



**Irish Nurses and Midwives Organisation**  
Working Together

# **Investing in Nurses and Midwives for Better Health Services**

**Pre-Budget Submission**

**Budget 2019**

## INTRODUCTION

As Ireland is now entering a phase of economic growth, it is essential that the government appropriately address the major challenges facing the Irish health service. The Nevin Economic Research Institute (NERI) projects that the Irish economy will grow by 4.0% in 2019 (NERI, 2018) and although Ireland still has a deficit in the public purse, it is necessary that the commitments made to health are followed through. This must be done in a sustainable way, one which ensures equality of access to healthcare for all. It is crucial that the Government acts on the following:

1. Deliver on the implementation of the Sláintecare Report with the commencement of spending on the transitional fund to support investment.
2. Immediate and real action on the recruitment and retention of nurses and midwives.
3. Ensuring a self-sufficient and adequately funded health service in a growing economy.
4. Ensure that alternative sources of funding are identified and ring-fenced for the delivery of health care services.

## SLÁINTECARE – THE FUTURE OF IRISH HEALTHCARE

Sláintecare, representing political consensus and a way forward for the Irish health system has been a welcomed development by the INMO. It offers real vision to a health service which creates a single-tier, integrated health care system, accessible to all and appropriately funded from public sources. In this context, and in moving towards this model, we must ensure that care is universally available based on need. It is vital that appropriate treatment is available based on requirement rather than a means test, and that we cease charging for vital health services related to chronic conditions, for example, charging for venesection related to haemochromatosis.

The planned developments in realising an integrated health care system, where people are treated with reference to need and not ability to pay, is essential. International experience has shown that integrated care is more efficient, reduces costs, enhances the quality of care and improves the overall health and wellbeing of the community. Delivering an integrated health care model is not without its challenges. *“In the Irish context, there are demand constraints due to demographic and epidemiological changes, rising patient expectations coupled with supply constraints such as staff shortages, and continuing cost escalations through the development of medical technology and equipment.”* (Darker, 2013). It is therefore essential to appropriately invest in this model in order for it to be realised.

It is now imperative, in order to move forward in developing this new transformational model of care, that the current government commence the transitional funding as recommended in

the report. Work on this must get underway as soon as possible and it is essential that this is protected and considered central to all government policy.

The Sláintecare Report recommends a transitional fund of €3 billion over six years which equates to €500m per annum. It further states that €155 million should be allocated in order to support the delivery of the new model of universal health care and €345 million is required to address legacy issues, capital renovation and new ehealth projects. The largest proportion of the fund (41%) relates to the funding for hospital capacity within the acute setting, while the remainder will be utilised for expansion in care, for example the expansion of primary care, growth in activity in public hospitals and social care. The work of Sláintecare and the development of the transition fund, must coincide with the recommendations in the Health Service Capacity Review 2018 (Capacity Review) in order to achieve real transformation.

“The transitional fund is key to delivering on this vision for an expanded and sustainable primary care service.”

The importance of primary care to the development of an integrated health care service is central. As well as identifying the problems of high occupancy within our acute services, the Capacity Review has identified that the current primary health system is working at full capacity across all services. The transitional fund is key to delivering on this vision for an expanded and sustainable primary care service which allows for access to “*healthcare delivered at the lowest appropriate level of complexity.*” (Houses of the Oireachtas 2017, pp. 19).

In order for the transitional plan to be successful given the changes in demographics, increases in inflation and the front-loading nature of the fund, it is essential that the government increase the budget by 10%, year on year, to complete this phase of the plan in a comprehensive and protected manner.

### **ACTION ONE:**

A commitment to **protected, targeted** and **sustained investment** to allow real **reform**, which requires the **implementation** of the **Capacity Review**, the development of **primary** and **long-term care services** as recommended in the Sláintecare report while **expanding** the **acute hospital sector**.

## **SUFFICIENT SUPPLY OF NURSES AND MIDWIVES**

Providing appropriate nurse and midwife staffing is fundamental in providing a safe and effective health service. There is a chronic shortage of nurses and midwives throughout the Irish health service, with recent evidence showing four vacancies per applicant within the HSE.

In this context, the Capacity Review has stated that there must be an immediate injection of 1,200 beds into the system to address immediate demands with associated waiting lists and

overcrowding. With an increase in capacity comes an attendant requirement for additional staff, and in that context a minimum of 1,280 WTE nurses are required to staff these additional beds - in accordance with the nationally agreed Framework for Safe Nurse Staffing and Skill Mix (Taskforce Report) formula (2018).

International research, again and again, identifies the importance of ensuring appropriate staffing and the benefits this can deliver to a health service. Evidence associates positive patient outcomes with a higher number of registered nurses (Aiken et al., 2014, Ball and Catton, 2011). Research also shows that an increase in nurse staffing is associated with increased patient safety and that a lower nurse staffing ratio is directly associated with higher mortality rates, higher rates of drug administration errors, missed nursing care and higher lengths of hospital stay (Aiken et al., 2002; Frith et al., 2012; Griffiths et al., 2016). Overall the research clearly demonstrates that the correct nursing presence improves patient outcomes, reduces length of stay, increases efficiency, and reduces cost for the health services. The Department of Health Framework on Nurse Staffing and Skills mix has once again demonstrated the tangible benefits for both patients and the service of appropriate staffing levels which includes; significant reduction in mortality, improvements in retention of staff, practical elimination of agency spend with associated cost savings, improved outcomes for patients through reduction in missed care and more timely delivery of required care, and overall a stabilised workforce. The Government need to provide in Budget 2019 for the roll out of this model to all care areas, and in addition development of this model in community nursing services and care of the older person services. Nurse and midwife led services must be developed also, particularly in the management of chronic conditions in the community. As demonstrated in Community Intervention Teams, chemotherapy units, diabetic management services, and many other nurse and midwife led services, they have proven to be safe, efficient and provide excellent value for money.

#### RECRUITMENT AND RETENTION ISSUES

---

According to a recent NERI report:

**“It is clear to the INMO that the issue of nurses and midwives pay needs to be urgently addressed to assist in solving the problem of recruiting and retaining these vital staff within the health service.”**

*“The overall total of public health service staff has recovered, slowly, since a trough of just below 100,000 in 2014. While total numbers employed in February 2018 exceeded those in 2017, the total of nurses in the public system was still below the pre-recession level notwithstanding growth in population as well as a somewhat older population compared to a decade ago.” (Goldrick-Kelly 2018, pp.24).*

The combination of general low pay for nurses and the poor working conditions within the understaffed services is a significant issue in the recruitment and retention of nurses and midwives in

the Irish health service. It is clear to the INMO that the issue of pay needs to be urgently addressed to assist in solving the problem of staffing within the health service.

There is currently a global shortage of nurses and Ireland is now part of a global marketplace competing for health care professionals. Irish trained nurses and midwives are in high demand around the world and particularly with the United Kingdom (UK). Given the shortage being experienced within the UK, it is essential that Ireland, as a priority “*promote domestic health workforce self-sufficiency and sustainability.*” (Walsh et al. 2017, pp. 5).

This forthcoming budget must be used as an opportunity to cease the exodus of qualified Irish health professionals from this country so that we can ensure the availability of the required number of nurses and midwives 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.

*“We have reached a pivotal tipping point in relation to the recruitment and retention of nursing and midwifery staff that will have detrimental effects if not addressed by government. (INMO, 2018).”*

This will require a radical investment in nursing and midwifery both in terms of recruitment, and retention to ensure adequate numbers for our expanding health service. A minimum 25% increase in the nursing and midwifery workforce over the next five years.

#### INCREASE THE NUMBER OF UNDERGRADUATE NURSING AND MIDWIFERY PLACES

---

The INMO again calls upon the government to accept that this country must become self-reliant with regard to training and retaining Irish trained nurses and midwives in our public health service. Self-reliance, in this key manpower area, is essential against the background of the global shortage of nurses which sees, for the foreseeable future, other countries i.e. USA, UK and Australia aggressively recruiting newly graduated Irish trained nurses and midwives to work in those countries. This increase must, at a minimum, grow the number of undergraduate placements to 2,000 in 2019 and see an increase of 250 by 2020 and further 250 by 2021. When the critical mass of 2,500 has been reached, numbers should be further reviewed.

#### MIDWIVES

---

The National Midwifery Strategy (Department of Health, 2016) must be implemented in full and form part of the new models of care with effective utilisation of resources. The ratio of midwife to births required is 1 to 29.5 which is recognised as being the safe staffing level for quality assured care and this must be attained and maintained. A shortfall of 206.7 WTEs midwives exists currently in Irish maternity services and this must be addressed in order to provide safe midwifery care.

The development of the National Children's Hospital will be essential in bringing forward a vision for integrated care. The determined staffing needs, using the Framework model, for the National Children's Hospital is for an increase of a minimum of 300 WTE nursing posts over the next two years. In addition, the application of the Framework model to regional paediatric units and all paediatric services nationally will require a significant increase in nurse staffing levels.

## PUBLIC HEALTH NURSING/COMMUNITY HEALTH NURSING

---

In order to move forward on the recommendations for delivering a health care service which regards an efficient primary care system at its core, it is imperative that appropriate staffing in terms of public health nurses (PHNs) and community registered general (CRGNs) nurses is put in place.

Currently our primary care services are understaffed. A recent research study into missed care in the community setting reported that over 50% of respondents indicated missed care in their previous working week (Phelan and McCarthy, 2016). Sláintecare identifies the need to invest in a further 900 generalist nurses to work in the community.



The Capacity Review has indicated that by 2031, without any reforms, an additional 700 public health nurses and 500 general practice nurses will be required in order to deliver essential programmes and health objectives (PA Consulting 2018).

Provision has to be made in Budget 2019 to commence the process of incrementally increasing the overall number of PHNs. The current training number of 150 per annum, provides only for existing levels of services to replace resignations and retirements. Therefore, an incremental growth of 75 PHNs must be catered for in each year up to a critical mass of 2,500 WTEs.

We have reached a pivotal tipping point in relation to recruitment and retention of nursing staff that will have detrimental effects if not addressed by government. These effects will include the closure of beds and lengthening waiting lists. The Framework for Nurse Staffing, which is accepted by the Department of Health as the determinant of nursing posts required based on a scientific determinant, taking patient dependency and outcomes and skill mix into account, must be fully funded and implemented if we are serious about reform and improvements.

In addition, agreements to pre-plan staffing workforce plans must be adhered to and agreed well in advance of the year in which they are to apply and the issue of low pay for nurses and midwives must be corrected (INMO, 2018). This will require a pro-active approach by government following the publication of the report from the Public Service Pay Commission to act promptly in manner which will address the long-standing low pay across nursing and midwifery grades.

## ACTION TWO:

A commitment to a **funded workforce plan** for **nursing and midwifery** based on **patient need** and **dependency**, as set out in the Department of Health's Framework for Safe Nurse Staffing and Skill Mix (2018) and the Maternity Strategy for **adequate nursing and midwifery staff**. In addition, budgetary provision for the full implementation and expansion of this model across acute, primary and long-term care. This will require investment to **correct the low pay** of nursing and midwifery grades.

## SUFFICIENTLY FUNDED ECONOMY

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.

The health service in its most recent National Service Plan has indicated the challenges it faces with the “*growing cost of delivering core health services*” (HSE 2018, pp. 1). The overrun on spending has this year been described as an “*unprecedented financial shortfall of up to €881 million*” (Wall 2018).

“The INMO believes it is essential to the growing economy that Ireland has a sufficiently funded health service, one which can adapt and grow with the current and future demands of our population.”

Although comparing the health expenditures across countries is fraught with difficulty, in examining Ireland against its European counterparts, a recent report has identified that Ireland's total spending on health remains low and below average in a number of metrics utilised. In 2016, the total spend was 7.8% of GDP (SHA based measure), the lowest of the Northern European Comparator Group (NECG) countries. Although utilising the GNI\* provides a positive 11% spend on health, this metric is problematic and the report states that the “*spending on health remains below*

*that for the average of the NECG group even when using the GNI\* measure.*” (Goldrick-Kelly 2018, pp. 21).

The INMO believes it is essential to the growing economy that Ireland has a sufficiently funded health service, one which can adapt and grow with the current and future demands of our population. It is established that Ireland's demographic is characterised by an ageing population, a trend which is set to continue. Projections for the future indicate a growing population and these projected increases are greatest for older ages. This will impact significantly on the capacity of an already pressurised health service (Wren, et al. 2017). In 2015 adults aged 65 and over represented 13% of the population and 54% of the total hospital



inpatient bed days and adults aged 85 years and over represented 1.4% of our total population but used approximately 14% of the in-patient bed days (Smyth et al., 2017).

The Capacity Review identifies the need to increase the capacity of all areas of the health service. It states that: “Significant investment across all health services over the coming 15-year period is required in tandem with a fundamental programme of reform.” It also identifies that the current bed occupancy is far in excess of international standards and that an immediate injection of 1,200

inpatient beds is urgently required (PA Consulting, 2018, pp. 61). The ESRI estimate that by 2030, that public hospital inpatient will increase by between 32% - 37% and day cases by 23% - 29%. (Wren et al. 2017). As mentioned earlier, with plans to develop primary care at the core of the health service, it is important that this is not seen as a substitute for the acute health services. Ability to fund the increasing capacity in both the acute and primary sector is imperative.

Acknowledging this requirement for increased capacity, The National Development Plan 2018 - 2027 (Government of Ireland, 2018) has identified a number of key programmes and investments to be made over the span of the plan. It is essential that any infrastructural development in building on health service capacity is met with similar investment in staffing of the health service.

Unmet need has been identified as a serious challenge to equity of access to health care. It is crucial in determining health care access problems and there is a strong correlation between unmet need and the socio-economic status of certain cohorts in our society. “Ireland has been identified as having the second highest share of persons reporting unmet health needs for health care at 40.6%”. The European average is 26.5%. (Goldrick-Kelly 2018, pp.47). Finance and waiting lists have been identified as the main reasons for unmet need.

Capacity and supply will need to increase in all sectors to avoid increased unmet need and demand (ESRI, 2018). The Government must be cognisant of this issue and must ensure there is adequate capacity for all citizens. Equally, it is essential that the Nursing Taskforce Report recommendations progress in tandem with the recommendations from the Capacity Review in order to achieve both increased capacity with sufficient and appropriate nurse staffing. The Nursing Taskforce pilot has identified how utilising a systematic model for determining

staffing can bring improved patient outcomes, sustainability to the workforce and efficiency benefits for the service. For example, the pilot

“it is essential that the Framework for Safe Nurse Staffing and Skill Mix (2018) be driven forward along with the recommendations from the Capacity Review in order to achieve both increased capacity with sufficient and appropriate staffing.”

**40.6%**

**Unmet Need in  
Ireland**

**95%**

**Reduction in  
Agency Costs**



of the Nursing Taskforce resulted in a reduction of agency costs by 95%. The average direct WTE investment has been identified as 1.65 WTEs compared to an average of 2.7 WTEs through agency conversion and the monthly cost of “implementation the uplift staff required (€79,574) was less than the agency savings realised (€82,480).” (Drennan, et al., 2018, pp. 81).

### ACTION THREE:

To deal with Ireland's **health care needs** and the specific challenges it faces, now and into the future, it is essential to have **a self-sustaining funding system** in tandem with **health care reform**. As well as the requirement for the transitional fund of 10% year on year, the **health budget must also increase by 6 - 7% each year** to ensure the demographic changes and health inflation are accounted for.

### ALTERNATIVE SOURCES

Health requires major investment over the coming years to deliver the goal of a universally-accessible single-tier health service and to deal with demographic change. An alternative budgetary strategy needs to be seriously considered by the government, which would provide an opportunity to resolve many of the underlying problems in healthcare. Most importantly it would enable Ireland to implement the reforms for a world-class, public universal health care system that can address inequalities in health and in meeting the healthcare needs of future generations. (Pillinger, 2014).

“Sláintecare suggests that 10% of the health budget should be ring-fenced for mental health and 3% should be ring-fenced to health and wellbeing programmes.”

Sláintecare suggests that 10% of the health budget should be ring-fenced for mental health and 3% should be ring-fenced to health and wellbeing programmes. The INMO suggests that a number of other taxes should also be ring-fenced for health.

**Sugar Tax.** While difficult to assess the exact yield, it is estimated the tax on sugar sweetened drinks will amount to approximately €30 million in 2018 and €40 million in a full year. (Department of Finance, 2017).

The revenues raised should be ring-fenced and used to fund the transitional fund and health education/awareness programmes regarding lifestyle choices, specifically targeted at school children of all ages.

**Excise duty on Cigarettes and Alcohol.** Revenues raised in the increase of excise duty in cigarettes and alcohol must be used to fund the health service. A 50-cent increase in excise duty on cigarettes per pack of 20 could be expected to yield €65 million, which could be ring-fenced for health and wellbeing programmes or used to assist in delivering care for patients with chronic diseases.

**Hospitality Sector Tax.** Given that the 9% VAT rate for the hospitality sector is no longer justified, it should be restored to the original rate. The increase in revenue should be ring-fenced for the development of the health service and funding of transitional fund.

**Employers PRSI.** Revenue can also be raised by employer PRSI towards the EU effective average rate. While Budget 2018 did state that Employer PRSI is set to increase by 0.1% per year over the next 3 years, to 11.05% by 2020, this increase is earmarked for the National Training Fund. The INMO proposes that higher increases could be levied on employers and ringfenced for public health care.

**Alternative Sources of Funding:**

- *Sugar Tax*
- *Hospitality Sector Tax*
- *Employer PRSI*
- *Online Betting Tax*

**Online Betting Tax.** Online betting accounts for approximately 44% of all betting activity and this is growing. In order to increase the yield to €50 million, the tax base should be broadened in line with international standards.

**ACTION FOUR:**

To drive forward the changes and **deliver a transformational model of care, alternative sources of health income must be utilised** to support the ongoing and future **investment of the Irish health services**. The INMO believes that additional from these specific taxes must be **ring-fenced for health development and the creation of a health fund to ensure full implementation of the Slaintecare Report.**

**MISCELLANEOUS**

**TRADE UNION SUBSCRIPTIONS**

Tax relief on trade union subscriptions was abolished by in 2011. The Government's current approach discriminates against PAYE union members.

- Tax relief for the self-employed for membership of professional bodies is granted at the marginal tax rate and is exempt from USC and PRSI.
- Professional fees paid by employers on behalf of their employees to many professional bodies may continue to be paid tax free, exempt from USC and PRSI.
- Businesses can receive full tax relief on subscriptions to bodies such as IMEC and ISME.
- Farmers, as self-employed traders, can claim tax relief on their IFA subscriptions.

Ireland's position of not providing tax relief on trade union subscriptions is out of step with the practice in many other countries. Countries including Germany, Belgium, Norway, Australia and Canada all provide for tax relief on trade union subscriptions. (Fórsa, 2018).

Hundreds of thousands of people are being affected by the housing and homeless crisis. There needs to be a greater prioritisation and investment in the supply of social and affordable housing and the use of vacant homes and sites. We as a society must recognise that a safe home is a basic necessity for each citizen, and that the provision of housing must be recognised as a service of general interest which, if rendered unattainable by the market, must be implemented by the State. In this way we can ensure that the blight of homelessness which has a long term injurious effect, particularly on families and children, is ended as a construct within our society.

Looking at nurses and midwives specifically, this is also a serious issue. It is not only the newly qualified nurses and midwives who are finding they are no longer able to purchase their own home, but all staff nurses and midwives. According to an Irish Times (Reddan, 2018) report the salary required for a single buyer of a property in Dublin is far beyond the salary of a staff nurse and midwife; and even as a couple the salary necessary is at the upper end of the staff nurse salary scale. This makes the purchase of a home impossible for the majority of nurses and midwives especially in the Dublin and commuter belt regions.

We repeat the proposal on our 2018 Pre-Budget Submission to provide affordable housing for essential workers such as nurses and midwives. For many, 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.

## CONCLUSION

The INMO, in addition to the matters raised by the Irish Congress of Trade Unions in their submission, calls for the prioritisation of investment in the public health service, both in services, capacity and frontline nursing and midwifery staff.

There is a need to ensure that the roadmap laid out by the Committee for the Future of Healthcare in the Sláintecare Report does not become another report gathering dust. Equally the work in developing and progressing the Framework on Nurse Staffing and Skill Mix must be the first step in developing this model as the standard staffing tool across all services. In addition, the recommendations from the Capacity Review must be implemented in parallel using the Framework model to determine nurse staffing needs across all services. This will require a pro-active approach by government, following the publication of the report from the Public Service Pay Commission, to act promptly to correct the long-standing low pay evident across nursing and midwifery grades. In doing so we can expand nursing/midwifery led, value for money, services to address the current inadequacies within the public health services, assist in sustaining the economy and develop a world class health care system which is accessible to all based on need.

## REFERENCES

- Aiken, L. H., Clarke, S. P., Sloane, D. M., Sochalski, J., Silber, J. H., Aiken, L. H., Clarke, S. P., Sloane, D. M., Sochalski, J. and Silber, J. H. (2002) Hospital nurse staffing and patient mortality, nurse burnout, and job dissatisfaction, *JAMA: Journal of the American Medical Association*, 288(16), pp. 1987-1993.
- Aiken, L. H., Sloane, D. M., Bruyneel, L., Van den Heede, K., Griffiths, P., Busse, R., Diomidous, M., Kinnunen, J., Kózka, M., Lesaffre, E., McHugh, M. D., Moreno-Casbas, M. T., Rafferty, A. M., Schwendimann, R., Scott, P. A., Tishelman, C., van Achterberg, T. and Sermeus, W. (2014) Nurse staffing and education and hospital mortality in nine European countries: a retrospective observational study, *Lancet*, 383 North American Edition (9931), pp. 1824-1830.
- Ball, J. and Catton, H. (2011) Planning nurse staffing: are we willing and able?, *Journal of Research in Nursing*, 16(6), pp. 551-558.
- Darker, C. (2013) Integrated Healthcare in Ireland – A Critical Analysis and a Way Forward. Available at: [https://www.tcd.ie/medicine/public\\_health\\_primary\\_care/assets/pdf/Integrated-Care-Policy-LR.pdf](https://www.tcd.ie/medicine/public_health_primary_care/assets/pdf/Integrated-Care-Policy-LR.pdf). (Accessed: 18 July 2018).
- Drennan, J., Savage, E., Hegarty, J., Murphy, A., Brady, N., Howson, V., Gilligan, D. and Dahly, D., (2018) Evaluation of the 'Pilot Implementation of the Framework for Safe Nurse Staffing and Skill-Mix'. Report 3 Pilot Wards. University College Cork. Available at: <https://health.gov.ie/wp-content/uploads/2018/04/Evaluation-of-the-%E2%80%98Pilot-Implementation-of-the-Framework-for-Safe-Nurse-Staffing-and-Skill-Mix%E2%80%99.pdf>. (Accessed: 18 July 2018).
- Goldrick-Kelly, P. et al. (2018) Equality in Irish Healthcare - Time for a New Deal. NERI: Dublin. [https://www.nerinstitute.net/download/pdf/equality\\_in\\_irish\\_healthcare\\_time\\_for\\_a\\_new\\_deal\\_final.pdf](https://www.nerinstitute.net/download/pdf/equality_in_irish_healthcare_time_for_a_new_deal_final.pdf) (Accessed: 18 July 2018).
- Griffiths, P., Ball, J., Murrells, T., Jones, S. and Rafferty, A.M. (2016) Registered nurse, health care support worker, medical staffing levels and mortality in English hospital Trusts: a cross-sectional study. *BMJ Open*, 5, e008751.
- Department of Public Expenditure and Reform. (2018) Project Ireland 4040: National Development Plan 2018-2027. Government of Ireland.
- Frith, K.H., Anderson, E.F., Tseng, F. and Fong, E.A. (2012) Nurse staffing is an important strategy to prevent medication errors in community hospitals. *Nursing Economics*, 30(5): 288.
- Health Service Executive (HSE). (2018) National Service Plan 2018. <https://www.hse.ie/eng/services/publications/serviceplans/national-service-plan-2018.pdf> (Accessed: 18 July 2018).
- 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: 18 July 2018).
- Irish Nurses and Midwives Organisation (2018) Opening Statement to The Oireachtas Joint Committee on Health on Hospital Overcrowding.
- NERI. (2018) Quarterly Economic Observer, 1<sup>st</sup> ed. [https://www.nerinstitute.net/download/pdf/qeo\\_first\\_edition\\_2018\\_finalcomp.pdf](https://www.nerinstitute.net/download/pdf/qeo_first_edition_2018_finalcomp.pdf) (Accessed: 18 July 2018).
- PA Consulting and Department of Health (2018) Health Service Capacity Review 2018 Executive Report. Review of the Health Demand and Capacity Requirements in Ireland to 2031. Findings and Recommendations.

Department of Health: Dublin. <https://health.gov.ie/wp-content/uploads/2018/01/Health-Service-Capacity-Review-2018-Executive-Report.pdf> (Accessed: 18 July 2018).

Phelan, A. and McCarthy, S. (2016) Missed Care: Community Nursing in Ireland. Available at: [https://www.inmo.ie/tempDocs/20160505104356\\_MissedCareReportweb.pdf](https://www.inmo.ie/tempDocs/20160505104356_MissedCareReportweb.pdf) (Accessed: 18 July 2018).

Reddan, F (2018) What salary will buy a typical house around Ireland? Irish Times, 25 June [Online] Available at:

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: 18 July 2018).

Wall, M. (2018) HSE warns of potential €881m funding crisis in 2018. Irish Times, 22 Jan 2018. Available at: <https://www.irishtimes.com/news/ireland/irish-news/hse-warns-of-potential-881m-funding-crisis-in-2018-1.3363341> (Accessed: 18 July 2018).

Walsh, A. and Brugha, R. (2017) Ireland Brain Drain to Brain Gain: Ireland's Two-Way Flow of Doctors. RCSI. Available at: [http://www.healthworkforceireland.com/uploads/1/0/6/5/10659222/brain\\_drain\\_to\\_brain\\_gain\\_irelands\\_two\\_way\\_flow\\_of\\_doctors.pdf](http://www.healthworkforceireland.com/uploads/1/0/6/5/10659222/brain_drain_to_brain_gain_irelands_two_way_flow_of_doctors.pdf) (Accessed: 18 July 2018).

Walsh, A. Mathews, A. and Brugha, R. (2018) Ireland Brain Drain to Brain Gain: Ireland's Nursing and Midwifery Workforce. RCSI. Available at: <http://www.healthworkforceireland.com/publications/year-3-case-study-from-brain-drain-to-brain-gain-irelands-nursing-and-midwifery-workforce>.

Wren, M-A, et al. (2017) Projections of Demand for Future Healthcare in Ireland 2015-2030. First Report from the Hippocrates Model. ESRI: Dublin. <https://www.esri.ie/pubs/RS67.pdf> (Accessed: 18 July 2018).