



Introduction

The Health Reform Alliance welcomed the publication of the Future of Healthcare Committee's Sláintecare Report.

The Alliance has since assessed the report's main recommendations against the key principles we set forth in 2015, which outlined how Ireland's health and social care system should be reformed.

The detailed assessment of the report is below but, broadly, the alliance believes that, if implemented, the recommendations will broadly expand entitlements, ensure a legislative basis for entitlement to care, universal access to a range of services including GP care, primary care, home care, as well as an expansion of access to social care, mental health care and dentistry.

These measures will help ensure that the health and social care system treats everyone equally, while measures set out in Chapter 1 (population health profile) will help reduce inequalities in the long term.

The delivery of diagnostics in the community will help ensure progress towards greater integration of care and will aid the delivery of services at the lowest level of complexity.

Ensuring universal access to diagnostics will ultimately improve outcomes for patients. Currently, ability to pay strongly determines a person's access to diagnostics.

Measures set out in other chapters will help ensure reduced waiting times, which will, in turn, reduce the need for private health insurance.

Proposals to disentangle public and private acute care by phasing out private work in public hospitals between years 2 and 6 of the report's programme and to replace private funding in public hospitals will help in shifting to a universal, publicly funded system, which is not based on profit.

However, the decision to retain the tax relief for private health insurance could undermine the intention behind these proposals.

The Health Reform Alliance believes the Implementation Office, addressed in the implementation chapter, will need to spell out the process of disentanglement in greater detail.

On the following pages, we assess the most important recommendations contained in the Sláintecare report against the key principles of the Health Reform Alliance, which were designed to set out how Ireland's health and social care system should be reformed.

Key Principles of the Health Reform Alliance

Main Recommendations in Sláintecare Report

The health and social care system treats everyone equally

Increase Health and Wellbeing Budget - €233m over ten years

Resource and develop a universal child health and wellbeing service - €41m over first five years

Expanding public activity in public hospitals - €649 million from years 2 to 6 of the plan

Increase numbers of public hospital consultants - €119 million between years 4 and 10

The health and social care system is focused on the needs of all groups in society

Introducing legislation by Spring 2018 for the following waiting time policies, to be implemented on a phased basis by 2023:

- No-one should wait more than 12 weeks for an inpatient procedure, 10 weeks for an outpatient appointment and 10 days for a diagnostic test
- Introduce a maximum wait time in EDs, working towards a four hour target

Ringfence funds for health care priorities, like expanded primary and social care, palliative care, and mental health services

Ringfence savings that will arise from reduced tax-relief costs as people move from PHI to avail of improved public health provision and allocate these to expansion of entitlement and transitional funding

People have an entitlement to health and social care, free at the point of access

Enact the Irish (Sláinte) Health Act which will provide the legislative basis for a universal entitlement to a broad package of health and social care for everyone living in Ireland with maximum waiting times and a Cárta Sláinte

Removal of inpatient charges for public hospital care - €25m in Year 1

Reduce prescription charge for medical card holders from €2.50 to €1.50 in year 1 and to 50c in year 3 - €66.7m in year 1, a further 66.7m in year 3 (€133.6m in total)

Reduce the Drug Payments Scheme threshold from €144 per month to €120 and €100 at a cost of €75m in year 3 and €184.9m in year 6 (€259.9m in total)

Halve the Drugs Payment Scheme threshold for single-headed households in year 1 to €72 per month

Removal of Emergency Department charge in Year 8

Counselling in primary care: extend counselling provided by private providers through GP/primary care referral - €6.6 million over three years

Develop public psychology services in primary care at a cost of approximately €5m over two years to get this service up and running. This would fund 114 assistant psychologists, 20 child psychologists and allow for the development of a CBT online resource

Universal GP care - €455 million over five years

Universal primary care - €265.6 million over first five years of the plan

Universal palliative care - €49.8 million over the first five years of the plan

Increasing home care provision - €120 million in the first five years of the plan

Additional services for people with disabilities - €290 million over ten years

Child and Adolescent Mental Health Teams - €45.7 million, delivered by year 5

Adult Community Mental Health Teams - €44.5 million, delivered by year 5

Old Age Psychiatry - €18.8 million, delivered by year 5

Child and Adolescent Liaison - €4 million, delivered by year 5

Intellectual Disability Mental Health Services: 120 additional staff - €8.5 million, delivered by year 5

Reinstate pre-economic crisis budget to Dental Treatment

Services Scheme - €17 million in year 1

The different elements of the health and social care system work together and are connected

Expansion of community diagnostics and shifting treatment from the acute sector to the community

Legislate for a new HSE Board

Legislate for accountability - that the Minister for Health is ultimately responsible for delivering health system change and for the delivery of care to the population. Staff at all levels within the health systems are also accountable for their delivery of relevant aspects of the health service to the population through specific, known performance measures and support for the development of needed skills to promote improvement

Legislate for national standards in clinical governance, national and local accountability structures right down to community and hospital levels, so that clinical governance covers all clinical staff including consultants

Set up a Programme Implementation Office under the auspices of An Taoiseach by July 2017, with the remit to oversee the implementation of this report and develop a detailed implementation plan for the reform programme

The Implementation Office should work closely with the HSE and will have representation on the management teams at both national and regional level, and will report directly to the Minister for Health

The health and social care system is a universal, publicly funded system, which is not based on profit

Legislate for the National Health Fund and new funding mechanisms for the transitional funding, legacy funding and package expansion components, as required

Funding flows into the NHF should include a mixture of general taxation and specific earmarked funds, to be decided by the Government of the day

Guaranteed expansion of health funding by between €380-465 million per year, for expanded entitlements and capacity to delivery universal healthcare

Disentangle public and private health care financing in acute hospitals and remove ability of private insurance to fund private care in public hospitals