Labour

Towards a new National Community Health Service

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Our plan

- **Universal GP Care.** We will introduce a New National Community Health Service. We have introduced the first steps with free GP care for children under 6 and people over 70, and will continue to roll out free GP care for all. This essential work will be championed by a new Cabinet Minister with responsibility for primary care.
- **Moving towards Universal Health Care.** The majority of our health care needs can be met at community level. This means that many services which are currently provided in hospitals should be provided in the community. These services will include areas such as mental health services, care of the elderly, and disability services.
- **Progressing smarter strategies for tackling the waiting lists crisis and A&E overcrowding.** This is not simply about more resources but about working differently. As a start Labour will recruit additional health professional staff, but we will also roll out initiatives specifically designed for quick and early assessment of patients waiting for diagnosis and treatment.
- **Reduce the costs of necessary medication.** We will reduce the threshold of the Drug Payment Scheme to €100 for families and €75 for single persons and deliver lower prescription charges capped at €20 per month.
- **Enhance accountability in the management of the Irish Health system.** We are committed to addressing the causes behind long waiting lists; weak budgeting, insufficient capacity and staff, and poor management. Our plan seeks to address key issues of corporate governance, financial planning, ministerial oversight and responsibility.

> "IN GOVERNMENT, WE HAVE TAKEN THE FIRST STEPS, PRIORITISING FREE GP CARE FOR THE YOUNGEST AND OLDEST IN OUR SOCIETY, AND COMPLETING THE CONSTRUCTION OF 90 PRIMARY CARE CENTRES ACROSS THE COUNTRY"

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INTRODUCTION

Labour in Government is committed to the progressive rollout of Universal Health Care. For people and their families, this means free and timely access to the health service from the initial contact with a GP straight through to treatment in the hospital system.

The introduction of a model of universal health care represents a fundamental change in our health service. We are committed to ending the two tier health system.

About half of all families across Ireland have to pay to visit a GP. We will create a new National Community Health Service – a public primary care system where access is free to everyone – and create a new Cabinet position with direct political responsibility to oversee this critical national project.

In government, we have taken the first steps, prioritising free GP care for the youngest and oldest in our society, and completing the construction of 90 primary care centres across the country.

We will continue to reduce the reliance and dependence that many people have on the acute hospital system, particularly on emergency departments. We want to move as much of that routine activity out of the hospital environment and into primary care. We want to see 90% of all health services conducted in the community. This will in turn allow for significant improvements to our hospital system.

Those who need to use our hospitals deserve to be treated in a timely manner and provided with world class treatment. Overcrowding of A&Es and long waiting lists are symptoms of a system that requires better organisation and more people. These problems also reflect the fact that Ireland has a hospital system but not a fully integrated primary, hospital and community care health system. This has to change.

By 2021, we will achieve significant steps towards the full rollout of Universal Health Care. We will provide free access to GP care, develop more nurse-led services, lower the cost of medicines and increase funding for primary care, community care and our hospitals.

These measures will be complemented by improvements to hospital governance and accountability to ensure the public health service is managed in the best interests of the patient.

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A new national Community Health Service

Ireland is the only EU health service that does not offer universal coverage for primary care. Ireland currently has a private primary care system and a public hospital system. Our vision for a more equal health system involves the rollout of a fully functioning system of primary care, free at the point of access.

A new National Community Health Service will provide timely and free access to GP care, mental health care and dental care for all children and adults along with reduced cost of medication and primary care health services.

Over the lifetime of the next Government, free GP care will be phased in for the entire population, starting with those under the age of 18 and those aged 65 and over and progressing to universal access by 2021.

While GPs are at the heart of primary care services, community healthcare must be about much more than visiting the GP. It must involve a greater role for practise nurses in the treatment of minor injuries and non-serious illnesses. Advanced nurse practitioners can play a major role in the monitoring and management of chronic conditions and there needs to be greater access to allied health services such as podiatrists, physiotherapists, dieticians, chiropodists, dentists and many others.

Treating chronic disease and the causes of chronic disease require significant change in how health services are delivered. Chronic diseases account for 76% of all deaths in this country and in just 13 years between 2007 and 2020, it is expected that there will be a 40% increase in the incidence of chronic diseases in Ireland. It is essential that individuals and families can manage chronic conditions without the need to constantly be travelling great distances.

We will introduce new community-based clinical programmes targeting the most prevalent chronic diseases, so that people can get consistent access to treatment and prevention without having to visit a hospital. These programmes will depend on community based teams made up of nurses, GPs and other health professionals.

Ultimately, we believe that we need a greater focus on the role of nurses in primary care. We should follow good practise in Australia, New Zealand and in the UK in terms of developing models of nurse led care. We will review the existing system

We will continue the provision of funding to expand direct access for GPs to ultrasound and X-ray services. This will enable earlier diagnosis of conditions and reduce the need for people to be referred to hospital to access these services on an outpatient basis. Minor surgery services that are currently being piloted in some primary care settings will be provided in a greater number of primary care centres.

We will also introduce a Minor Ailments Scheme to expand the role of the community pharmacist so that patients with medical cards can go straight to their pharmacies for free non-prescription medicines to treat mild conditions. This will allow the skilled professionals of the pharmacy network to step up and meet the minor health needs of their communities so that a GP is not the only port of call for common treatments.

To prioritise this transformation of primary care across Ireland, we will appoint a Cabinet Minister with specific responsibility for primary care. This will bring a new focus, budget and accountability to the development of the Primary Care network and will ensure that the Minister for Health can strengthen their focus on making serious improvements to our hospitals and A&Es, while continuing to ensure that services move towards more effective integration.

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Prioritising Primary Care

The provision of primary care centres and teams throughout the country will significantly increase health and social care in local communities and will redirect pressure away from acute hospitals.To date, 90 primary care centres have been completed and a further 16 are under construction. It is expected that construction will begin on a further 14 primary care centres next month.

The HSE estimates that the delivery of free GP care for all will require an additional 1,426 full-time GPs in Ireland by 2021. Labour has a plan to deliver these additional GPs, with a particular focus on three approaches: recruiting new GPs; retaining more of those who are thinking of leaving the profession; and encouraging returners, particularly those who have gone abroad to work. We will supplement these approaches with better supports for part-time GPs who might consider working full-time, and the direct employment of 200 GPs in rural areas.

Labour's plan will add 1,428 full-time GPs to primary care over the next five years – an appropriate increase to provide free GP care for all.

We will expand the annual intake into GP postgraduate specialist training to 200 each year. New contracts will give GPs security in their professional roles, defined career progression opportunities and the recognition as a central part of the Irish healthcare system that we need to reduce the numbers who are considering emigration. Our "bring them home" campaign will increase the numbers returning from overseas, while we want to incentivise some of those providing locum services to stay within general practice in Ireland.

The HSE has indicated that the majority of GPs no longer wish to work in single member practices. We will continue to support the Primary Care Team model as the preferred option, allowing GPs to work in group practices where possible, and to work in multi-

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disciplinary teams that provide the healthcare our communities need. Increased numbers of Practice Nurses and Advanced Nurse Practitioners will further reduce the burden on family doctors, as will further work to explore the impact of IT on general practice, and the greater access to diagnostics in primary care that we have planned.

We also recognise the problems faced by some rural areas in recruiting and retaining GPs. We will introduce a new GP rural scheme with an increase in the Rural GP allowance to €20,000.

Reducing the costs of medication

We will extend free access and reduce the cost of drugs and related healthcare.

We will reduce the threshold of the Drug Payment Scheme for all non-medical card holders to €100 for families and €75 for single people, and reduce the prescription charge to €1.50 per item subject to a €20 cap per month. These measures will significantly reduce the cost burden on families and prevent those who fall seriously ill from experiencing significant charges for their medication.

Dental health

Good oral health is vital for people of all ages. As with access to GPs, we want to ensure that no-one is put off accessing a dentist for reasons of cost.

We will begin to widen access by restoring the Dental Treatment Benefit scheme to pre-2009 levels. Our plan is to see that all people are eligible for two free oral examinations, scale plus polish per year. This will also include access to basic preventative treatments such as cleaning and fillings.

Over time, this service will be extended to a more comprehensive list of treatments. We will also increase the funding for the publicly-run dental service and recruit additional dentists and dental nurses to ensure all children go through screening in a timely manner.

Progressing reform of the Irish hospital system

Since 2008, the Irish health system has demonstrated resilience in the face of resource reductions, delivering greater efficiency and treating a greater number of patients with less resources. But in the context of a growing population and current staff ratios and hospital bed numbers, greater resources are now needed.

"WE WILL EXTEND FREE ACCESS AND REDUCE THE COST OF DRUGS AND RELATED HEALTHCARE"

Labour will continue to provide increased funding, while progressing genuine reform of the system. In government, we have introduced landmark reforms, including the creation of hospital groups and beginning the introduction of free GP care.

While primary care is our priority, challenges remain for our acute hospitals. In Government, we implemented specific measures to address Emergency Department overcrowding through the Winter Initiative and reducing the number of delayed discharges. The roll out of cancer care and stroke care clinical programmes and the creation of the Special Delivery Unit to tackle waiting lists are important examples of targeted specific reforms that achieved significant improvements.

We have introduced major changes in Government to our hospital system with the establishment of the hospitals groups, the development of the National Children's Hospital, and the establishment of the Emergency Department Taskforce to drive long-term

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solutions to overcrowding in emergency departments. A move towards unique health identifiers will allow us to make the concept of integrated care a reality.

We have started to implement financial reforms, including a more efficient activity-based funding model, or 'money follows the patient'. This will reduce the cost of health care in the long term and improve public health.

As well as representing major milestones on the road to universal health care, these are important initiatives with the potential to drive performance improvement and deliver significant benefits with more timely access to high quality health care for all the people of Ireland.

We will continue to drive this series of reforms to improve the way our hospital systems function.

Reducing overcrowding in A&Es

In Government, we established the Emergency Department Taskforce to drive long term solutions to overcrowding in A&Es and to address the issue of delayed discharges which contributes to that overcrowding.

We will increase the number of locations of care for less serious injury. We will reform work practices and the allocation of staff within hospitals by implementing the recommendations of the Emergency Department taskforce on the need for systemic change in dealing with discharges, ranging from a broadening of the role of advanced nurse practitioners to cross-team discharging and changes to the organisation of the working day within hospitals.

Treatment of chronic disease currently account for two thirds of emergency admissions through A&E and 60% of total bed days. Labour's plans to provide treatment for the most prevalent chronic diseases within the community will go a way towards alleviating this. That's just one example of how a strong system of primary care will reduce pressure on hospitals and provide for a stronger overall service.

Significant additional investment have been provided to the National Ambulance Service in 2015 and 2016 to provide additional resources to increase paramedic intake, expand community first responder schemes and develop clinical audit, as well as increasing capacity in intermediate care, critical retrieval and children's ambulance services. We will further increase this investment to add to the ambulance fleet and recruit an additional 290 paramedics.

We will increase the combined number of day care and in-patient beds within hospitals by 1,500 and also increase the number of beds and staff in community care. The HSE bill for agency staff remains too high and we will move to reduce this bill and directly hire more medical, support, paramedic and care staff across the hospital and social care system over the next five years.

We will recruit 1,990 paramedics, healthcare assistants, theatre technicians, and allied health professionals, along with 2,800 nurses, 500 consultants and 300 nursing staff in specialist areas such as midwifery and advanced nurse practitioners. These 5,500 medical professionals will allow us to make significant improvements to hospital care.

Reducing waiting lists

Health is a public good. Delayed health treatment for serious conditions imposes significant costs on individuals that spill over to the wider health system, the economy and society. Not only is there the cost of medication for managing untreated illness, there is the cost to hospitals of repeat visits to outpatient departments, the cost to the labour market and the cost to wider society.

Within the hospital system, shorter wait times and faster access to diagnostics and treatment are only going to become more pressing objectives over the years ahead. However, achieving these goals is not simply about providing more resources. More than anything it is going to be about working differently, and finding new ways to cut waiting lists and guarantee speedy access to treatment.

We will build on the excellent work achieved in the breast cancer treatment programme. We will extend this highly successful model with early assessment initiatives and targeted wait times to other conditions. This will start with the other cancers and neurosurgery. It will involve the recruitment of additional consultants but also greater involvement of advanced nurse practitioners to ensure that patients get the timely diagnoses and treatment every citizen deserves.

Advanced nurse practitioners specialising in endoscopies is a new development in Irish

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hospitals, with a strong record of reducing waiting lists. We want to extend this practice to more of our large hospitals and spread the benefits of an innovative approach across our entire hospital service.

Any realistic plans for the Irish health service will naturally involve recruiting and retaining a higher number of skilled staff. Recent years have seen greater difficulties in retaining quality doctors within our health service. As a matter of urgency, we will instigate a comprehensive review of pay and working conditions across Irish hospitals to identify the specific improvements to be made in order to keep more of our doctors working within the Irish system.

Dignified maternity services

A mark of a society is how well it treats its expectant women. In the wake of a number of terrible preventable tragedies, Ireland has made some progress in advancing the rights and protections for pregnant women with the enactment of the Protection of Life during Pregnancy Act in 2013 and the publication of the new National Maternity Strategy.

Labour has been to the fore in pushing these critically important issues. However, the current constitutional mess in relation to termination in Ireland means that it is impossible for the Oireachtas to pass legislation that sufficiently protects the rights of women in pregnancy; in particular their rights to life and to health.

Labour will hold a referendum to remove Article 40.3.3 of the Constitution and, if that is approved, we will put comprehensive legislation to the Houses of the Oireachtas to sufficiently protect the rights of women in pregnancy.

Labour in Government will implement in full the recommendations of the new National Maternity Strategy. In particular, we will work to overhaul the current service model so that women see the most appropriate professional based on their need.

We will ensure higher compliance with internationally recognised ratios of staff to patients and review birthing environments and care choices available to women. We will also ensure greater standardisation of care across maternity units in the State and introduce a new health and wellbeing approach to prenatal and post-natal care with the establishment of specific mother and baby clinics within primary care centres.

We will also establish a Human Fertilisation and Embryology Board to oversee those operating in this sector, and we will establish a new system of State support for couples to access assisted reproductive technology. We will also cap the cost of the morning after pill to make sure it is an affordable, accessible option for any woman in need of it.

"WE WILL ESTABLISH A MENTAL HEALTH AWARENESS AND ADVERTISING PROGRAMME TO BUILD RESILIENCE AND BREAKDOWN PREJUDICES"

Mental health – early intervention

Early intervention is critical to mental health wellbeing. In government, we have prioritised the delivery of mental health services for young people at community and primary care level. Many young people need support to get them through a difficult or challenging time in their lives and quite often this support is most appropriately provided at community level.

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Labour will extend the Counselling in Primary Care service to all 16- 25 year olds on completion of eMental Health courses and with a GP's recommendation, and introduce additional training for GPs in recognition, detection and intervention using standardised mental health screening tools in all practices.

We will establish a mental health awareness and advertising programme to build resilience and breakdown prejudices. A new service will be developed to address dual diagnosis (addiction and mental health), headed by a new HSE National Director for Alcohol and Addiction. We will establish a registration and licensing system for all practising counsellors, therapists and psychologists. We will extend the opening hours of Community Mental Health Centres into the late evening and through the weekend, and extend the Jigsaw service to all major towns and cities.

The full details of our approach to mental health wellbeing will be published in Labour's plan for mental health.

Palliative Care

We will ensure that quality palliative care is available to all those who need it. We will continue to support work on the needs of general, maternity and paediatric hospitals to develop comprehensive plans for palliative, end-of-life and bereavement care. We will continue to rollout Standards for Bereavement Care Following Pregnancy Loss and Perinatal Death 2016 and establish trained bereavement teams in each maternity unit/hospital.

Improving accountability in the hospital system

Like all aspects of the public service, it is paramount that Irish hospitals are run in the best interests of the country and in as transparent and effective a manner as possible.

Labour firmly believes that a clear plan is now required to address poor or absent systems of accountability, persistent cost overruns and the lack of definition of clear responsibility between the HSE and the Minister for Health. We must address key issues of corporate governance, financial planning and ministerial oversight and responsibility.

If returned to Government, we will put in place a new Corporate Governance and Financial Planning Strategy for hospitals. We will require that the business plans for hospitals are put on a statutory basis, that all hospitals agree service level agreements and individual hospitals publish their annual accounts. We will also transition the funding of our hospitals from a block grant basis to an activity basis so that money follows the patient first and foremost.

Hospital boards must be modern and fit for purpose. The diversity of hospital ownership and type across the country varies greatly as does the quality and control of hospital boards. Change will involve altering the balance of ministerial appointments, vetting the competence of board members and ensuring greater gender balance. We will require that the accounts of hospitals are audited by the C&AG and that hospital CEOs appear before the Public Accounts Committee.

A critical part of a new framework of accountability in the hospital system must be provision for intervention where hospitals or sections of hospitals are underperforming. We will introduce powers to intervene and take over the management of hospitals or sections of hospitals under specific circumstances and for specified periods.

Investing in our health and well-being

One in every three people in Ireland suffers from a chronic disease, with a 40% increase in chronic diseases expected by 2020. Currently, the number one disease in Ireland is obesity. The World Health Organisation predicts that Ireland will be the most obese country in Europe by 2030 if urgent action is not taken.

Labour in Government is determined to meet this challenge and improve the level of public health through a variety of initiatives. We need to both change behaviours and extend the services available to assist people in staying healthy in their day-to-day lives. Improved

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access to GPs and community healthcare initiatives will do much to address these needs, but we must do more.

> **"LABOUR IN GOVERNMENT IS DETERMINED TO MEET THIS CHALLENGE AND IMPROVE THE LEVEL OF PUBLIC HEALTH THROUGH A VARIETY OF INITIATIVES"**

We will respond to the obesity crisis by introducing a tax on sugar sweetened drinks within the first year of being returned to Government. This will be levied on a volumetric basis and can be expected to have a significant public health impact, particularly for children. In addition we will ring fence the proceeds from the tax for investment in a number of health awareness programmes for children.

We will also further restrict food advertising, in particular the marketing of foods high in salt, sugar and fat. We will introduce national regulations for front-of-pack traffic light labelling on all food and drink products. In this way we can empower people, especially parents to clearly determine the contents of the food they buy and its potential effects on individual health.

We have begun to implement the Healthy Ireland programme, bringing a renewed focus to positive health and well-being. Providing the right supports to empower every person to eat right and to raise healthy children is going to be an essential task of the next Government. We will establish mother and baby clinics to become a one-stop shop for families and introduce health awareness programmes for pre-school and school age children in the areas of nutrition, alcohol and dental hygiene. We will double the number of schools under the Active Flag programme, introduce new school cycling initiatives, and make sure that all schools are involved in growing food. These steps will ensure healthy living and good nutrition is emphasised at every stage of a child's development.

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Costings

Policy	Cost € millions
Primary, Social and Community Care	
Universal free GP care	584
New community programmes for chronic diseases	75
Lower Drug Payment scheme , €100 family, €75 for individual	100
Lower prescription charge to €1.50 per item	41
Enhanced Dental treatment benefit scheme plus 40 new Dentists	131
1,476 additional GPs and practice nurses	82.3
Enhanced Rural GP scheme	1.2
Increase support recruit more dentists and dental nurses	13.2
Recruit advanced nurse practitioners	6.8
Minor Ailments Scheme for pharmacies	10
500 new health professionals	3.6
Establish mother and baby clinics	27
Minor Surgery in Primary care centres	20
Health promotion initiatives	20
Community Care Beds and Staff	15.8
50% increase in home help hours	115
Investment to bring Nursing Homes to HIQA standard	200
Community Short stay beds	10
Re-ablement scheme for older persons	10

Policy	Cost € millions
Hospital System	
1,500 new hospital beds plus more beds in community care	557
500 consultants	108.2
2800 nurses	147
Increase the number of locations of care for less serious injury	75
ED reforms	50
700 health care assistants and 200 theatre technicians	36.55
300 Midwives and Advanced Nurse Practitioners	19.2
290 more ambulance staff and additional ambulance vehicles	19.7
State support for ART	10

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Policy	Cost € millions
Mental Health	
Anti discrimination campaign	5
Access for CIPC programme for all 16-25 year olds	7
Streamline addiction and community mental health services	10
Establish Jigsaw service in all major towns or services	43.8
Extend opening hours of Community Mental Health Centres	29.2
50 suicide prevention nurses	0.31

"IF RE-ELECTED TO GOVERNMENT, WE WILL PUT IN PLACE A NEW CORPORATE GOVERNANCE AND FINANCIAL PLANNING STRATEGY FOR HOSPITALS"

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