IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

IMO Pre-Budget Submission 2023

September 2022

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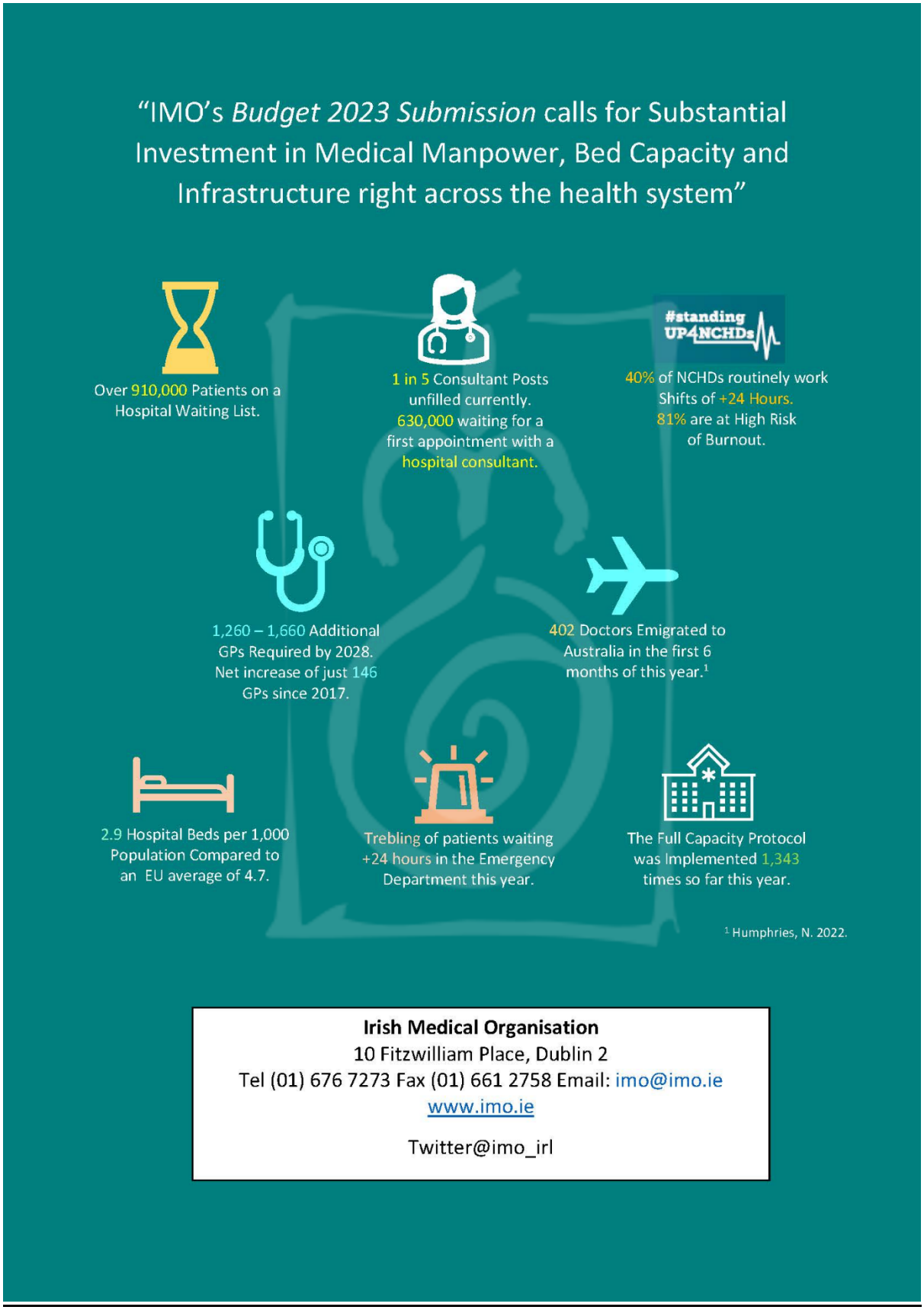
"IMO's *Budget 2023 Submission* calls for Substantial Investment in Medical Manpower, Bed Capacity and Infrastructure right across the health system"
Over 910,000 Patients on a Hospital Waiting List.
1 in 5 Consultant Posts unfilled currently. 630,000 waiting for a first appointment with a hospital consultant.
#standing UP4NCHDs
40% of NCHDs routinely work Shifts of +24 Hours. 81% are at High Risk of Burnout.
1,260 – 1,660 Additional GPs Required by 2028. Net increase of just 146 GPs since 2017.
402 Doctors Emigrated to Australia in the first 6 months of this year.[1]
2.9 Hospital Beds per 1,000 Population Compared to an EU average of 4.7.
Trebling of patients waiting +24 hours in the Emergency Department this year.
The Full Capacity Protocol was Implemented 1,343 times so far this year.
[1] Humphries, N. 2022.
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IMO Pre-Budget Submission 2023

IMO doctors fear the consequences for patient care and outcomes, as conditions in our public hospital conspire to create the perfect storm. With our growing and ageing population, simultaneous outbreaks of Covid-19 and flu and additional strains on physical and mental health¸ demand on the public health system has never been higher. Over the past two years, while funding for the health service has increased to cope with the additional demands of the pandemic, insufficient progress has been made on the core capacity issues of medical manpower and bed capacity and infrastructure. Staffing shortages and poor working conditions are leading to high levels of burnout and emigration among our newly qualified doctors who quite simply have had enough. Piecemeal efforts to address waiting lists are simply not enough and long-term planning accompanied by a substantial increase in funding is needed to address ED overcrowding, waiting lists and meet growing unmet need.

"Demand for care is growing exponentially"

- The current population of Ireland stands at over 5.1 million, the first time the population has exceeded 5 million in a census since 1851;[i]
- Alongside this, there is an ageing population, of which over 11% of the current Irish population are aged between 65 and 79 years old and 3.5% are 80 years old or more;[ii]
- While the majority of older people are healthy, an ageing population and rising rates of chronic illness cause a significant increase in the workload of the healthcare workforce and further financial costs due to an increase in need of age-related healthcare procedures, treatments, and long-term care;[iii]
- Simultaneous outbreaks of Covid-19 and flu for the foreseeable future will also continue to affect the delivery of care, both increasing the need for and disrupting the provision of healthcare;[iv]
- The Covid-19 pandemic continues to have significant psychological effects on the population of Ireland. It is estimated that one in five people experience significant psychological distress;[v]
- The rising cost of living will put additional strain on the mental and physical health of Irish society, widening health inequalities and placing further pressure on the public system;[vi]

"Investment has failed to keep up with demand"

There has been some increase in spending over the last three years, with welcome additional investment made into areas such as home care services and care in the community, chronic disease programmes and public health service. However, to date, insufficient measures have been taken to tackle the core capacity issues of medical workforce as well as physical capacity and infrastructure. Despite an allocation of €350 million to reduce acute hospital and community waiting lists, little progress has been made and there still remains a backlog of over 910,000 patients on NTPF waiting lists which will take decades to clear.[vii]

"We have a medical workforce crisis across the system that needs to be urgently addressed"

- 2,000 additional consultants are required to meet current population needs yet the HSE cannot fill current consultant posts;[viii]
- As of Aug 2022, there are 629,447 people waiting for an outpatient appointment with a hospital consultant of which almost a third (31%) 194,777 are waiting longer than a year;[ix]
- The inequitable treatment of consultants appointed since 2012 has created a recruitment and retention crisis illustrated by the 880+ (or 1 in 5) vacant consultant posts currently;[x]
- Across our hospital system, NCHDs (both those in training posts and non-training posts) are carrying the brunt of manpower shortages, working excessive unsafe hours, in breach of the European Working Time Directive, and unable to take full annual leave and study leave;
- A 38% increase in the number of Higher Specialist Training (HST) posts, across all specialties is required over the next 5 years to meet future demand, while the requirements for General Practice and Psychiatry are even higher.[xi] This requires more consultants to provide training and mentorship.
- Lack of work life balance and burnout in turn have led to increasing levels of emigration. 402 doctors have emigrated to Australia alone in the first half of this year. This is against the backdrop of training 750 Irish and EU doctors in Ireland per year;[xii]
- While General Practice has the potential to alleviate the surge in demand on hospital services, it is facing its own manpower capacity problems with 1260-1660 additional GPs required over the next five years;[xiii]
- Just 146 net additional GPs have been added to the PCRS system since 2017.[xiv]
- Difficulties in recruiting staff and sourcing locum cover are impacting both on work life balance in General Practice and particularly on the provision of out-of-hours services - 71.8% of GPs unable to source locum cover to take a two-week break;
- Our Public Health Specialists and Community Health Doctors play key roles in prevention of disease, yet these services are continuously under resourced and understaffed;

"Widespread deficits in bed capacity and infrastructure prevent the delivery of timely care"

- Currently, there are 2.9 hospital beds per 1,000 population in Ireland, compared to the EU average of 4.7 hospital beds. In conjunction, prior to Covid-19, Ireland had the second highest occupancy rate, at 89.9%, in comparison to an OECD average of 76.2%[xv] and well in excess of the recommended 85% safe occupancy levels;
- Between January and May 2022, the number of people waiting more than 24 hours for admission via an emergency department trebled to 25,000, of whom around a third (8000) were over 75;[xvi]
- The HSE's full capacity protocol, which is designed to act as a safety valve when the ED functioning is compromised, has been implemented 1,343 time across HSE sites so far this year compared with 1,106 times in 2021;[xvii]
- On average, 450 people remain in hospital whose discharge has been delayed because of a shortage of inadequate rehabilitation, community care or long-term care to meet their needs;[xviii]
- GPs including newly established GPs receive no supports for investing in premises and equipment despite recommendations of the 2015 Indecon Report;[xix]

"Mental Health Services are still chronically under resourced"

- Almost one third of consultant psychiatry posts are unfilled or filled on a temporary/locum basis - with staffing levels within Community multi-disciplinary Mental Health Teams up to 40% below recommended levels;[xx]
- Particular deficits arise in our CAMHS Services where in excess of 4,100 children are waiting for a consultant appointment – 13% of these are waiting in excess of a year;[xxi]
- Ireland has 33.5 inpatient psychiatric beds per 100,000 population less than half the EU average of 68 inpatient psychiatric beds per 100,000 population - with particular deficits in beds within child and adolescent psychiatry as well as psychiatry of old age;[xxii]

"The dangerous consequences of ED and Hospital overcrowding and delays are well known"

The result of these systemic defects is a public health system than cannot meet increasing patient demands, with dangerously long outpatient and inpatient waiting lists for treatment and unprecedented numbers of patients boarding on trollies in emergency departments.

- Delays in admission from the Emergency Department are associated with increased mortality (within 30 days) and poorer outcomes for patients;[xxiii]
- Hospital overcrowding compromises patient safety, contributes to the spread of healthcare associated infections, impedes the efficient and effective use of resources and reduces the availability of surge capacity;[xxiv]
- While delays in diagnosis and treatment inevitably mean that patients are treated at a more advanced and complex stage of illness;[xxv]

"The IMO is calling for urgent investment in medical manpower, capacity and infrastructure right across the Health System"

1) Invest in Medical manpower including the Recruitment and Retention of Consultants and NCHDs
2) Invest in General Practice and the shift of care to the community
3) Invest in Prevention - Public Health and Community Health Services
4) Invest in Acute bed Capacity and Diagnostic Infrastructure.
5) Invest in Supports for General Practice and Primary-Care Infrastructure
6) Continue to Invest in the Health and Social care needs of Older People
7) Invest in Specialist Mental Health Services and the Integration of Mental health Care into the Wider Health System
8) Continue to invest in eHealth

IMO Budget 2023 Recommendations

1. Invest in Medical Manpower and the Recruitment and Retention of Consultants and NCHDs

The Irish health system is facing a significant medical manpower crisis, with both recruitment and retention of doctors across the system of serious concern. There is no comprehensive medical workforce plan in place, while chronic understaffing, poor working conditions and burnout are driving doctor emigration.

IMO Recommendation:

- **Develop and resource a comprehensive medical workforce plan to meet current and future population needs with clear annual targets to increase and align the number of specialist training posts with current and future requirements for consultants and GPs;**

Consultants undergo up to 15 years or more of medical education and training to become specialists in their field and play a key role in our hospital services assuring quality of care and patient safety and timely delivery of care and management of patients. We cannot hope to address waiting lists without taking urgent action to tackle the crisis in recruitment and retention of hospital consultants.

IMO Recommendations:

- **Immediately reverse the discriminatory 30% pay cut imposed on new consultants to the HSE since 2012;**
- **In the context of current negotiations with the IMO on a new consultant contract we must ensure that medical services are improved by attracting and retaining senior doctors in our public health service and reversing the trend of emigration;**

Our NCHDs are the consultants, GPs, public and community health doctors of the future and NCHDs (both those in training and non-training posts) have borne the brunt of staffing shortages, routinely being required to work single shifts in excess of 24 hours and over 48 hours a week, in contravention of the European Working Time Directive. Staff shortages, deteriorating working conditions, poor work-life balance, burnout, unpredictability of training, difficulties in accessing training, poor career progression are all driving emigration among NCHDs and our newly qualified specialists.[xxvi] [xxvii] [xxviii] In addition, the expansion of Graduate Entry Medical (GEM) Programmes has resulted many of these graduates carrying debts of up to €100,000.

IMO Recommendations:

- **Immediately resolve issues of excessive working hours and non-payment of overtime;**
- **Negotiate a new NCHD contract that ensures an appropriate work-life balance and reflects the demographics of the NCHD workforce;**
- **Introduce a sustainable government-led financial program to support Graduate Entry Medical (GEM) students to include support for GEM Graduates with debt relief;**
- **Build out a Consultant-led Occupational Health service to protect the health of our healthcare workers;**

2. Invest in General Practice and the shift of care to the community

In the past 2 and half years, General Practice have strived to deliver all normal GP services in the context of COVID-19, a mass vaccination programme and a continuous rollout of Chronic Disease Management Programmes, on top of increased demand from a growing and ageing population and a sudden influx of refugees. Although central to reducing future pressure on our hospital systems, with patient demand increased and funding decreased general practice is not without its own capacity constraints. Further investment both in practice supports and in structured programmes of care are required.

IMO Recommendations:

- **Invest in supports for general practice to employ additional GPs, practice nurses and other support staff;**
- **Invest in a resolution to the GP Locum Crisis;**
- **Building on the success of the Chronic Disease Management Programmes, negotiate and invest in a Structured programmes of Care in general practice including**
  - **A Women's Health programme;**
  - **A programme of Mental Health Care in General Practice;**
  - **A Programme of Care for Nursing Home Residents that reflects the complexity of care required;**
- **Engage with the IMO on an out-of- hours system that is fair and equitable to all GPs and ensures a reliable and accessible out-of-hours care for patients and help reduce demand on our Emergency Departments;**

3. Invest in Prevention - Public Health and Community Health Services

Investment in prevention is one of the most cost-effective ways of reducing demand on our healthcare services and Our Public Health and Community Health Services play a key role in preventions and improving the overall health and wellbeing of our communities.

Our Specialists in Public Health Medicine have been at the forefront of the pandemic, controlling the spread of infection in addition to their usual roles in health intelligence, health services improvement and oversight of public health programmes. Community Medical Doctors work mainly in areas of Child Health and Immunisation, however the number of doctors employed in community health has fallen over the last ten years.

IMO Recommendations:

- **Ensure full implementation of the 2021 Public Health Agreement;**
- **Conduct a review of the staffing levels in Public and Community Health Departments in light of the agreed staffing levels and the needs of the service and patients, and to identify blockages to recruitment;**

4. Invest in acute bed capacity and diagnostic infrastructure

While investment in GP care and Prevention can help to alleviate rising pressure on our hospital services, numerous reports over the past two decades have identified the need to increase acute bed capacity to meet

our changing demographics. Current plans for the expansion of acute bed capacity are based on the minimum requirements of the Health Service Capacity Review 2018, however it is widely acknowledged that the minimum requirements set out in this review are insufficient to meet population demands. The ESRI project minimum bed requirements to be much higher with between 4000 and 6300 beds required across public and private hospitals of which 3200 to 5600 will be required in public hospitals.[xxix]

IMO Recommendations:

- **Immediately invest in modular builds to relieve the capacity strains on our Emergency Departments;**
- **Resource a multi-annual programme of investment in acute bed capacity to include:**
    - **5,000 additional public acute beds;**
    - **Standalone public hospitals for elective care;**
    - **increase critical care capacity to 550 critical care beds;**

Access to diagnostics can contribute to both waiting lists and delays in the Emergency Department. While additional funds have been provided to support GP referrals to diagnostics, no review of current requirements has been undertaken in relation to diagnostics, radiology and laboratory requirements either in the hospital or community setting.

IMO Recommendation:

- **Urgently assess and resource diagnostic, radiology and laboratory requirements to ensure timely access to investigations and results for both hospital doctors and GPs in the community;**

5. Investment in General Practice and Primary-Care Infrastructure

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. The 2015 Report by Indecon[xxx], 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.

For young GPs seeking to establish themselves in a new community, the initial investment costs in premises, equipment, IT systems, insurance etc. commitment are particularly prohibitive and specific supports are required to support this cohort of GPs.

IMO Recommendations:

- **Introduce tax incentives to GPs to encourage the development of GP infrastructure, including premises, medical equipment, diagnostic equipment, IT as per the recommendations of the 2015 Government Commissioned Report by Indecon;**
- **Given the precarious financial position of newly establishing practices - Engage with the IMO in developing specific supports to help newly qualified GPs to establish as principals;**

6. Invest in Health and Social Care Needs of Older People

At any one time, up to 450 patients, the majority of whom are older patients over 65 years, can be delayed in hospital while waiting appropriate rehabilitative or long-term care. The IMO has welcomed the Report of the

Covid 19 Nursing Homes Expert Panel[xxxi] and the provision of additional home care hours, community beds, and the expansion of community intervention teams helping to reduce delayed transfers or care. However Ireland has a growing and ageing population and on-going investment in care in the community must be sustained.

IMO Recommendations:

- **Further resourcing of rehabilitative community care beds and home care supports including intensive home care packages to reduce delayed discharges and allow older people remain at home as long as possible;**
- **In addition to investment in a programme of GP care for nursing home patients, continued investment is required in community specialist teams with input from a range of specialties including Geriatric Medicine, General Practice and Public Health Medicine;**

7. Invest in Specialist Mental Health Services and Integration of Mental Health Care into the Wider Health Service

With appropriate resources 90% of emotional and psychological problems can be adequately managed by GPs in the community[xxxii], however for those patients with more severe mental illness, such as psychosis and suicidal ideation, specialist psychiatric care is required.

While *A Vision for Change* has seen an overall shift away from the asylum model to the delivery of care to a community-based outpatient model. However while the shift is welcome the current model of care requires urgent review, both in terms of addressing the post-code lottery for funding and difficulties in recruiting and retaining staff.

Overall there is a need to better integrate mental health services into the wider HSE. For example patients attending the ED for an acute episode of self-harm require access to liaison psychiatry and age-appropriate inpatient care while those with long -term mental illness often have multiple morbidities. Unfortunately the current governance model for mental health services does not support an integrated approach.

IMO Recommendations:

In addition to investment in a clinical programme of mental health care in General Practice urgent investment is needed in specialist mental health care:

- **Appropriately resource community and hospital based mental health teams as per the recommendations of *A Vision for Change;***
- **Assess the number of acute inpatient psychiatric beds required to ensure timely admission of patients presenting with acute psychiatric illness;**
- **Commission an in-depth review of the current model of community-based multi-disciplinary mental health services to ensure that it is the most effective model of care for mental health in Ireland;**
- **Address the current governance model to ensure better integration of specialist mental health services within the wider HSE;**

8. Invest in eHealth

The pandemic saw an accelerated shift to eHealth including electronic referrals, ePrescribing and electronic access to laboratory and diagnostic results, and even remote consultations. Under the 2019 GP agreement, GPs agreed to participate in the roll out of further key eHealth initiatives including the roll out of summary care and shared care records, however little progress has been made in this area. In addition many smaller hospitals and community health centres are still operating a paper-based electronic records for tracking patient referrals and out-patient appointments, creating significant delays and subsequently risks to the safe delivery of care off-site or at multiple sites.

IMO Recommendations:

- **Invest in secure systems of electronic health records across hospitals and community health centres (systems must be able to communicate and allow embedding of national summary patient records);**
- **Ensure on-going investment and cooperation in the development of eHealth in General Practice in line with the agreement between the IMO, the HSE and the Dept of Health;**

References

[i] Census 2022 Preliminary Results
[ii] OECD Health Statistics 2022: 2021 has largest proportion of 65+ and 80+ year old's in Ireland since data was first collected for this indicator in the 1960s
[iii] Cristea, M et al. 2020. The Impact of Population Ageing and Public Health Support on EU Labor Markets
[iv] Bellizzi, S et al. 2022. COVID-19 and seasonal influenza: The potential 2021-2022 Twindemic
[v] Kelly, BD. 2020. Impact of Covid-19 on Mental Health in Ireland: Evidence to Date, Ir Med J; Vol 113; No. 10; P214
[vi] Moreau, E. Researchers call for action to address health inequalities in light of cost of living crisis, the Journal 21 June 2022
[vii] NTPF Aug 2022
[viii] NDTP, HSE 2020. Demand for medical consultants and specialists to 2028 and the training pipeline to Meet Demand.
[ix] NTPF Aug 2022 National Waiting List Data
[x] HSE Response to Parliamentary Question 19432/22 by Deputy Paul Kehoe, 11th May 2022
[xi] HSE NDTP 2018 op cit
[xii] Humphries, N. Presentation at the IMO AGM, 28th May 2022
[xiii] NDTP, HSE 2020. Demand For Medical Consultants and Specialists to 2028 and The Training Pipeline to Meet Demand
[xiv] PCRS Annual Report 2021
[xv] OECD Health Statistics 2022
[xvi] Hosford, P. Emergency wait times in hospital of over 24 hours treble this year, Irish Examiner August 2022
[xvii] Data obtained by the IMO (23 August 2022)
[xviii] HSE Annual Report 2021
[xix] Indecon, International Economic Consultants 2015. Analysis of Potential Measures to Encourage the Provision of Primary Care Facilities , Dublin
[xx] Finnerty S, Inspector of Mental Health Services 2020. Mental Health Services for Older People, the Mental Health Commission.
[xxi] Ross M, Chief Psychiatrist: Who is running our mental health system?, Daily Mail 29 August 2022
[xxii] Brick, A. Keegan, C. & Wren, M-A. 2020. Baseline utilisation and demand for specialist mental health services in Ireland 2018," Research Series, Economic and Social Research Institute (ESRI)
[xxiii] Plunkett P. Byrne, D. Breslin T et al. Increasing wait times predict increasing mortality for emergency medical admissions. Eur J Emerg Med 2011 Aug;18(4):192-
[xxiv] Health Service Capacity Review 2018.
[xxv] IMO Opening Statement to the Oireachtas Health Committee on the Impactof the Covid-19 pandemic on cancer services. 2nd June 2021
[xxvi] Humphries et al. 2021. COVID-19 and doctor emigration: the case of Ireland, Human Resource Health
[xxvii] Byrne, J.P et al. 2020. Between balance and burnout: Contrasting the working-time conditions of Irish-trained hospital doctors in Ireland and Australia. In *Connecting Healthcare Worker Well-Being, Patient Safety and Organisational Change*,pp. 75-90
[xxviii] Humphries, N., Connell, J., Negin, J. and Buchan, J., 2019. Tracking the leavers: towards a better understanding of doctor migration from Ireland to Australia 2008–2018. *Hum Resour Health*, *17*(1), pp.1-10.
[xxix] Keegan C., Brick A., Walsh B., Bergin A., Eighan J., Wren M.A. 2018. How many beds? Capacity implications of hospital care demand projections in the Irish hospital system, 2015-2030, t*he International Journal of Health Planning and Management*, pp. 1-14
[xxx] Indecon, 2015.
[xxxi] COVID-19 Nursing Homes Expert Panel Examination of Measures to 2021 Report to the Minister for Health, 2020
[xxxii] Mental Health in Primary Care in Ireland