



PROTECTING IRELAND'S HEALTH




Sinn Féin

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PHILIPS



Foreword

The Covid-19 pandemic has exposed a decades long failure to build a public health system that has enough doctors, nurses and beds. It has resulted in an unprecedented interruption to normal healthcare services, affecting community and acute settings.

Now, our health service is under pressure on several fronts: overworked staff, Covid care, non-Covid care, catching-up on delayed care, a vast reduction in capacity, and the looming winter flu. Dealing with these crises will require substantial public investment in capacity protection.

Over the coming weeks and months, we must accelerate the implementation of measures to fix our broken health service. We must address its deficiencies, and the regional and socio-economic inequalities caused by and embedded in the current system.

The health system must work for patients and their families. We cannot continue to put them and healthcare workers in harm's way through inadequate facilities and understaffing. We must deliver the change that people voted for in February.



Key Recommendations

Emergency Capacity Protection Fund	€1.7bn
Healthcare Workers	€168.7m
Flu Vaccine	€42m
Total	€1.9bn

- Finance a €1.7bn Emergency Capacity Protection Fund to:
 - Maximise utility of existing space in hospitals to redeploy the maximum number of beds,
 - Deliver additional space to redeploy beds through modular units,
 - Where appropriate and cost-effective, secure necessary capacity and associated staff in private healthcare facilities on a cost-only basis,
 - Hire additional staff to meet capacity needs and adequately staff wards in hospitals and redeployed beds,
 - Invest in expanding Community Intervention Teams and home support hours to provide urgent care in the community and keep the burden off of hospitals,
- A jobs guarantee for 2,500 staff that joined the health service to fight the virus, those currently cleared through Be On Call for Ireland, and others currently available to work,
 - Full-Year Cost: **€125m**,
- Provide expanded mental health supports for healthcare workers,
 - Full-Year Cost: **€1.25m**,
- Resolve the two-tier consultant pay issue to retain consultants and attract new talent to the health system,
 - Estimated Cost: **€42.4m**,
- Pass legislation proposed by Sinn Féin that improves workplace safety and makes the reporting of Covid infections notifiable to the HSA,
- Expand free access to the winter flu to all children up to 12, all over 65s, all healthcare workers, and other vulnerable groups, and deploy an intensive publicity campaign to ensure high uptake across the population,
 - Estimated cost: **€42m**.



Table of Contents

Foreword	1
Key Recommendations	2
Table of Contents	3
Protecting Ireland's Health	4
Protecting Hospital Capacity	5
Waiting Lists	5
Emergency Capacity Protection Fund	5
Supporting Healthcare Workers	7
Proactively Tackle the Winter Flu Epidemic	9
Concluding Remarks	10
Appendix 1 – Figures and Tables	11
Appendix 2 – HSA Amendment Bill	13
Appendix 4 – Community Intervention Teams	14

Protecting Ireland's Health

The Covid-19 pandemic has exposed a decades long failure to build a public health system that has enough doctors, nurses, health and social care professionals, and beds. It has also demonstrated a need for an all-island approach from travel regulations and restrictions to healthcare and tackling disease. It is imperative that we work towards an integrated health system with common standards across the island.

At the start of the pandemic, we already knew what problems we would face. We did not have the capacity to deal with a serious outbreak in our acute hospitals. We did not have enough acute care beds, critical care beds, or ventilators. One of the key lessons to be learned from the pandemic, backed up by OECD research, is that a shortage of healthcare staff before the pandemic has resulted in healthcare systems struggling to cope with the burden.¹ As a result, the State had to rent private hospitals and delay other care to prepare for the worst. Table 1 and Table 2 highlight reductions across a variety of care settings.

Thanks to the efforts of the Irish people, we avoided the worst. The potential failures in our system, which could have led to the deaths of thousands more, were avoided. But we cannot go forward as if this should give us some assurance.

Before the Covid-19 pandemic, waiting lists were far too long. Now we are facing an unprecedented crisis. With a potential loss of up to 25% capacity in acute hospitals, the problem of delayed care will grow. This document lays out our proposals to tackle this. We will be presenting broader proposals on wider health services in our Alternative Budget 2021.

Now more than ever, we need a realistic plan to protect Ireland's health.



¹ <http://www.oecd.org/coronavirus/policy-responses/beyond-containment-health-systems-responses-to-covid-19-in-the-oecd-6ab740c0/>

Protecting Hospital Capacity

Emergency Capacity Protection Fund - €1.7 Billion
More Space for Beds in Hospitals
Redeploy Beds to Modular Units
Recruit Healthcare Workers
Cost-Effective Capacity in Private Facilities
Increase Community Intervention Teams and Home Support Hours

Waiting Lists

There has been a massive and highly concerning increase in waiting list times as a result of measures taken to combat Covid-19. Table 6 (Appendix 1) outlines the increase in numbers waiting more than a year for in- and out-patient care. Figures from the National Treatment Purchase Fund indicate a 62.3% increase in the number of people waiting a year or more for inpatient or day case care in the public system alone, rising from 9,710 in January to over 15,500 by June. It also highlights a 26.8% increase in outpatient waiting lists, from 173,256 to what is by now beyond 220,000 waiters – an increase of almost 50,000 people.

The latest data from the National Treatment Purchase Fund indicates that outpatient waiters total 584,399 by July 25th, up from 557,588 on January 3rd.² There are approximately 84,223 more waiters on inpatient and day case lists, and 35,878 waiting on endoscopy services.³ There are more than 66,000 people on waiting lists for surgeries and procedures. These figures do not take account of those waiting for assessment due to delays in primary care.

Emergency Capacity Protection Fund

Under current conditions, we will not keep up with care need, never mind catch up and clear the backlog on waiting lists. To tackle this, Sinn Féin would put in place an Emergency Capacity Protection Fund with an initial allocation of €1.7bn. This allocation is made on a worst-case scenario under current public health guidelines basis. The aim of the fund would be to ensure maximum use and redeployment of existing and available capacity to get the health service back on track under a Covid environment.

Reduced physical space due to the necessary measures of distancing and IPC requirements causes major problems. In their submission to the Covid Committee, the HSE estimated a 25% reduc-

2 <https://www.ntpf.ie/home/pdf//2020/01/nationalnumbers/out-patient/National03.pdf>

3 <https://www.ntpf.ie/home/pdf//2020/06/nationalnumbers/in-patient/National04.pdf>

tion in capacity under current public health guidelines. However, it is unclear if this will be the case. In response to a parliamentary question, the Department of Health said: “the figures are not yet available” (PQ Reference #19058/20).

If 15-25% of beds are lost across the health service, we could lose anywhere from 1,600 to 2,800 beds from the public system under current public health guidelines. If these are made less restrictive, the number of beds lost will decrease. We are currently at least 2,500 acute beds below where we need to be by 2030. This could set us back 5,000 beds or more from that target.

The Emergency Capacity Protection Fund would be spent by the HSE on a variety of measures. It would be used to maximise utility of existing space in hospitals to redeploy the maximum number of beds, deliver additional space to redeploy beds through modular units, and recruit additional staff to meet capacity needs and safely staff wards in hospitals and new modular wards.

Where appropriate and cost-effective, it could be used to secure necessary capacity and associated staff in private healthcare facilities on a cost-only basis. Any future deal must represent value for money for the taxpayer and must ensure that the price tag reflects the necessary costs alone.

To further protect capacity, we must keep as much of the burden on our health system off of acute hospitals. Sinn Féin would deliver additional home support hours to deliver care in the home and address waiting lists for home support. We would also invest in expanding Community Intervention Teams (Appendix 3), which can provide low-level acute care in the home where someone is unwell but not in need of hospitalisation. During the winter months ahead, these teams and increased home support hours can provide a service to reach vulnerable members of the community. This would reduce strain on acute hospitals while also ensuring that people get the care that they need.

Recommendations

- Finance a €1.7bn Emergency Capacity Protection Fund to:
 - Maximise utility of existing space in hospitals to redeploy the maximum number of beds,
 - Deliver additional space to redeploy beds through modular units,
 - Where appropriate and cost-effective, secure necessary capacity and associated staff in private healthcare facilities on a cost-only basis,
 - Hire additional staff to meet capacity needs and adequately staff wards in hospitals and redeployed beds,
 - Invest in expanding Community Intervention Teams and home support hours to provide urgent care in the community and keep the burden off of hospitals.



Supporting Healthcare Workers

Jobs Guarantee	€125m
Mental Health Supports for Workers	€1.25
Resolve Two-Tier Pay Issue	€42.4m
Pass Sinn Féin's Health and Safety for Healthcare Workers Bill	

The frontline staff in the health service have proven themselves national heroes. Without their relentless work to contain the virus, to deliver healthcare to people in need, and work around the clock saving lives, the story of Covid-19 in Ireland would be quite different.

Frontline workers were instrumental to the fight against Covid-19. It is critical, not only to repay their service, but to retain their skills, that we advance the cause of workers in the healthcare sector and ensure fair pay and fair working conditions. The INMO, IHCA, and IMO have been consistent in highlighting the deficiencies in our health service in this regard, which has led to many workers emigrating to better healthcare systems. If we are to compete with that incentive, then we must commit to competing for their skills.

We must put in place a jobs guarantee for those who joined the health service to tackle Covid-19. We must retain as many of the additional 3,271 staff hired to tackle the pandemic. Accounting for students that must return to courses and potential hires identified through Be on Call for Ireland, we estimate, based on data provided to us by the HSE (PQ Reference #15439/20, #18133/20), that approximately 2,500 additional staff could be retained or hired immediately. We must ensure that there are positions and contracts available for new graduates.

We must also hire additional staff over the next number of months to adequately and safely staff hospitals and deliver in health. Funding for this would initially be provided for 2020 and 2021 through the Emergency Capacity Protection Fund.

The INMO has called for the Health and Safety Authority (HSA) to have a central role in ensuring workplace safety. Infection and reporting of infections should be notifiable to the HSA, and Sinn Féin have published a bill that would do this (Appendix 2). As of the end of June, healthcare workers accounted for 32% of Covid cases.⁴ Table 4 (Appendix 1) lays out the infection numbers across healthcare staff. Table 5 (Appendix 1) shows the likely source of transmission.

Further, according to the INMO, 90% continue to experience symptoms post-recovery, and nurses are expected to provide both Covid and non-Covid care. These symptoms are detailed in Figure 1 (Appendix 1). 65% of nurses who contracted Covid-19 continue to experience post-viral fatigue and are required to continue working overtime due to demands on staffing.

There has also been a significant and substantial impact on healthcare workers' mental health as a result of the highly pressurised and stressful environment they find themselves in. According to the INMO, nurses do not feel safe at work, and some are experiencing post-traumatic stress. According to witness testimony, "we are not nearly at burnout – we are at burnout."

We must ensure that practical mental health supports, including adequate counselling sessions, are made available to our healthcare workers. We must ensure that the workplace is safe, and that workers are not afraid of going to work. This should include making use of excess testing capacity through rolling mass testing of healthcare workers to ensure that the number of asymptomatic carriers is minimised.

Recommendations

- A jobs guarantee for 2,500 doctors, nurses, and other health and social care workers and support staff that joined the health service to fight the virus, those currently cleared through Be on Call for Ireland, and others currently available to work,
 - Full-Year Cost: **€125m**,
- Provide expanded mental health supports for healthcare workers,
 - Cost: **€1.25m**,
- Regular testing of all healthcare workers to identify asymptomatic carriers,
- Pass legislation proposed by Sinn Féin that improves workplace safety and makes the reporting of Covid infections notifiable to the HSA,
- Resolve the two-tier consultant pay issue to retain consultants and attract new talent to the health system,
 - Estimated Cost: **€42.4m**.⁵

⁴ Health Protection Surveillance Centre (HPSC), 2020, Report of the Profile of Covid-19 Cases in Healthcare Workers in Ireland

⁵ This cost was provided to us by the Department of Public Expenditure and Reform for Budget 2020.

Proactively Tackle the Winter Flu Epidemic

Free Vaccines for Children up to 12, Over 65s, At-Risk Groups and Healthcare Workers

€42m

Expanded investment in preventative care can start straight away. The first problem to be tackled is the winter flu epidemic. This is an annual epidemic that overwhelms our health system on a recurring basis. We must put in place the necessary publicity and vaccination campaign to ensure the highest possible uptake of the vaccine this year. Our health system cannot provide the additional capacity that will be required to deal with the epidemic if the necessary precautions are not taken. Advice on dealing with the flu and what healthcare facilities are most appropriate should be rolled out immediately, along with a maximum potential population vaccination campaign that especially targets older people, more vulnerable people, and healthcare workers.

Recommendation

- Expand free access to the winter flu vaccine to all children up to 12, all over 65s, all health-care workers, and other vulnerable groups, and deploy an intensive publicity campaign to ensure high uptake across the population,
 - Estimated cost: **€42m**.⁶



⁶ Cost Provided by Department of Health: PQ Reference #17890/20

Concluding Remarks

The Covid-19 pandemic has exposed a decades long failure to build a public health system that has enough doctors, nurses and beds. It has resulted in an unprecedented interruption to normal healthcare services, affecting community and acute settings.

Now, our health service is under pressure on several fronts: Covid care, non-Covid care, catching-up on delayed care, a vast reduction in capacity, and the looming winter flu. Dealing with these crises will require substantial public investment in capacity building.

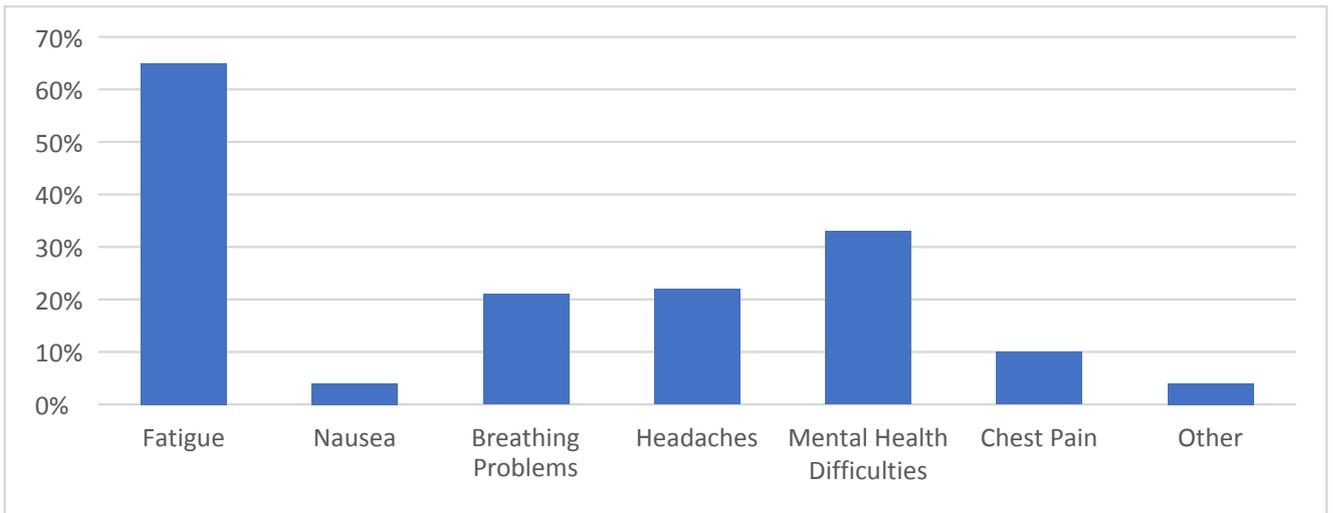
Investment in health service capacity is long overdue. The modular units needed to urgently expand capacity cannot be delivered quickly enough. The health of society and the quality of life, and lives, of millions depend on it. If we do not tackle this unprecedented crisis with unprecedented measures, we will not be able to keep up, never mind catch up.

This document has laid out the problems across some of the most hard-pressed sectors of the health service, but it by no means covers every issue. In the time ahead, along with other Sinn Féin spokespersons on health issues, Pauline Tully TD (Disabilities and Carers), Patricia Ryan TD (Older People), Mark Ward TD (Mental Health), and Thomas Gould TD (Addiction, Recovery, and Wellbeing), and our team in the North led by Colm Gildernew MLA, we will bring forward policy solutions and proposals around other major areas requiring investment, change and reform. Services for people with disabilities, carers, primary care, institutional care facilities, care in the home, mental health provision, and more, deserve a much deeper evaluation and recommendations. Similarly, we will be examining regional health imbalances and identifying the areas most in need of investment.

Protecting Ireland's health must be the priority of Government. We must accelerate the implementation of measures to fix our broken health service, starting with the proposals outlined in this document to protect capacity and ensure safe staffing levels. After all, care delayed is care denied, and we must do our utmost to prevent the complications this causes for patients, their families, and the health system.



Figure 1. Symptoms Experienced by Healthcare Workers Post-Covid Infection



Source: INMO Submission on Infection Rates in Healthcare Workers to Special Committee on Covid-19 Response

Table 1. Continuance, Reduction, and Suspension of HSE Community Services

	Primary Care and Social Inclusion	Mental Health	Disabilities Services	Older Persons Services
Continued	43.4%	43.2%	42.9%	30%
Reduced	32.3%	51.4%	35.7%	40%
Suspended	24.2%	5.4%	21.4%	30%

Source: HSE Submission ‘Service Continuity in a Covid Environment’ to the Special Committee on Covid-19 Response

Table 2. Reduction in Community Services against National Targets for April 2020

Service	Percentage Reduction against April 2020 Targets
Audiology	43%
Occupational Therapy	30%
Ophthalmology	37%
Physiotherapy	28%
Podiatry	28%
Psychology	29%
Public Health Nursing	29%
Speech and Language Therapy	46%
General Adult Community Mental Health Teams	19%
Intensive Home Care Packages	15%

Source: HSE Submission ‘Service Continuity in a Covid Environment’ to the Special Committee on Covid-19 Response

Table 3. Consultant Shortages

Speciality	Rec. # of Consultants	# Approved Consultant Posts	# Filled Consultant Posts	Shortfall
Otolaryngology	121	57	56	65
Orthopaedics	202	112	107	95
Dermatology	78	50	43	35
Ophthalmology	147	48	46	101
General Surgery	194	183	174	20
Urology	97	47	43	54
Obs & Gynaecology	239	179	165	74
Cardiology	101	82	73	28
Neurology	64	46	44	20
Rheumatology	61	39	38	23
Totals	1,307	843	789	518

Source: Irish Medical Organisation Submission to the Special Committee on Covid-19 Response

Table 4. Covid-19 Cases in Healthcare Workers (HCW)

	Total Population	Nurses	HC Assistants	Other HCW
As at 29 th June	25,874	2,700	2,149	3,411
% of Total Cases	100%	10.43%	8.30%	13.18%

Source: INMO Submission on Infection Rates in Healthcare Workers to Special Committee on Covid-19 Response

Table 5. Likely Source of Transmission for Healthcare Workers

Likely Source of Transmission	Number of Cases in HCW	% of Total Cases in HCW
Healthcare Setting: Staff	5,712	69.3%
Close Contact with Confirmed Case	947	11.4%
Travel-related	140	1.7%
Community Transmission	228	2.8%
Healthcare Setting: Patient	50	0.6%
Under Investigation	1,183	14.3%
Total	8,260	100%

Source: INMO Submission on Infection Rates in Healthcare Workers to Special Committee on Covid-19 Response

Table 6. Increase in Numbers on Waiting Lists

Waiting List	January 2020	June 2020	Difference
Public In-Patient & Day Case (> 12 months)	9,710	15,561	60.3%
Public Outpatient (>52 weeks)	173,256	219,712	26.8%

Source: NTPF January and June Waiting List Figures

Appendix 2 – HSA Amendment Bill



AN BILLE UM SHÁBHÁILTEACHT, SLÁINTE AGUS LEASAG AN OBAIR
(LEASÚ), 2020
SAFETY, HEALTH AND WELFARE AT WORK (AMENDMENT) BILL, 2020

Section

1. Amendment of Part 3 (Protective and Preventive Measures) of Safety, Health and Welfare at Work Act 2005
2. Short title, collective citation and construction

ACTS REFERRED TO

Safety, Health and Welfare at Work Act 2005

BILL

entitled

An Act to amend the Safety, Health and Welfare at Work Act 2005 and provide for related matters.

Be it enacted by the Oireachtas as follows:

Amendment of Part 3 (Protective and Preventive Measures) of Safety, Health and Welfare at Work Act 2005

1. Part 3 (Protective and Preventive Measures) of the Safety, Health and Welfare at Work Act 2005 is amended by inserting the following section after section (22):

“Proactive health notification and surveillance.

- (23) Every employer and/or workplace, having regard to the immediate, exceptional, and manifest risk posed to human life and public health by the spread of Covid-19, shall treat Covid-19 as an occupation illness and report any occurrences of Covid-19 amongst worker(s) in the workplace to the Health and Safety

Short title, collective citation and construction

2. (1) This Act may be cited as the Safety, Health and Welfare at Work Act (Amendment) Act 2020.
- (2) This Act shall be construed as one with the Safety, Health and Welfare at Work Act 2005.

Appendix 3 – Community Intervention Teams

A Community Intervention Team (CIT) is a specialist, health professional team which provides a rapid and integrated response to a patient with an acute episode of illness who requires enhanced services/acute intervention for a defined short period of time. This may be provided at home, in a residential setting or in the community as deemed appropriate, thereby avoiding acute hospital attendance or admission, or facilitating early discharge.

The CIT, through its fast-tracked provision of services enhances the overall primary care system, providing access to nursing and home care support, usually from 8am to 9pm, seven days per week. Referrals are accepted from hospitals, GP's and other community sources.

Services provided include:

- Administration of IV antibiotics.
- Acute anticoagulation management;
- Urinary related care;
- Ostomy Care;
- Medication Management;
- Enhanced Nurse Monitoring;
- Care of patients with respiratory illness;
- Acute wound care and dressings.





PROTECTING IRELAND'S HEALTH



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