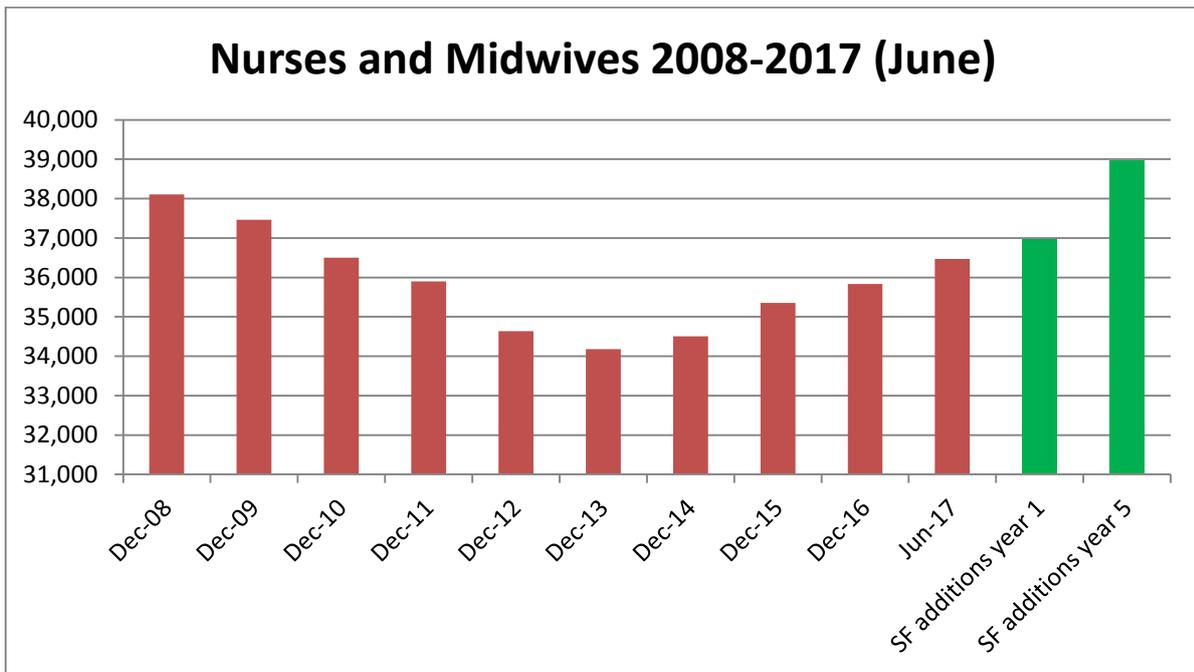


Table 1.4 Nurse and Midwife Numbers 2008-2017 (June)

In conjunction with the drop in nursing numbers there has not been a significant enough increase in the number doctors in the health service.

The Hanley Report 2003 recommended that by 2012 there should be 3,600 consultants. However, there are currently only 2,883 consultants operating in the HSE.¹⁰



¹⁰ Parliamentary Question Response, 31.07.2017, PQ Ref 35931/17

Therefore, the number of approved posts is currently 800 short of the target that was set over 12 years ago.

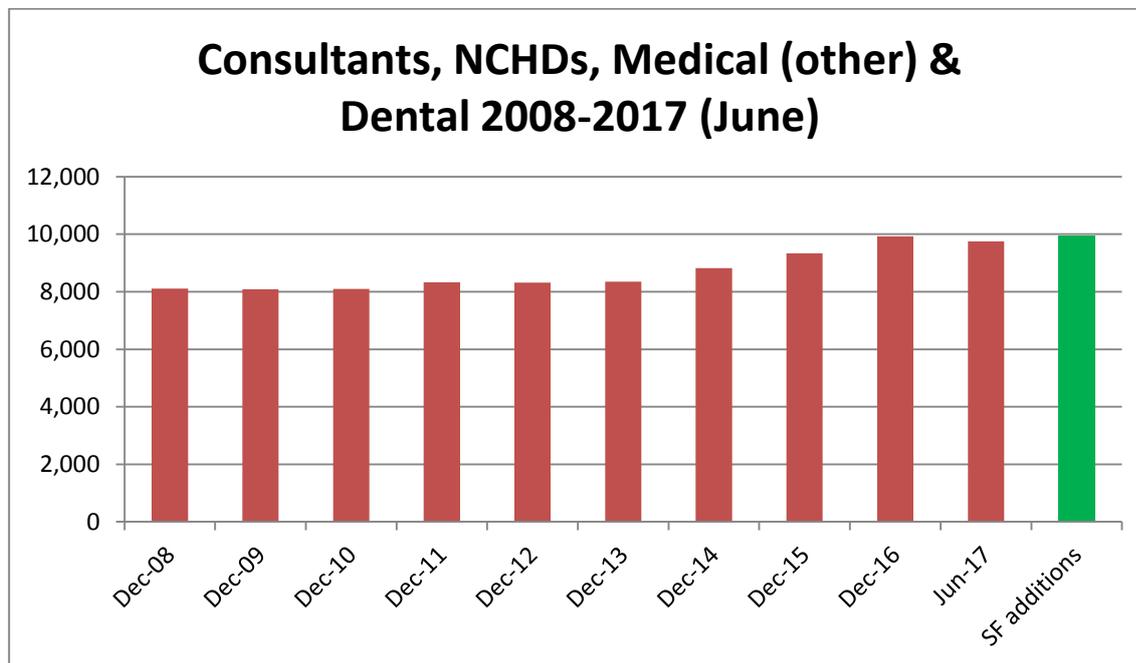


Table 1.5 Consultant, NCHDs, Medical (other) & Dental Numbers 2008-2017 (June)

In order to turn this around Sinn Féin would seek to recruit 800 more consultants plus medical secretaries over five years which would in turn facilitate a significant reduction in spending on junior doctor overtime and agency consultants.

We also believe that a renegotiation the Consultants’ Contract with provisions included for protected time for teaching as well as facilities for research, academic collaborations, and continuous professional development would alleviate pressure off consultant doctors and give them more time to train and work with junior doctors.

Such measures would mean that the health service would have the nurses and doctors to staff beds which were closed due to a lack of staff and also discharge times would decrease because of the increase in staff levels, therefore, freeing up more beds in hospitals and reducing the number of patients on trolleys.

Furthermore, it takes a whole tea, to staff a hospital, cleaners, porters, allied health professional, and admin staff and they must not be overlooked when it comes to ensuring that our acute hospitals are staffed correctly. In addition to this, there is also a need to review value for money outsourcing with a view to bringing jobs back into HSE contract.

Sinn Fein firmly believes that such measures would contribute to building a health service that people want to work in and where all staff feel valued and part of the team.

Adequate step down facilities & Home Help

The vast majority of people in beds in hospitals across the state want to return to independent living and be discharged from hospital as quickly as possible, so long as it is medically sound.

Unfortunately, due to a lack of adequate step-down facilities, home care packages, and home help some patients, oftentimes elderly people, remain in hospital even though they could be discharged.¹¹

Hospital care is the most expensive form of care. According to HSE calculations, the annual daily running cost of a bed is €839 per bed (fully absorbed cost).¹² Therefore, the lack of step down facilities, rehabilitation facilities, or home help, for patients who are ready to be discharged is not only causing emotional distress for the patients and increase work difficulties for staff in hospitals, but is also constituting a severe financial loss.

Home and Community Care Ireland said a “conservative estimate” suggests the “wastage” linked to the lack of adequate step-down facilities is in the region of €508,000 a night or the equivalent of 24,000 hours of home care services.¹³

Collectively, the lack of step down facilities and home care packages is costing the state vast sums of money, reducing capacity in hospitals because of delayed discharged, causing emotional distress to patients and their families, and increasing pressure on hospital staff.

Sinn Féin believe that immediate action is required to ensure that people can access appropriate care and return home from hospital as soon as they are fit to do so.



¹¹ HSE figures show that up to 90% of those affected are patients aged over 65 who cannot leave until alternative arrangements have been put in place for their care.

¹² Parliamentary Question Response, 21.03.17, PQ 12289/17

¹³ Fiachra Ó Cionnaith, Irish Examiner, Saturday, April 19, 2014, “Elderly ‘marooned’ in hospitals due to absence of step-down facilities” <http://www.irishexaminer.com/ireland/elderly-marooned-in-hospitals-due-to-absence-of-step-down-facilities-265896.html>

Home care delivered in the home is the preferred form of care for most people and their families. Indeed, studies have shown that the vast majority of those aged 75 and older prefer to stay in their current residence for as long as is possible.

For this reason Sinn Fein would seek to in one year increase home help hours by 20 per cent, meaning 2.1 million additional home help hours. In addition, we would also propose increasing home care packages by 15 per cent adding 2,485 extra home care packages. These measures alone would constitute a €72.65 million investment in our older people in a single year with further investment in subsequent years.

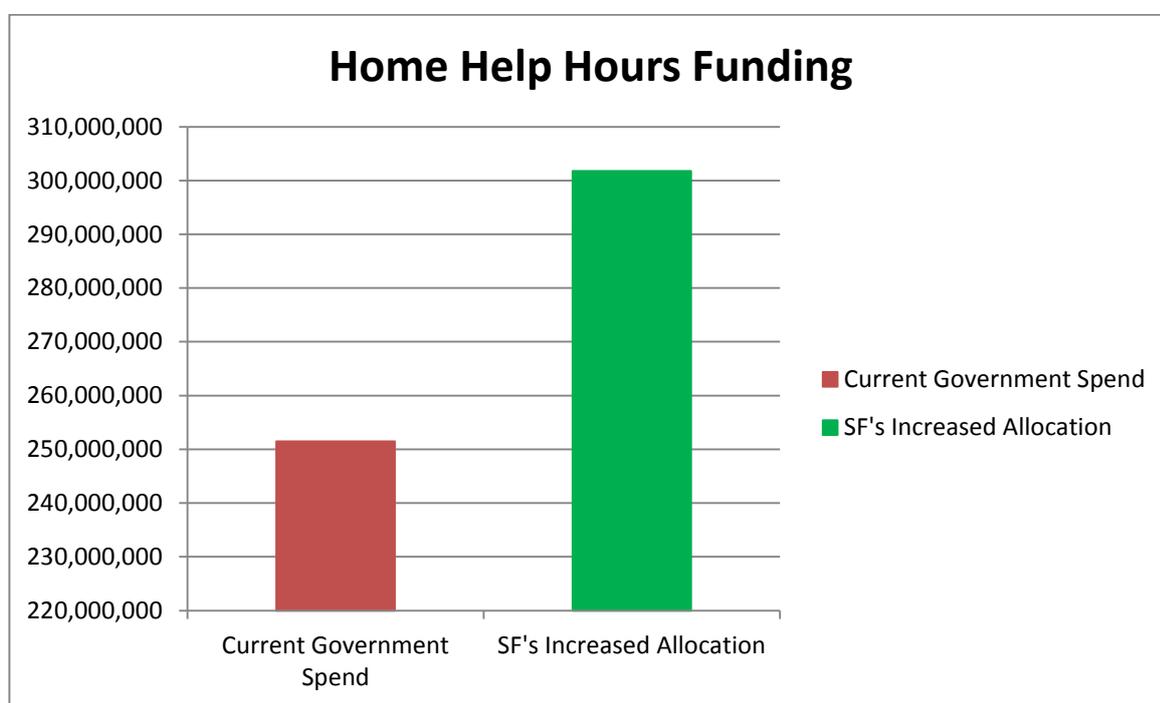


Table 1.6 Home Help Hours

It has been estimated that up to a third of people in nursing homes could be at home if adequate supports were provided and that is why home care should be prioritised. However, even with greatly enhanced home and community care, some may still require long-term residential care. Therefore, we would also increase nursing home beds to cater for people who cannot care for themselves, or be cared for, in their own home.

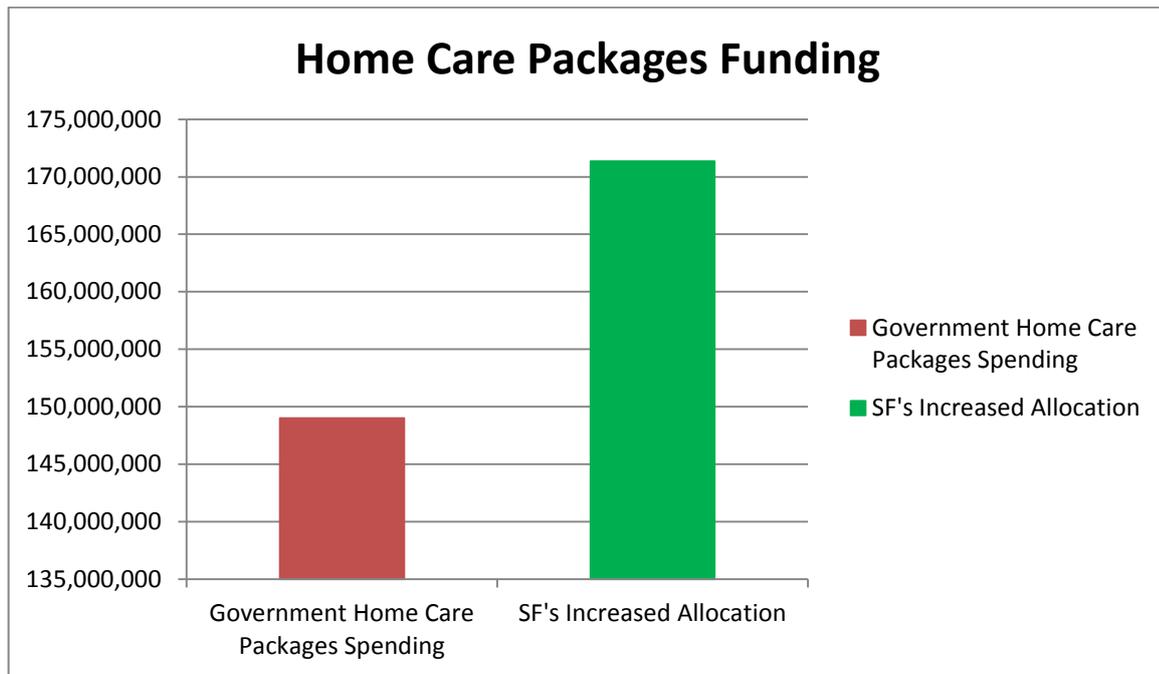


Table 1.7 Home Care Packages

These measures would go some way to freeing up acute hospital beds and allow patients who have been admitted to the Emergency Department to be given a hospital bed while also allowing patients to return to their own homes and easing pressure on staff in our hospitals.

Primary and community care

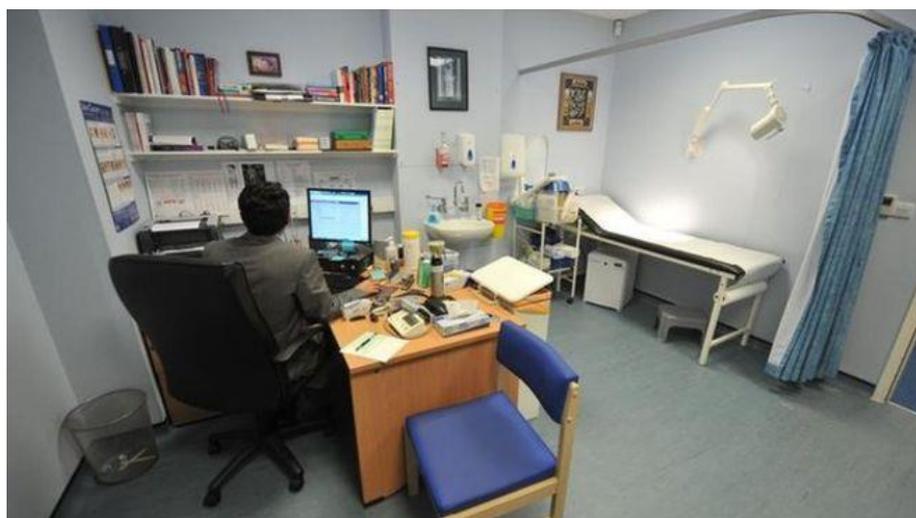
Adequately resourced, both financial and human, primary and community care can play a huge role in relieving the pressure on secondary care.

Improved access to GP and other services in the community is proven to reduce the burden on hospitals, particularly if there is an increased focus on preventative care.

Strong and effective primary care is fundamental to overall health system performance and delivers improved public health and shifts more towards disease prevention and early intervention, alongside the traditional 'diagnose and treat' model.¹⁴

Therefore, Sinn Féin would refocus our health service towards primary care first in order to alleviate the pressure on secondary care. This would be done through the recruitment of more GPs and support staff.

Sinn Féin would seek to make the post of GP more attractive, offering salaried positions with scope for research, links with Emergency Departments, and access to diagnostic tests. We believe that salaried GP posts would ultimately prove to be more attractive.



We would introduce new salaried GPs to broaden the attractiveness of General Practice as a career choice by introducing 200 salaried GP posts over five years as well as the recruitment of an additional 200 medical secretaries to work alongside the salaried GPs. We believe that this measure will enhance and work alongside the existing model of care.

¹⁴ Margo Stevenson Rowan, Integrating Public Health and Primary Care, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2645118/#_articleidm140263010302288aff-info

Salaried posts would allow GPs to focus on their clinical role, remove the challenges of running a small business, and ease the difficulty of getting locums, something that is deterring GPs at present from pursuing the profession.

Alongside this, Sinn Fein would also review the system of fee per item payments to GPs and ensure that a model with greater emphasis on value for money for the Health Service is introduced.

Such measures would prioritise rural areas that are struggling to attract GPs and urban areas where services are overstretched in the deployment of the new salaried posts, thus, ensuring a move towards disease prevention and early intervention and moving away from the Emergency Department being the first port of call for patients and reducing pressure on hospitals and the staff operating in them.

Conclusion

Sinn Fein believes that if the issues causing the trolley crisis, as addressed by those working in the health service, are tackled with an intelligent, coherent, and progressive plan in conjunction with the necessary political will, then the trolley crises can be significantly addressed.

As outlined above, if we tackle the four main issues of - capacity through opening beds, recruitment and retention of staff, adequate step down facilities and home care packages, and proper primary and community care, then we will make huge inroads to ameliorating the trolley crisis, save lives, and improve the lives of patients and their families.

We are keenly aware that there are a vast number of strands to the overall crisis in the health service which need to be immediately tackled. We believe that our Health Policy – Better4Health – outlines costed policies which would radically change the direction of our health service and work towards an Irish National Health Service.¹⁵

¹⁵ Sinn Fein, A Sinn Fein Plan for Universal Healthcare, Better4Health, http://www.sinnfein.ie/files/2017/HealthDoc_May2017.pdf



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