Statement to the Joint Committee on the Implementation of the Good Friday Agreement on opportunities to upgrade the health services on an all island basis.

May 2015

Irish Medical Organisation
10 Fitzwilliam Place
Dublin 2
Tel (01) 676 72 73
Email : vhetherington@imo.ie
Website www.imo.ie

IMO Statement to the Joint Committee on the Implementation of the Good Friday Agreement on opportunities to upgrade the health services on an all island basis.

20 May 2015

The Irish Medical Organisation (IMO) welcomes the opportunity to present to the committee opportunities to upgrade the health services on an all-island basis. Improving cross-border co-operation in healthcare delivery between Ireland and Northern Ireland can have significant benefits for patients on an all-island basis as well as improving access to care for populations living in the border regions - allowing patients to access healthcare services across the border rather than having to travel long distances for care and avoiding duplication of services and waste through shared infrastructure.

The Cooperation and Working Together (CAWT) partnership between health and social care services in Ireland and Northern Ireland have facilitated a number of successful collaborative projects in healthcare in the border regions managing funding from the EU INTERREG IVA Programme and the Special EU Programmes Body. Examples include the provision of GP out-of-hour GP services in Castleblayney, Co. Monaghan and Inishowen, Co. Donegal, shared dermatology clinic at four sites along the border, ENT Services at Monaghan Hospital, and Northern Ireland's Daisy Hill and Craigavon hospitals.

However many of these cross-border healthcare initiatives have generally been developed on an individual project level without an overall strategy for collaboration between the two jurisdictions and some projects have been limited in time. It is difficult to assess which projects have been mainstreamed and a list of what healthcare services are available to patients on a cross-border basis would be useful.

More permanent areas of collaboration are welcome such as the new Radiotherapy Unit at Altnagevin Hospital which will provide access to radiology services to over 500,000 in the border regions and the development of all-island cardiology and surgery services for children with congenital heart disease at Our Lady's Children's Hospital Crumlin.

A 2011 report from the Centre for Cross-border studies[1] concluded that there is significant scope for further development of acute hospital and other healthcare services on a cross border basis" but that different funding and eligibility systems created a situation where neither system was incentivised to plan, deliver or fund services on a cross border basis and there was an apparent lack of political will" on both sides of the border to cooperate on a mutual agenda of work. The report also recommended that "Cross-border acute healthcare services should aim to generate a two-way flow of patients across the border and not a one-sided approach to service provision where the services in one jurisdiction are largely accessed by patients from the other."

The IMO are concerned that without a pro-active strategy there is a particular danger that the flow of patients becomes increasingly one-way as

- Resources have been drained from General Practice and hospital care in the HSE Border area as a result of FEMPI cuts and austerity measures, meanwhile demand for care has increased due to an ageing population in the region;

---

[1] McGuillan S. and Sargent V. Unlocking the Potential of Cross-Border Hospital Planning on the Island of Ireland, The Centre for Cross-Border Studies October 2011

- It is becoming increasingly unviable to provide certain services in smaller regional hospitals and many services are being transferred to larger hospitals away from border regions under the Hospital Transformation Programme;
- Under the EU Directive on Patients Right in Cross-Border Care, patients are now entitled to be referred to another EU/EEA member State or Switzerland for care and to be reimbursed in accordance with the regulations. Patients in Ireland are increasingly likely to take advantage of the EU Directive and seek care in Northern Ireland where capacity issues exist and where waiting lists apply. Just this week the European Commission Eurobarometer shows that two-thirds of people are willing to travel for care not available in their country, over half would travel for better quality care or to receive treatment more quickly, while over a third would travel to access cheaper treatment.[2]

In the absence of a formal collaborative approach to cross-border care, significant patient safety issues can arise relating to

- the use of differing clinical guidelines for care in each jurisdiction
- poor follow-on care as a result of poor communication between settings and jurisdictions

Developing a Pro-Active Strategy for Cross-Border Collaboration in Healthcare

The North South Ministerial Council created under the Good Friday Agreement have the opportunity to work on a more pro-active strategy for the development of cross-border healthcare services. Obvious alignments in hospital between Letterkenny General Hospital and Altnagevin Hospital, Derry between Sligo Regional Hospital, Cavan General Hospital and the Erne Hospital, Enniskillen and between Our lady of Lourdes Hospital, Drogheda, Louth County Hospital, Dundalk and Daisy Hill Hospital, Newry and Craigavon Hospital, Armagh should be explored.

Areas that should particularly be focused on include:

1. **Co-operation in the area of high-tech tertiary care and/or rare conditions**

   Collaboration makes sense in areas of high-tech tertiary care where due to substantial capital investment needed and the low volume of patients requiring treatment, it may not be economically viable to provide care in either jurisdiction. One example is Paediatric Cardiac Surgery another is Deep Brain Stimulation Treatment. The Joint Oireachtas Committee on Health and Children recently recommended that the adoption of an all-island approach to Deep Brain Stimulation Treatment for at the Royal, Victoria Hospital Belfast , the benefits of which include:

   - ease of access to treatment
   - better maintenance and follow-up service
   - the resolution of certain mobility issues
   - financial benefits for patients
   - long-term reductions in pharmaceutical costs

   There are a number of high tech treatments that the HSE currently purchases care from Northern Ireland and elsewhere in the UK that would benefit from more formal collaborative arrangements such as organ transplantation and treatment for Lymphoedema.

---

[2] EC Special Eurobarometer 425 - Patients' rights in cross-border healthcare in the European Union 18 May 2015 http://ec.europa.eu/public_opinion/archives/ebs/ebs_425_fact_ie_en.pdf

2. **Addressing capacity issues in secondary, primary and long-term residential and community care**

Cross-border collaboration should also focus on areas where significant capacity issues exist in either jurisdiction and waiting lists apply. Areas for collaboration at local level include

- **Emergency Department services** – with the closure of the ED at Roscommon County Hospital and potential further down-grading of ED services in border hospitals. Hospitals in Northern Ireland will care for patients who present in an emergency, however patients are referred back to the HSE for follow-on care.
- **Hospital waiting lists** - Collaboration to address hospital waiting lists for example orthopeadic surgery
- **GP Out-of Hours Services** - Expansion of out-of-hours GP care to other border areas
- **Elderly Care**- Co-operation to address the needs of an ageing population including collaborative structures and procedures to enable the elderly population in border areas to access healthcare which is of high quality and delivered on the basis of need including a Reciprocal agreement between north and south for the funding of long-term residential and community care

In the IMO 2020 Vision Document the IMO call for a five-year strategic plan for our health services with a comprehensive assessment and costing of the level of services and capacity required across the health services in Ireland including acute hospital care, GP care and ancillary care services in primary care, long-term and community care services. Detailed analysis on a specialty by specialty basis is needed to identify opportunities for collaboration either on an all-island or on a regional level.

Barriers and Facilitators to Collaborative Cross-Border Care

A number of barriers have been identified to collaborative cross-border care that need addressing as follows:

Medical Mobility

Cross-border collaboration not only requires the movement of patients across the border but also requires the movement of healthcare professionals across borders. The EU Directive on the Recognition of Professional Qualifications supports the movement of professionals across borders however, significant barriers still exist in relation to medical mobility between Ireland and the Republic including costs related to the requirement to register in both jurisdictions, costs related to the requirement to have indemnity insurance in both jurisdictions, different requirements in relation to maintenance of professional competence in each jurisdiction, enrolment in a Professional Competence Scheme in the Republic and Revalidation in the United Kingdom. The Medical Council and the GMC should work closely together to facilitate the mobility of medical professionals across the border.

Medical Training

While there are differences between grades, responsibilities and salaries in both jurisdictions, many medical specialties would benefit from training in both jurisdictions without having to take a year out of a program. Alignment of hospitals across the border could provide opportunities for

collaboration in training and ensuring the attractiveness of training posts in the region. Many specialist medical bodies in Ireland already benefit from close collaboration between specialists on an all-island basis and again many of these alliances have been formed on an ad-hoc basis. More formal academic and research channels could be fostered.

Clinical Guidelines and Governance

Clinical Guidelines are less developed in the Republic than in Northern Ireland where the UK NICE Guidelines are well established. Differing clinical standards can create difficulties for clinicians working in different jurisdictions and create confusion over roles and responsibilities. Differing guidelines can also have impact on patient safety with multiple treatments prescribed or lack of appropriate follow-on care. Close collaboration is needed in relation to the development of clinical guidelines to ensure quality of care across services and sites in both jurisdictions.

ICT

Poor communication between healthcare settings and across borders can compromise patient safety and follow-on-care. Information and Communication Technology (ICT) (including electronic health records, electronic referral and discharge summaries and electronic prescribing) is widely considered a key tool for enhancing patient safety and quality of care supporting the seamless" transfer of patients between clinical settings and jurisdictions and reducing repetition and errors in diagnostics and treatments. The benefits of eHealth systems are being developed on an adHoc basis in the Republic and therefore close collaboration is needed to ensure that the interoperability of systems and that any issues of patient confidentiality are addressed.

Leadership and Engagement

While Strategic Direction is needed by Government in both jurisdictions, strong leadership and clinician engagement is needed to ensure successful collaboration on the ground.

Mental Health and Addiction

The IMO and BMA Northern Ireland in November last year held a conference on Mental Health and Addiction. Both organisations called on our respective Governments to ensure that mental health is put on a parity with physical health and that funding is appropriate to ensure the development of mental health and addiction services North and South of the Border. We also asked that our Governments continue to work cooperatively to reduce harm from addictions including, drugs alcohol and gambling misuse, on a cross-border basis were possible.

The IMO welcomes collaboration between both Governments in relation to minimum unit pricing and in relation to alcohol addiction services. Other areas for collaboration include:

- Stricter regulations on licensing and advertising of alcohol products
- Police collaboration to combat drug trafficking.
- Resources to fund research and development of treatment and services for gambling addiction

Public Health

Of necessity, cross-border cooperation already exists in the area of Public Health, particularly in the area of Health Protection. Outbreaks of infectious diseases in the border counties may have a cross border element. Public Health doctors working in the border areas may have to communicate with

colleagues in the other jurisdiction to control an outbreak or to request their assistance in contact tracing or providing treatment or prophylaxis to contacts. For example, a case of meningitis or Vtec may be diagnosed in one jurisdiction but have contacts in the other. Differences in regimes between jurisdictions may be an issue. Agreement on common regimes guidelines and protocols for the treatment or prophylaxis would be helpful. The sharing of routine surveillance data on infectious diseases on a regular basis could also assist in the control of infectious diseases on both sides of the border.

In addition, when planning for crowd events on either side of the border, cooperation may be necessary between the public health services in both jurisdictions. A good example of that was the G8 conference when it was held in Enniskillen. Apart from the emergency preparedness planning that was undertaken jointly, there was a need for a heightened alertness in both jurisdictions for the occurrence of infectious diseases among the delegates staying on both sides of the border.

Difficulties arise in any cooperation because of the different structures of the public health services on either side of the border. That does not prevent co-operation, it just makes it more difficult. Greater similarity in the ways services are delivered on either side of the border would reduce these difficulties.

Other Areas of Joint Collaboration in Public Health

The IMO and the BMA Northern Ireland have close ties and have issued Joint Statements in recent years in relation to Health Inequalities, Obesity and Road Safety. The IMO welcomes ongoing cross-border initiatives in these areas by the Institute of Public Health and Safefood as well as between the Road Safety Authority the DOE in Northern Ireland.

Some opportunities for further collaboration identified include:

- Alcohol and drug testing of drivers following a road accident;
- Common standards in relation to nutrition, hydration and physical exercise in all school and pre-school facilities;
- legislation to restrict television advertising to children of unhealthy foodstuffs to a 9pm watershed.

In Summary, there is significant potential to increase cross-border collaboration in the delivery of health and social care services - Governments in both jurisdictions should commit to developing a Strategic Framework for collaboration and the development of cross-border health care services and we are happy to discuss our statement further with the Joint Committee for the Implementation of the Good Friday Agreement.