

A NATIONAL HEALTH SERVICE FOR A UNITED IRELAND





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Access to healthcare is a fundamental human right in a modern civilised society. However, in Ireland today healthcare provision is in crisis.

Citizens in the South are forced to endure an inequitable two-tier system, lengthy waiting lists for routine procedures, overcrowded Accident and Emergency Departments and overworked nurses & doctors.

In the North, Tory-imposed austerity has placed the health service under unprecedented strain with resulting hardship for patients and healthcare staff.

These problems are compounded by having two health services on the island, with wasteful duplication and illogical back-to-back development.

Sinn Féin is committed to the realisation of an all-Ireland system of universal healthcare, accessed on the basis of need, free at the point of delivery, and funded by progressive taxation.

We need to build a National Health Service for all Ireland that values its health workers and ensures fair pay and good working conditions for all.

An Irish National Health Service will not be achieved overnight but a beginning must be made.

DEVELOPING HEALTHCARE ON AN ALL-IRELAND BASIS

Healthcare plays a key role in generating the wealth of a nation by ensuring a healthy and sustainable workforce, enhancing productivity and reducing the number of days lost to illness.

As a major source of investment and employment, the provision of health services also contributes to the wider economy, supporting markets for a wide range of goods and services.

There currently exists an unacceptable disparity between health services in Ireland, North and South, which can only be addressed by developing healthcare on an all-Ireland basis.

Sinn Féin believes that we must move from increased cooperation to full

integration of services on the island, taking the best from both systems and maximising the healthcare benefits for all, achieving greater economies of scale and increased service provision.

Irish unity would create a real demand and expectation that the issue of a properly funded, public health system would finally be addressed.

The recent Future of Healthcare report published in the 26 Counties would be a significant step in the right direction in this area and would go some way towards bringing the systems in the respective jurisdictions closer together.

The Bengoa Report in the North, also recently published, reinforces some of the same principles required to return the NHS to its former status. This means that every political party on the island has, at least in principle, signed up to a similar set of values when it comes to healthcare delivery.

While the immediate priority in health must be to improve access to care for all, removing inequality of access based on income or geographic location and reducing waiting times for care, reform must be implemented in a planned and strategic way in order to move definitively towards a universal healthcare system.

In order to deliver a new National Health Service for the whole of Ireland, it will be necessary to legislate to place a duty on the Minister for Health to provide services throughout Ireland. In order to reverse ongoing moves towards privatisation of the health service, we must ensure that threats to further outsource healthcare are resisted and that we move to all-Ireland health planning at a time when we need full integration across the island.

PARTITION IS BAD FOR YOUR HEALTH

In the North of Ireland, healthcare is free at the point of delivery, funded through general taxation and delivered by a combination of public sector and independent providers. The Minister of Health has overall responsibility for the delivery of health services through the operation of five Health and Social Care Trusts which administer acute and primary services within each geographical area.

According to recent figures, the North's health service currently employs in excess of 70,000 people and has an annual budget of more than £5 billion serving a population of 1.8 million.

Budgetary cuts by the British Government, Tory hostility to health as a public service, lack of strategic workforce planning and the imposition of an artificial internal 'market', is increasingly undermining the operation of the health service in the North, leading to unacceptably lengthy waiting lists and increasing reliance on emergency services.

In the South, the Health Service Executive employs 107,085 as of years end 2016, with over 67,000 staff in direct employment and more than 37,000 employed by voluntary hospitals and bodies funded by the HSE. The majority of employees are frontline staff providing patient care. This is far below what is required and consequently we see many problems with services.

Inequality and poverty have been shown to be key drivers of ill health and premature death. A divided Ireland has undermined full realisation of our economic potential and fuelled unacceptably high levels of economic inequality amongst our people.

Regardless of which side of the border you live and work, partition makes us poorer and sicker than we need to be. A United Ireland not only makes economic sense by promoting greater prosperity, it also makes sense by promoting greater wellbeing.

BREXIT THREATENS ALL-IRELAND HEALTH CO-OPERATION

The past decade has seen developments in all-Ireland health cooperation, including a number of exciting joint departmental projects. These include work on shared radiotherapy and paediatric cardiac services; health promotion focusing on alcohol, tobacco and obesity; cancer research; mental health; and suicide prevention.

There currently exists a shared understanding between the governments, North and South, that health is an area of opportunity for shared provision. However, Brexit could derail this co-operation in a number of areas. Additionally, citizens in the North may no longer have access to the European Health Insurance Card (EHIC) which could restrict their access to health services in the South as well as across the EU.

In the 18 months to 30th June 2016, the HSE reimbursed €659,245.09 for treatments and services in the North under the cross-border healthcare directive. This represented 277 people. Illness, disease and health know no

borders and these figures demonstrate that people are willing to travel for vital services and treatments when they are needed. It is of major concern that this scheme could cease North and South in the fallout from Brexit.

The all-island Congenital Heart Disease Clinical Network Board was tasked with building a world class Congenital Heart Disease service for all of the children and young people on the island who have a congenital heart condition.

The result was that, in 2016, the announcement was made that capacity would be expanded for catheterisation procedures in the newly opened, state of the art Hybrid Cardiac Catheterisation Laboratory at Our Lady's Children's Hospital, Crumlin. This will create an All-island Catheterisation Service, to the benefit of children across the island. This will be the first all-Ireland waiting list of its kind.

The new National Children's Hospital to be developed in Dublin and its satellite centres will provide tertiary and quaternary care on an all-Ireland basis in some specialities.

Brexit also threatens clinical trials for medicines and treatments which are carried out on an all-Ireland basis. Cancer Trials Ireland (formerly the All-Ireland Cooperative Oncology Research

Group (ICORG)) is the leading cancer research trials organisation in Ireland. A major goal of CTI is to strengthen the capacity for cancer centres across Ireland, North and South; to conduct cancer clinical trials, in order to improve patients' access to new lifesaving therapies; to build research excellence in the main treatment hospitals which improves the care for all patients; and to attract and retain world-class physicians.

While the vast majority of these trials are carried out in Cancer Trials Research Units in the South, a number of trials have participation from research units in the North. The withdrawal of Britain from the EU will no doubt have a huge impact on the work of the CTI. The very fact that there are numerous such examples of cross border cooperation in the area of healthcare, highlights the scale of the stark danger Brexit presents for this sector. All parties need to ensure that Brexit has minimal impact on current and potential future mutually beneficial cooperation to ensure continuing access to health services for all citizens on the island of Ireland.



SUCCESS OF SHARED SERVICES

To date there are a record number of shared health services operating on a North-South basis. Those operating these services and those using them know that illness and disease do not respect arbitrary borders and are keenly aware that, North and South, we have some of the best hospitals, doctors, nurses, and healthcare professionals in the world.

The growth of shared services is an acknowledgement that it makes sense to operate healthcare on an all-Ireland basis and the successes of these shared services to date is living proof of that. As outlined above, the successes of shared radiotherapy and paediatric cardiac services; cancer research; mental health; and suicide prevention are examples of what can be done through health cooperation.

While these successes have been noteworthy, there are still a number of areas where further cooperation is necessary and makes complete medical and economic sense.

MAJOR TRAUMA

The design of Trauma Networks is based upon population distribution and proximity/travel time to Trauma Units or a Major Trauma Centre. There are potential areas for North-South synergies to be explored further in developing the respective networks, particularly in border county areas where patients may benefit from protocols allowing their more rapid transfer to appropriate trauma treatment centres. Following on from this then there is the opportunity to explore a collaborative model for the Northern Helicopter Emergency Medical Service (HEMS) and Emergency Aeronautical Service in the South. For example, trauma patients from the Armagh/Monaghan Area could be taken by road transport to Craigavon Area Hospital to be stabilised and if necessary flown on to major trauma centres, North and South, for treatment as required.

DEEP BRAIN STIMULATION

Currently the North does not provide Deep Brain Stimulation (DBS). Patients are referred to Britain when this treatment is required, with the majority of referrals for Parkinson's' patients. While the Departments of Health North and South had initial discussions in 2013 about the potential for providing an all-Ireland service, these have not advanced further. This would be an immediate area of potential collaboration.

ACUTE HOSPITAL SERVICES

Sharing certain acute hospital services is an obvious area of opportunity for all-Ireland cooperation. It would be possible to facilitate collaboration between health authorities in the border areas in the delivery of acute services where appropriate, such as, for example, the cardiac catheterisation service provided to patients from Donegal at Altnagelvin Hospital. North-South collaboration on acute care would seek to:-

- Improve or sustain the safety and quality of acute health services

- Improve people's access to health services
- Contribute to the provision and planning of services on a North-South basis, where appropriate
- Respond more effectively to the introduction of new technologies.
- Improve sustainability of services along border corridor

The development of all-Ireland acute healthcare services should, in the medium term, aim to generate a two-way flow of patients across the border, rather than a one-sided approach providing services largely in one jurisdiction to be accessed by patients from the other. It is recognised that the area of emergency services is one where significant economies of scale can be achieved. It is possible, for example, to share specialist or regional facilities, equipment and clinical and support staff.



AMBULANCE SERVICES

The Memorandum of Understanding between the ambulance services North and South should be strengthened and broadened in order to ensure that ambulance services operate in a borderless fashion and respond to events that are immediately closest to them as opposed to deliberating over where emergency vehicles should travel from.

Ambulances in Armagh, Cavan, Derry, Donegal, Down, Fermanagh, Leitrim, Louth, Monaghan, and Tyrone should operate on a borderless basis and emergency services should respond to emergencies closest to them and patients should be brought to the nearest hospital for treatment.

PRIMARY CARE

The best health outcomes and value for money can be achieved by re-orientating the model of care towards primary and community care where the majority of people's health needs can be met locally. Primary Care Centres will be the focus of such a reorientation.

In border areas the best health and economic outcomes could be achieved

by having centres which serve local population areas. In some instances this would mean services should be shared across the border.

MENTAL HEALTH

An all-Ireland approach to mental health care and awareness programmes would be more efficient and improve outcomes. It would allow for all-Ireland planning of services and provide more access to vital services, particularly for those living on the border.

It could also provide sustainable specialist care and treatment facilities, for example addressing the need for perinatal mental health services. Doing this on an island-wide basis will improve access but also health outcomes for a range of specialist needs.

The extension of an NHS type model of delivery would also help coordinate and deliver better services across the island. Other benefits of a united Ireland such as improved economic conditions and better transport infrastructure could also help deal with some of the contributory factors that can worsen mental health such as unemployment, isolation and loneliness.

PROPOSALS

STRENGTHEN COOPERATION AS A FOUNDATION FOR IRISH UNITY

- Introduce a single, integrated hospital waiting list management system for the island of Ireland where people can move from one hospital to another to reduce waiting times.
- Introduce a new IT system across the island based on the one in use in the Portuguese NHS which would generate new maximum waiting times by transferring those on the list from hospitals that are struggling to meet demand to those that are in a better position to perform the procedure more timely.
- Continued access to citizens in North to the European Health Insurance Scheme.
- Widen the individual areas of cooperation between the jurisdictions both in border areas and in areas of specialist medical practice.
- Prioritise the establishment of an Implementation Body in the areas of health promotion and healthcare provision.
- Ensure all-Ireland recognition of health qualifications and standards.

SUPPORTING THE TRANSITION TO A UNITED IRELAND

- An all-Ireland Integration Committee to make preparations for the establishment of a National Health Service body, subsuming the functions currently carried out by the HSE in the South and the NHS in the North
- An all-Ireland Integration Committee to make preparations for the establishment of an all-Ireland Department of Health under the auspices of an all-Ireland parliament which would have direct responsibility for the delivery of health services through the new NHS body
- An all-Ireland National Health Service to put in place a definitive plan to complete the process of combining all services into the new all-Ireland model.

THE STRENGTHS OF A UNITED IRELAND FOR HEALTHCARE

- Universal provision of healthcare, accessed when needed, free at the point of delivery and funded through general taxation for all citizens across the entire island
- Better services at local and national level
- Greater critical mass leading to more viable specialist services