



IMO Opening statement to the Special Oireachtas Committee on the Covid 19 Response - 2nd June

In light of the Government announcement that the current agreement with the Private Hospitals will not be renewed we would like to focus on the urgent measures that are required to enable our public health services to deliver care for both COVID and non COVID patients. It is important that we remember our hospitals have been overwhelmed and operating at dangerous levels of capacity for many years and COVID has exposed the underlying fragility of our services. It is untenable that we continue with historic deficits in manpower and bed capacity in the context of increasing waiting lists.

We would like to begin with our recommendations:

- The HSE is due to publish its clinical roadmap for the reopening of services shortly. This roadmap must allow for a gradual reopening of both public and private care in tandem, prioritising patients based on clinical need;
- An urgent assessment is needed of current capacity and how that capacity will be affected as we deliver care under new social distancing arrangements and infection control guidelines;
- Given the current agreement with the Private Hospitals will not be renewed Government must support immediate investment through temporary builds while investing at the same time in long term projects such as stand-alone public hospitals for elective care;
- There must be immediate investment to recruit and retain doctors to work in the health service, including targeted measures to address our unprecedented number of Consultant vacancies which now stands at over 500 posts. Successive reports and studies have demonstrated that the two-tier consultant pay issue is a major barrier to recruitment;
- We must appropriately resource diagnostic, radiology and laboratory departments to allow timely access to investigations for both hospital doctors and GPs in the community;
- Clear referral pathways are needed for all patients into secondary care;

At the forefront of this national effort to deal with COVID, and notwithstanding the long-standing contractual issues and inequities, doctors across the health system have stepped up; - working long hours and long weeks both in their normal work locations and being redeployed to other sites to deliver specialist care. Many doctors have worked without leave since the pandemic began. We should particularly acknowledge our NCHDs who have been at the frontline of care for Covid 19 patients and our public health specialists who play an invaluable role in health protection and who should be awarded consultant status in line with the recommendation of Professor Gabriel Scally.

Fortunately due to measures taken by the public, we have so far avoided the worst case scenarios. However, it is likely that very low numbers of the population have been infected and we are not yet out of danger. Until we have effective treatment options and a vaccine, we face continued uncertainty as to the impact of a second and subsequent waves particularly as respiratory illnesses begin to circulate again as early as September.

Due to neglect by successive Governments over many years:

- Our health system has huge deficits in terms of bed capacity and manpower which urgently need to be addressed.
- Ireland has one of the lowest number of public hospital beds per population and our hospitals operate on average at 97% occupancy. 5000 additional beds will be required to meet future demand.
- With over five hundred vacant posts, Ireland has one of the lowest number of consultant specialists in the EU, while an additional 1,600 consultants are immediately required to provide a consultant delivered service.

Due to the cancellation of all non-urgent care across the system:

- 570,000 people are still waiting for an outpatient appointment and a further 230,000 people are on a waiting list for an inpatient or day-case procedure.
- Cancer screening programmes have been put on hold
- GP access to diagnostics and referral pathways for all patients have effectively been closed down

The HSE and all its staff now face significant challenges as it seeks to reopen services for elective, outpatients and other programmes. In this context we must ensure sufficient spare capacity for current needs and for a future surge. We will need to reconfigure the physical space and hygiene practices in our hospital facilities to maintain infection control to protect both patients and staff. The rate of infection in healthcare staff is a matter of extreme concern.

There will be an inherent reduction in capacity of up to 50% when new measures are in place for delivering care in safe settings.

We know from our persistent lengthy public waiting lists that long delays in accessing diagnostics and specialist care can impact negatively on patient outcomes. Often the only way to access care is through the Emergency Department when a patient's condition has deteriorated and more intensive treatment and longer hospital stays, are required.

As we emerge from lockdown and into a 'new' normal, we simply cannot revert to a situation where additional beds are being added to wards and hundreds of patients, including elderly patients, are boarded on trolleys. Overcrowded waiting rooms waiting for outpatient clinics cannot be a feature in the health service that we now need.

The IMO has repeatedly called for investment in public acute bed capacity and manpower, but successive governments have failed to provide the necessary resources. Instead of investing in additional beds and staff Government policy has been to purchase capacity from the private sector through the National Treatment Purchase Fund. The NTPF which was originally a short-term solution has become a long-term measure thus depriving the public system of investment and enabling the continued neglect of our health services. A policy that consistently diverts funding to NTPF in the absence of funding of our public health services will not address the problems of capacity and will not be a long term solution to waiting lists.

While acknowledging that the agreement was the right option at the time, as the Government now seeks to reach a new agreement it must do so in tandem with an investment plan to allow for

significant additional capacity and skill sets within our public health services to meet the needs of patients who use the service and healthcare staff who struggle daily to deliver care.

The Agreement reached between Government and the Private Hospitals was not and would never have been a long-term solution. Even with private capacity there are an insufficient number of beds and consultants in the system.

Government must listen to our doctors and work with them to achieve the common goal of a properly resourced environment that allows doctors to deliver optimum care to their patients.

In summary, while the agreement was the correct measure to take at the time, we must now recognise the need for urgent investment in our public health system and not revert to the continuing all year crisis that beset our services prior to COVID.

We appeal to the Committee and the incoming Government to put health first in terms of sustained investment and value those frontline workers with meaningful support to enable them to deliver care.