



Laura Magahy, head of the Sláintecare programme implementation office Picture: Collins

Two years after it was conceived as an idea, we have an action plan for reform of the health system. Many critics say this is too little too late, with suspiciously little detail on where the funding is to come from for the ten-year plan

By Susan Mitchell, Sunday Business Post.
March 17, 2019

First, there was a vision. Then a strategy. Now we have a plan.

It has taken almost two years since the Sláintecare framework was published for a plan to materialise. This has led some critics to conclude that the government wasn't serious about delivering the Sláintecare report that was devised by an all-party Oireachtas committee in 2017.

Last Wednesday, the Sláintecare programme implementation office published its action plan for 2019. It was accompanied by a promotional video of Minister for Health Simon Harris, who described the ten-year health reform programme as one that would ensure we get a “fit-for-purpose modern health service”.

There was no official launch, and no short statement of support from Taoiseach Leo Varadkar. His absence at the launch of the previous framework document last August was noted at the time, with some interpreting it as a less than stellar endorsement.

It has been reported that Minister for Finance Paschal is lukewarm on Sláintecare, as it proposes huge additional spending, even though we are already a comparatively high per capita spender on healthcare.

The Social Democrats were first out of the traps after the plan went live last week, with stinging criticism of what the party described as the “underwhelming” action plan.

Social Democrats co-leader Róisín Shortall said: “It’s been two years since the detailed and costed Sláintecare report was produced based on unprecedented political cooperation. Today we have another report on a report on a report, but still no proper budget.”

Describing the report as “wishy-washy”, she said it was “further proof” that the Fine Gael-led government was “not remotely committed” to delivering Sláintecare.

A senior civil servant at the Department of Health claimed that the press release from the Social Democrats was issued about 20 minutes after the report went live, raising obvious questions about the extent to which the party had actually read what is a detailed 55-page document.

The criticism, however, didn’t emanate solely from political quarters. Doctors, nurses and others piled in on social media, criticising what they regard as the ongoing failure to clarify where funding of this major reform programme will come from.

The original Sláintecare report was costed at €2.6 billion (rising to that over ten years) plus a once-off transitional fund of €3 billion to support investment in infrastructure, e-health and the expansion in training. That is over the course of ten years.

The Sláintecare programme implementation office, led by Laura Magahy, received dedicated funding of about €25 million this year.

Funding is not the only issue. The government has yet to address one of the most significant proposals under Sláintecare: the removal of private practice from public hospitals. An expert group was due to report on this at the end of 2018, but never did.

In his video address, Harris said Sláintecare outlined the milestones to be achieved in 2019. It would see us select sites for three new elective-only hospitals, and more services would also be rolled out into the community.

Selecting a site is one thing, progressing the projects is another. In 2015, Varadkar – then health minister – announced that the Rotunda Hospital and the Coombe would move to new sites at Connolly Hospital and St James’s Hospital in Dublin. There has been no real progress since then.

The plan to move services out into the community has been a key goal since 2001, when the then government's primary care strategy, A New Direction, was published. Every Irish town was to have comprehensive primary care services by now. And yet, 18 years on, we are not even close to delivering that. One in every five of the operational (126) primary care centres does not have a single GP. The centres are also missing large numbers of other staff such as psychologists, physiotherapists and occupational therapists.

It is widely accepted that a new GP contract is needed to help shift chronic disease management out of the hospital setting. There is no prospect of a new contract being delivered any time soon, despite multiple promises. Instead the focus is on delivering add-ons to the current contract. Ireland has a shortage of GPs that is set to worsen as more near retirement.

In their 2019 action plan, Magahy and her team identified various key workstreams for this year: service reviewing and supporting infrastructure, safe care, coordinated governance and achieving value for money. The workstreams are divided and presented in a series of GANTT charts, which illustrate project schedules.

One key objective is to merge hospital groups and community healthcare organisations which will be managed by new Regional Integrated Care Organisations (Ricos). This is causing huge anxiety among hospital groups that are set to be broken up, such as the Ireland East Hospital Group.

Doctors in these existing hospital groups have already started working across different hospitals within their groups. Joint appointments have been made and many of those directly affected by the looming structural changes regard it as a retrograde step.

"It will set us back years," warned one.

There are various other detailed promises and commitments in the plan. "During 2019, we will pilot initiatives which will support integrated care for older people and for people living with chronic disease," the action plan promises.

"A single assessment tool will be procured to identify the care needs of people living in the community, whether living in residential care or living at home."

It also commits to delivering 14 new primary care centres, as well as identifying a definite location for the major trauma centre in Dublin. Individual health identifiers will be rolled out in order to provide the foundations for a personal health portal and the electronic health record, it states.

Professor Charles Normand of the Centre for Health Policy and Management at Trinity College Dublin described the action plan as “surprisingly operational. There are a huge number of projects, which is what you would expect from Laura Magahy”. (Magahy previously ran a project management company.)

Normand said he was “broadly positive” about the plan, but had concerns about the government’s real commitment. He characterised its response to Sláintecare as one “of a spirit of acceptance, rather than enthusiasm”.

“Serious translates to transitional funding,” added Normand, who referenced the possible impact of the overspend on the current budget and the Children’s Hospital.

Sláintecare is a long-term vision, or plan. This in itself may prove problematic. Members of the 23-strong Sláintecare Advisory Council are concerned about this.

“The system is creaking at the seams, and this is a ten-year plan. Theoretical plans are well and good, but we need some immediate results,” said one.

What is Sláintecare?

The Committee on the Future of Healthcare was established by Minister for Health Simon Harris in 2016. Many doubted that a group encompassing centre-right parties such as Fine Gael would ever manage to agree a vision with the likes of Anti-Austerity Alliance - People Before Profit. But they did.

The Sláintecare report calls for a universal single-tier health service where patients are treated on the basis of health need, rather than on ability to pay. It calls for the removal of private care from publicly funded hospitals.

Fundamentally, the report proposes that the delivery of healthcare is shifted out of hospitals - where possible - and into primary and social care settings.

The report called for €3 billion in transitional and legacy funding to fund new primary care centres, diagnostics, hospital buildings and eHealth (an electronic health system) among other things. In addition, the phased expansion in health and social care entitlements would cost an additional €2.1 billion in current spending by the fifth year.

Critics questioned how the committee could recommend a massive increase in the nation’s spending on healthcare, while glossing over why our existing spending on healthcare is so comparatively high and yet delivers such miserable access.

A painful case of chronic implementation deficit disorder

Over the past decade, the Irish health service has witnessed continuous policy change and substandard planning.

In 2010, the Fianna Fáil-led government was pursuing a policy of hospital co-location. This envisaged private hospitals being built on the grounds of public ones. The land would be leased from the state by private hospital developers, who would also pay the public hospital a percentage of profits.

Advocates claimed that public beds would be freed up by moving patients with private health insurance out of the public hospital and into the co-located private facility.

There was a lengthy tender process, and some consortiums even went so far as to apply for planning permission. Then Fine Gael and Labour came to power in 2011. The hospital co-location plan was axed.

The Fine Gael/Labour coalition promised to deliver universal health insurance - a single-tier health service - to all by 2016. The HSE, which only came into existence in 2005, was to be abolished by 2016.

Multiple glossy reports (including a White Paper) were launched by politicians to great fanfare. Hospital groups were established across the country as a precursor to the setting-up of independent hospital trusts.

Nobody appeared to have decided how these hospital trusts would function or operate. What did an “independent” trust actually mean? Was it administrative, budgetary or related to service? Would they be completely autonomous?

The answers to those questions were never forthcoming. Either way, the plan has changed. In 2015, the ESRI reported that a system of universal health insurance would come at an enormous additional cost. Many analysts questioned why it had taken the government five years to establish the cost of its own proposal. The government (Fine Gael and Labour) later abandoned the plan.

Then a cross-party Oireachtas committee was established to develop a ten-year vision for the health service. That plan was called Sláintecare. It was published in May 2017.

Now the plan is to establish Regional Integrated Care Organisations (Ricos), under which hospitals will be geographically aligned with community healthcare organisations (CHOs). They are to be administered by regional bodies, which will result in the break-up of existing groups.