



## Summary

- A National Health Service that treats people according to medical need.
- Establish an Independent Health Promotion Agency to promote health and preventative behavior.
- Abolish the HSE - hospital groups and CHOs to be integrated and governed by new health councils.
- Create a network of community primary care centres - free GP care for all.
- Guarantee access to health care within 18 weeks.
- Guarantee access to emergency hospital care within 4 hours of presenting to an Emergency Department, elective hospital inpatient care within 12 weeks of referral, outpatient care within 10 weeks and diagnostic procedures within 10 days.
- Move to 21,000 beds nationally to increase capacity. Compulsory purchase private facilities required as part of increasing the number of public beds.
- Increase ambulances and air ambulances to meet 8-minute response times. Introduce a Paramedic Transport Service
- Increase medical technicians by 750 as per HIQUA recommendations
- Re-open hospitals closed during the recession -reopen emergency departments too.
- End 'outsourcing' of frontline health service jobs
- End outsourcing of non-medical healthcare staff
- Stop all support and tax breaks for private hospitals and health care facilities
- Reduce profiteering by private drug companies. Overtime, - move to a National Pharmaceutical Company.
- Abolish prescription charges and all other out-of-pocket payments such as hospital in patient charges; abolish car parking charges in hospitals - reduce the drug payment scheme threshold to zero.
- Establish 500 primary care teams and primary care centers to house them.
- Invest in a network of Community Development Health Workers based in community projects.
- End the 'Fair Deal Scheme' and improve funding for the elderly.
- Increase funding for Mental Health and ringfence funding for child and adolescent mental health.
- Disability services should follow a rights-based approach.
- Increase Personal Assistant Hours so people with disabilities can lead independent lives.
- Early intervention for children with disabilities.
- Improve age appropriate services for young people.
- Improve cancer care including screening, access to diagnostic tests, radiotherapy/chemo.
- Extend diagnostic option during pregnancy in weeks 18-22 to all who want them.
- Extra support for those with autism and those with dementia. Transgender people to access services as a fundamental human right.
- Create fresh fruit clubs and community exercise initiatives.



- **Chemicals added to food, water or air should be more closely regulated and subject to public consultation and control**
- **Create a country wide network of cycle lanes**
- **End Corruption and Improve Service Planning.**
- **Investigate malpractice at Midland Regional Hospital Portlaoise**
- **Build resistance to cuts and privatisation in healthcare.**
- **Work in conjunction with the Still Waiting Health Campaign to unite trade unions, workers and service-users to fight for a better health service for all.**

## Introduction

Health Care is essential to human wellbeing, but our current services are highly unequal. The richest people have gold plated access whereas poorer people are made to wait. Poorer people suffer greater health problems and die earlier than their wealthier counterparts. People Before Profit want to end this health apartheid. Our goal is to use resources to track patients' needs rather than paperwork or private profits. This involves moving towards a **National Healthcare System** paid for through progressive taxation. The World Health Organisation emphasizes that truly 'Universal' care needs to be available to all and cover costs including medication, dentistry, hearing and vision, psychotherapy, physiotherapy and so on. This is far from reality in the Irish system, however. Successive right-wing governments have entrenched inequalities in health and wealth. They have cut funding to the public service, particularly staff numbers, and used this as a lever to enrich the private sector. A single-tier service with free GP and hospital care was promised but never delivered. Successive governments have also promised to increase public hospital beds by 3,000 -to bring the total to 15,000 - but once again nothing has happened. In fact, Ireland still lags comparable countries with a bed capacity of 2.8 per thousand people compared to the EU average of 4.8. On the other hand, consultants get to draw huge salaries from both public and private practices. Hospital consultants are already on private salaries of over €150,000 a year, and the average consultant get the same again in fees, most of which are earned in public hospitals.

That is over €300 million a year wasted on 'double pay'. In addition, healthcare has been targeted by private hospitals, nursing homes, insurance companies and drug companies. Simon Harris has facilitated this practice with cuts to public spending of up to 10%. Increased waiting times for treatments and continuous trolley crises are the most visible sign of systemic breakdown. The General Secretary of the Irish Nurses and Midwives Organisation has stated that the situation represents a national emergency, while the Irish Medical Organisation (IMO) state that the country's hospitals are running an emergency service on a year-round basis. This system is failing patients and is not acceptable. People Before Profit wants to empower frontline staff and service users to develop **Universal Health Care** through a well-planned '**National Health Service**'.



To achieve this People Before Profit proposes the following:

- **A National Health Service.** We support a **National Health Service** that is universal, comprehensive, democratically planned, funded by progressive taxation and free at the point of use.
- **Preventive action and health-promotion.** PBP would establish an independent Health Promotion Agency to advise on public health, local and national priorities for health service development and practical proposals for reducing wealth and health inequalities. All legislation should be 'health-proofed' by this Health Promotion Agency to estimate risks and benefits to health.
- **Investment in health councils.** The current system of separating medical services between 7 hospital groups and 9 Community Healthcare Organisations (CHOs) has caused unnecessary waiting times and confusion. We propose that hospital groups and CHOs are integrated and governed by health councils. This will require a large capital investment, particularly in the south east and the north west, where services have been cut and transferred to Galway, Limerick, Cork and Dublin. It will mean that area 5 and area 1 will need an investment in services to include 24/7 cardiac care in both the south east and the north west, cancer care services and services associated with centres of excellences.
- **Create a network of community primary care centres - free GP care for all.** Preventative care is the best way to reduce reliance on hospitals. The community care centres should act as hubs that provide GP services and basic diagnostics. They should be staffed with direct employees who will deal with both physical and mental health.
- **Guarantee access to health care within 18 weeks.** Guarantee treatment in A+E within 4 hours. These are standards a modern 21st century health care system should have. Given the mess that the right-wing parties have made of health, reaching this target will involve a rapid move to a National Health System and a significant investment in health.
- **Guarantee access to emergency hospital care within 4 hours of presenting to an Emergency Department, elective hospital inpatient care within 12 weeks of referral, outpatient care within 10 weeks and diagnostic procedures within 10 days.** These are standards a modern 21st century health care system should have. Reaching this target will involve a rapid move to a National Health System and a significant investment in health.
- **Move to 21,000 beds nationally.** Our healthcare services are crying out for extra capacity. People Before Profit would halt all hospital closures, service reductions and staff cuts. We would re-open closed wards and increase bed capacity to 21,000 beds nationally to bring bed capacity to just the EU average of 4.8 beds per 1,000 population (bear in mind 35,000 beds would be required to bring our bed capacity up to Germany's standard).
- **Invest to meet 8-minute response times.** In 2014, just 26.6 per cent of life threatening calls were responded to within the recommended 8 minute response time. In rural areas it was just 6.6 per cent of calls. We propose an increase in



the ambulance fleet and major capital investment in the **National Ambulance Service** to meet HIQA standards and International best practice of 8-minute response time in Life. We would also introduce a Paramedic Transport Service to transport enable clients safe from one facility to another. Example Long Term Care to Acute appointment. Finally, we would increase medical technicians by 750 as per HIQUA recommendations.

- **Reopen hospitals closed during the recession.** Small towns and rural areas have been hit hard by closures, increasing travel times and putting patients at risk. PBP would re-open local services to act as the first response and ink them into national centers of excellence.
- **Reopen Emergency Departments.** All major Emergency Departments should be restored to a minimum level of 24/7 Urgent Care provision. Larger hospitals should work alongside smaller counterparts. For example, Galway University Hospital could offer a 24/7 Emergency Department supported by Surgery, Critical Care Beds and Acute services and Galway Merlin Park could offer services including but not exhausted to, fractures, stitches or wound care, infections, pain and diagnostics, services that do not include surgical procedures. This would create greater patient safety and quicker access to Emergency Departments for critical patients.
- **End outsourcing of medical staff.** People Before Profit would end outsourcing and create pensionable jobs for all medical practitioners working in the service. In addition, we would ensure staff are offered continuous training and support; introduce family friendly contracts and reduced hour contracts should staff wish to avail of them. Consultants should not be allowed to earn both a public salary and a private income from fees.
- **End 'outsourcing' of non-medical frontline jobs.** Outsourcing catering, cleaning and security is wasteful and dangerous. We could create permanent, pensionable jobs to provide secure employment and halt the exodus of qualified health staff.
- **Reduce profiteering by private drug companies; move to a National Pharmaceutical Agency.** There should be public oversight and control of drug company pricing and marketing strategies and where necessary compulsory generic licencing of essential drugs. We would reduce drug costs by achieving the EU average 80% generic prescribing and refusing to pay more than the cost of drugs in equivalent countries such as Spain or New Zealand. Any money saved by cutting waste such as the duplication and profits of private medicine to be earmarked for reinvestment in the health service.
- **Abolish prescription charges and all other out-of-pocket payments such as hospital charges.** Charging people when they are sick is the least effective form of funding a health service and can cause people to avoid attending services altogether. We would re-establish medical card cover for nutritional supplements and alternatives such as gluten-free foods.
- **Abolish car parking charges in hospitals.** These are sometimes collected by private for-profit companies. It is stressful enough visiting the sick – we don't need to impose an extra burden.
- **Establish 500 primary care teams and primary care centers to house them.** Prevention and local treatment are preferable to long stays in hospital. PBP



aspire to building one PCT for every 8-10,000 people within five years, with services free at the point of use and networked with hospitals and other health services. This will necessitate a full range of health staff in Health Centres: Psychologists, Physiotherapists, Social Workers, Counsellors, General Practitioners (GPs), Nurses, Occupational Therapists (OTs), Speech and Language Therapists, Dentists, Opticians and Pharmacists.

- **Extend community care.** Extra community involvement can be facilitated through a network of Community Development Health Workers based in community projects and family resource centers, linked to their local PCTs. In addition, community food initiatives established under Safefood to address food poverty and education around food in Northern Ireland and the Republic should be properly funded and supported in local communities.
- **Improve care for elderly people.** Throw out the 'Fair Deal Scheme'. Plan for an aging population with a full range of services: proper free state nursing home care, sheltered accommodation/retirement villages, house adaptations, home care, community services and respite for carers. Reverse the cuts and increase the Carer's allowance.
- **Increase funding for Mental Health.** Mental Health funding should be increased to at least 12 percent of the health budget. Emphasise preventive measures such as increased welfare spending, especially on income support, child care, social care, jobs and housing to reduce mental health problems including substance abuse and suicide. Improve access to alternatives such as social support, OT and Psychotherapy to reduce the over-reliance on multiple drug prescription and coercion in Mental Health Care. Treatment of drug dependency and mental health should be more closely integrated, with promotion of non-drug options for personal and social problems. Improve funding for services and facilities for assisting safe withdrawal and longer-term rehabilitation in patients with long-term use of psychoactive drugs including prescription drugs.
- **Child Mental Health Services.** Mental Health services for Children should receive at least 25% of the Mental Health budget. Ensure 24-hour access to emergency beds in children's wards in mental health emergencies. Improve liaison with, and availability of, school supports including small class sizes, Resource Teachers, SNAs and NEPS psychologists. Improve access for children to prompt, good quality mental health and developmental assessments and therapies by properly staffing Primary and Secondary Care Mental Health and Disability Teams to age 18 and ensure TUSLA child welfare services are adequately staffed and supported with childcare facilities.
- **Disability Services.** Disability services should follow a rights-based approach. People Before Profit believe in listening to the voice of the disability movement and strengthening the voice of people with disabilities. During the recession support for disability services was severely cut and has never recovered. We would end the closure of residential units that force people with disabilities into community-based models of living. People Before Profit recognize this model does not suit every individual and will





ensure access to the preferred support measure is guaranteed. See our **Disability Policy** for more details.

- **Increase Personal Assistant Hours.** People would increase the amount of PA hours so people with disabilities can lead independent lives
- **Early Intervention for children with disabilities.** Increase funding and access to the full range of special need services within the health system i.e. Speech and Language, Physiotherapy, O.T.s etc.
- **Improve age appropriate services for young people.** Underfunding of community services means younger people have been inappropriately placed in nursing homes. There are currently in the region of 1,000 younger people with disabilities living in nursing homes across the country. PBP want to increase funding to ensure there are enough age-appropriate services in the community.
- **Improve cancer care.** There is a marked need to improve cancer care including screening, access to diagnostic tests, radiotherapy/chemo close to home and to facilitate transport to regional centres as required.
- **End the exclusion of vulnerable groups from services.** Allow decisions on end-of-life care and crisis pregnancy to be based on patient consent and autonomy and not on coercion. Repeal the eighth amendment. Provide the full range of reproductive health services, including abortion services, in primary care centres as well as hospitals, and license the medicines required. Health professionals should be able to advise on the evidence base for decisions in health care but responsibility for the final decision should always be held by the relevant patient. - See PBP Policy document on reproductive rights for more.
- **Maternity Services.** The situation with respect to anomaly scanning in Ireland is the following: 100% of pregnant women living in Dublin are offered this diagnostic option during weeks 18-22 in Dublin *maternity hospitals* and only 36% are offered it in the rest of the country. Stop the rural discrimination and ensure funding is provided to address this.
- **Extra support for those with autism and those with dementia. Transgender people to access services as a fundamental human right.**
- **Fresh Fruit and Exercise.** To address the rising epidemic of illnesses related to obesity and high blood pressure, access to regular opportunities to exercise and to fresh, affordable, high-quality, locally-sourced food should be subsidised to improve our population health. Food should be adequately labelled for contents (for example with the simple 'traffic light' warning system), especially additives, and recommended limits enforced for additives, especially caffeine, alcohol, sugar, salt and fats. Chemicals added to food, water or air should be more closely regulated and subject to public consultation and control. Improved levels of control in the workplace are proven to improve health and welfare and employees should have more say in decisions regarding work practices, work-life balance, terms and conditions and access to quality food, exercise and safe practices in the workplace.
- **Create a country wide network of cycle lanes.** In other countries people use bicycles as their primary form of transport, but in Ireland this is often too



dangerous. A nationwide cycle lane programme would reduce pollution and make the nation healthier.

- **End Corruption and Improve Service Planning.** PBP would root out corruption in healthcare delivery by improving national government accountability and local democratic control. Ensure democratic representation by user groups and non-management health workers and the support of an independent Health Promotion Agency. The Department of Health to be the body accountable for the effective and efficient coordination of health services.
- **Investigate malpractice at Midland Regional Hospital Portlaoise.**



## Appendix

### Principles of a National Health Service

- **Universal Health Care.** The health service should be 'universal' covering everybody and 'comprehensive' covering all their health needs (including drug costs, psychotherapy, physio and other therapies and care for teeth, eyes, end-of-life care and reproductive health). 'Universal' means little without care also being comprehensive'.
- **Funded through progressive taxation and free at the point of use.** 'Progressive taxation' is a fairer and more efficient way of funding healthcare. It means the more your income the higher the rate of tax you pay. Insurance is regressive (flat rate) and causes duplication waste and leads to unequal coverage. Direct charges for use is regressive and discourages the less wealthy to avoid using necessary services.
- **Democratically Planned Services.** Services need to plan based on knowledge of the local population and their health needs. 'Money should follow the patient' ignores the fact that money doesn't put services in place unless they are planned. Money should 'go ahead of the patient' instead. Democratic control by the local community and frontline workers is necessary to ensure healthcare (rather than profit or political careers) remains the priority. We need democratically elected Community Health Councils and an Independent Agency of Public Health Promotion working with a responsible and accountable Dept of Health to coordinate an effective and efficient Health Service. 'improvement' in services should be approved democratically by. To deal with oversupply of lower quality care in the private sector, any useful Private facilities could be incorporated into the public system by nationalizing them.





## Note

**People Before Profit have committed to work in conjunction with the Still Waiting Health Campaign to unite Trade Unions, Workers and Service-Users to fight for a better health service for all.**