



Irish Nurses and Midwives Organisation
Working Together

Pre-Budget Submission

Budget 2018

***Nurses and Midwives –
Ensuring Future Healthcare***

September 2017

1. INTRODUCTION

The economic downturn of the last decade has negatively impacted on the ability of frontline staff, in particular, nurses and midwives, to deliver the highest quality care based on international evidence based practice. This negative impact has arisen from a misguided political perception that investment in healthcare services is a waste.

This pre-budget submission, from the Irish Nurses and Midwives Organisation (INMO), has been formulated in the context of the following:

- (i) the improving state of the public finances;
- (ii) the positive economic predictions for 2018;
- (iii) the cross-party vision for future healthcare - the Sláintecare Report.

The government must use this budget to commence the implementation of the Sláintecare Report and commit itself to delivering upon the additional capital, and infrastructural, requirements in this report.

In this pre-budget submission, the INMO will argue that our public finances now allow for the following:

- the reversal of the mass emigration of Irish trained nurses/midwives to other countries;
- the recruitment & retention of all graduating nurses/midwives in tandem with the retention of all clinically experienced nurses/midwives in the public health service;
- increasing our bed capacity to that identified by the Health Strategy, first published in 2001, and in line with the OECD average; and
- delivering upon the Primary Health Care Strategy first published in 2001;

with all of this progressed by the implementation of the Sláintecare Report, from the Committee on the Future of Healthcare, which has cross party support.

2.0 HEALTH

2.1 Introduction

The INMO welcomes the cross-party consensus which has been reached on a new model of healthcare to serve the Irish people over the next ten years.

The Committee on the Future of Healthcare's agreed vision is for a universal single-tier health and social care system where everyone has equitable access to services based on need and not ability to pay. Over time, everyone will have entitlement to a comprehensive range of primary, acute and social care services at no cost or reduced cost. The vast majority of care will be provided in the primary and community settings.

In order to move forward in developing this new equitable model of care, which offers a single tiered integrated health service for all, the current government must accept transformational change. The achievement of this new model of care will require short, medium and long-term actions, but will deliver significant improvements for individuals, families and the economy.

In order to deliver Sláintecare, there needs to be significant change in the funding of healthcare. The committee's recommendation that an additional €5.8 billion (at a minimum) should be spent on the health service, over the next decade in order to provide equal access to universal healthcare, must be implemented starting this year involving:

- ongoing investment, in the region of €2.8 billion over a 10-year period, will be required to build up the necessary capacity, expand entitlements and reduce the relatively high out-of-pocket costs experienced by Irish people; and
- an additional transitional fund of €3 billion should be earmarked to support investment across the health system in areas such as infrastructure, e-health and expansion of training capacity.

The government must now commit itself, beginning with Budget 2018, to deliver the additional capital, and infrastructural, requirements identified in its own document, Sláintecare Report, by the Committee on the Future of Healthcare.

2.2 Capacity

2.2.1 *Beds:*

As a matter of urgency, the current bed crisis requires immediate attention. There is insufficient bed capacity to meet demand in the acute, community care and nursing home sectors. This inadequate capacity is putting extreme pressure on Emergency Departments and acute hospital services throughout the country. The ageing population, together with the increase in chronic diseases and lifestyle choices will be compounded by inadequate budgets, leading to further problems, including patient safety issues, unless these difficulties are tackled while developing sustainable new models of care.

According to the OECD, the occupancy rate for acute beds is above average at 93.8%, which is one of the highest in the OECD countries (OECD, 2016). There are currently far too few acute beds to cater for demand and an additional 2,000 beds must be provided in the short to medium term.

2.2.2 *Trolley/Ward Watch - Overcrowding Crisis:*

The crisis, arising from overcrowding, within our Emergency Departments, and in-patient wards, continues to cause serious concern and requires immediate attention. The INMO Trolley/Ward Watch figures confirmed that 57,674 people were on trolleys in the first seven months of 2017. Despite many initiatives, the

number of patients, admitted and requiring inpatient care, left on trolleys, in Emergency Departments, on trolleys or on wards, continues to increase (INMO, 2017).

2.2.3 *Waiting Lists:*

In terms of waiting lists, despite the significant level of spending, there is unmet need. This means that the level of services cannot keep up with demand, resulting in long waiting lists for services including speech and language therapy, occupational therapy, inpatient adults and children, day case adults and children, outpatients and GI scopes (Smyth et al., 2017). Longer waiting lists have a detrimental effect for health outcomes and “health systems should warrant timely access to necessary treatment and surgery” (OECD 2016).

In May 2017, public hospital waiting lists rose again, to a new record of 665,618 patients waiting in a queue for some form of care (Cullen, 2017). There are also approximately 4,600 people now on waiting lists for home care (Department of Health, 2017).

2.2.4 *Residential Care:*

The current residential care services are not equipped to deal with taking the burden from the acute services which poses another real concern. In 2017 there will be a deficit of 1,460 long stay beds and 2,650 short stay beds. Old age dependency will increase from 18.1 in 2012 to 21.2 in 2017 (Smyth et al., 2017). Applications to Nursing Home Support Scheme are projected to increase by 330 in 2017.

Ireland is unique amongst its European counter parts in that the rate of ageing is above average. The CSO figures tell us that over 65 age group grew 19.1% between 2011 and 2016. This trend is set to continue with “the old population (i.e. those aged 65 years and over) is projected to increase very significantly from its 2011 level of 532,000 to between 850,000 and 860,700 by 2026, and to close to 1.4 million by 2046.” (CSO, 2013).

This mounting pressure on the residential care services will have to be addressed. It is essential that the residential sector is resourced adequately to provide effective patient care which is accessible by all who require it.

This is a public service that cannot continue to rely on the varying availability offered through the private sector. The HSE approach of refurbishment, to meet HIQA standards, has further decreased the number of publicly provided long-term care bed. This has resulted in an increasingly high dependency, in the privately provided care model, which is not sustainable in the long run in the context of our changing demographics.

2.2.5 *Primary Care:*

It is well established that the current dependence on acute health services is something which cannot continue. Currently, Ireland has the only European

health system that does not offer universal coverage of primary care (Thomson et al., 2014). In developing a universally accessible public health service, primary care health services will be required to be the cornerstone of the service.

A number of national, and international, reports and research, including the 2007 Capacity Review, and the most recent Sláintecare Report, have identified the importance of developing a “model where the vast majority of healthcare is provided in the community” (Houses of the Oireachtas, 2017).

In reforming our health services towards the primary care setting, adequate and appropriate workforce planning is essential.

The INMO supports a primary care service which is accessible and equitable to all patients and clients. Our current primary care services will require radical reform which should include, but is not limited to, the following:

- a clear and strategic nurse and midwife workforce plan. The work to date on the Staffing Taskforce, must progress and a national tool developed which incorporates primary care services;
- significant investment and planning of the current primary care services will be required;
- the full range of health professionals should be available to all and health professionals should work as a team to ensure that patient/client needs are met;
- all health professionals, providing primary care services in teams, should be directly employed. Staffing of primary health services should be on the basis of seven over seven approach and the team approach is again essential to effective service delivery;
- it is essential that the availability of community based, accessible, midwifery led services be linked to the primary care services in development;
- the shift to primary care will require, in addition to investment, a massive reorientation, not only of health professions and staff, but equally, the general public; and
- health promotion must form an integral part of the new models of health care, particularly in primary care.

2.2.6 ***Disability Services:***

A particular challenge, over the next 15 years, in the area of disability, will be balancing the ongoing shift from institutional care to community based living facilities. This requires greater levels of fit for purpose infrastructural investment, where it is appropriate, while also involving the provision of

intensive supports, in residential facilities where necessary, to optimise the lives, opportunities, potential and well-being of the person with a disability.

2.3. Nursing/Midwifery Manpower

2.3.1 The INMO again calls upon the government to accept that this country must become self-reliant with regard to retaining Irish trained nurses/midwives in our public health service.

Self-reliance, in this key manpower area, is essential against the background of a worldwide shortage of nurses/midwives which sees, for the foreseeable future, other countries i.e. USA, UK and Australia aggressively recruiting Irish trained nurses/midwives to work in those countries.

2.3.2 Against this background, which demonstrates the failure of our current manpower policies, this forthcoming budget must be used as an opportunity to arrest the haemorrhage of qualified Irish health professionals from this country, so that we can ensure the availability of the required number of nurses to:

- deliver on the expanded health service which will be required to meet the demands from our growing population;
- to allow for the introduction of the additional beds required (acute/non-acute); and
- allow for the development of the greatly expanded primary care services identified in the Sláintecare Report.

Action No. 1

The INMO is therefore calling upon the government to implement measures to arrest the continuing exodus of Irish trained nurses/midwives from this country. To realise this objective this budget must initiate the following steps:

- **accelerate the unwinding of the Financial Emergency Measures in the Public Interest (FEMPI) Acts, as provided for in the Public Service Stability Agreement 2018-2020;**
- **allocate funds to ensure the immediate implementation of all pay/staffing measures which emerge, from the Public Service Pay Commission's review of the recruitment/retention crisis in nursing/midwifery;**
- **ensure funding for a fully funded nursing/midwifery manpower plan, in 2018, as a first step to increasing the nursing/midwifery workforce, by 25% over the next five years, to ensure planned growth and demand can be met in a quality assured way.**

2.4 Funding/Operation Imperatives

2.4.1 As identified above the INMO continues to hold the view that successive governments, over the past decade, have consistently underfunded the country's health service with the result that we now have:

- wholly inadequate capacity;
- inadequate physical/living/caring/environments;
- insufficient primary health care services.

2.4.2 This budget must, therefore, address these inadequacies by eliminating the blight of:

- patients on trolleys, on a daily basis, in ED Departments;
- continuous overcrowding in many acute hospitals;
- repeated cancellation of elective admissions;
- increase in patients on waiting lists;
- inadequate, or complete absence of, mental health service;
- inadequate community based services to meet the needs of those on the margins of society or the elderly who wish to maintain their independence; and
- excessive workloads on front line staff generally.

2.4.3 To achieve these objectives the government, in these very much improved economic times must, beginning with this budget, agree the following:

Action No. 2

- **reaffirm its commitment to implementing, over the coming ten-year period, all of the actions contained in the Sláintecare Report;**
- **to increase the level of funding, for the Public Health Service, to a minimum of 10% of GDP for the next ten years;**
- **provide the additional transitional funding, as recommended in the Sláintecare report, to allow for the development of new/expanded services while maintaining all existing services; and**
- **invest in direct public provision of all Care of Older Person services.**

Action No. 3:

To achieve this strategic objective the government should, also in the 2018 Budget, initiate the following:

- **the establishment of a Programme Implementation Office, under the auspices of An Taoiseach, with the remit to oversee and enable the implementation of the Sláintecare Report and develop a detailed implementation plan for the reform programme;**
- **supply the Implementation Office with appropriate financial and human resources to provide capacity in leadership, programme management, project management etc.;**
- **establish the National Health Fund, as per the Sláintecare Report, which will include a mix of general taxation and specific earmarked funding; and**
- **commence the expansion of health funding, by between €380-465 million, for expanded entitlements and capacity, as a first step in year one, towards delivering universal, equitable, access to healthcare.**

3. MISCELLANEOUS MEASURES

In Budget 2018 the INMO is also calling for the following initiatives:

3.1 Health Awareness/Education/Promotion

As a nation, we must dedicate additional resources to changing current lifestyles to begin addressing the growing, modern, health epidemics such as obesity and drug/alcohol dependency.

Action No. 4:

- **introduction of a significant level of taxation on sugar sweetened drinks in 2018, as set out in Budget 2017:**
 - **the revenues raised should be ring-fenced and used to fund a national health education/awareness programme, regarding lifestyle choices, specifically targeted at school children of all ages.**

3.2 Housing

The dramatic change in Irish housing market, in the past 15 years, has created many complex difficulties including the dramatic increase in homelessness. From a societal perspective, this growing crisis must be the subject of specific attention, in this Budget, as no society can prosper with increasing numbers of people without a proper, adequate home.

In relation to nurses/midwives, in particular newly qualified members of the profession, getting on the property ladder is no longer feasible due to the cost of property. In addition the thousands of overseas nurses, on whom our health service now relies to function, can only access accommodation through the private rented sector where costs have risen steeply. Both of these realities are further exacerbating the recruitment/retention crisis with regard to nurses and midwives in this country.

Action No. 5:

Against these realities the INMO is therefore calling, in Budget 2018, for the following:

- **a more diverse system of affordable housing is required with easier access for all workers on average incomes.**

Action No. 6:

In specific terms, with regard to securing staff for our health service, the government should, in Budget 2018, provide for the following:

- **ensure planning laws, specifically in the vicinity of hospitals and health service facilities, include provision for essential staff accommodation, under an affordable home ownership/shared ownership scheme, targeting key workers such as nurses and midwives.**

3.3 Trade Union Subscriptions

The Government announced in 2016 Budget that a review of trade union subscriptions for tax purposes will be carried out in 2017, this review must ensure tax relief previously in place is reinstated.

Therefore the government should, in Budget 2018, reinstate

- **tax relief on trade union subscriptions:**
 - **tax relief on union subscriptions was abolished by a previous government and the relief has not been in place since the end of 2010.**

4. CONCLUSION

4.1 The INMO, in formulating this submission, has prioritised the need to invest in our public health service. A buoyant dynamic economic, such as Ireland's, must, if it is to mean anything, have available to its citizens an equitable, quality assured world class health service.

4.2 We now have a country with a population of 4.5 million people with a health service that does not have the capacity, or construction, to care for, and

respond to, the needs of this rapidly growing population. However, the new Sláintecare Report, which has the possibility to provide Ireland and the Irish population with a first-class health service, as long as the investment is forthcoming.

- 4.3 This budget must be used as an opportunity, in the context of the available finances, to address the current inadequacies, of the public health service, and to commence the implementation of the cross-party agreement/strategy, which now exists, for the health service.
- 4.4 This budget should also be used as a catalyst to address the issues which are barriers to retaining Irish nurses and midwives in our public health system.
- 4.5 A quality assured world class health service **IS** an expensive commodity but it is also a social good. The future developing needs of our economy will be better met if we have a healthy population who can access care, as they need it, without ability to pay being a determining factor.
- 4.6 It is again a question of a government making choices and implementing priorities. Future generations will not forgive this generation if we do not utilise the available resources for the health and wellbeing of **everyone** who is living in this thriving, dynamic economic.
- 4.7 Maintaining good health is far less expensive than dealing with ill health, and this submission also calls for greater investment in population health initiatives.
- 4.8 This Budget also provides an opportunity for the government to bring forward aggressive measures, in the critical areas of health promotion and awareness. These measures are necessary to change lifestyles, reduce chronic illnesses and, ultimately, reduce demand on our health service in years to come.
- 4.9 This Budget must also tackle, in innovative ways, our housing crisis as we must return to a situation where people, on average incomes, can afford to own their own home.
- 4.10 The reintroduction of tax relief, on trade union subscriptions, is long overdue as it will only reflect the fact that employers can offset the cost of membership of employer bodies and this has never been withdrawn.

The reality is that we require the resources, and with the right political choices, we can take these critical first steps to ensuring that we achieve a world class public health service for all in a progressively health society.

Please note, the INMO, as an affiliate of the Irish Congress of Trade Unions (ICTU), also supports the wider macro-economic proposals contained in the ICTU Pre-Budget Submission.

5.0 REFERENCES

Central Statistics Office (CSO). (2013) Population and Labour Force Projections 2016-2046, Dublin. Available at:

http://www.cso.ie/en/media/csoie/releasespublications/documents/population/2013/poplabfor2016_2046.pdf (Accessed: 26 Sept 2017).

Cullen, P. (2017) 'Hospital waiting lists hit new record of 666,000', Irish Times, 5 May 2017. Available at: <https://www.irishtimes.com/news/health/hospital-waiting-lists-hit-new-record-of-666-000-1.3073179> (Accessed: 26 Sept 2017).

Department of Health. (2017) Improving Home Care Services in Ireland: Have Your Say! , Dublin. Available at: <http://health.gov.ie/wp-content/uploads/2017/07/Home-Care-Consultation-Paper-280717.pdf> (Accessed: 26 Sept 2017).

Houses of the Oireachtas. (2017) Sláintecare Report May 2017. Available at: <http://www.oireachtas.ie/parliament/media/committees/futureofhealthcare/Oireachtas-Committee-on-the-Future-of-Healthcare-Slaintecare-Report-300517.pdf> (Accessed: 26 Sept 2017).

INMO. (2017) INMO Trolley/Ward Watch Figures Confirm 57,674 People on Trolleys in First Seven Months of 2017. Press Release - 09.08.17: INMO. Available at: <https://www.inmo.ie/Home/Index/217/12962> (Accessed: 26 Sept 2017).

OECD. (2016) OECD Health Policy Overview. Health Policy in Ireland. OECD. Available at: <http://www.oecd.org/ireland/Health-Policy-in-Ireland-February-2016.pdf>

PA Consulting. (2007) Health Service Executive Acute Hospital Bed Capacity Review. PA Consulting: London.

Smyth, B., Marsden, P., Donohue, F., Kavanagh, P., Kitching, A., Feely, E., Collins, L., Cullen, L., Sheridan, A., Evans, D., Wright, P., O'Brien, S. and Migone, C. (2017) Planning for Health: Trends and Priorities to Inform Health Service Planning 2017. Available at: <http://www.hse.ie/eng/services/news/newsfeatures/Planning-for-Health/> (Accessed: 26 Sept 2017).

Thomson, S., Jowett, M. and Mladovsky, P. (2014) Health system responses to financial pressures in Ireland. Geneva: World Health Organisation.