IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

IMO Pre-Budget Submission 2019

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

Irish Medical Organisation (IMO) Pre- Budget Submission 2019

In January this year the Department of Health published the long-awaited Health Service Capacity Review which made clear that to meet the future health care needs of a growing and aging population, significant investment is needed, in tandem, across the health services. This includes investment in prevention and health and well –being services, a substantial shift in the model of care towards GP-led care in the community, investment in long-term and community care and an expansion in the number of acute hospital beds. Over the last decade, the Irish Medical Organisation has consistently flagged the capacity deficits that exist across our health system and the real impact of this on patient care and the IMO welcomes the conclusions and recommendations of the capacity review.

> *"The conclusions from this Review are quite clear. Significant investment across all health services over the coming 15 year period is required in tandem with a fundamental programme of reform. If reforms are not undertaken quickly and comprehensively, demand will build in line with the baseline scenario. It is very unlikely that the system will cope with these levels of demand and health outcomes and patient safety will be put at further risk."*[1]

Given the enormous scale of investment that is required and the current lack of progress with reform it is likely that the requirements will fall somewhere in the middle to higher end of the suggested need for capacity and a significant level of transitional funding is required. In addition, the remit of the Review did not cover services such as mental health care nor did it address the significant health and social manpower requirements needed to provide care into the future.

The findings are clear if we do not begin to invest in our healthcare system in 2019, we will lose another year to future –proof our healthcare system. Our healthcare system is not sustainable in its current form and has reached crisis point. Short-term solutions to ED overcrowding and hospital waiting lists have failed to make any real impact. Patients, including the elderly, continue to face unacceptable delays often waiting over 24 hours in our emergency departments before admission to a ward and waiting times for outpatient and elective inpatient and day case procedures continue to reach new records.

We cannot keep making excuses - widespread investment and reform is needed across the health system if we are to safely meet future healthcare needs.

Ireland's Aging Population and Demand on the Health System.

Ireland has a growing and ageing population. While the majority of elderly people are healthy an ageing population does impact on demand for healthcare.

Data from the HSE shows that in 2015 adults aged 65 years and over made up 13% of our population but used 54% of hospital In-patient bed days and approximately 37% of day case beds.[2]

[1] PA Consulting, Health Service capacity Review 2018 Executive Summary, Dept of Health 2018 Pg 5

[2] Smyth B., Marsden P., Donohue F., Kavanagh P., Kitching A., Feely E., Collins L., Cullen L., Sheridan A., Evans D., Wright P., O'Brien S., Migone C. ,2017. Planning for Health: Trends and Priorities to Inform Health Service Planning 2017. Report from the Health Service Executive

In addition HSE figures from 2016, show that approximately 542,400 people aged 65 years and over, have at least one chronic condition and approximately 404,470 people 65 years and over have two or more chronic conditions.[3] Chronic diseases, including cancer, cardiovascular disease, COPD and diabetes, account for 80% of all GP visits, 40% of hospital admissions, and 75% of hospital bed days. [4]

For many decades the proportion of the Irish population that was over the age of 65 remained static but this has now begun to change and the pace of that change will accelerate rapidly in the years ahead. In simple terms, an additional 20,000 people each year will reach the age of 65 and as life expectancy increases the number of those over 80 will double. Over the last ten years the total population has grown by 300,000 or 7% while our population over 65 has increased by 166,000 or 34%. At the same time the healthcare system has undergone significant budgetary cuts. Between 2007 and 2014 both staffing levels and the number of inpatient beds have fallen by 13%. Public health expenditure only began to increase from 2015. The cumulative pressure from demographic change and financial cuts has manifested in unprecedented overcrowding in Emergency Departments and waiting lists for outpatient appointments and for elective procedures and admission.

Figures from the HSE show that in 2017 on average just 67% of patients were admitted or discharged within the HSE's 6 hour target while 5.3% of patients left without completing their treatment. In January 2017 4,318 people waited over 24 hours including 1,461 elderly patients over 75 years old. There was a small decline during the year but by December 2017 the number had risen again to 3,519 patients waiting over 24 hours including 1,175 elderly patients over 75. [5]

Figures from July 2018, from the National Treatment Purchase Fund[6] show that over the number of people on a waiting lists reached over 700,000 people. Included in July's figures were 511,675 patients waiting for an outpatient appointment of which 29% are waiting over 12 months, while 76,156 patients were waiting for a date for an inpatient or day case procedure of which 17% are waiting for over 12 months.

Short-term initiatives to address ED overcrowding and elective waiting lists have done little to alleviate the problem. With the population over 65 set to increase by 20,000 per annum and rates of chronic disease to rise by 4-5% per annum, demand on our health services is set to increase exponentially.

The Health Service Capacity Review

In 2017, PA Consulting was tasked with carrying out a review of the capacity requirements in our health system to determine how capital and other investment over coming years can be best targeted given the current pressures experienced across the health system. The results published in January highlighted the enormous challenges that face our health system over the next fifteen years.

Over the fifteen year period from 2016 to 2031 the overall population in Ireland is set to grow by 12%. In the same period the population over 65 years old will grow by 59% while the population over 85 years old will grow by 95%.

[3] Smyth B et al 2017 opcit
[4] Department of Health 2016, Better Health – Improving Health Care.
http://health.gov.ie/wpcontent/uploads/2016/05/Better-Health-Improving-Health-Care.pdf
[5] HSE Quarterly Performance report October –December 2017
[6] National Treatment Purchase Fund July 2018

Non demographic factors such as unhealthy lifestyle choices, growing rates of chronic disease and advances in technology and treatments also influence demand. It is expected that demand for healthcare will grow significantly across the primary, acute and social care settings in the next 15 years as a result of both demographic and non-demographic change. This includes:

- Up to 46% rise in demand for primary care
- 39% rise in the need for long term residential care
- 70% increase in demand for homecare
- 24% increase in non-elective inpatient episodes in public hospitals

In order to meet future demand the Health Service Capacity Review estimates that, without reform, by 2031, the health service will require 1,400 additional GPs, 500 additional practice nurses as well as other additional healthcare services and supports in the community. In relation to social care for the elderly, without reform an additional 10,100 long-term residential care beds and 1,800 short-term beds are required, Over 11,000 home care packages will be required as well as 7.2million additional home help hours. If the current model of healthcare continues Ireland will require an additional 7,150 public hospital beds, including 5,800 inpatient beds to meet a target of 85% bed occupancy rates.

However, if a full range of reform measures are implemented including the implementation of Healthy Ireland, an improved model of care centred around comprehensive community-based services and the continued reconfiguration of hospital services and improvements to patient flow, the estimated capacity requirements will be 1,030 additional GPs, 1, 200 additional practice nurses and further additional community healthcare services. 15,000 long-term and 2,500 short-term residential care beds will be required for the elderly as well as over 19,000 home care packages and 12.5 million home help hours. With all reform measures implemented the number of acute beds required would be substantially reduced to an additional 2,590 beds including 2,100 inpatient beds.

Summary of findings – Forecast of Capacity in 2031

Sector	POD	Current Capacity 2016	Forecast of Capacity in 2031	
			without reforms and showing % change from 2016	with reforms and showing % change from 2016
Primary Care	GP WTEs	3,570	4,970 (+39%)	4,600 (+29%)
	Practice Nurse WTEs	1,400	1,900 (+40%)	2,600 (+89%)
	Public Health Nurse WTEs	1,500	2,200 (+46%)	2,600 (+67%)
	PHYSIO WTEs	540	740 (+38%)	840 (+58%)
	S&LT WTE	470	440 (-6%)	420 (-11%)
	OT WTE	500	660 (+32%)	760 (+50%)
Social Care (Older Persons)	Residential Care – long term Beds	26,200	36,300 (+39%)	36,700 (+39%)
	Residential Care – short term Beds	3,800	5,600 (+46%)	6,300 (+62%)
	Home Care Packages	15,600	26,600 (+70%)	34,600 (+122%)
	Intensive homecare	200	330 (+70%)	660 (+230%)
	Home help hours (millions)	10.6	17.8 (+69%)	23.1 (+118%)
Acute Care (Public Hospitals)	AMU Beds	430	590 (+37%)	430 (+0%)
	Day Case Beds	2,140	3,140 (+47%)	2,440 (+14%)
	In-Patient Beds (95%)	10,500	14,600 (+39%)	*
	In-Patient Beds (85%)	10,500	16,300 (+56%)	12,600 (+20%)
	Adult Critical Care Beds (100%)	240**	340 (+43%)	*
	Adult Critical Care Beds (80%)	240**	430 (+79%)	430 (+79%)
	Bed Totals	13,310	18,670 (95% occupancy) 20,460 (planned occupancy)	15,900

* These scenarios were only run on Planned Utilisation (lower occupancy rate) basis.
** Rounded from 237 (actual 2016 figure). Source: Critical Care Programme

The analysis of the health service capacity review presents two extremes. And it is important to acknowledge that the lower requirement for 2,590 additional hospital beds for the acute hospital system is at the lowest end of the predictable needs of our population, the review did not take into account unmet demand and is based on all current healthcare initiatives achieving their stated goals and best possible outcomes. In addition, capacity in our mental health services and workforce requirements have yet to be addressed. In line with the recommendations of the Health Service Capacity Review the IMO is calling for the following measures to be implemented in Budget 2019.

Investment in Prevention/ Health and Well-being

Unhealthy lifestyle choices pose significant challenges to population health, while global health threats could equally undermine all planning. Prevention is the most ethical and cost effective health care intervention. Prioritising disease prevention, health promotion and public health services has been highlighted by the World Health Organisation[7] as a key action to ensure the economic, social and environmental sustainability of healthcare systems.

Healthy Ireland - A framework for Improved Health and Well-being 2013-2025 lays out the Government's Strategy to improve health and well-being however just 1% of the budget is allocated to prevention. Both Sláintecare and the Health Service Capacity Review emphasise the need to increase investment in health and well-being and prevention programmes including Healthy Childhood Programmes, screening and immunisation programmes, Smoking – cessation services and alcohol addiction and rehabilitation services and specialist services for the management of obesity etc. Greater investment in Health and Well-being is expected to reduce future demand across the health system.

Recommendation No 1

In line with the recommendations of the Health Service Capacity Review, the IMO recommends that the Government develop a multi-annual investment plan to support evidence-based health and well-being initiatives as per *Healthy Ireland - A framework for Improved Health and Well-being 2013-2025.*

Investment in General Practice and Care in the Community

With an aging population and growing rates of chronic disease, evidence points to the need to shift the model of care towards General Practice and a GP-led Primary Care System.

An extensive body of international research shows that continuity of care and the patient-centred approach of General Practice is associated with reduced mortality rates[8] particularly in the elderly[9] greater patient satisfaction[10], improved health promotion[11], increased adherence to medication[12] and reduced hospital use[13].

However experience from other jurisdictions shows that the development of General Practice and Primary Care requires significant investment over time. In Ireland however the exact opposite has

[7] WHO, Environmentally Sustainable Health Systems: A Strategic Document , Copenhagen 2017

[8] Pereira Gray DJ, Sidaway-Lee K, White E, et al Continuity of care with doctors—a matter of life and death? A systematic review of continuity of care and mortality BMJ Open 2018;8:e021161. doi: 10.1136/bmjopen-2017-021161

[9] O.R. Maarsingh *et al.*, 'Continuity of care in primary care and association with survival in older people: a 17-year prospective cohort study', *British Journal of General Practice*, Vol. 66, No. 649, August 2016, e531-539.

[10] Baker R , Streatfield J . What type of general practice do patients prefer? Exploration of practice characteristics influencing patient satisfaction. Br J Gen Pract 1995;45:654–9.

[11] Cabana MD , Jee SH . Does continuity of care improve patient outcomes? J Fam Pract 2004;53:974–80.

[12] Chen CC , Tseng CH , Cheng SH . Continuity of care, medication adherence, and health care outcomes among patients with newly diagnosed type 2 diabetes: a longitudinal analysis. Med Care 2013;51:231–7.

[13] Barker I , Steventon A , Deeny SR . Association between continuity of care in general practice and hospital admissions for ambulatory care sensitive conditions: cross sectional study of routinely collected, person level data. BMJ 2017;356:

happened with FEMPI cuts reducing the funding to General Practice by 38% per GMS patient. Immediate reversal of the FEMPI cuts is needed to restore stability to General Practice.

With Ireland's ageing population and the growing prevalence of chronic and complex conditions, the Review recognises the requirement to shift care into the community with pro-active management of chronic disease in General Practice. Acute services currently undertake an enormous volume of chronic care (at significant expense to the tax payer), that could, if resourced properly, be managed in General Practice. Such a move would ensure that care could be delivered to the patient in the community, outcomes would improve and, importantly, capacity in the acute services could be freed up to deal with cases of greater complexity. The IMO has been consistently calling for a shift in the model of care towards General Practice and care in the community with additional supports including maximising the use of practice nurses and equitable access to allied healthcare professionals in the community. The model of care must be GP-led to ensure continuity and a patient-centred approach and to avoid duplication and further fragmentation of care.

A shift in the model of care towards GP-led care in the community will require a significant level of transitional funding estimated at up to €5 billion (€500m per annum) over a ten year period.

Recommendation No 2

The IMO is calling on the Department of Health and the HSE to agree a strategy with the IMO for the development of General Practice and GP-led care in the community over the coming decade accompanied by a multi-annual expenditure plan.

Priority in year one should be given to:

- **Immediate reversal of the FEMPI cuts is needed to restore stability to General Practice;**
- **Support measures to increase, medical and nursing capacity in General Practice;**
- **Investment in chronic disease management programmes for which GPs are already trained;**
- **Resources for a range of special items of service to relieve pressure on the acute hospital system;**
- **Provision of a significant level of transitional funding to support the shift to GP-led care in the community.**

<u>Investment in Community-Based Services for the Elderly</u>

The Health Service Capacity Review also recognises that in tandem with the development of GP care, the development of comprehensive community based services for the elderly will lead to fewer hospital admissions among this patient cohort and recommends an increase in provision of homecare, short term respite and step down care, and other community based services such as Community Intervention Teams and public health nursing.

Recommendation No 3

The IMO recommends that the Government develop a Multi Annual Investment plan to ensure that the needs of elderly patients are met where possible within the community in tandem with the development of General Practice.

Addressing unsafe levels of occupancy

Over the last decade approximately 1,560 inpatient beds have been taken out of the hospital system. The result is unprecedented overcrowding in Emergency Departments and waiting lists for outpatient appointments and for elective procedures. Bed occupancy rates in Irish Hospitals have risen to an average of 97%, and sit even higher, at an average of 104% in Model 4 hospitals[14] well above internationally recognised safe occupancy rates of 85% for inpatient care and 80% for critical care. The HSE' full capacity protocol, which is designed to act as a safety valve when the ED functioning is compromised, has now become the norm, with reports showing the full capacity protocol was implemented on hundreds of occasions in 2017 in our major hospitals in Waterford, South Tipperary, Galway , Limerick, Cork and Beaumont. The IMO are gravely concerned about the impact overcrowding has on patient care and the Health Service Capacity Review flags the international evidence that that high bed occupancy is associated with a number of adverse results including increased risk of healthcare associated infections such as MRSA, increased mortality, increased probability of an adverse event and risks to staff welfare.[15] According to the Review an additional 1,260 beds are immediately required to restore occupancy rates to international standards.

A significant number of national clinical programmes and models of care such as the Emergency Medicine Programme, the Acute Medicine Programme and the Model of Care for Elective Surgery should be fully implemented and resourced. The Programmes represent the most efficient and effective use of resources.

Waiting lists for inpatient procedures primarily effect patients awaiting elective procedures. The Model of Care for Elective Surgery, if fully implemented and resourced will improve access, quality and cost by reducing waiting times, abolishing cancellations, optimising day surgery and average length of stay , standardising care, optimising theatre resources. It makes no sense that the National Treatment Purchase Fund (NTPF) is used to purchase care from the private sector while simultaneously budgetary constraints are leading to rolling theatre closures and cancellation of theatre procedures in the public hospital system.

Recommendation No 4

In line with the recommendations of the Health Service Capacity Review the IMO is calling for immediate provision of at least 1,260 acute hospital beds to restore bed occupancy to safe levels accompanied by appropriate staffing and resources.

Resource national clinical programmes and models of care including the Emergency Medicine programme, the Acute Medicine Programme and the Model of Care for Elective Surgery.

Capital Investment

The Health Service Capacity Review highlights the importance of capital investment to enhance service provision and as a key driver of reform and that capital investment plans should incorporate provision for enhanced capacity of a minimum of 2,590 hospital beds (Inpatient, adult critical care and day-case beds), 13,000 residential care beds and Primary care facilities to reflect the need for a 48% uplift in the primary care workforce. The Review also highlights the need for a separation of

[14] Department of Health, *Interim Report and Recommendations by the Taskforce on Staffing and Skill Mix for Nursing*, Dublin, February 2016, p. 27.
[15] PA Consulting, Health Service Capacity Review 2018, Department of Health 2018 p. 68

scheduled and unscheduled care with new stand-alone elective care facilities, 2,500 short-term rehabilitation beds as well as a significant programme for investment in IT.

Unfortunately the Government has shown little commitment so far to even the minimum investment required. The National Development Plan 2018-2027 provides €10.9billion for a number of "major investment projects and programmes" in the health sector as well as the "other major health reform initiatives" including some additional capacity and investment in eHealth and ICT as per the Sláintecare Report.

Specifically in relation to the Health Service Capacity Review the National Development Plan provides for just 2,600 additional acute hospital beds to includes new dedicated elective-only hospitals in Dublin, Cork and Galway to tackle waiting lists and provide access to diagnostic services, just 4,500 additional long term and short term residential beds in Community Nursing Homes in the public system and additional Primary Care Centres and Community Diagnostic Facilities working with the private sector using an operational lease arrangement or through Public Private Partnership.

However so far the Minister for Public Expenditure and Reform has indicated that just €1.5billion is likely to be available for capital projects next year with priority given to Social Housing, Transport Infrastructure, School infrastructure and the New Children's Hospital.[16]

Given the scale of investment required and the significant lack of progress in implementing the required healthcare reform, the Government must recognise that the capital requirements for 2,600 beds is at the lower end of the predictable scale and is based on all current healthcare initiatives achieving their stated goals. It is therefore necessary to recognise that future inpatient bed requirements are likely to be significantly higher.

Significant investment in infrastructure is required if the model of care is to shift from an emphasis on hospital care to care in general practice in the community. In 2015, Indecon[17] carried out an analysis of potential measures to encourage the provision of primary care facilities and recommended a multi-faceted approach involving HSE-leased or built premises, GP-led centres and incentives for GPs to invest in their own premises and equipment. Indecon recommended that targeted tax incentives would ensure the development of facilities which would be GP-led and that could significantly reduce exchequer costs and enhance health outcomes. Indecon also recommended that targeted tax-incentives for passive investors should not be permitted.

Recommendation No 5

The IMO is calling on the Government to develop and finance a detailed Capital investment plan based on the recommendations of the Health Service Capacity Review to include:

- **A substantial increase in the number of acute hospital beds above and beyond the minimum recommendation of 2,600;**
- **The construction of stand-alone public hospitals for elective, ambulatory and diagnostic care;**
- **Investment in 10,500 long-term residential care beds and 600 short-term rehabilitation beds for the elderly;**
- **A multi-faceted approach to encourage the development of infrastructure in General Practice and Primary Care involving HSE-leased or built premises, and tax incentives for**

[16] Burke Kennedy E, Little Scope for tax cuts in Budget 2019, Department of Finance warns, Irish Times 17 April 2018

[17] Indecon International Economic Consultants 2015 Analysis of Potential Measures to Encourage the Provision of Primary Care Facilities , Dublin 2015

GPs to invest in their own premises and equipment (as per the recommendations of the Indecon Report);

- **Investment in the roll-out of a national system of electronic health records.**

Child and Adolescent Mental Health Services

Mental health services were left out of the scope of the Health Service Capacity Review, however recent reports from both the Seanad and the Oireachtas Joint Committee on the Future of Healthcare have highlighted the urgent need to invest in Child and Adolescent Mental health Service. Just 67 child and adolescent mental health teams are in existence out of the 95 recommended in A Vision for Change in 2006, with many not working at full capacity. Since then, there has been a population increase of approximately 216,000 in those aged less than 18 years, (21%) generating even greater need.

At the same time just 66 inpatient child and adolescent beds are available[18], a figure that falls far below the 100 beds that were required "as a matter of urgency" in 2006. Furthermore, in-patient beds are available only in the major urban centres of Cork, Dublin, and Galway. Children and adolescents continue to be admitted inappropriately to adult psychiatric units or are often treated in centres at some distance from their homes.

Our GPs describe the situation in our CAMHS as "heart sink". Young patients with serious mental health and behavioural problems face long delays for assessment with urgent access only available through emergency out-of-hours services or Emergency Departments.

International best-practice suggests that the majority of emotional and psychological problems, such as anxiety disorders and mild to moderate depression, can be adequately managed by GPs in the community. A Vision for Change recommended that "all individuals should have access to a comprehensive range of interventions in primary care for disorders that do not require specialist mental health services." However, failure to provide adequate counselling, psychotherapeutic and occupational therapy services and support in primary care can lead to an over-reliance on drug therapy or unnecessary referral to equally under-resourced specialist mental health services. Current Counselling in Primary Care Services are provided to adult medical card holders only, meanwhile children and those entitled to a doctor visit card only are left reliant on the private system where the cost is often prohibitive and where the regulation of counsellors and therapists is only now being introduced.

Recommendation 6

The IMO recommends urgent investment in the provision of Child and Adolescent Mental Health Services with

- **An increase in the number of CAMHS teams and inpatients beds to reflect the current population under 18 years of age;**
- **Direct access, on GP referral, to publicly funded counselling, psychotherapeutic and occupational therapy services.**

[18] Marcella Corcoran Kennedy, Written Answer, Dáil Éireann, 29 March 2017; Department of Health, A Vision for Change, Dublin, 2006, p. 88.

Investing in our Medical Manpower – Recruitment and Retention

Future demand on the health system and the scale of reform envisaged requires a considerable expansion of its health and social care workforce to ensure quality, safe healthcare provision. The Health Service Capacity Review has recommended as the next step that further consideration should be given to addressing workforce constraints both in and out of the hospital.

In relation to medical manpower, an ageing population and growing rates of chronic disease will lead to a substantial increase in demand for medical manpower, however with just 3.07 practising doctors per 1,000 population, compared with a European average of 3.6 doctors per 1,000 population[19], Ireland has a considerable shortage of skilled medical professionals.

A significant contributor to long waiting lists is inadequate medical staffing levels in our hospital services. Since the publication of the Report of the National Task Force on Medical Staffing (The Hanly Report) in 2003[20] policy has been to move towards a consultant delivered healthcare system in the interests of quality of care and patient safety. Based on the manpower calculations in the Hanly Report the HSE currently requires an additional 1,400 hospital consultants to deliver a consultant provided health care service to our population and by 2026 we will require an additional 1,770 hospital consultants. While the Hanly Report provided an important guideline to necessary consultant staffing, it is also crucial to engage with clinical programme leads nationwide to gain an understanding of the staffing requirements to support the national clinical programmes.

A shift in the model of care to General Practice will require additional GPs. Assuming no changes to eligibility arrangements for medical cards and GP visit cards holders, the Health Service Capacity Review estimates that an additional 1,400 GPs will be required by 2031.[21] With some transfer of tasks to practice nurses and almost a doubling of the number of practice nurses, the Review estimates that the requirement will reduce slightly to 1,030 additional GPs. However, the HSE's NDTP (National Doctor Training and Planning) Unit estimate that the number of GPs required could be an additional 2,055.[22]

A greater emphasis on prevention will also require an increase in the number of public and community health specialists but we have only approximately 60% of the required number of public health specialists and less than 50% of the required number of senior medical officers. [23]

Our public health services, however, are facing an unprecedented crisis in recruitment and retention in the medical profession. This is clearly evidenced by the facts that:

a) We have at any given time over 450 consultant posts either unfilled or filled on a temporary basis. Almost 90% of consultants who trained in Ireland but are currently working abroad have indicated they will not return to Ireland due to the discrimination on pay scales.[24] One third of existing consultants are considering taking up a post abroad in the foreseeable future. The Public Appointments Service produced figures in 2017 which confirm that we are

[19] OECD Health Stats 2018
[20] Report of the National Task Force on Medical Staffing 2003
[21] PA Consulting, Health Service Capacity Review 2018, Department of Health
[22] HSE NDTP (National Doctor Training and Planning) Unit 2015, Medical Workforce Planning, Future Demand for General Practitioners, 2015-2025
[23] IMO, IMO Submission to the Public Service Pay Commission on Public Health Doctor Recruitment and Retention Issues, 2017
[24] IMO, IMO Submission to the Public Service Pay Commission on Consultant Recruitment and Retention Issues, 2017

unable as a public health service to attract applicants – 1 in 10 consultant posts received no applications and the PAS could not identify a suitable applicant for 22 of the 84 posts.[25]

b) Almost 700 GPs are due to retire in the next few years while at the same time 30% of GP Trainees are intending to emigrate and 70% of recent graduates from the GP training scheme have indicated they will emigrate and almost 20% have already emigrated.[26] GPs who have been established for a number of years are now choosing to leave Ireland. This means that there are a growing number of GMS lists which are attracting few or no applicants.

c) NCHDs (Doctors in Training) are leaving the system in large numbers across all specialties and alarmingly this is happening after Intern year (the first year of training). Two thirds of NCHDs perceive pay to be the primary reason for emigration and 83% believe the pay disparity at consultant level will impact on their decision as to whether to apply for consultant posts in Ireland. Irish trained doctors at NCHD level are three times more likely to emigrate than their UK counterparts.[27]

We cannot hope to reform or reconfigure our health services unless and until those services are capable of attracting and retaining sufficient numbers of doctors to deliver care to patients and that is not the case at present. This is a patient care issue.

Recommendation No. 7

Significant investment must be made in the recruitment and retention of our medical workforce to ensure that the Irish health services are fully staffed with appropriately qualified and experienced medical professionals including:

- **Honouring contracts of Doctors that have been negotiated and freely entered into;**
- **Reversal of the discrimination being suffered by all Consultants appointed since 2012,**
- **Negotiation with the IMO of new contracts for doctors with competitive terms and conditions compared to other English speaking countries.**

[25] Public Appointments Service (Business Correspondence 21 November 2017)

[26] Mansfield G, Collins C, Pericin I, Larkin J & and Foy F, Is the face of Irish General practice changing? A survey of GP trainees and recent GP graduates 2017, ICGP 2018

[27] IMO, IMO Submission to the Public Service Pay Commission on Consultant Recruitment and Retention Issues, 2017

Summary of Recommendations

1. **Investment in Prevention/ Health and Well-being**

The IMO is calling on the Government to develop a multi-annual investment plan to support evidenced-based health and well-being initiatives as per *Healthy Ireland - A framework for Improved Health and Well-being 2013-2025.*

2. **Investment in General Practice and Care in the Community**

The IMO is calling on the Department of Health and the HSE to agree a strategy with the IMO for the development of General Practice and GP-led care in the community over the coming decade accompanied by a multi-annual expenditure plan.
Priority in year one should be given to:

- **Immediate reversal of the FEMPI cuts is needed to restore stability to General Practice;**
- **Support measures to increase, medical and nursing capacity in General Practice;**
- **Investment in chronic disease management programmes for which GPs are already trained;**
- **Resources for a range of special items of service to relieve pressure on the acute hospital system;**
- **Provision of a significant level of transitional funding to support the shift to GP-led care in the community.**

3. **Investment in Community-Based Services for the Elderly**

The Government should develop a multi-annual Investment plan to ensure that the needs of elderly patients are met within the community, where possible, in tandem with the development of General Practice.

4. **Addressing unsafe levels of occupancy**

Immediate provision of at least 1,260 acute hospital beds to restore bed occupancy to safe levels accompanied by the appropriate staffing and resources.
Resource National Clinical Programmes and Models of Care including the Emergency Medicine programme, the Acute Medicine Programme and the Model of Care for Elective Surgery.

5. **Capital Investment**

The Government should develop and finance a detailed Capital investment plan based on the recommendations of the Health Service Capacity Review to include:

- **A substantial increase in the number of acute hospital beds above and beyond the minimum recommendation of 2,600;**
- **the construction of stand-alone public hospitals for elective, ambulatory and diagnostic care;**
- **Investment in 10,500 long-term residential care beds and 600 short-term rehabilitation beds for the elderly and those requiring rehabilitation;**

- **A multi-faceted approach to encourage the development of infrastructure in General Practice and Primary Care involving HSE-leased or built premises, and tax incentives for GPs to invest in their own premises and equipment as per the recommendations of the Indecon Report;**
- **Investment in the roll-out of a national system of electronic health records.**

6. **<u>Child and Adolescent Mental Health Services</u>**

The IMO recommends urgent investment in the provision of Child and Adolescent Mental Health Services with

- **An increase in the number of CAMHS teams and inpatients beds to reflect the current population under 18 years of age;**
- **Direct access, on GP referral, to publicly funded counselling, psychotherapeutic and occupational therapy services.**

7. **<u>Investing in our Medical Manpower – Recruitment and Retention</u>**

Significant investment must be made in the recruitment and retention of our medical workforce to ensure that the Irish health services are fully staffed with appropriately qualified and experienced medical professionals including:

- **Honouring contracts of Doctors that have been negotiated and freely entered into;**
- **Reversal of the discrimination being suffered by all Consultants appointed since 2012;**
- **Negotiation with the IMO of new contracts for doctors with competitive terms and conditions compared to other English speaking countries.**