Time to Invest

When we talk about capacity – we are talking about people

The need to invest in University Hospital Waterford

Discussion Document

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1. Introduction:

University Hospital Waterford provides regional surgical and medical services to the HSE South East area, population 500,000 and covers the counties Waterford, South Tipperary, Wexford, Carlow and Kilkenny in the following areas - Cardiology (including Interventional Cardiac Procedures), Trauma Orthopaedics, Ophthalmology, Neurology, Nephrology, Rheumatology, Urology, Vascular Surgery, ENT and Neonatology, Radiology, Pathology and Microbiology.

The hospital is the designated cancer centre for the south east, providing rapid access assessment for Breast, Prostate, Lung and Skin cancers. Cancer surgery is centralised at UHW. Haematology, Medical Oncology and Palliative Care is provided through inpatient and day care facilities.

The HSE say there are 431 inpatient and 85 day procedure beds.

However since 2011 services and capacity at the Hospital have been in serious decline. Bed capacity has reduced, waiting times have gone up, capital and operational funding was reduced and is only now returning to pre-2008 levels.

The number of outpatient hospital cancellations has doubled from 2013 to 2015, the number of patients lying on trollies has almost trebled and the number of patients outsourced to other hospitals has also doubled.

All of these figures point to systemic deficiencies and an overall lack of capacity. The hospital has a number of pressure points where waiting times are at an all-time high including orthopaedics, radiology and urology.

It is obvious that the hospital needs serious capital and operational investment. It is imperative that significant increases in funding are provided as demand is on the increase.

2. Capacity – the need to invest

Whether it's a headline about elderly patients lying on a hospital trolley or patients forced to travel for treatment the common thread across all these stories is the lack of capacity in the system to meet demand.

Key Facts:

- 8,568 Outpatient Hospital Cancellations at University Hospital Waterford in 2015
- 50,997 Emergency Department attendances in 2015
- 710 patients on hospital trollies at UHW in the first 9 weeks of 2016
- 6,203 patients outsourced to other (mainly private) hospitals in 2015
- Only €1.735m capital spend at UHW in 2015 compared to €11.283m in 2008 and €10.98m in 2012.
- The operational spend at UHW is €154.4M in 2015 compared to €157m in 2008.
- The total Agency Staff spend has increased from €1.65m in 2012 to €6.3m in 2015.

A lack of capacity means that those most in need in Waterford and the Southeast who need urgent medical care and attention are left to suffer needlessly. Meanwhile, government differs and institutes tax breaks to the better off in society. A tax cut for a wealthy individual is of no use to anybody on a trolley, racked by pain and worry. When we talk about capacity, we are talking about people.

Sinn Féin Proposals:

Sinn Féin is committed to increasing spending on health by €3.3b over the next five years as set out in our election manifesto. We would increase the health budget each year by the following amounts cumulatively. This would increase capacity in acute hospitals including at University Hospital Waterford.

Year	Amount
Year 1	€794 million
Year 2	€771 million
Year 3	€614 million
Year 4	€584 million
Year 5	€518 million

- The above figures are cumulative. The Department of Finance figures for the period 2017 to 2021 set out a combined net fiscal space of €8.6 billion. In prioritising significant and targeted investment in the health service Sinn Féin will allocate €3.3 billion for health from the overall fiscal space for this period. This provision is in addition to a 2%-3% annual funding increase to accommodate demographic pressures.
- By progressively replacing private spending by members of the public with public spending, allied with better stewarding of spending, we can achieve much greater efficiency and fairness. We can deliver more for the same.

3. Hospital cancellations

The cancellation of hospital appointments is a clear indicator of systemic problems. The HSE argues that hospital cancellations occur mainly because of a historical practice of overbooking of clinics. They argue that this is not in fact a true cancellation. However this does not account for the almost doubling of outpatient appointments from 2013 to 2015. Figure 2 below shows that outpatient hospital appointment cancellations have doubled from 4,490 in 2013 to 8,568 in 2015.

Figure 1[1]

Inpatient Cancellations

Year	UHW Capacity Issue	UHW Consultant
2011	146	54
2012	55	64
2013	263	76
2014	170	57
2015	121	78
2016 to date	54	33
Total:	**809**	**362**

Figure 2[2]

Outpatient Cancellations

Year	Hospital Cancellations	Patient Cancellations
2011	4257	3875
2012	4350	3134
2013	4490	4163
2014	7659	23
2015	8568	33
2016 to date	4368	17

The issue of patient cancellations is also a problem and can frustrate the work of front line staff. The current DNA (Did Not Attend) rate in 2016 is running at 11% for University Hospital Waterford which is just below the national average. The hospital implements the SDU/HSE guidelines for DNAs which is a "one strike" policy.

According to the HSE the GP and patient receive a letter informing them of same. For review patients a DNA is reviewed by the relevant clinician. University Hospital Waterford attempts to review the DNA by ongoing audit/validation exercises to ensure that all patients awaiting appointments are still valid. University Hospital Waterford now plans to implement

[1] PQ20268/16
[2] PQ20268/16

a Text Alert to patients in advance of Outpatient Departments (OPDs) in an effort to reduce the DNA rate further.

Figure 3[3]

	DNA - New	DNA - Review
2016 - June	2429	6782
2015	5121	13553
2014	4842	16244
2013	5248	12985
2012	4607	13201
2011	4630	15828

Sinn Féin supports the introduction of a new and single Integrated Hospital Waiting List Management System called Comhliosta.

Under the current system, waiting lists for outpatient appointments, diagnostic tests, day case and inpatient procedures vary drastically from one public hospital to the next. 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.

People with comparable health concerns can wait very different lengths of time for assessment and treatment depending on what hospital they happen to be initially referred.

We would introduce a version of the integrated IT system used in the Portuguese NHS, which would help to achieve new maximum wait times by actively transferring those on the list from hospitals that are failing to meet the target to hospitals that have the ability to offer the service on time.

The new maximum waiting times should be developed to cover the entire period from referral to the end of the episode, i.e. the time when either a decision is made not to treat or when treatment has happened.

The IT model introduced by the Portuguese, alongside greater investment in public hospitals, has delivered significant and sustained reductions in waiting times for surgery since it was first introduced in 2004.

As described in the 2013 OECD publication, 'Waiting Time Policies in the Health Sector: What Works?', over five years waiting lists for surgery have decreased by almost 35%, the median waiting times by almost 63% and variation across providers is also diminishing.

When a registered patient has reached 75% of the maximum waiting time allowed for their treatment a voucher is automatically generated allowing the patient to obtain treatment in a different public or participating private facility – the payment is the same regardless of provider status.

[3] PQ20265/16

Unlike the former National Treatment Purchase Fund, fees for Comhliosta activity would be centrally determined and set at a rate below that paid for core activity, which must take account of all hospitals' fixed costs. In Portugal, the additional surgeries conducted via the transfer system cost, on average, 70% of the price paid for basic surgery provision.

Hospitals in Portugal have an incentive to engage in additional transfer activities over and above that contracted in order to attract the 70% funding which comes with them.
Almost 80% of Irish consultants are currently engaged in some form of private patient activity outside of their contracted hours.

This shows they have the capacity to carry out more public activity, which would allow us to treat everybody more quickly and on the basis of clinical need alone rather than patient status. Coupled with greater public investment, Comhliosta could do just that.

4. Theatre space:

Theatre space and capacity has been a problem at University Hospital Waterford since 2011. A number of theatres were closed and this has had implications for accident and emergency services as well as increased waiting times in specialist areas.

In the latter part of 2016 there were 7.5 theatres operational. The 2.5 theatres were re-opened to facilitate the expansion of the Urology Services in University Hospital Waterford. They also accommodate an Emergency Theatre and 2 Trauma Theatres.

The HSE point to a future plan that involves opening the remaining capacity to bring the number of theatres in use from 7.5 to 8. The additional 0.5 theatre will be used to provide additional capacity for current surgical services. This will be dependent on resource and staffing availability. The HSE intends to provide this additional capacity in 2017.

Summary[4]

- 2011 - 5 theatres
- 2012 - 5 theatres
- 2013 - 5 theatres operational
- 2014 - 5 theatres operational
- 2015 - 7.5 theatres operational - (latter half of 2015)
- 2016 - 7.5 theatres operational

5. Emergency Department:

Although the number of Emergency Department attendances has remained consistent the numbers do not reflect the fact that the age profile of patients has increased with a consequent rise in the activity level of these patients. The increase in age profile includes frail elderly, who require additional levels of care.

This also affects the increase in numbers, who require placement in nursing homes and intermediate care, with a corresponding effect on inpatient bed capacity. We have also seen a dramatic increase in the number of patients on hospital trollies.

For the first 9 weeks of 2016 the number of patients on trollies was 710 compared to 281 for the corresponding weeks in 2015.

YEAR ED ATTENDANCES[5]

2013 53,515
2014 50,320
2015 50,997
2016 27,430

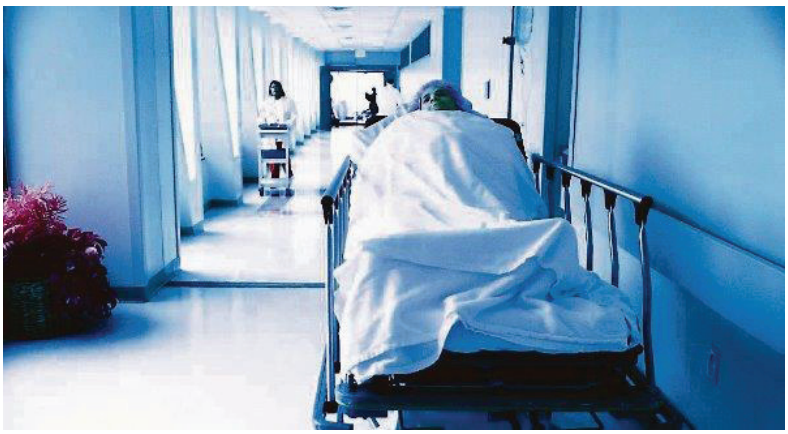
Patients on Trollies

For the first 6 weeks of 2016 (ie up to the Friday of the week ending 12/02/2016) the cumulative trolley count for University Hospital Waterford was:

- 2015 161
- **2016 519**

However up to the end of the week ending 04/03/2016 (ie week 9) the cumulative count for University Hospital Waterford was:

- 2015 281
- **2016 710**



[5] PQ 4892/16

University Hospital Waterford Trolley Count

The trolley count numbers for 2016 fluctuate throughout the year. However according to Figure 4 below up until the 2nd September 2016 the total yearly figure to date is 2,122 compared to 1,287 for the corresponding dates for 2015. This represents a 65% increase.

This is significant by any standards and is further evidence of capacity problems at University Hospital Waterford.

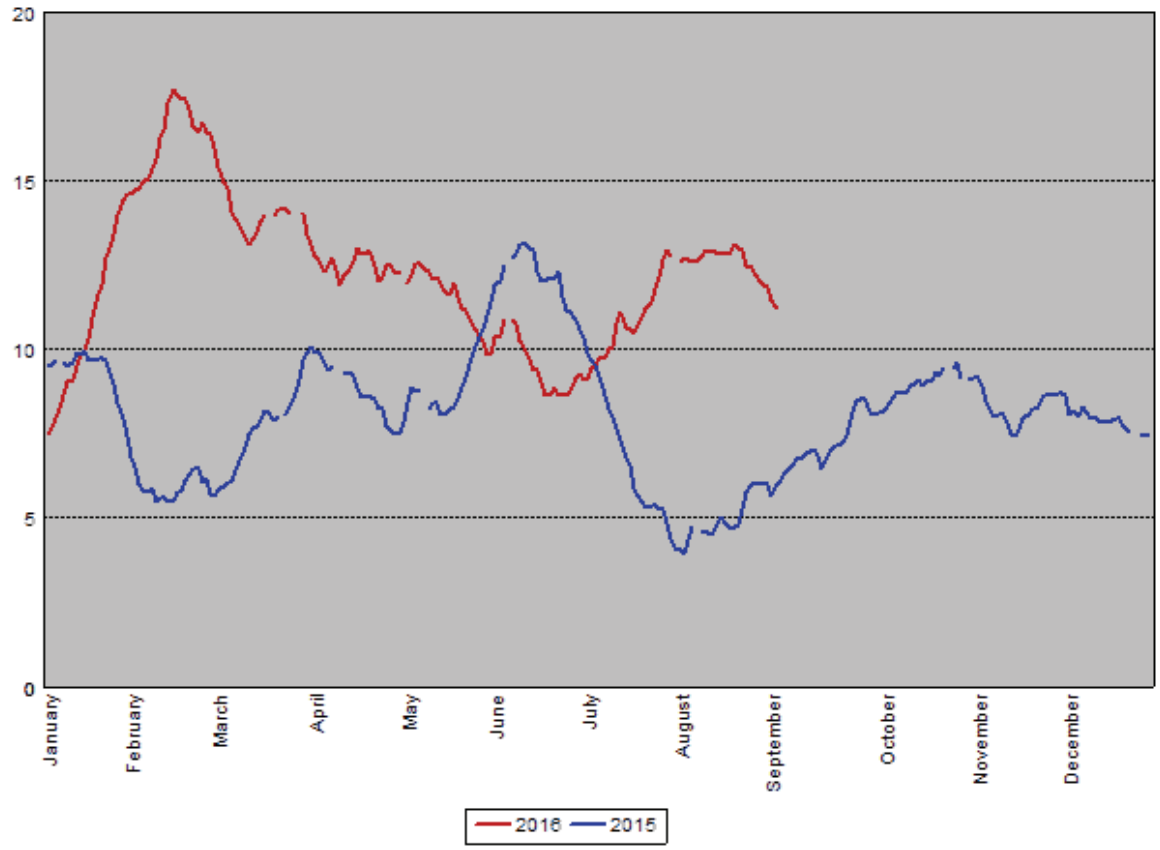
It is imperative that the HSE carry out a root and branch review of bed capacity and commit to increased capital and operational spending.

Figure[6]

Date	DMA15	DMA16	% Diff	Count16	Count15	%DIFF	YTD16	YTD15	% Change
08/01/2016	9	10	-10	89	16	456.3	89	16	456.3
15/01/2016	10	10	0	89	55	61.8	178	71	150.7
22/01/2016	13	10	30	110	28	292.9	288	99	190.9
29/01/2016	15	7	114.3	100	2	4900	388	101	284.2
05/02/2016	15	6	150	50	21	138.1	438	122	259
12/02/2016	17	6	183.3	81	39	107.7	519	161	222.4
19/02/2016	17	6	183.3	84	44	90.9	603	205	194.1
26/02/2016	16	6	166.7	65	37	75.7	668	242	176
04/03/2016	14	6	133.3	42	39	7.7	710	281	152.7
11/03/2016	13	8	62.5	76	49	55.1	786	330	138.2
18/03/2016	14	8	75	67	28	139.3	853	358	138.3
17/03/2016	14	9	55.6	46	59	-22	899	417	115.6
01/04/2016	13	10	30	40	77	-48.1	939	494	90.1
08/04/2016	12	9	33.3	60	22	172.7	999	516	93.6
15/04/2016	13	9	44.4	69	8	762.5	1068	524	103.8
22/04/2016	12	8	50	37	23	60.9	1105	547	102
29/04/2016	12	8	50	83	21	295.2	1188	568	109.2
06/05/2016	13	9	44.4	59	74	-20.3	1247	642	94.2
13/05/2016	12	8	50	42	52	-19.2	1289	694	85.7
20/05/2016	11	9	22.2	37	72	-48.6	1326	766	73.1
27/05/2016	10	11	-9.1	32	74	-56.8	1358	840	61.7
03/06/2016	11	12	-8.3	67	81	-17.3	1425	921	54.7
10/06/2016	10	13	-23.1	35	29	20.7	1460	950	53.7
17/06/2016	9	12	-25	36	33	9.1	1496	983	52.2
24/06/2016	9	11	-18.2	46	36	27.8	1542	1019	51.3
01/07/2016	9	10	-10	54	34	58.8	1596	1053	51.6
08/07/2016	10	8	25	55	26	111.5	1651	1079	53
15/07/2016	11	7	57.1	76	17	347.1	1727	1096	57.6
22/07/2016	11	5	120	75	14	435.7	1802	1110	62.3
29/07/2016	13	4	225	77	5	1440	1879	1115	68.5
05/08/2016	13	5	160	31	46	-32.6	1910	1161	64.5
12/08/2016	13	5	160	67	28	139.3	1977	1189	66.3
19/08/2016	13	5	160	53	30	76.7	2030	1219	66.5
26/08/2016	12	6	100	49	56	-12.5	2079	1275	63.1
02/09/2016	11	6	83.3	43	12	258.3	2122	1287	64.9

[6] http://health.gov.ie/statistics/?hid=600

Figure 5[7] Weekly data (UHW) for 2016 (year to date) and comparative data for 2015



In our Better4Health Policy document Sinn Féin has committed to:

- Increase the number of hospital beds per 1,000 population from the current level of less than 4 to 4.6, with a view to further raising this ratio.
- 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.
- Sustained investment in community services which allow for appropriate care without hospital admission and/or discharge to appropriate care settings.
- Increase nursing home bed numbers by 900 additional beds in year one, 800 additional beds in year two and 700 additional beds in year three, four and five at a cost of €125 million.
- Increase home help hours and homecare packages in year one by 10 per cent at an estimated cost of €31 million and by a further 10 per cent on the baseline year in years two and three with a resulting rise in spending of €93 million.
- Establish an Emergency Department Taskforce on a permanent basis.

[7] http://health.gov.ie/statistics/?hid=600

6. Patient Outsourcing:

The number of patients outsourced has more than doubled from 2013 to 2015. This corresponds with the doubling of outpatient appointment cancellations and is further evidence of a scaling back of services and capacity.

Figure 4A[8] and Figure 4B

Speciality	Private Facility Assigned to:	Total OPD Outsourced 2013
Urology OPD	**Whitfield Clinic**	**519**
Dermatology	**Mater Cork**	**100**
Eyes	**Whitfield Clinic**	**57**
Pain	**Whitfield Clinic**	**315**
ENT	**Whitfield Clinic**	**1200**
Orthopaedic Cappagh	**Cappagh**	**72**
Orthopaedic Whitfield	**Whitfield Clinic**	**173**
Orthopaedic Aut Even	**Aut Even Kilkenny**	**649**
	Total OPD Outsourced 2014	**3085**

Speciality	Private Facility Assigned to:	Total OPD Outsourced 2015
Orthopaedics	Clane General Hospital	**200**
Orthopaedics	AUT EVEN HOSPITAL	**526**
Orthopaedics	Bon Secours Hospital Cork	**100**
Orthopaedics	Whitfield	**381**
Orthopaedics	Mater Private Cork	**500**
Orthopaedics	St Francis Private Hospital	**579**
Orthopaedics	Sports Surgery Clinic	**500**
Orthopaedics	Beacon Hospital Sandyford Limited	**100**
Orthopaedics	Barringtons Hospital	**400**
Otolaryngology (ENT)	AUT EVEN HOSPITAL	**200**

[8] PQ12717/16

Otolaryngology (ENT)	Bon Secours Hospital Cork	**300**
Otolaryngology (ENT)	Whitfield	**402**
Otolaryngology (ENT)	Barringtons Hospital	**200**
Urology	AUT EVEN HOSPITAL	**80**
Urology	Whitfield	**657**
Urology	Mater Private Cork	**100**
Vascular Surgery	AUT EVEN HOSPITAL	**119**
Vascular Surgery	Whitfield	**100**
Pain Relief	Whitfield	**213**
Dermatology	Whitfield	**200**
Ophthalmology	Whitfield	**293**
Endocrinology	Mater Private Cork	**53**
	Total OPD Outsourced 2015	**6203**

7. Capital Spend:

The capital financial expenditure at University Hospital Waterford since 2007 is as follows:-

[9]YEAR

- 2007 €0.492m
- 2008 €11.283m
- 2009 €5.194m
- 2010 €4.242m
- 2011 €5.892m
- 2012 €10.986m
- 2013 €4.413m
- 2014 €4.639m
- 2015 €1.735m
- 2016(June) €0.423m

Capital Projects:

Increased capacity at University Hospital Waterford will require increased capital investment.

Palliative Care

The HSE, in collaboration with Waterford Hospice Movement Limited and University Hospital Waterford (UHW), has planned a 20 bed Regional Specialist Inpatient Unit and Day Service in Palliative Medicine as part of an integrated development at UHW.

University Hospital Waterford say work on the development of this €25 million block has been progressing. Enabling works were completed to the front of the hospital in 2014 to allow access to, and to plan for the rerouting of traffic from, the proposed new site.

These works included the construction of a new roadway to relocate the access road to the Old School of Nursing and HSE/RCSI Education Centre to the east end of the campus.

According to UHW this work also involved the relocation of services to the perimeter of the site and the completion of new car parks adjacent to the Laboratory. Ongoing work is progressing on the development of additional car park spaces to allow for handover of site to the selected builder later in the year.

The design team was appointed in summer 2014 and extensive consultation has taken place both with Waterford Hospice Ltd and in house UHW regarding details of the project.

Waterford Hospice Ltd is contributing €6m towards the cost of this development and a Memorandum of Understanding was signed between Waterford Hospice and HSE earlier this year. Arising from the Memorandum of Understanding (MOU) a formal joint working group has now been established between Waterford Hospice Ltd and UHW. This group had its first

[9] PQ 12716

meeting recently in preparation for project commencement and will be overseeing the operational and administrative details of the project through to conclusion.

Planning permission has been secured and detailed design is progressing. It is planned that the tender process will be completed and construction will commence November 2016 and to be completed Q2 2018. Following commissioning and equipping, it is planned that the facility will be operational from Q4 of 2018.

Cardiology Services:

According to the HSE there are currently 3 full time permanent Interventional Cardiology posts in place in University Hospital Waterford. The Catheterisation Laboratory Service in University Hospital Waterford is currently funded to open 8.30 to 5.30 Monday to Friday and does not deliver a 24/7 service access including PCI.

Outside of the availability of University Hospital Waterford service patients are either transferred to either Cork University Hospital or to a Hospital in Dublin under a protocol that is working well.

The full revenue cost of a 24/7 service including the provision of the second Catheterisation Laboratory is approximately €4.7m. University Hospital Waterford say it is their aim to continue to develop this service in line with resource availability to the point where 24/7 access to the Catheterisation Laboratory is in place.

This may be achievable in collaboration with another Centre such as Cork University Hospital. It is regrettable that the Independent Review which was undertaken as part of the Programme for Government is out of line with the issues as outlined in this document.

HSE Capital Provision for 2016 (UHW):

- A 5 storey block will commence in 4th quarter 2016 – incorporating 2 floors (Inpatient and Day care) for Palliative Care the capital budget for the project is €25m of which €600k is allocated for 2016. It should be noted Waterford Hospice movement is committed to a contribution of €6m within the above allocation.

- Central Decontamination Unit – Overall capital allocation of €1.44m for this project of which €0.70m will be expenditure in 2016.

- Interventional Radiology (IR) works

    - Replacement of IR equipment/upgrade of facility and inclusion of 2 recovery rooms with 2 beds at a cost of €1.1m – gone to tender and works will commence in June 2016.

    - Mortuary & Post Mortem facilities. The overall approved capital budget for this project is €4.6m with €0.10m expenditure allocated for 2016 to progress the design of the project.

8. Operational Spend:

The current funding for University Hospital Waterford is as follows:

YEAR	Closing budget	Expenditure[10]
2007	144,026,890	146,791,628
2008	157,821,950	156,289,881
2009	162,842,203	163,112,139
2010	143,460,856	148,221,945
2011	141,672,878	144,299,090
2012	132,599,488	138,920,033
2013	137,280,968	139,048,479
2014	149,252,587	149,390,993
2015	154,424,569	154,625,315

There is no shying away from the need to increase funding at University Hospital Waterford. Building adequate capacity across all services and eliminating unequal access to services will require significant and sustained public investment.

This and previous governments have cut funding to health. Our public health system continues to suffer acute and chronic underfunding. The examples in this document of lengthening waiting lists, more outsourcing and hospital cancellations are a testament to the failure of successive governments to properly invest in University Hospital Waterford.

Rechannelling spending on health

Sinn Féin is proposing a new funding model for health, a model in which public expenditure makes up a far greater portion of the total spend on health than it does at present.

Public investment in health from existing sources must rise by 2%-3% per annum to accommodate demographic pressures on our health system. In addition to this, Sinn Féin proposes to increase public spending on healthcare by an additional €3.3 billion over the next five years, beginning with €794 million in year one.

The Department of Finance figures for the period 2017 to 2021 set out a combined net fiscal space of €10.1 billion. In prioritising significant and targeted investment in the health service, Sinn Féin will allocate €3.3 billion for health from the overall fiscal space. During a second term of government we would continue with year on year increases to spending reaching €5 billion.

[10] PQ 12716

9. Agency Spend:

The expenditure totals in respect of University Hospital Waterford for the following years was:-

- 2011 3,214,924.75[11]
- 2012 1,648,498.90
- 2013 3,597,747,50
- 2014 6,289,020,99
- 2015 5,145,766.47

Reducing reliance on agency staff

A moratorium on recruitment across all areas of the public sector was introduced in March 2009. It created a health system propped up by agency staff on salaries many times that of permanent staff. Certain agency doctors can cost a hospital approximately €1,000 a day. In one year alone, 50 agency doctors each earned approximately €300,000.

Launching their pre-Budget submission for 2016, the Irish Hospital Consultants Association made the case that an agency consultant is twice the price of a long-serving permanent consultant and three times the price of a new consultant.

According to the HSE Performance Report for the month of January 2015, it spent €27 million on agency staff. In January 2013 it had spent €19 million.

We need to ensure that the HSE reduces reliance on agency staff and makes permanent posts attractive for qualified applicants. The current approach is clearly costing us dearly, and not just financially.

Continuity of care is also undermined when there is an overreliance on agency staff who are, by their nature, often employed only for short periods. While the greater number of agency staff are competent and committed healthcare providers, if issues do arise they can be harder to monitor if staff are moving across facilities.

Earlier in 2015, we heard reports relating to concerns about locums in radiology, where it was suggested that at least one patient had had a delayed diagnosis of cancer. Dependence on agency staff must be greatly reduced.

Sinn Féin's recruitment proposals outlined in our Better4Health document are designed to decrease dependence on Agency staff and directly hire extra staff to meet the demand and need for services.

[11] PQ837416

10.Radiology Services

The Radiology Department at University Hospital Waterford provides a service to hospitals and primary and community services in the South East to a population of over 460,000 across five counties. University Hospital Waterford is one of the eight Regional Cancer Centres of Excellence designated by the National Cancer Control Programme (NCCP), providing Rapid Access Assessment for Breast, Prostate, Lung and Skins cancers.

An overall increase in service demand from primary care services and expanding internal hospital services has resulted in an increase of 14.55% (from 127,537 to 146,804) in the number of radiology examinations and procedures carried out between 2011 and 2015.

According to the HSE the Hospital has experienced radiographer staff shortages in 2015 and 2016. The total staff complement for radiographers at University Hospital Waterford is 37.2 of which 12.7 posts are unfilled due to recruitment difficulties. This is a staff complement deficit of 26%.

The main reasons for the vacancies are maternity leave, resignations and promotions. The Hospital management say they are endeavouring to fill the vacant posts through the normal HSE recruitment process and through agency staff however there is currently a national shortage of qualified Radiographers.

Figure 5[12]

Vacancy Grade	Current Status	Number Vacancies
Clinical Radiographer Specialist	Vacant	2.5
Basic Grade Radiographer	Vacant	10
Total Posts	**Vacant**	**12.5**

[12] PQ837116

11.Patient Waiting Times

Repeated comparisons of healthcare waiting times with other OECD countries show that there is very significant room for improvement in Ireland.

New waiting time targets were introduced by Minister Varadkar in mid-2015. But rather than trying to solve the problem, the minister simply shifted the goalposts, extending the waiting time target from 12 months to 18 months.

As far back as the 2001 health strategy, Quality and Fairness, there was a commitment that "by the end of 2004, no public patient will have to wait for more than three months to commence treatment, following referral from an outpatient department".

No serious effort was ever made to achieve this target and waiting times have grown since. Former health minister Dr James Reilly set a target of one year to be seen on an outpatient basis and a target of eight months for inpatient or day case treatment. This target was nearly achieved for a brief period in 2012 but the waiting times have been increasing since.

The fact that the number of people waiting more than 18 months for inpatient or day case treatment has soared by 7,100% since June 2014, while long waiters on outpatient lists are up 465% for the same period, shows, beyond doubt that the Governments measures on waiting lists have failed.

The ever-lengthening hospital waiting lists are a product of understaffing, a lack of capacity and inefficiencies in the system. During the economic crisis Fine Gael and Labour cut health funding by 20% and cut the number of healthcare staff by 12%.

Figure 6[13]

OPWL 13.04.16	0-3 Months	3-6 Months	6-9 Months	9-12 Months	12-15 Months	15-18 Months	Grand Total
Accident & Emergency	1						1
Breast Surgery	494	219	127	28	2		870
Cardiology	228	116	47	1	2	1	395
Dermatology	908	66	16	13	2		1005
Endocrinology	90	103	53	74	37	20	381
Gastro-Enterology	189	159	126	130	95	85	817
Gastro-Intestinal Surgery	16	11	6	2	1		36
General Medicine	2	3		3		1	9
General Surgery	256	109	113	94	79	41	695
Geriatric Medicine	4	53	19	1			77
Gynaecology	288	151	119	68	22	3	652
Haematology	142	43	6				191

[13] PQ 4895/16

Nephrology	118	35	17	27	14	13	224
Neurology	191	114	154	80	50	42	633
Obstetrics				1			1
Oncology	21	8					29
Ophthalmology	950	501	406	203	81	40	2189
Orthopaedics	1287	1005	779	626	473	388	4626
Otolaryngology (ENT)	1652	888	829	789	663	372	5236
Paediatrics	152	119	29	4	3		307
Pain Relief	142	91	73	98	84	55	550
Respiratory Medicine	201	140	135	100	82	64	726
Rheumatology	364	153	95	83	35	39	778
Urology	764	441	350	181	178	167	2093
Vascular Surgery	199	126	173	140	117	62	821
Grand Total	**8659**	**4654**	**3672**	**2746**	**2020**	**1393**	**23342**

There are 23,342. patients waiting on the University Hospital Waterford Outpatient Waiting list on 13/04/2016. The number of patients waiting longer than 12 months is 2,020 and the number waiting longer than 15 months is 1,393. This is despite a Programme for Government commitment in 2011 that no patients will have to wait longer than twelve months for a hospital appointment.

University Hospital Management say it is focusing on the reduction of waiting times below 15 months as per national protocol. During 2015 a waiting list initiative was implemented which resulted in the reduction of the OPD waiting list by 6,685 patients waiting for appointments. This was achieved through the normal planned and additional outpatient clinics, validation of waiting lists and outsourcing to private providers. As we see from figure 2 in this document the number of patients being outsourced has dramatically increased. This is a sticking plaster solution.

UHW has identified capacity issues for ENT, Orthopaedics, Urology and Ophthalmology. The average number of Outpatient Department referrals to University Hospital Waterford per month is 2,900 across 24 specialties.

Key Sinn Fein proposals on reducing waiting times:

- Increase the capacity of the hospital system by recruiting the necessary staff, opening further beds and investing in care in the community as detailed in our Health Policy Document.

- To further reduce waiting times Sinn Féin would explore the feasibility of introducing the Comhliosta Integrated Hospital Waiting List Management System, a waiting list initiative similar to that used by the Portuguese National Health System, which was successful in having a sustained positive impact on waiting times there.

Key Proposals in Sinn Féin's Better4Health Policy Document:

Part 1 – Equality

Medical Card reform

- Immediately extend a full medical card to every child qualifying for the Domiciliary Care Allowance (DCA). This would amount to 9,000 additional medical cards at an estimated cost of €17 million. This is a year one commitment.
- Legislate for a distinct, new 'medical need' ground for eligibility for the medical card with an associated application route, using the DCA assessment framework as a model, i.e. an assessment involving the establishment of a threshold of medical need and not tested against a household's financial means or against diagnosis titles.
- Invite applications to this distinct application process for a card that would be reviewed at intervals informed by the recommendation of the medical assessor. This new route would be open to applicants of all ages but any child who has been granted the DCA would gain the card automatically. Medical cards awarded on this new ground would not be impacted by changes to employment status or income. This is essential, otherwise the medical card system will continue to trap people with disabilities in unemployment and poverty. This reform may initially result in 14,500 additional cards at a possible cost of €27.388 million.

Free GP care

- Increase the annual GP training intake from 161 to 200 to facilitate growth in the number of qualified GPs. The cost of this expansion to training has been estimated at €4.29 million in year one, rising to €17.160 million in year four, to be sustained thereafter.
- Broaden the attractiveness of General Practice as a career choice by introducing 200 salaried GP posts over a term of government at an estimated cost of €30.385 million (this figure includes the recruitment of an additional 200 medical secretaries to work alongside the salaried GPs).
- Prioritise rural areas that are struggling to attract GPs and urban areas where services are overstretched in the deployment of the new salaried posts.
- Free up GP time through the expansion of the role of pharmacists and the recruitment of practice nurses. In conjunction with our proposed salaried GP posts Sinn Féin would introduce 200 new Practice Nurses, who would be directly employed by the State at a cost of €9.366 million.
- Extend free GP care to the remainder of the population by incrementally increasing the financial threshold for GP visit cards. Over two full terms, we propose to extend free GP care at the rate of approximately 230,000 additional people per annum. We estimate that this may cost in the region of almost €28 million in the first full year and a similar additional amount each year thereafter.

Greater role for community pharmacies

- Introduce a pharmacy-based minor ailment scheme.
- Reclassify certain prescription-only medicines to over-the-counter in pharmacy status.

- Introduce a Medicines Use Review Service at an estimated cost of €381,000 with a potential saving of €626,000 and a New Medicines Instruction Service at an estimated cost of €326,000 with potential savings of €2.65 million.

Tackling the unequal burden of drug costs and other charges

- Incrementally abolish prescription charges for medical card holders at an estimated cost of€120 million.
- Incrementally lower the maximum monthly spend required of households under the drugs payment scheme and ultimately abolish all charges for prescription drugs as part of universal healthcare at a cost in the region of €160 million.
- Abolish the €100 charge for use of Emergency Departments and the €75 per day charge for inpatient care at a combined cost of €45.2 million.

Towards universal dental healthcare

- Ensure that those running dental clinics have a legal obligation to register with the Irish Dental Council. This would close a loophole in the law that currently exists and would ensure the Dental Council would have oversight of dental clinics. At present the Dental Council can only uphold complaints against registered dentists. It cannot monitor other dental clinics as, under the Dentists Act 1985, a surgery can be established without registering with the Council.
- Legislate for the Dental Council to set up registers of all dental professionals, including Clinical Dental Technicians, Dental Technicians, Dental Nurses, Hygienists, etc.
- Increase funding to the Public Dental Service to allow it deliver on its remit in full, i.e. all screening for children actually taking place at the ages it is supposed to with follow-up treatment provided in an appropriate timeframe. Provide a funding increase of €21.67 million to that end. From within this increase, recruit an additional 80 dentists (including 10 orthodontists) and 120 dental nurses for the Public Dental Service at a full year cost of €11.2 million.
- Extend the direct provision of orthodontic treatment to children with less severe needs than are currently covered through an expanded HSE Orthodontic Service at an estimated cost of €27 million.
- Invite dentists to enter a contract to deliver a Universal Cycle of Dental Care and Service to all adults. This would initially involve extending an annual oral examination to an additional 445,000 people, achieving universal cover at an estimated cost of €14.7 million. Further treatments would be extended as finance allows and the payment of dentists on a capitation basis should be explored.
- The Universal Cycle of Dental Care and Service scheme would, as a priority and as resources allow, be further extended to cover biannual scale and polish, protracted gum cleaning and fillings and eventually lead to a comprehensive spectrum of dental treatments. This new scheme would immediately replace the Dental Treatment Benefit Scheme (DTBS) and gradually displace the Dental Treatment Service Scheme (DTSS) for medical card holders. It would act as a stepping stone to universal dental healthcare, which is a vital component of primary care.

Rural Ireland's ambulance services

- As a first step, Sinn Féin proposes to fund an additional two ambulances and the necessary personnel for each of the four regions. Overall, this would mean 88 additional staff and eight ambulances at an estimated cost of €7.8 million.
- Over the following years we would make a further €7.2 million investment and recruit an additional 202 staff.

Ending two-tier access to hospital care

- Increase funding for acute hospitals by €238 million over five years. This is separate to the specific recruitment proposals outlined elsewhere in this document, and over and above increases to cover demographic pressures.
- Eliminate private activity from public hospitals while replacing the revenue stream at a cost of €500 million, to be covered in part by the withdrawal of tax relief on Private Health Insurance.
- Explore the introduction of a new Sinn Féin initiative, the Comhliosta integrated hospital waiting list management system.

Championing patients' rights and safety

- Establish an independent Patient Advocacy Agency and allocate an annual operating budget of €3 million.
- Provide for the Ombudsman to take on individual cases of clinical negligence and adverse outcomes.
- Increase resources for HIQA to pursue the implementation of its recommendations.

Promoting the health of the nation

- Increase funding for Healthy Ireland by €200,000. This funding can be sourced from a portion of the revenue generated from a tax on sugary drinks.
- Restrict television marketing of unhealthy food and drinks to after 7pm.
- Introduce a sugary drinks tax.
- Introduce legislation to regulate the sale of e-cigarettes.
- Increase excise duty on cigarettes and increase resources to tackle illicit trade.
- Increase funding for the National Drugs Strategy by allocating an additional €2.4 million in year one, rising to €12 million by year five.
- Introduce an enhanced role for Public Health Nurses, with associated guidance and training.
- Introduce Low Threshold Residential Stabilisation services and pilot a medically supervised injecting centre at a combined cost of €3.2 million.
- Increase the number of addiction counsellors, including counsellors with expertise in gambling addiction, at a cost of €698,000.
- Introduce new protocols governing the filling of prescriptions and make reforms to the methadone maintenance scheme at a cost of €5 million.
- Introduce Minimum Unit Pricing for alcohol alongside increased funding provision for alcohol addiction prevention, education and treatment measures.
- Explore the potential to phase-out alcohol sponsorship of sporting events.

All-Ireland Healthcare

- Maximise the potential of all-Ireland cooperation in the field of healthcare. As the only all-Ireland political party, Sinn Féin in government would be uniquely placed to maximise this potential.

Part 2 – Capacity

Addressing the shortage of nurses

- Reverse the massive cutbacks to nursing numbers by Fianna Fáil, Fine Gael and Labour by recruiting 2,500 nurses over a five-year timeframe at an estimated cost of

€24.4 million in year one, rising to €122 million. This would be followed by further recruitment in a second term of government.
- Provide 10 extra staff to the Nursing and Midwifery Board of Ireland (NMBI) to ensure that applications for registration are processed without undue delay at an estimated cost of €384,000.
- Fund the further training of an additional 100 nurses in Nurse Prescriber skills at an estimated cost of €300,000.

Addressing the shortage of doctors

- Seek to recruit 800 more consultants plus medical secretaries over five years at an estimated total cost of €290.29 million. This would facilitate a significant reduction in spending on junior doctor overtime and agency consultants, which is not accounted for in this estimate.
- Renegotiate the Consultants' Contract.

Responding to Emergency Department overcrowding

- Increase the number of hospital beds per 1,000 population from the current level of less than 4 to 4.6, with a view to further raising this ratio.
- 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.
- Sustained investment in community services which allow for appropriate care without hospital admission and/or discharge to appropriate care settings.
- Increase nursing home bed numbers by 900 additional beds in year one, 800 additional beds in year two and 700 additional beds in year three, four and five at a cost of €125 million.
- Increase home help hours and homecare packages in year one by 10 per cent at an estimated cost of €31 million and by a further 10 per cent on the baseline year in years two and three with a resulting rise in spending of €93 million.
- Establish an Emergency Department Taskforce on a permanent basis.

Responding to lengthening waiting lists

- Increase the capacity of the hospital system by recruiting the necessary staff, opening further beds and investing in care in the community as detailed throughout Part 2 of this document.
- To further reduce waiting times, explore the feasibility of introducing the Comhliosta integrated hospital waiting list management system, a waiting list initiative similar to that used by the Portuguese National Health System, which was successful in having a sustained positive impact on waiting times there.

Tackling the crisis in maternity care

- Recruit 621 additional midwives at a total cost of €31.8 million.
- Recruit an additional 239 obstetricians/gynaecologists, which would double the number in service. This would be pursued over five years and into a second term of government as part of the overall recruitment proposals outlined in this document.

Prioritising mental healthcare

- Increase the mental health budget in year one by €35 million.
- Complete the rollout of Suicide Crisis Assessment Nurses (SCAN) at an estimated cost of €385,000.

- Recruit mental health nurses specifically to liaise with homeless services commencing with 5 in year one at an estimated cost of €175,000.
- Reverse cuts to guidance counsellors in schools introduced by government in 2012, at a cost of €14.7 million to the Department of Education, providing approximately 700 posts.
- Increase the number of inpatient child and adolescent beds to end the inappropriate admission of children to adult psychiatric units at a cost of €14 million.
- Increase the number of Child and Adolescent Mental Health Services (CAMHS)Teams at an estimated full year annual cost of €9.8 million.
- Increase provision for people with mental health difficulties alongside intellectual disability by recruiting the full complement of mental health intellectual disability nursing posts recommended by 'A Vision for Change' at an estimated additional full year annual cost of €3.167 million.
- Increase funding for Counselling in Primary Care, which currently has long waiting lists, with an additional investment of €3.8 million.
- Update the Mental Health Act and Criminal Law (Insanity) Act to bring them into line with international human rights standards.
- Extend the Health and Social Care Professionals Act to provide for the regulation of psychotherapy and counselling.

Prioritising disability services

- Set an additional target of redirecting 5% of current spending towards de-congregation in the National Disability Strategy implementation plan.
- Allocate the €250 million of capital expenditure identified by the HSE as needed to progress de-congregation.
- Increase Personal Assistant hours by an additional 500,000 hours each year for three years at an estimated additional cost of €11.75 million in the first full year, rising to €32.25 million in the third.
- Increase the number of Speech and Language Therapists by 250, Occupational Therapists by 100, Physiotherapists by 100 and psychologists by 150 over our term in government at an estimated full year cost of €30.725 million.
- Increase Respite Care Services by 20% at an estimated cost of €11.6 million.
- Introduce a secure medical card for persons with disabilities.
- In addition to the above specific proposals, increase the budget allocation to disability service providers year on year by €32.45 million, €43.5 million and €50 million in years two, three and four, respectively.

Supports for older people

- Establish an inter-departmental and inter-agency Working Group on Community and Residential Care for Older People.
- Increase home help hours and homecare packages in year one by 10% at an estimated cost of €31 million and by a further 10% on the baseline year in years two and three with a resulting rise in spending of €93 million.
- Increase respite care service provision for older people by 20% at an estimated cost of €6.24 million.
- Fund an additional 900 nursing home beds in year one, a further 800 beds in year 2, and 700 additional beds in year 3 and thereafter. This would require an estimated budget increase of €125.4 million by year five.

Managing chronic disease

- Increase the number of consultant endocrinologists, diabetic nurse specialists and

ophthalmologists as part of the wider recruitment proposals outlined in the document.
- Further roll-out the Heart Watch scheme, with a year one increase of €4.5 million.
- Provide a free annual asthma review and written asthma action plan for everybody with asthma with an investment of €2.5 million.
- Commence a targeted Coeliac Disease screening programme by offering blood testing to all first-degree relatives of people with Coeliac Disease.

Part 3 – Funding

Funding the road to universal healthcare

- Increase public investment in health from existing sources by 2%-3% per annum to accommodate demographic pressures.
- Increase spending on healthcare by €3.3 billion beginning with €794 million in year one.

Better stewarding of spending

- Reduce reliance on agency staff by recruiting for greater numbers of permanent posts across the health system as outlined in Part 2 of the document.
- Shrink the drugs bill through incentivisation measures and renegotiated Association of Pharmaceutical Manufacturers of Ireland/Irish Pharmaceutical Healthcare Association agreements to increase generic and biosimilar use. These measures would, in the first instance, involve a more vigorous approach with the existing infrastructure – reference pricing, generic substitution and influencing prescriber behaviour. Should these measures fail to deliver adequate savings for the taxpayer, Sinn Féin will introduce primary legislation with the objective of controlling on- and off-patent medicines.
- Explore the possibility of centralised bulk buying. Currently more than 1,800 community pharmacists purchase over 70 million items on an annual basis. They deal directly with wholesalers and manufacturers. Sinn Féin would explore the possibility of centralising the process in order to maximise efficiencies and savings.
- Seek to commence a Choosing Wisely Initiative to minimise unnecessary prescribing of drugs and tests in partnership with the relevant bodies here, building on the experience to date from overseas.

The need to invest in University Hospital Waterford - A Discussion Document

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