HEALTHCARE IN IRELAND

THERE IS A BETTER WAY

Sinn Féin

HEALTHCARE IN IRELAND THERE IS A BETTER WAY

KEY PROPOSALS

A NEW UNIVERSAL HEALTHCARE SYSTEM

- A new universal public healthcare system for Ireland that provides care to all free at the point of delivery, on the basis of need alone, and funded from general fair and progressive taxation.
- Fundamental re-orientation of the health system to adopt a central focus on prevention, health promotion and primary care (including mental health care), and on ultimately eliminating poverty and inequality, which are key underlying social and structural causes of ill-health and premature death.
- Development of healthcare on an all-Ireland basis, moving from increased co-operation to full integration of services on the island, maximising the healthcare benefits and achieving greater economies of scale.

HEALTHCARE IS A RIGHT

- Enshrine the right to health and the right to healthcare in a future all-Ireland Charter of Rights and a future United Irish Constitution, and seek in the meantime to amend the current 1937 Irish Constitution to include these rights.
- Enshrine the right to healthcare in legislation, and make this a fully enforceable right in Irish Courts.
- Establish a Health Ombudsman to provide an administrative remedy short of the courts, in the interests of speedier and less expensive resolution of disputes and redress regarding violations of the right to healthcare.

FUNDING

- A Health Funding Commission to plan the transition to a new single-tier healthcare system.
- Reverse the current health cuts. Fund health in the context of reformed taxation and a progressive economic strategy.
- Abolish prescription charges for medical card patients.
- End public subsidies for private healthcare. Invest all health funding in the public system, immediately end tax breaks for private hospitals and the land gift scheme, phase out public subsidisation of and ultimately replace the private system within an agreed timetable.
- Abolish the National Treatment Purchase Fund and return its funding to the public health system

- Apply charges based on the full economic cost to all use of all beds in public and voluntary hospitals in the State for the purposes of private medical practice. Saves €305million.
- Reduce the cost of medicines in our health system, establishing a state company for the wholesale distribution of drugs, using lower-cost generic drugs, and tackling over-prescription and wastage. Saves €200 million (figure provided by the Department of Health in 2009).
- Ending the co-location scheme would save €400 million over seven years
- A cap of €150,000 on salaries of hospital consultants would save €210 million.

PRIMARY CARE

- Comprehensive community-based primary health and social care services for all, free at the point of delivery, including GP and dental services.
- Roll out the promised Primary Care Centres throughout the State on an accelerated timetable. Construct 100 new primary care centres at a cost of €500 million. This would also be part of Sinn Féin's jobs stimulus package.
- A regular, free, full health screening for every citizen as part of a fundamental reorientation of the health system adopting a central focus on prevention, health promotion and primary care. This will save people from needless suffering and is the best way to avoid more expensive treatments later. It will also help reduce lost working hours, saving money for workers, businesses and the healthcare system.

HOSPITAL AND NURSING HOME CARE

- Single-tier hospital care free to all with access on the basis of medical need alone.
- An end to the over-centralisation of hospital facilities and a reversal of cutbacks in services at local hospitals.
- Provide cancer care on a truly nationwide basis, with access to radiation oncology and other cancer services in all the regions.
- Plan for enhanced provision of essential public nursing home beds, community care facilities and home care.

MENTAL HEALTH

- Develop health services on an all-Ireland basis, progressing from increased co-operation to integration of services on the island.
- Improving accountability and transparency in planning and financing mental health service reform.
- Modernise mental health legislation in line with the new Convention on the Rights of Persons with Disabilities.
- Promoting cross-departmental action to combat social exclusion, prejudice and discrimination against people with mental health problems.

- Ring-fence 12% of annual Department of Health budget for mental health services in line with World Health Organisation recommendations.
- Develop and promote suicide prevention strategies.
- Ensure provision of required child and adolescent community-based mental health services and end the placement of children in adult in-patient facilities.

OTHER MEASURES

- Develop neurological care services, prioritising implementation of the National Rehabilitation Strategy, including acute neurology and stroke services.
- A Supplementary Lourdes Hospital Redress Scheme, acknowledging and compensating the remaining 35 women victims of Michael Neary, to be undertaken and completed within the current calendar year.
- A Commission of Inquiry into the practice of symphysiotomy and take all appropriate steps to help bring closure for the women survivors of this barbaric practice.
- Equity in access to hospice and palliative care services.
- A Ministerial-led review of the decision to build a National Children's Hospital at the Mater site, given the concerns on location and the financial question marks over the project. This review should be carried out in a short time-frame by the new Minister and his or her Department, not by expensive consultants. The key concern is what is happening to Temple Street, Crumlin and Tallaght. These hospitals need to be properly resourced and supported to continue to provide excellent hospital services for children. If the national children's hospital goes ahead on the Mater site provision for in-patient care (overnight beds) for children at Tallaght should remain and the Crumlin Hospital site should be used for public healthcare provision.

THE HSE

- Restore direct Ministerial and Departmental responsibility for health services which are funded by public money.
- Remove the top heavy bureaucracy of the HSE. Carry out a review of managerial and administrative posts within the health service and the Department of Health & Children, eliminating those positions that are surplus to requirements and using the money saved to hire more front line health professionals.
- Cap salaries in the public service, including the health services, at €100,000 per annum. Latest figures show over 110 HSE staff receive more than €100,000 per year. The CEO of the HSE is on a salary of €332,113 per annum, with National Directors on sums ranging from €145,949 to €192,492.

THE CURRENT CRISIS

The outgoing Minister for Health & Children Mary Harney was asked in January 2011 by Sinn Féin Health & Children spokesperson Caoimhghín Ó Caoláin had she assessed what impact the Fianna Fáil/Green Budget 2011 cuts would have on the situation in hospital Emergency Departments and on the delivery of healthcare overall. The Minister had done no such assessment. She was asked if her Department and the HSE had calculated how many public hospital beds will be closed as a result of the cuts this year and in subsequent years under the four-year plan involving cuts to health of over €1.5 billion. They hadn't.

Once again we are drifting towards further disasters in our health services. We have had three Ministers at the helm since 1997, including the outgoing Taoiseach Brian Cowen, his successor the new Fianna Fáil leader, Mícheál Martin, and Mary Harney. All have failed miserably.

The current healthcare crisis in this State includes:

- **the record number of patients on trolleys and chairs in A&E departments during January 2011**
- **the hundreds of beds (estimated at some 1500) closed in our acute hospitals due to cutbacks**
- **the continuing recruitment embargo which means that there are not enough nurses, junior hospital doctors and other front-line care staff to cope with the care needs of patients in our public hospitals, both in-patients and out-patients**
- **the rising tide of emigration of young trained health professionals**
- **the continuing cuts to services in local hospitals and the drive to centralisation which is reducing the overall level of care to communities across the country**
- **the shortage of general practitioners**
- **the shortage of primary care centres**
- **the exorbitant fees charged by many GPs**
- **the increased burden on medical card holders through the prescription levy**
- **the failure to more effectively address at source the spiralling cost of medicines, allowing profiteering by pharmaceutical manufacturers and distributors to continue**
- **the cuts affecting care for the old, the young and the disabled**
- **the unregulated homecare sector**
- **the recent massive rise in health insurance rates, imposing a further burden on thousands of families, especially those with children.**

HEALTH INEQUALITY

The essential features of the healthcare system in this State remain as they were before the advent of the so-called Celtic Tiger. This is not to in any way belittle the major advances in medical science, the improvements in the delivery of care on many fronts or, above all, the dedication of people working in the health services. Nor is it to under-estimate the huge sums of public money spent on the health system.

But the reality remains that the system in this State continues to fail people because it is a grossly inequitable two-tier, public-private system. The standard of care is generally high but access to care is not based on need alone. Ability to pay is still a key determining factor in access to care both in terms of timely access and, in many cases, quality of care.

In June 2007 two bodies representing the Church of Ireland and Catholic Church traditions - the Adelaide Hospital Society and the Jesuit Centre for Faith and Justice - joined forces to warn against the trend in healthcare policy that private hospital co-location represented. They said it "sends out a powerful message about Government backing and support for the existing two-tier hospital system" and that it "represents a significant threat to the fundamental values of care and justice, which require that health provision is seen first and foremost as an essential service, which should be available on the basis of need".

The notorious co-location scheme has now run into the sand - at what cost in terms of waste of money and effort we do not yet know. But this we do know. A Government which sponsored such a scheme could never be relied upon to deal with the underlying inequalities which contribute significantly to ill-health in our society.

- Life expectancy at birth in this State is greatest according to the affluence of the area in which the person lives. Social class is a powerful predictor of life expectancy with male professional workers having a life expectancy over 6 years higher than their unskilled counterparts. (Mortality Differentials in Ireland, Central Statistics Office Report, December 2010).
- The Public Health Alliance of Ireland points out that death rates for cancers are 100% higher among the lowest paid and most disadvantaged of our people.

There is also inequality on the basis of location. The allocation of health care funding is inequitably distributed across and within the regions. Unlike other European countries, this State has failed to implement a health care funding formula to address regional inequality. Trauma death rates are higher in rural areas than urban areas: 'dead on arrival' rates vary from 23% for urban residents to 74% for small town dwellers.

The development of specialities and sub-specialities in surgery has increased pressure on smaller hospitals. Smaller hospitals are portrayed as not providing life-and-death services, but as 'wasting resources' that could be used to develop new specialities that tend to be for the benefit of medical careers. The full implementation of the Hanly report will effectively close around 40 acute public hospitals, yet the claim that high volumes lead to better outcomes for patients is unsupported by good quality evidence, except in the case of a very small number of highly complex procedures.

The closure of inpatient A&E services in smaller public hospitals will significantly reduce 'golden hour' access. Denying local communities golden hour access will result in avoidable deaths and permanent disability. In Ennis Hospital, for example, hospital records demonstrate that at least 20 avoidable deaths will occur every year as a result of the closure of its A&E unit.

Government and HSE policy is influenced by political expediency, short-termism, playing to privileged vested interests, a privatisation mentality, bureaucracy, careerism, a drive to centralisation and book-keeping. The result is an unholy mess both in terms of policy and delivery.

A perfect example of the valueless direction of the Government in health policy and delivery is the decision to undermine the General Medical Services Scheme by introducing prescription charges for medical card holders. Such a measure, along with the other cutbacks we have seen, serve only to deepen health inequalities and health inequalities kill.

The late Susie Long, a cancer patient, was brave enough to highlight her own case nationally, not for personal redress but to expose the injustice of the system. As a public patient she had to wait seven months for vital cancer tests. As a private patient she would have got those tests in time – possibly in time to save her life. Before she died she summed up the position simply and clearly when she said:

> *"I believe that people should be seen on the basis of how ill they are, of their symptoms, not on how much money they have."*

PUBLIC SERVICE AND SOCIAL SOLIDARITY

The ills of our health services have been diagnosed many times. The question is what can remedy them? Sinn Féin believes that:

- The status quo – as defended by Fianna Fáil - is not an option. The system is clearly dysfunctional and must be fundamentally reformed.
- The health insurance models offered by Fine Gael and Labour depend on the profit motive of insurance companies who will be given undue control over our health services and over the levels of care that patients will receive.
- Healthcare is a right and is delivered most equitably and efficiently on the basis of public service and social solidarity, funded by a progressive taxation system.

Our public healthcare system is in crisis because Fianna Fáil-led governments for the past 13 years have failed to reform the system, have actually made it more inequitable. We have a two-tier system where wealth can buy better care in the private health sector – a private sector subsidised by the Government at the expense of the public system.

Even at the height of the 'Celtic Tiger' boom the health system continued to struggle from crisis to crisis, never properly recovering from the cuts of the 1980s imposed by Governments involving Fianna Fáil, Fine Gael and Labour.

The HSE has failed because it is top heavy with expensive bureaucracy and is trying to operate an inherently inequitable and inefficient system based on fundamentally flawed policy. That policy was

pursued most notably by former Health Minister Mary Harney, but fully supported by her Fianna Fáil partners in Government.

Too often the health system has failed the most vulnerable young people in its care. It has failed patients whose illnesses have been misdiagnosed and those who have been left on waiting lists so long that their illness has become terminal. Such failures cannot be accepted.

The health system will only be transformed if we have a clear vision of the kind of healthcare citizens deserve. Doctors, nurses and other health professionals do a great job in circumstances that are increasingly intolerable. It is time to start building a health service that meets the needs of all citizens and that treats them all on a basis of equality. We need a system that has primary and preventative healthcare at its core. We will all benefit - the economy will benefit in the long run - if we build a world class health system.

TRANSFORMING THE SYSTEM

Sinn Féin's vision is of a new Irish national health system with care for all based on need alone.

Achieving such a system in Ireland is one of the key objectives of Sinn Féin and our vision is set out in our policy document Healthcare in an Ireland of Equals. Our core policy proposals on Healthcare are:

- A new universal public health system for Ireland that provides care to all free at the point of delivery, on the basis of need alone, and funded from general, fair and progressive taxation.
- Fundamental re-orientation of the health system to adopt a central focus on prevention, health promotion and primary care (including mental health care), and on ultimately eliminating the underlying social and structural causes of ill-health and premature death, such as poverty and inequality.
- Immediate establishment of a Health Funding Commission to report within a reasonable timeframe on the projected costs of the transition to an all-Ireland system of universal provision, taking into account all spending on health services under the current systems, including state funding and spending on private insurance, and to make recommendations on how the state can best harness these resources in the interests of more equitable and efficient delivery.

A fully public system would have to be delivered in the context of fundamental tax reform that would ensure that the wealthy pay their fair share. And the development of a renewed public health system would also go hand in hand with a programme of economic recovery, involving a real strategy to retain and create jobs.

We seek to reverse the privatisation of the health services and phase out the role of the private for-profit sector in the provision of essential care.

Sinn Féin favours a public healthcare system funded from general taxation. We believe that there is no more important area of State spending than healthcare. We believe we should aim for the best and most accessible and equitable healthcare and that that requires ring-fenced funding from general taxation and provision by a fully public system. Policy in such a system would be democratically accountable at national level and based on a network of community health partnerships at local level.

We would have a number of concerns about a funding system based on health insurance. The example of The Netherlands is often cited and on the surface it is attractive. However serious issues have been raised about the role of the insurance companies. In such a system the danger is that the interests of insurance companies and their share-holders may become a more important consideration than public health policy. An insurance-based system here, while genuinely proposed as a solution based on sound values, could be seized on for the purposes of profit with the public interest taking second place yet again

The Irish people need and deserve a better health system, based on our shared values of justice and fairness. Such a system can be delivered if we harness the talents of our people, both inside and outside the health system, and if we use the resources of the nation for the public good.

ENDING THE PRIVATE FOR-PROFIT RIP-OFF

The two-tier public/private health system in this State is kept in place by massive Government subsidies to the private for-profit healthcare sector.

The National Treatment Purchase Fund (NTPF) was set up supposedly as a stop-gap measure to address long public hospital waiting lists by funding treatments for public patients in private hospitals. In its first year, 2002, it received €5 million in State funding; by 2008 this had risen to €104.6 million. Since its establishment it has received a total of €597.782 million in public money.

The NTPF is directly subsidising private health care with taxpayers' money. It also gives hospital consultants a perverse incentive to keep patients on waiting lists until they are eligible for the NTPF and can be treated privately in their own practice.

The NTPF is widely regarded as representing bad value for money. Some 20,000 inpatients were treated in 2007 at a cost of €92 million. The 2007 report does not provide details of the procedures performed or of their individual cost, but at least two-thirds of the procedures listed, such as endoscopy, tonsillectomy and dental extraction, are of a minor nature and are generally carried out as day case procedures, which are relatively inexpensive. Some 10,000 outpatient consultations and some 2,000 MRI scans were also provided. Excluding the outpatients, the cost per inpatient treated was €4,600. Four private hospitals shared €49 million of the fund.

Treating inpatients in private hospitals under the NTPF is costing the taxpayer more per patient than the equivalent treatment in a public hospital. With 20,000 in-patients being treated through the NTPF,

the taxpayer is being forced to squander at least €17 million, which is being pocketed by private health companies. This wilful waste of public money must end.

More wastage of money stemming from our public-private mix is evident in the cost of treating private patients in public beds. The Irish Nurses and Midwives Organisation has stated that private patients are being subsidised by the taxpayer to the tune of €113 million per year in public hospitals.

INSURANCE-LED HEALTH CARE?

Despite the Government's support of private-for-profit healthcare, the number of people taking out private health insurance is in decline. Recent rises in the cost of subscriptions will accelerate this flight from private insurers.

A Fine Gael Government would likely hand over control of our public health system to private health insurers. The push from Fine Gael for a health insurance model is misguided: this is a model that, using the rhetoric of 'universal health insurance', actually promotes private interests. Fine Gael's proposal for 'Fair Care' is based on the Netherlands' health system. In 2006, the Dutch Government abolished public health insurance and required all residents to take out private health insurance. Basic insurance costs €1,200 in the Netherlands or up to €5,000 for a family of four children. Despite the high costs of insurances, private insurance companies are still subsidized by the state.

The Labour Party proposal seems to be based more on a State insurance company but what would be the hybrid health plan of a Fine Gael/Labour Coalition?

Transferring control over our health system to private insurance companies, as Fine Gael proposes to do, will accelerate the privatization of our health service. All health services provided by hospitals and general practitioners will be bought by these companies. These companies will be in a position to determine the package of care that people are entitled to get, and that package will depend on what they can afford. As a result of the health insurance industry take-over in the Netherlands, popular services such as family planning and optical benefits were excluded from the scheme, as were a number of widely used prescription drugs.

AN END TO CENTRALISATION

Sinn Féin rejects the Government's policy of centralisation of public hospitals. Centralisation provides a figleaf for cutting public hospital services. Sinn Féin believes that, given the highly dispersed nature of our population, small and medium sized public hospitals must continue to provide the maximum possible range of services for their communities. In ensuring that second-level care is provided at the most local level, Sinn Féin calls for:

- **The development of funding mechanisms designed to address geographic inequality in public hospitals.**
- **The retention and development of acute or emergency services in second-level public hospitals.**
- **Provide cancer care on a truly nationwide basis, with access to radiation oncology and other cancer services in all the regions.**
- **The development of a new medical speciality - medicine in smaller hospitals - by medical trainers.**

A NEW RELATIONSHIP WITH HOSPITAL CONSULTANTS & GPS

Irish hospital consultants earn €250,000 per annum for a nominal 33-hour-week. The implementation of the consultants' contract cost the Government more than €140 million in 2009.

Consultants who practice privately in public hospitals are being paid twice to treat the same patient, once by the taxpayer and a second time by the patient, or the patient's private health insurer.

Some consultants have been reported to spend 40% of their working time on private practice, some of which is being reimbursed by the National Treatment Purchase Fund. Furthermore, the cap of 25% on time spent by publicly employed consultants in private practice is effectively disputed, as medical unions take issue with HSE monitoring mechanisms.

The Comptroller and Auditor General has reported:

> ***"As part of contractual arrangement agreed in 2008, consultants undertook to limit private practice to set levels. There has been limited progress in implementing this provision in that private practice levels in many hospitals continue to exceed permitted levels, in some cases significantly so. Monitoring is very much in arrears being reported up to nine months after the work was done. Although an implicit objective of Consultants Contract 2008 was to remove any financial incentive on the part of consultants to engage in private practice above an agreed level, no financial adjustment has yet been effected."***

Sinn Féin is of the view that no monitoring mechanism can adequately deal with this perverse and absurd system, which is one that we can no longer afford.

Sinn Féin pledges to renegotiate the contracts of agreements with both the GP and hospital consultant professions. By removing the perverse incentives that currently exist for both the selection and treatment of patients, Sinn Féin will ensure that Ireland can afford to train and employ the medical consultants and general practitioners that it so badly needs to bring the country up to OECD averages. Sinn Féin pledges:

- The introduction of charges for medical consultants in public hospitals to cover the cost of hospital staff, technology and other resources utilised for their private practice.
- The introduction of a new public-only consultant contract – capping the salaries of medical consultants at €150,000.
- The introduction of a public-only contract for GPs – capping salaries at €150,000.

CONTROLLING THE COST OF DRUGS

Drugs are overprescribed. The overprescribing of drugs is related to insufficient scrutiny of medical practitioners' prescribing habits. This State is one of the few in Europe where medical practitioners are at liberty to prescribe any type of drugs that they wish. At least 30% of drug prescriptions in mental health, for example, are deemed to be unnecessary. We are one of only three States in Europe where outpatient antibiotic prescribing is increasing. The over-prescription of antibiotics is linked to the spread of MRSA in hospitals.

One reason for inappropriate prescribing may lie in the opaque relationship between the medical profession and the pharmacuetical industry. Major pharmaceutical companies, such as United Brands, sponsor medical conferences for doctors in luxury hotels. Moreover, there are no restrictions on general practitioners or hospital consultants investing in shares in the pharmaceutical or other healthcare industries or in private hospitals or clinics. The conflict of interest between the doctor as healer and the doctor as drug manufacturer needs to be recognised.

Cost is another issue. The price of drugs is far higher in Ireland than in most other European countries. One of the reasons for the high cost of drugs in Ireland is the overuse of "branded" or patented drugs. Generic drugs are a more cost effective option. There is no difference in quality between generic and branded drugs. The use of generic drugs is common in Europe and is used in countries such as Denmark, France, Austria and the Netherlands. An example of the price difference between generic and branded drugs is alendronic acid, which is used to treat osteoporosis. The branded product costs a patient €56.05 for a month's supply. The generic drug costs €38.98 (Tevenate), which is a saving of €17.07 (30%).

The cost of generic drugs can in some circumstances be almost the same as branded drugs, however. Certain generic drugs are "branded generics". The high cost of branded generics must be addressed. Overall, it is estimated that the use of low cost generic drugs could result in annual savings of up to €200 million.

Because of the contract negotiated between the Irish pharmaceutical industry and the Irish Government generic drugs are not routinely offered to patients. A clause in the IPHA agreement

prohibits chemists from offering cheaper generic drugs and compels them to sell branded drugs on prescriptions. This clause is in breach of the code of conduct for Irish pharmacists. If real savings are to be made, medical practitioners and pharmacists must be obliged to prescribe and sell the most cost effective drugs in all circumstances.

The IPHA agreement needs to be renegotiated, as it favours company interests over those of taxpayers. The argument that this cannot be done because pharmaceutical companies might stop investing in the Irish economy is spurious: the trans-national pharmaceutical industry has located in Ireland, not because of our generous drug purchasing agreements, but because of the availability of a young educated workforce and low corporation taxes. Any changes to the IHPA agreement to achieve value for money would have no impact on investment.

Other reasons for the high cost of drugs in Ireland relate to distribution. The cost of drugs supplied by the industry to local pharmacies is substantially increased by wholesaler mark-ups. The existence of vertical integration between wholesale providers and retailers is an additional factor. Three major multinational wholesale companies exist in Ireland:- United Drug, Cahill May Roberts and Uniphar. Cahill May Roberts are owned by Celesio AG, a company that also owns Unicare, a retail chain of 60 pharmacies.

Mark-ups of up to 15% in the distribution process are common, made by pharmaceutical companies that control the supply and sale of drugs. Currently supplies to hospitals are invoiced at the ex-factory price plus a 15% wholesale margin for orders up to a value of €634.87. Where orders are for more than this amount, and provided the order is for a given manufacturer and is placed with a specific wholesaler, the 15% wholesale margin is discounted. Major cost savings would be made if the supply of drugs from manufacturers to pharmacies and hospitals were taken over by the State, as the middle men - multinational wholesalers - would be cut out and, with them, their profits.

SINN FÉIN RECOMMENDS:

- The introduction of legislation prohibiting reimbursement by the state and by private health insurers in cases where medical practitioners prescribe or utilise drugs, devices, tests or treatments in which they have a beneficial ownership, or who refer patients to hospitals or clinics with whom they have a financial relationship;
- The introduction of legislation mandating disclosure of financial or other assistance, gifts or benefits in kind by pharmaceutical companies to medical practitioners, medical bodies and patient organisations
- The renegotiation of the Irish Pharmaceutical Health Association (IPHA) agreement to ensure better value for taxpayers' money
- The establishment of a State wholesale distributor of drugs
- The carrying out of a comprehensive national audit of drug prescriptions both in hospitals and in the community.
- The expansion of the role of pharmacists to include medicine use review to help ensure that patients get optimum benefit from medication and that waste is reduced.