

Dáil Éireann - Private Members Business (Sinn Féin)
Tuesday 16 January 2018

“That Dáil Éireann:

notes that:

- the health service is under huge strain following cuts made to its budgets during the austerity years and a lack of sustained investment to meet the growing and changing needs of our population;
- one of the fallouts of this is a chronic lack of capacity within our acute hospitals;
- medical and healthcare professionals are working, and have been working, tirelessly in hospitals around the country with fewer resources, supports and funding;
- the scandal of patients waiting on trolleys was officially declared an emergency by former Minister for Health, Mary Harney, in 2006 when the trolley count reached 469;
- twelve years later on 2nd January, 2018, 677 patients were left on trolleys, the highest ever recorded number of patients on trolleys in the state;
- throughout the whole of 2017, there were a record 98,981 patients left to spend one night or more on a trolley in hospitals throughout the state, representing the worst ever recorded number;
- the Organisation for Economic Co-operation and Development (OECD) data confirms that our acute public hospitals operate at 95 per cent occupancy, which is way above the acceptable OECD average of 77 per cent needed to provide a safe, consistent and effective standard of patient care;
- intensive care units in our hospitals are operating past full capacity daily;
- the Irish Association of Emergency Medicine has calculated that there could be between 300 and 350 excess patient deaths each year due to the trolley crisis and emergency unit overcrowding;
- Ireland had the second lowest number of hospital beds in the OECD leading to a lower than average hospital stay, 6.2 days, compared to the OECD average of 8.2 days;
- in the past decade acute hospital in-patient bed numbers were cut when they should have been increased in line with the country’s growing and ageing population;
- last May, the Department of Health commenced a national ‘bed’ capacity review, which was due to be published before the end of 2017, however, the Oireachtas has still not seen the final report; and
- unions representing workers in the health service have been highlighting the issue of a chronic lack of capacity in the health service for almost a decade;

further notes:

- the recruitment moratorium in the public sector was introduced in the health service two years before all other areas of the public sector;
- that there is a recruitment and retention crisis in our health service;
- unions representing workers in the health service have been highlighting the issue of the recruitment and retention crisis in the health service for a number of years;

- the Report of the Public Service Pay Commission identified problems in recruitment and retention, particularly in the health sector;
- in December, 2008, there were 38,108 whole-time equivalent nurses and midwives in the Health Service Executive (HSE) and at the end of September, 2017, that stood at just 36,170 whole-time equivalent nurses and midwives;
- that to deal with the shortage of nurses, the health service has an over-reliance on costly agency staff, with the bill for agency nursing running at €1.1million per week;
- hospital consultants make up less than 2.5 per cent of the overall public health service workforce, which is significantly less than peer countries health services;
- the 2003 Hanly Report recommended that by 2012 there should be 3,600 consultants, yet at the end of September, 2017, there were only 2,951 whole-time equivalent consultants operating in the HSE;
- that to cope with the shortage of consultants, hospitals have been hiring doctors without the requisite specialist skills who are now practicing as consultants despite not being on the specialist register;
- the staffing crisis has created a severely challenging working environment, where nurses and doctors routinely work beyond their contracted hours in order to ensure patients are cared for in hospitals, at a significant physical, mental and financial cost to themselves and their families and friends;
- there is another crisis within the health service as Section 39 agency workers, who had their pay cut in line with the public service but have not had their pay restored, have balloted for strike action; and
- this pay disparity is causing gross staff loss, the demoralisation of current staff, which affects delivery of services, therefore placing further pressure on the HSE and acute hospital sector which will be further compounded by a possible strike in February;and

calls on the Government to:

- ensure the Emergency Department Taskforce works on a permanent basis monitoring the situation nationwide and reports on problems to be proactively tackled;
- reopen all hospital beds closed during the austerity years;
- meet with unions and representatives of nurses, doctors and allied health professionals in order to comprehensively examine the underlying difficulties in recruitment and retention in those sectors;
- establish a commission on pay in the health service for medical professionals and healthcare workers;
- genuinely invest in recruiting more staff to the health service, while simultaneously addressing the key issues for existing and prospective staff of working conditions, facilities, supports, training opportunities and pay;

- invest in co-locating general practices and acute mental health services next to emergency departments so those patients who do not need emergency department care can be treated in a more appropriate setting;
- increase investment for transitional care beds, adequate step-down facilities, home care packages, and home help hours to ensure that all patients who can be moved home, or to a more appropriate care setting, are given that opportunity;
- speed up the move towards primary and community care ensuring that all primary care centres are adequately resourced with new staff and funding;
- expand community diagnostics and shifting non-acute treatment from the acute sector to the community;
- commit to putting in place a plan for piloting salaried general practitioner (GP) posts starting with 2019 graduates;
- commit to graduated pay restoration for staff in Section 39 agencies;
- liaise with representatives of GPs to ensure that proper out of hours GP services can be established and maintained across the state;
- broaden the awareness campaign to ensure that the public are aware of what needs should be met in an emergency department and what needs should be met in general practice and primary care; and
- agree to the full implementation of all the recommendations in the Slaintecare Report.”