IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

IMO Budget Submission 2013

October 2012

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Mission Statement

The role of the IMO is to **represent** doctors

in Ireland and to **provide** them with all relevant services.

It is committed to the **development** of a caring,

efficient and effective Health Service.

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Overview

The IMO Budget Submission 2012 focuses on addressing Health Inequalities through improvements to Child Health, A Health-in-All-Policies Approach and Access to Primary Care. The submission also looks at improving patient care through Integrated Care.

There are numerous reasons for investing in the health of children from antenatal care through to adolescence. Many chronic illnesses and disabilities originate in early childhood and in adolescence, young people are exposed to new risks and lifestyle choices that impact on their health.

Investing in the health of our children is vital to the growth of our economy and society. Early Childhood Development can make a key contribution to addressing the health inequalities that begin in childhood and persist into adulthood. A Health-in-All-Policies approach and equal access to primary care can also play a significant role in reducing inequalities in health.

Finally the Government is embarking on major reform of the Irish health system based on the Dutch model of managed competition between private and public insurance companies and private and public providers. The IMO supports a universal health care system in Ireland but is concerned that the new model will further fragment health care in Ireland with negative impacts on quality of care and outcomes. The IMO has identified a range of issues that need to be addressed if the government is to achieve its stated goal of an integrated system of primary and hospital care.

Child Health

The health of our children is vital to the social and economic growth of our country. There are many reasons for investing in the health of our children from antenatal health through to teenage years. The IMO welcomes the Government's focus on developing policy and legislation to improve the lives and rights of children. Through the IMO Position Paper on Child Health the IMO are calling for renewed focus and investment in child health promotion and services.

Early Childhood Development

Many lifelong illnesses and disabilities originate in early childhood, and sometimes as early as prenatally[1]. Ensuring that children have the healthiest start in life provides the basis for good health in adulthood. Investment in early childhood health and development also increases the likelihood that children will attend school, earn higher income as adults, and be less dependent on welfare support. Giving children the opportunity to realise their maximum potential is key to addressing inequalities in health and ensuring a healthier more productive workforce.

a) Antenatal Health

Antenatal care in Ireland is well managed in large part through the shared care of obstetricians and GPs, via the Mother and Infant Scheme. However many lifestyle considerations in antenatal care are less well managed. Figures from Growing Up in Ireland[2] show that 18% of mothers smoked during pregnancy and 20% of women have taken alcohol at some point in their pregnancy. Almost half of pregnant women in Ireland are overweight (43%), with 31% of these women obese and 2% morbidly obese[3]. Education by GPs, obstetricians and nurses at each antenatal visit, though important, is not enough.

The IMO Recommends:

- Ensure adequate funding of hospital and community obstetric care;
- A comprehensive public health programme, educating all young women, not just expectant mothers that unhealthy lifestyle measures will harm to their future child must be a priority.

b) Child Health Surveillance

We know from advances in neuroscience that early development of children is much more 'plastic' than once thought and there is a considerable ability for trajectories for children to be shifted into a more positive direction even given very poor starting circumstances. Ensuring optimal health and well being in the early years has benefits which accrue throughout the life cycle and are as important as early education in securing a level playing field for children in terms of opportunities to achieve their potential. In Ireland, there is a need to ensure that Child Health Services delivered into the future are of the highest quality. It is vital to ensure that a system is in place that guarantees all children the best possible start in life, and ensures that they all receive appropriate early intervention so as to mitigate the impact of a delay or abnormality as early as possible. If this doesn't happen, the costs to the HSE and society are considerable.

1 Center on the Developing Child,– The Foundations of Lifelong Health are Built in Early Childhood, Harvard University July 2010

2 ESRI, TCD, Growing Up in Ireland- National Longitudinal Study of Children, Key Findings: Infant Cohort (at 9 months) No. 1 Pregnancy and Birth, 2012 Department of Children and Youth Affairs

3 UCD News, High Percentage of Pregnant Women Overweight and Obese, Research Finds 7 July 2010 http://www.ucd.ie/news/2010/07JUL10/300710_high_precentage_of_pregnant_women_overweight_and_obese_research.html

Primary and Community Care services play a crucial role in child health development. Primary Care has received limited funding through the Mother and Infant Scheme to provide some early infant screening and surveillance but without national standards applied to this work, or information as to the outcomes of it. Funding cuts and the moratorium on recruitment are seriously hampering Community Child Health services in some parts of the country. Galway Child Health Services have been particularly badly affected, where serious backlogs have arisen in BCG vaccination and development checks for babies. In general, the introduction of Community Paediatricians has been limited, and their focus has been from the hospital and out to the community, rather than from the community and into the hospital.

IMO General Practitioners and Community Paediatricians are seeking a mandate to deliver Child Health Services into the future in a high quality diagnostic/surveillance child health service. It is proposed that a model of service provision that will reflect the respective groups' specific training and expertise in delivering Child Health Services should be developed and by which the service can be identified nationally[4].

The IMO Recommends:

- The Child Health Screening and Surveillance programme as set out in the Best Health for Children (BHFC) documents needs to be re-affirmed as the agreed national screening programme, and its delivery needs to be standardised across all areas of the country.
- The HSE should put in place a system to ensure that responsibility and accountability for the Child Health Screening & Surveillance Programme is established. The system needs to ensure that:
  - All children at different ages receive the appropriate developmental checks and physical examinations.
  - Clear written guidelines are provided to support the screening process and referral pathways.
  - Appropriate education and supervised practice is available for the designated health care professionals in line with national recommendations and guidance.
- Governance arrangements (by suitable clinicians) need to be put in place to ensure that all components of the Child Health Service are delivered to the highest quality, evidence based standards by appropriately qualified health professional(s).
- Appropriate financial and manpower resources must be made available for all services.

c) Childhood Immunisation

Immunisation is one of the most cost-effective interventions saving millions of children worldwide from illness, disability and death. While national immunisation uptake rates have improved over the last 10 years, uptake rates vary between LHOs, and between vaccines and many areas are not able to provide accurate data. Of children 24 months of age in Quarter 1-2012, the target rate of uptake (≥95%) was reached in 25 LHOs for D3, P3, T3, Hib3 and Polio3, while the target rate for uptake of MMR1 was reached in just 6 LHOs.[5] Of children 72 months of age, there is insufficient data on uptake rates of MMR2, but of the reporting areas uptake of the booster vaccine is just 51.1%.[6] In 2010 there were 403 cases of measles notified to the HPSC of which 108 were hospitalised and 293 cases of mumps.[7]

The IMO Recommends:

- Introduce as a matter of urgency the new National Immunisation System;
- devise a national strategy for the elimination of Measles & Rubella (in line with the WHO agreed programme) as a matter of urgency and to ensure that implementation plans are adequately resourced.

4 Submission to the Public Service Benchmarking Body (2006), Irish Medical Organisation

5 HSE _ Health Protection Surveillance Centre, Immunisation Uptake Report for Ireland, Q1 2012

6 HSE _ Health Protection Surveillance Centre, Immunisation Uptake in Children at 72 months of age, March 2012

7 HSE _ Health Protection Surveillance Centre, Annual Report 2010

Childhood Obesity

Obesity is one of the most serious public health challenges affecting children of all ages with major implications for health and health services into the future. Recent data from the National Longitudinal Study of Children shows that 1 in 4 children in Ireland are overweight or obese, with rates of overweight and obesity higher among children, particularly girls, from less socio-economically advantaged households. [8]

Childhood obesity is associated with a higher chance of obesity in adulthood[9] and consequent heath problems including premature death, type II diabetes, cardio vascular disease, stroke, osteoarthritis, colon and endometrial cancers and mental health problems including depression and low self-esteem. Obese children also experience breathing difficulties, increased risk of fractures, hypertension, early markers of cardiovascular disease, insulin resistance and psychological effects.

The most effective way to reduce excessive weight in the long-term is to ensure children consume a healthy, nutritionally balanced diet and increase levels of exercise. GPs have an important role in the recognition of and intervention to prevent childhood obesity[10]. In addition the behavioural and environmental factors that contribute to obesity and overweight provide opportunities for actions and interventions designed for prevention and treatment.[11]

The IMO Recommends:

- The HSE work with the Department of Health and the Department of Children and Youth Affairs to put in place an urgent comprehensive multidisciplinary programme to tackle childhood obesity including the education programmes for parents and children to prevent overweight and obesity on our children and future generations.

Adolescent Health

As young people reach adolescence they are exposed to new risks and choices affecting their health including alcohol consumption, illicit drug and tobacco use. Lifestyle factors are known to increase the risk of chronic disease such as cancer, cardiovascular disease and mental health problems. Alcohol and drug use is also associated with acute accidents and assaults in young people. Despite the known dangers, the HBSC Report 2010 shows that over half of 15-17 year olds report having been really drunk, 17% reported having used cannabis in the last 12 months and approximately 20% report that they are current smokers.[12]

The IMO Recommends:

- That strategies to reduce harmful lifestyle choices are fully implemented and resourced;
- The Department of Children and Youth Affairs and its agents get involved at all levels in the National Drugs Strategy;
- That an implementation structure for the National Substance Misuse Strategy is put in place with defined accountability;
- Impose a levy on the alcohol industry to cover the cost of treating alcohol related harm;
- Increase the price of a packet of cigarettes by €1.

8 ESRI, TCD, Growing Up in Ireland- National Longitudinal Study of Children, Key Findings: 9 year olds No. 4 The Health of 9-year olds 2009 Department of Children and Youth Affairs

9 WHO, Obesity and Overweight Fact Sheet No. 311, Updated March 2011 downloaded from http://www.who.int/mediacentre/factsheets/fs311/en/

10 White A et al, Childhood Obesity; Parents Fail to Recognise. General Practitioners Fail to Act,IMJ 2012: 105: 1 10-13

11 U.S. Department of Health and Human Services, The Surgeon-General's Call to Action to Prevent and Decrease Overweight and Obesity, 2001.

12 Kelly C, Gavin G, Molcho M and Nic Gabhainn S. The Irish Health Behaviour in School-aged Children (HBSC) Study 2010 Health Promotion Research Centre NUIG and DOHC 2012

Suicide and Self-harm in Adolescents

Suicide and self-harm in adolescents are major public health problems with devastating impact on individuals, families and communities. While suicide is a rare event in young people, it ranks as a major cause of death because very few young people die from other causes. In Ireland suicide rates are highest among young men and rates of self-reported harm are highest among young females.[13] Provisional data from 2011 show 95 young people between the age of 15-24 died by suicide (approximately one fifth of total deaths by suicide), of which 80 were male.[14] In 2010 there were 1,089 recorded presentations of self harm by young people aged 10-17 years (representing 10% of all cases of self-harm) of which two-thirds were made by females.

A range of population measures and targeted interventions can impact positively on mental health and help-seeking among young people. In addition a recent study on mental health services in England and Wales found that the provision of adequate community mental health services, in particular the provision of 24-hour crisis care, is associated with a reduction in suicide rates, with the biggest falls in deprived catchment areas. [15]

The IMO Recommends:

- Implement in full the recommendations outlined in *Reach Out: The National Strategy for Action on Suicide Prevention 2005-2014* and the recommendations detailed in the report of the Joint Oireachtas Sub-Committee on the *High Level of Suicide in Irish Society;*
- Suicide Intervention Teams should be provided in all hospitals on a 24 hour 7 days a week basis;
- Pilot the development of community based 24 our crisis mental health provision throughout Ireland.

13 National Office for Suicide Prevention Annual Report 2010

14 CSO Vital Statistics – Yearly Summary 2011

15 While D et al, Implementation of mental health service recommendations in England and Wales and suicide rates, 1997—2006: a cross-sectional and before-and-after observational study, Lancet 2012 : 379: 1005-12

HEALTH INEQUALITIES & HEALTH IN ALL POLICIES

Evidence shows that significant inequalities in health exist between children of different socio-economic classes.

The Perinatal Statistics Report 2010[16] demonstrates inequalities at birth:

- Perinatal mortality rates are higher among unemployed parents
- Rates of breastfeeding are higher among mothers classified as higher professionals

Growing Up in Ireland – The National Longitudinal Study of Children[17] [18] shows that the socio-economic gradient in health is apparent at 3 years of age:

- 67% of 3 year olds in the most disadvantaged social class group are classed as *very healthy* compared to 75% in the more advantaged social class group;
- 12% of 9 year olds from semi-skilled/unskilled backgrounds had a chronic illness or disability compared to 10% from more advantaged backgrounds;
- At 3 and 9 years old rates of obesity and overweight are higher among more disadvantaged groups.
- Children's diet is strongly related to parental education – the higher the mother's level of education, the more fruit and vegetables children of both ages consume.

The Irish Health Behaviour in School-Aged Children (HBSC) Study 2010[19] provides further evidence of inequalities in teenagers.

- Children from poorer social class groups are more likely report that they are current smokers and to report having been *"really drunk"* than children from other social class groups.

Inequalities in health exist in childhood and persist into adulthood. CSO Mortality Differentials[20] show that:

- Life expectancy at birth is 6.1 years higher for male professionals and 5 years higher for female professionals than their unskilled counterparts and;
- Mortality rates are higher among unskilled workers than professionals and higher among those who live in the most deprived areas compared to those who live in the least deprived.

A person's health is not simply an accident of birth, but rather the result of exposure to a series of modifiable risks. It is widely recognised that in order to address health inequalities, action must be directed towards the causes of ill-health and disease determinants, most of which lie outside the control or influence of the health system. Policy choices implemented by all departments and not just the Department of Health can therefore significantly impact on an individual's health thus action across all key government sectors is needed (for example in policies relating to employment, education, transport, environment, agriculture, communications, justice etc.)

In view of the large contribution social determinants make to the health status of the population of Ireland, the IMO made a number of recommendations in a Position Paper on Health Inequalities including:

16 ESRI, Perinatal Statistics Report 2010, Health Research and Information Division, 2012

17 ESRI, TCD, Growing Up in Ireland- National Longitudinal Study of Children, Key Findings: Infant Cohort (at 3 years) No. 1 The Health of 3-year olds, 2011 Department of Children and Youth Affairs

18 ESRI, TCD, Growing Up in Ireland- National Longitudinal Study of Children, Key Findings: 9 year olds No. 4 The Health of 9-year olds 2009 Department of Children and Youth Affairs

19 Kelly C, Gavin G, Molcho M and Nic Gabhainn S. The Irish Health Behaviour in School-aged Children (HBSC) Study 2010 Health Promotion Research Centre NUIG and DOHC 2012

20 Central Statistics Office, Mortality Differentials in Ireland 2010

The IMO Recommends:

- An explicit statement from Government that recognises
  - Health as a basic human right and its protection should be a core aim of Government and the State;
  - The crucial importance of prevention and that preventing ill-health through the reduction of health and social inequalities would be a stated priority.
- The establishment of an inter-sectoral committee to prioritise the development and implementation of evidence-based initiatives across departments and across sectors that tackle the unequal distribution of wealth and ensure that all children have the opportunity to realise their maximum potential including;
  - Economic policies that focus on growth and provide as large a proportion of the population as possible with rewarding, productive and secure employment;
  - Fiscal policies that are progressive;
  - Social welfare policies that ensure a minimum standard of living for all;
  - Family policies to eliminate child poverty
  - Education policies that focus on early childhood including:
    - formal statutory preschool access for all children;
    - active collaboration between the Department of Education and the Department of Health to deliver on early educational intervention.
- The establishment of a Minister of Public Health with direct responsibility for overseeing the delivery and implementation of Public Health Policy;
- A national Public Health Executive Agency should be established to ensure that the core functions of public health (Health Protection, Health Intelligence and Service Public Health), drive progress and are accountable for implementing policies set by the Public Health Minister;
- The provision of priority ring-fenced funding for Public Health;
- The Office of the Minister for Public Health should also be responsible for ensuring that Health Impact Assessments are carried out on all new government policies at design, implementation and review stages;
- All Budget measures should be subject to Health Impact Assessment.

THE ROLE OF PRIMARY CARE IN ADDRESSING HEALTH INEQUALITIES

The IMO Position Paper on Health Inequalities also highlighted the role of Primary Care Services in addressing Health Inequalities through preventive care and the early detection and management of chronic disease.

The late Barbara Starfield[21] found substantial evidence in both cross-national and within national studies showing that access to Primary Care is associated with more equitable distribution of health in populations. For example in areas with high levels of income inequality, abundant primary care resources are associated with lower post-neonatal mortality rates, lower mortality rates from stroke and lower numbers of people reporting fair to poor health. In particular Starfield found a direct relationship between health and the overall number of Primary Care Physicians/ General Practitioners, with each additional GP per 10,000 population (15-20% increase) in the UK associated with a 6% decrease in mortality.[22] The OECD[23] also highlighted the importance of strengthening prevention and management of chronic diseases and ensuring a sufficient supply of primary care providers as rising obesity pushes up health care spending.

Currently 40% of the population are covered by a medical or a GP visit card while the rest of the population pay for GP care in full. Patients who have to pay the full costs of Primary Care may be deterred from seeking medical care, increasing the risk of delayed detection of medical problems and further accentuating health inequalities. At approximately 5.8 GPs per 10,000 population, there is also a shortage of GPs in Ireland with the gap in GP services unevenly distributed across regions.[24]

The IMO Recommends:

- Urgent consultation and negotiation on the funding and provision of universal access to Primary Care Services including resources for the prevention and management of chronic disease in the Primary Care setting.
- Building on the HSE Health Status reports which measure deprivation using the Haase and Pratschke Index and the SAHRU Index of Material Deprivation, a model for the allocation of resources to Primary Care is needed which takes into account patterns of morbidity and GP utilisation in areas of deprivation.
- The Government must ensure that vulnerable rural and deprived urban communities have adequate GP cover.

21 Starfied B, Shi L and Mackinko J. Contribution of Primary Care to Health Systems and Health, The Millbank Quarterly, 2005: 83:3 457-502

22 Gulliford, M.C. Availability of Primary Care Doctors and Population Health in England: Is There an Association? Journal of Public Health Medicine 2002: 24:252–4.in Starfied B, Shi L and Mackinko J. 2005

23 OECD Health: medical care improving but better prevention and management of chronic diseases needed to cut costs, says OECD, OECD Press Room 23/11/2011 downloaded from http://www.oecd.org/document/3/0,3746,en_21571361_44315115_49048899_1_1_1_1,00.html

24 FAS & Expert Group on Future Skills Needs, A Quantitative Tool for Workforce Planning in Healthcare: Example Simulations June 2009

INTEGRATED CARE

Patients with chronic disease require services from a wide variety of healthcare professionals, both across and between primary and secondary healthcare settings. 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.

The Government Programme for National Recovery 2011-2016[25] sets out a range of measures for reform of the Irish health system based on the Dutch model of managed competition between public and private health insurers and public and private health care providers. At the same time the goal under Universal Health Insurance is to create an integrated system of primary and hospital care. Integration is seen as key to efficient healthcare delivery in which the right care is delivered in the right place.

However, there is some tension between the stated goal of creating an integrated system of primary and hospital care and the use of the market model of care. Without central management by either a public body or a private insurer there is a danger that care will become even more fragmented. There is a wide range of issues to be considered and addressed if the government is to deliver on its stated policy of providing integrated care to the population. Among those issues, we would consider the most critical to be:

Effective use of information

Information and communications technology (ICT) is widely considered a key tool for supporting/ assisting integrated health care systems and the "seamless" transfer of patients between clinical settings and enhancing patient safety and quality of care, by reducing repetition and errors in diagnostics and treatments. While many healthcare organisations are reaping the advantages of eHealth, in the absence of a single national system of electronic health records, the development of ICT systems in Irish healthcare is taking place in an ad hoc fashion. While the benefits of eHealth are considerable, these cannot be realised unless issues of interoperability, patient safety and patient confidentiality are addressed.

The IMO Recommends:

- Urgent attention is given to the development of interoperability standards;
- The establishment of a secure, confidential and monitored email system which allows health professionals to communicate more effectively to provide better quality and more timely medical care for patients;
- The Government should publish the Health Information Bill as a matter of urgency.

Appropriate standardisation of care through the use of clinical guidelines

Care pathways and clinical guidelines contribute to integrated care by standardising care across services and sites and defining roles and responsibilities for care professionals.[26] However, there is a danger that, due to resource constraints or the time lag involved in the gathering of evidence and incorporating it into formal quality assured clinical guidelines, that guidelines may not be up to date nor result in the optimal clinical outcome. Clinical guidelines are also usually

25 Government of Ireland, Government for National Recovery 2011-2016, downloaded from http://www.taoiseach.ie/eng/Publications/Publications_Archive/Publications_2011/Programme_for_Government_2011.pdf

26 Suter E. Oelke N.D. Adair C.E. Armitage G.D. Ten key Principles for Successful health Systems Integration, Healthcare Quarterly 2009 13 Special issue 16-23

disease focused and thus designed to be applied to population groups with similar morbidity. As a result, they may not factor in co-morbidity or the impact of individual patient characteristics or choices.

The IMO Recommends:

- Agreed clinical guidelines reflect international best practice, are regularly updated and must be flexible to meet individual patient needs and choices.

Effectively management of resources (particularly in primary care)

While it is expected that integrated care systems can lead to both administrative and clinical cost savings, integration processes may require additional initial investment before any savings become apparent.[27] Integrated care will not resolve inadequate resourcing of services and new activities cannot successfully be integrated without an increase in resources[28].

Under resourcing of the 2001 Primary care strategy over the past decade has failed to deliver 530 Primary Care teams or introduce Chronic Disease Management Programmes in Primary Care. Many services have been transferred from the secondary to the primary care setting without the equivalent transfer of resources and many services have never been adequately funded to begin with.

The IMO welcomes, in principle, Government plans to introduce Universal Primary Care however,

The IMO Recommends:

- Adequate investment in facilities and resources to support Primary Care Teams is needed for their success.
- The management of chronic disease in Primary Care must be costed correctly.

Appropriate incentivising of care providers

Traditional payment models tend to either promote "activity" (fee per item) or penalise activity (fixed budgets), neither of which may be matched to patient needs.

The IMO Recommends:

- Money must follow the patient and incentives must be provided for GPs to take on all chronic care.

27 ibid

28 World Health Organization, Integrated Health Services – What and Why? – Technical Brief No. 1. WHO Geneva. 2008 Downloaded from http://www.who.int/healthsystems/technical_brief_final.pdf

SUMMARY OF RECOMMENDATIONS

Child Health

Early Childhood Development

a) Antenatal Health

- Ensure adequate funding of hospital and community obstetric care;
- A comprehensive public health programme, educating all young women, not just expectant mothers that unhealthy lifestyle measures will harm to their future child must be a priority.

b) Child Health Surveillance

- The Child Health Screening and Surveillance programme as set out in the Best Health for Children (BHFC) documents needs to be re-affirmed as the agreed national screening programme, and its delivery needs to be standardised across all areas of the country.
- The HSE should put in place a system to ensure that responsibility and accountability for the Child Health Screening & Surveillance Programme is established. The system needs to ensure that:
  - All children at different ages receive the appropriate developmental checks and physical examinations.
  - Clear written guidelines are provided to support the screening process and referral pathways.
  - Appropriate education and supervised practice is available for the designated health care professionals in line with national recommendations and guidance.
- Governance arrangements (by suitable clinicians) need to be put in place to ensure that all components of the Child Health Service are delivered to the highest quality, evidence based standards by appropriately qualified health professional(s).
- Appropriate financial and manpower resources must be made available for all services.

c) Childhood Immunisation

- Introduce as a matter of urgency the new National Immunisation Information System;
- devise a national strategy for the elimination of Measles & Rubella (in line with the WHO agreed programme) as a matter of urgency and to ensure that implementation plans are adequately resourced.

Childhood Obesity

- The HSE work with the Department of Health and the Department of Children and Youth Affairs to put in place an urgent comprehensive multidisciplinary programme to tackle childhood obesity including the education programmes for parents and children to prevent overweight and obesity on our children and future generations.

Adolescent Health

- That strategies to reduce harmful lifestyle choices are fully implemented and resourced;
- The Department of Children and Youth Affairs and its agents get involved at all levels in the National Drugs Strategy;
- That an implementation structure for the National Substance Misuse Strategy is put in place with defined accountability;
- Impose a levy on the alcohol industry to cover the cost of treating alcohol related harm;
- Increase the price of a packet of cigarettes by €1.

Suicide and Self-harm in Young People

- Implement in full the recommendations outlined in Reach Out: The National Strategy for Action on Suicide Prevention 2005-2014 and the recommendations detailed in the report of the Joint Oireachtas Sub-Committee on the High Level of Suicide in Irish Society;
- Suicide Intervention Teams should be provided in all hospitals on a 24 hour 7 days a week basis;
- Pilot the development of community based 24 our crisis mental health provision throughout Ireland.

Health Inequalities and Health in all Policies

- An explicit statement from Government that recognises
  - Health as a basic human right and its protection should be a core aim of Government and the State;
  - The crucial importance of prevention and that preventing ill-health through the reduction of health and social inequalities would be a stated priority.
- The establishment of an inter-sectoral committee to prioritise the development and implementation of evidence-based initiatives across departments and across sectors that tackle the unequal distribution of wealth and ensure that all children have the opportunity to realise their maximum potential including;
  - Economic policies that focus on growth and provide as large a proportion of the population as possible with rewarding, productive and secure employment;
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    - active collaboration between the Department of Education and the Department of Health to deliver on early educational intervention.
- the establishment of a Minister of Public Health with direct responsibility for overseeing the delivery and implementation of Public Health Policy;
- a national Public Health Executive Agency should be established to ensure that the core functions of public health (Health Protection, Health Intelligence and Service Public Health), drive progress and are accountable for implementing policies set by the Public Health Minister;
- the provision of priority ring-fenced funding for Public Health;
- The Office of the Minister for Public Health should also be responsible for ensuring that Health Impact Assessments are carried out on all new government policies at design, implementation and review stages;
- All Budget measures should be subject to Health Impact Assessment.

The Role of Primary Care in Addressing Health Inequalities

- Urgent consultation and negotiation on the funding and provision of universal access to Primary Care Services including resources for the prevention and management of chronic disease in the Primary Care setting.
- Building on the HSE Health Status reports which measure deprivation using the Haase and Pratschke Index and the SAHRU Index of Material Deprivation, a model for the allocation of resources to Primary Care is needed which takes into account patterns of morbidity and GP utilisation in areas of deprivation.
- The Government must ensure that vulnerable rural and deprived urban communities have adequate GP cover.

Integrated Care

Effective use of information,

- Urgent attention is given to the development of interoperability standards;
- The establishment of a secure, confidential and monitored email system which allows health professionals to communicate more effectively to provide better quality and more timely medical care for patients;
- The Government should publish the Health Information Bill as a matter of urgency.

Appropriate standardisation of care through the use of clinical guidelines

- Agreed clinical guidelines reflect international best practice, are regularly updated and must be flexible to meet individual patient needs and choices.

Effectively management of resources (particularly in primary care)

- Adequate investment in facilities and resources to support primary care teams is needed for their success.
- The management of chronic disease in Primary Care must be costed correctly

Appropriate incentivising of care providers

- Money must follow the patient and incentives must be provided for GPs to take on all chronic care.