



IRISH MEDICAL  
ORGANISATION  
Ceardchumann Dochtúirí na hÉireann

IMO Submission Budget 2017  
**2017 Budgetary Measures for the  
Future of Healthcare**

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## Introduction

In the Irish Medical Organisation (IMO) Budget 2017 submission the IMO is calling for investment across the healthcare system to place Ireland firmly on the road towards a 21st century universal healthcare system. The IMO has been leading the debate on universal healthcare in Ireland and welcomed the establishment of a cross-party committee to reach consensus on a ten year strategy for the future of healthcare in Ireland. The IMO believes that the primary strategic goal over the next ten years should be to develop a universal healthcare system that aims to secure access to adequate, quality healthcare for all, when they need it and at an affordable cost. The Irish healthcare system faces significant challenges, not least, how to enhance service provision and manpower across the system to meet the needs of a growing and ageing population.

The IMO has delivered a concise submission to the Oireachtas Committee on the Future of Healthcare that focuses on the following Key Priorities:

- Agreement and investment in a strategic plan for the development and resourcing of General Practice. General Practice is the cornerstone of any healthcare system. The continuity of care provided in General Practice is key to improving patient outcomes and cost-effective care;
- Building Capacity in the Public Hospital System. This will require
  - detailed medical manpower planning and investment to assure a consultant-delivered hospital service and
  - an assessment of current and future acute bed capacity needs with an immediate and effective plan to meet current bed requirements ;
- Provision for appropriate long-term residential and community care services as well as rehabilitative care services to cater for the needs of an ageing population;
- Immediate development and funding of a new mental health strategy that places mental health on a par with physical health;
- Expansion of Public Health Expertise to ensure health protection and health service planning, and
- Ring-fenced funding for *Healthy Ireland - A Framework for Improved Health and Wellbeing 2013-2025* and the implementation of a range of programmes to improve population health.

The IMO Submission to the Oireachtas Committee also discusses how investment in information and communication and technology and the implementation and resourcing of clinical guidelines can improve the integration and quality of care for patients.

In the Irish Medical Organisation (IMO) Budget 2017 submission the IMO is calling for investment across the healthcare system to place Ireland firmly on the road towards a 21st century universal healthcare system.

## Resourcing General Practice

### Recommendation No. 1

- **Priority must be given to the negotiation and funding of a new GP contract with a particular focus on extending the range of services (including Chronic Disease Management) provided through General Practice.**

General Practice has a key role to play in the development of a modern universal healthcare system. Continuity of care and the patient-centred (rather than disease-focused) approach that is specific to General Practice is associated with better health outcomes, reduced inequalities in health, more appropriate utilisation of services, and long-term cost effectiveness by reducing future demand on the hospital system.<sup>1 2 3</sup> Ireland is also facing a shortage of GPs and 17% of newly qualified GPs work abroad<sup>4</sup> with many more see emigration as the only viable option. A new GMS contract is needed to ensure both existing and newly qualified GPs are attracted a career in General Practice.

### Recommendation No. 2

- **The FEMPI cuts to General Practice should be immediately reversed pending the negotiation of a new GP contract.**

General Practice in Ireland has been decimated with the removal of €160 million or approximately 38% of funding through the heavy handed and arbitrary FEMPI mechanism.

### Recommendation No. 3

- **Provide funding to expand the number of GP training places**

The HSE estimate that an additional 1,380 GPs are required to ensure the provision of GP services to the under 6 year olds and over 70 year olds – to expand GP care to the entire population an additional 2,055 GPs are required by 2025.<sup>5</sup>

Proposals to address the shortage of GPs by transferring GP tasks to other healthcare professionals such as nurses or pharmacists is not in the interest of patients or the state. Nurse delivered care is associated with a greater use of healthcare resources<sup>6</sup> including higher number of visits<sup>7</sup>, longer consultations<sup>8</sup> and increased use of diagnostics.<sup>9</sup> When pharmacists take on the role of prescriber and dispenser, this presents a conflict of interest and this conflict is recognised in legislation.<sup>10</sup> Research also shows that commercial factors have been found to influence pharmacy prescribing above clinical evidence.<sup>11</sup> There is no evidence that patient outcomes are improved by transferring tasks to other healthcare professionals in the community and no research has been carried out into the impact of such task transfers on continuity of care in General Practice.

### Recommendation No. 4

- **Introduce tax incentives to GPs to encourage the development of GP infrastructure (as per the recommendations of the Indecon report)**

The development of General Practice and community services will require substantial investment in infrastructure including facilities, medical equipment and diagnostics. The Indecon Report 2015<sup>12</sup> recommended a multifaceted approach including HSE leased or built centres, GP led centres and tax incentives for GPs to invest in centres and equipment.

**Recommendation No. 5**

- **Expanding GP services should be made on the basis of income and medical need with a new contract ensuring that services are appropriate for the specific needs of patient cohorts.**

Expanding GP services will not take place overnight. As patients in the middle income bracket and those with higher medical needs are most likely to be deterred by out-of-pocket payments, the expansion of GP services should be phased in on the basis of income and medical need with a new contract ensuring that services are appropriate for the specific needs of patient cohorts.

## Expanding Capacity in the Public Hospital System

While investment in GP care will reduce the rate of increase in demand on the hospital system it will not immediately resolve waiting lists or the crisis in our Emergency Departments. Access to care in the public hospital system is primarily a capacity issue both in terms of the number of consultants employed in our health services and the number of acute hospital beds available.

## Consultant Delivered Hospital Care

**Recommendation No. 6**

**In the 2017 Budget the IMO is calling on the Government to invest in medical manpower and the recruitment and retention of our highly skilled consultant workforce:**

- **Make working conditions for all hospital doctors, including consultants, similar to those in other English-speaking countries**
- **Provide tax relief on loan repayments for graduate entry medical students.**

Ireland is facing unprecedented consultant recruitment and retention issues. Based on the calculations in the Hanly report and current population figures, an additional 1,657 consultants are currently required across all specialties to ensure a consultant delivered service while an additional 1,920 consultants would be needed by 2026. Action is urgently needed to retain our consultant workforce including the full implementation of the MacCraith Review of Medical Training and Career Structures and the negotiation of new fit-for-purpose contracts for consultants and NCHDs

## Acute Bed Capacity

**Recommendation No. 7**

- **The IMO is calling for an increase in funding, capital and operational, to expand our acute hospital bed capacity which is inadequate for the current and future needs of our country.**

There is an urgent need to expand bed capacity in our public hospital system to meet current and future demand. Compared to our West European counterparts, we have a lower number of hospital beds, average length of stay is among the shortest while our hospital capacity rates are among the highest:

- We possess 276 public inpatient and day-case beds per 100,000 population compared to a Western European average of 449 beds per 100,000 population (Eurostat)
- Our average length of stay at 5.6 days is one of the lowest in Western Europe (Eurostat)
- OECD figures from 2013 show that Irish public hospitals operate at a rate of 93.8% capacity, the 2<sup>nd</sup> highest occupancy rate in the OECD and well above recommended safe occupancy rates (OECD)

The IMO recommends a detailed assessment of the number of acute beds needed in the public hospital system to meet current and future demand:

- The assessment should be based on 85% occupancy rates to ensure patient safety and provide for seasonal increases in demand.
- Capacity planning must also include an assessment of Diagnostics, Radiology and Laboratory service requirements in both the hospital and community setting.
- The assessment must be accompanied by a detailed capital investment plan.

Widespread deficiencies in services must be immediately addressed, such as neurorehabilitation services for people with acquired brain injury and paediatric interventional radiology services.

National clinical programmes and models of care should be fully implemented and resourced including the National Clinical Programme in Surgery and the National Model of Care for Trauma and Orthopaedic Surgery.

### **Recommendation No 8**

- **An immediate and effective plan must be implemented to meet current bed requirements. The plan should include:**
  - **an immediate assessment and reinstatement of available beds is required accompanied by appropriate staffing and resources;**
  - **funding for the NTPF should be diverted to support the programme of care for elective surgery**

An immediate and effective plan must be implemented to meet current bed requirements. The reinstatement of the National Treatment Purchase Fund (NTPF) will not be sufficient to reduce waiting lists in the long term. Evidence from the Elective Surgery programme at RCSI shows that waiting list initiatives such as NTPF only have a short term effect on numbers waiting for elective surgery. The private sector does not sufficiently cater for frail or complex patients and even when we include both public and private beds the number of acute inpatient and day-case beds at 358 per 100,000 population falls well below the European average. In terms of inpatient beds alone Ireland needs an additional 3,500 hospital beds to bring us up to the West European average.

Since 2007, 1,631 or 13% of inpatient beds were taken out of the healthcare system. An immediate assessment and reinstatement of available beds is required accompanied by appropriate staffing and resources. It makes no sense to increase funding for the NTPF when budgetary constraints are leading to rolling theatre closures and cancellation of theatre procedures in the first place. This funding should be used to increase capacity in the public system.

## Long-Term and Rehabilitative Care

### **Recommendation No. 9**

- **Demand for community and long-term care in 2017, must be properly assessed and adequate resources provided including capital investment, operational funding and manpower.**

Older people and people with disabilities have the right to equal access to and equal resourcing of health and social care services, including rehabilitative care services and long-term community and residential care. While only a small percentage of elderly people require long-term care, the ageing population will have a significant impact on the number of long-stay beds required. Wren et al predict that based on 2006 utilisation and some decline in disability rates, by 2020 demand for long-term residential care, formal and informal home care would increase by almost 60%.

Since 2006 the number of long-term beds has fallen, as has the number of people in receipt of home help along with the number of home help hours provided. The number of home care packages provided has trebled although from a low base to approximately 15,000 packages in 2015. The HSE service plan provides for no increase in 2016 of home care packages despite the fact that the elderly population over 65 is increasing at a rate of approximately 20,000 per year while the number of elderly people over 85 is increasing at a rate of 3,000 per year. The additional €40m announced in June is directed simply at delivering the home care services set out in the HSE National Service Plan 2016.

#### **Recommendation No. 10**

- **Resources must be provided to support the full implementation of the National Dementia Strategy**

Dementia and Alzheimer's disease are a main cause of disability among the population as we age, and a common reason for people needing to be admitted for long-term care. 2% over 65s and 20% over 85s currently have dementia. The population living with dementia in Ireland will top 130,000 by 2040 by current projections.

IMO calls for immediate and full implementation of the National dementia strategy including the principles

- Support for patients and carers to live at home as the most desirable option.
- Design at all levels of society to allow people with cognitive symptoms to navigate and contribute fully as citizens – A “Dementia friendly Society”
- An urgent school education programme of “Brain Health” allied to Mental Health initiatives to educate about dementia and reduce risk of developing dementia in later life

### Placing Mental Health on a Par with Physical Health

#### **Recommendation No. 11**

- **The IMO is calling on the Government to invest in a new Mental Health Strategy that puts mental health on a par with physical health which must be accompanied by a detailed implementation plan and an appropriate allocation of resources.**

Mental health disorders affect one in four adults in Ireland and are the leading cause of disability worldwide<sup>13</sup>, but less than 50% of people receive professional help and even less receive appropriate care.<sup>14</sup> In 2006, *A Vision for Change – the Report of the Expert Group on Mental Health*<sup>15</sup> laid out the blueprint for the transfer of mental health services from an institutional to a community-based setting over a period of 7-10 years. However progress has been slow with poor implementation and inadequate and uneven distribution of resources. Ireland currently spends just 6% of its health budget on mental health compared with 10-11% in the UK, France and Germany<sup>16</sup> and 8.24% recommended in *A Vision for Change*. Financial and manpower resources are unevenly distributed across mental health services with no relationship between population size or socio-economic need.

#### **Recommendation No. 12**

- **Urgent investment to address deficits in Child and Adolescent Mental Health Services;**

There has been insufficient investment in child and Adolescent Mental Health Services. With just 58 child acute psychiatric beds available out of a recommended 98, last year 95 children (26% of child admissions) were inappropriately admitted to adult psychiatric units.<sup>17</sup>

**Recommendation No. 13**

- **Increase the capacity of counselling and psychotherapeutic services in the community so more patients with mental health problems can be treated without requiring referral to specialist mental health services.**

General practitioners (GPs) are often the first point of contact for those suffering from mental illness and 80% of GPs believe that anxiety, depression, and other similar disorders could be managed more effectively in the community with appropriate resources and supports.<sup>18</sup>

## Expanding Public Health Expertise

**Recommendation No. 14**

- **The IMO is calling for immediate investment to expand public health capacity.**

Public health doctors have expertise in epidemiology, health economics, health information and planning, health protection and health improvement. If properly resourced public health doctors could play a pivotal role in commissioning services, analysing health data, conducting needs assessments, assembling the evidence base for interventions, monitoring services and quality assuring parts of the health service.

## Prevention – Implementing and Resourcing Healthy Ireland

**Recommendation No. 15**

- **In the 2017 Budget the IMO is calling for a detailed implementation plan supported by ring-fenced funding to deliver on the goals of *Healthy Ireland - A Framework for Improved Health and Wellbeing 2013-2025*.**

Prevention is the most ethical and cost-effective intervention. In 2013 the Government published *Healthy Ireland - A Framework for Improved Health and Wellbeing 2013-2025* which lays out the Government's strategy to improve health and well-being in Ireland from 2013 to 2025. Many well-thought out strategies fail through lack of a detailed implementation plan, resources or a dedicated person with overall responsibility.

## Health Surveillance

**Recommendation No. 16**

**Immediate resources should be provided to support**

- **the addition of Meningitis B Vaccination to the Primary Childhood Immunisation Programme as per the National Immunisation Advisory Committee's recommendations;**
- **an effective communication strategy for to improve uptake of the HPV Vaccine.**

Immunisation is one of the most cost-effective interventions saving millions of people worldwide from illness, disability and premature death.

## Screening Programmes – STROKE Prevention

**Recommendation No. 17**

- **The IMO is calling for immediate implementation and resourcing of an evidence-based screening programme for Atrial Fibrillation.**

Atrial Fibrillation (A-Fib) is an irregular heartbeat analogous to a faulty mixer whereby clots are formed within the pump mechanism which if dislodged will travel down the blood vessels and eventually block blood flow.

It is a potential factor in 1 in 3 strokes in Ireland and increases the risk of stroke fivefold. Strokes due to A-Fib are more disabling but they are also preventable through anticoagulation (blood thinning) medication once the condition is identified. A-Fib affects 5% of population over 60 year and up to 13% over age 75% and fulfils the WHO Wilson-Jungner criteria for a medical condition that is suitable for a screening programme. As stroke is our third leading cause of death and leading cause of adult disability this is a priority for prevention

## Integrated Care

### **Recommendation No. 18**

To support an integrated approach to patient care, in Budget 2017 the IMO recommends that

- **The Government must provide ring fenced funding to support the roll-out of a secure national system of electronic health records. Funding must not be diverted from patient care.**
- **Appropriate resourcing of Chronic Disease Management Programmes in General Practice.**
- **Provision of appropriate financial and manpower resources to support the development of integrated health and social care services in the community.**

An integrated healthcare system can enhance quality of care and patient outcomes and has the potential to improve patient experience and lower costs. Despite some isolated examples and pilots, healthcare in Ireland is both highly fragmented and poorly coordinated. Key enablers of, integrated care include the effective use of information and communication technology, appropriate standardisation of care through the implementation and appropriate funding of clinical guidelines, and effective management and allocation of resources.

## Taxation and Pricing for Healthier Lifestyle Choices

### **Recommendation No. 19**

The IMO is calling for the following taxation and pricing measures to be implemented:

- **The immediate introduction of appropriate taxation or pricing measures to discourage the consumption of high sugar and high calories soft drinks with the additional funding derived ring-fenced to support health programmes aimed at tackling obesity;**
- **Urgent enactment of the Public Health (Alcohol) Bill and Alcohol Minimum Unit Pricing and a levy on the alcohol industry for the treatment of alcohol related harm;**
- **An increase in the price of a packet of cigarettes by €1.**

Poor lifestyle choices contribute to bad health and chronic disease. Recent statistics show that compared to other Western European countries, Ireland has among the highest rates of obesity in both adults and children as well one of the highest rates of alcohol consumption. While a range of measures are needed to tackle the unhealthy lifestyle factors that contribute to bad health, taxation and pricing policies have been found to decrease consumption of unhealthy products, particularly among young people, with a subsequent decrease in related illness, while at the same time providing additional revenue that can be put towards the funding of health programmes.



Studies estimate that a 20% tax increase on sugar sweetened drink could reduce obesity by between 1.3%<sup>19</sup> and 3.5%<sup>20</sup>, while a 20c increase on a 330ml can of sugar-sweetened soft drinks would yield up to €202.6m for the exchequer in 2017<sup>21</sup>.

It is estimated that a €1 minimum unit price would reduce alcohol-related deaths by 75 and hospital admissions by 2295 in year one increasing to a reduction of 197 deaths and 5,878 hospital admissions after 20 years.<sup>22</sup> Alcohol Action Ireland have estimated that a 5cent levy per standard unit would raise up to €151m for the exchequer.<sup>23</sup>

The World Health Organisation predict that a 10% increase in tobacco prices can reduce consumption by 4% in high income countries<sup>24</sup> while a €1 increase in the price of a packet of cigarettes and other tobacco related products would yield up to €135.9m in revenue in 2017<sup>25</sup>

## Reducing Out-of-Pocket Payments

### **Recommendation No.20**

- **The IMO is calling on the Government in 2017 to reduce the level of out-of-pocket payments for prescription drugs through the abolition of prescription charges for GMS patients and a reduction in the threshold for reimbursement under the Drugs Payment Scheme.**

Currently 15% of our overall health expenditure is financed through out of pocket payments. Out-of-pocket payments are highly regressive means of financing healthcare as they place an unnecessary burden on lower income groups, the sick and the elderly and are highly inequitable as they apply only to sick people at the point of use. Even when out-of-pocket payments are low they have been found to deter patients from seeking and complying with both necessary and unnecessary care leading to delayed diagnosis and treatment and increased hospitalisation.

## Summary of Recommendations

### Resourcing General Practice

In the Budget 2017, the IMO recommends that

1. priority must be given to negotiating a new GP contract with a particular focus on extending the range of services (including Chronic Disease Management) provided through General Practice.
2. Immediately reverse FEMPI cuts to General Practice pending negotiation of a new GP contract,
3. Provide funding to expand the number of GP training places
4. Introduce tax incentives to GPs to encourage the development of GP infrastructure (as per the recommendations of the Indecon report)
5. Expanding GP services should be made on the basis of income and medical need with a new contract ensuring that services are appropriate for the specific needs of patient cohorts.

### Consultant Delivered Hospital Care

6. In the 2017 Budget the IMO is calling on the Government to invest in medical manpower and the recruitment and retention of our highly skilled consultant workforce:
  - Make working conditions for all hospital doctors, including consultants, similar to those in other English-speaking countries
  - Provide tax relief on loan repayments for graduate entry medical students.

### Acute Bed Capacity

7. The IMO is calling for an increase in funding, capital and operational, to expand our acute hospital bed capacity which is currently inadequate for the current and future needs of our country.
8. An immediate and effective plan must be implemented to meet current bed requirements. The plan should include:
  - an immediate assessment and reinstatement of available beds is required accompanied by appropriate staffing and resources;
  - funding for the NTPF should be diverted to support the programme of care for elective surgery

### Long-Term and Rehabilitative Care

9. Demand for community and long-term care in 2017, must be properly assessed and adequate resources provided including capital investment, operational funding and manpower.
10. Resources must be provided to support the full implementation of the National Dementia Strategy.

### Placing Mental Health on a Par with Physical Health

11. The IMO is calling on the Government to invest in a new Mental Health Strategy that puts mental health on a par with physical health which must be accompanied by a detailed implementation plan and an appropriate allocation of resources.
12. Urgent investment to address deficits in Child and Adolescent Mental Health Services.
13. Increase the capacity of counselling and psychotherapeutic services in the community so more patients with mental health problems can be treated without requiring referral to specialist mental health services.

### Expanding Public Health Expertise

14. The IMO is calling for immediate investment to expand public health capacity.

### Prevention – Implementing and Resourcing Healthy Ireland

15. In the 2017 Budget the IMO is calling for a detailed implementation plan supported by ring-fenced funding to deliver on the goals of *Healthy Ireland - A Framework for Improved Health and Wellbeing 2013-2025*.

### Health Surveillance

16. Immediate resources should be provided to support

- the addition of Meningitis B Vaccination to the Primary Childhood Immunisation Programme as per the National Immunisation Advisory Committee’s recommendations;
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### Screening Programmes

17. The IMO is calling for immediate implementation and resourcing of an evidence-based screening programme for Atrial Fibrillation.

### Integrated Care

18. In Budget 2017 the IMO recommends that

- the Government must provide ring fenced funding to support the roll-out of a secure national system of electronic health records. Funding must not be diverted from patient care.
- Appropriate resourcing of Chronic Disease Management Programmes in General Practice.
- Provision of appropriate financial and manpower resources to support the development of integrated health and social care services in the community.

### Taxation and Pricing for Healthier Lifestyle Choices

19. The IMO is calling for the following taxation and pricing measures to be implemented:

- The immediate introduction of appropriate taxation or pricing measures to discourage the consumption of high sugar and high calories soft drinks with the additional funding derived ring-fenced to support health programmes aimed at tackling obesity;
- Urgent enactment of the Public Health (Alcohol) Bill and Alcohol Minimum Unit Pricing and a levy on the alcohol industry for the treatment of alcohol related harm;
- An increase in the price of a packet of cigarettes by €1.

### Out-of-Pocket Payments

20. The IMO is calling on the Government in 2017 to reduce the level of out-of-pocket payments for pharmaceuticals through the abolition of prescription charges for GMS patients and a reduction in the threshold for reimbursement under the Drugs Payment Scheme.

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