

# **ANOTHER YEAR... ANOTHER EXCUSE**

## **An Analysis of Mary Harney's First Year as Minister for Health**

**Liz McManus TD**

*Labour Party Deputy Leader and Spokesperson on Health*

**October 2005**



## **Promises, Promises...**

### **Twelve months on and we are still waiting...**

#### **Introduction**

The Labour Party believes that the delivery of a high quality health service to all who need it should be a key priority for any government at the highest level.

Regrettably, this government is headed up by a Taoiseach who has never shown any real interest or understanding of health policy.

Instead a year ago the Tanaiste was given the job as Minister for Health and great hopes were placed in her after years of broken promises and delays.

Twelve months on that hope has turned into disappointment.

## **1. A&E Services**

*"People will judge our health services by Accident and Emergency...I expect real and measurable improvements to take place in the coming months in the delivery of A&E services...A&E is a litmus test for me, for the government and for the people of our country".*

**Mary Harney, Minister for Health and Children, 26<sup>th</sup> January 2005**

When the Minister took office a year ago she made great play of her promise to tackle key areas in our Health Service, in particular **the A&E crisis**. From the Minister's statements quoted above we were asked to "judge" her on her A&E record. Well, here we are one year later and the prognosis is poor.

Despite the Minister's promises the A&E crisis has actually deteriorated. According to figures released by the HSE, the average number of people awaiting admission to the Mater Hospital in Dublin for more than six hours has risen by 70% between September 2004 and June 2005.

On 27<sup>th</sup> of September 2005, 243 patients were on trolleys in A&E departments according to figures from the Irish Nurses Organisation. Almost one year ago on the 1<sup>st</sup> of November 2004 there were 166 patients on trolleys. The chief executives of the main Dublin teaching hospitals recently described the situation in A&E departments as "chaotic". As a litmus test for Minister Harney and the government, there is no better proof that the Minister has failed to address the A&E crisis. Instead it is proof that the Minister's A&E "ten point plan" is failing to address the A&E crisis.

*"Only when we develop comprehensive primary care and community-based services will we make a real long term impact on relieving the pressures on A&Es."*

**Prof Drumm, CEO of the HSE, 13<sup>th</sup> September 2005**

Professor Drumm recently gave his first press conference as CEO of the Health Services Executive. The post was belatedly filled after the last minute- and embarrassing for the Minister for Health - withdrawal of Professor Halligan. During that press conference Prof. Drumm stated that it would be **at least two years** before there was any real improvement in A&E. This is at odds from the Minister's own prediction of "real improvements" in the "coming months" (stated in January 2005).

There has been little to no improvement with regard to minor injury units, or promised access for GPs and patients to hospital tests, or hospital hygiene. On the day of Prof. Drumm's press conference, there were 256 patients on trolleys in A&E units according to the Irish Nurses Org. The INO is now threatening to step up their campaign to highlight the A&E crisis this winter.

## **2. Primary Care**

Professor Drumm also rightly pinpointed the need to resource and develop GP care and primary care services generally. In this regard, the record of Minister Harney and her Government is abysmal.

In 2002, the government published its Primary Care Strategy. It was warmly welcomed by General Practitioners as a major new initiative and ten primary care centres were developed. Since then the programme has been stalled due to a failure by the Government to fund it.

Minister Harney has now stated that there is no money for the Primary Care Strategy and has informed doctors to look to private developers instead.

The vast majority (approx. 70%) of all admissions to acute hospitals are through the A&E departments. Most of these patients require medical rather than surgical attention.

In order to alleviate the overwhelming burden on the A&E departments, more funding must be put in place to improve primary and community care services.

Professor Drumm knows this: *“A&Es are for accidents and emergencies. They are not a replacement for primary care services and they are not equipped to provide this type of service.”*

### **3. Medical Cards:**

*“Parents on low incomes should not have to worry about the cost of bringing their child to a doctor. Our medical care initiative will enable up to 230,000 additional people from lower income households to go to their GP free of charge”*

**Mary Harney, Minister for Health and Children, 18<sup>th</sup> November 2004**

*“I hope the short legislation needed to provide the 200,000 new type cards will be approved so that people can start getting these cards in April.”*

**Mary Harney, Minister for Health and Children, 10<sup>th</sup> February 2005**

In the last year, the primary care strategy has been starved of funds, the promise of 200,000 GP-only **medical cards** delayed for almost a full year. Minister Harney’s much-vaunted “full” medical cards have yet to materialise. The Government’s electoral ploy in extending medical cards to over-70s regardless of the consequences has been disastrous in cost and equality terms.

Last September there were 1,151,106 medical cards. In June this year there were 1,147,007. For most of her first year as Minister for Health those on low incomes were finding it *more* difficult to access primary health care providers. While the appearance of the recent resolution between the Irish Medical Organisation and the Minister may lead to the release of the 200,000 GP-only cards is to be welcomed, it must be noted that these cards are long overdue.

The 200,000 GP cards were first announced by the Tanaiste in the middle of last November. At that time the Tanaiste said that **no legislation** would be required and she hoped that the cards would be issued early in the New Year. She subsequently conceded that that legislation was, in fact, required and then said that the cards would be available in April.

In a statement on June 21<sup>st</sup>, the Tanaiste announced the ending of that dispute and said, “the HSE will shortly be in a position to advertise the new cards with a view to having them issued by next month” (i.e. July). Because she failed to engage, this led to a dispute with the IMO that caused further delay and has only been very recently resolved – for now.

Meanwhile the 30,000 full medical cards promised by the Tanaiste last November still have not been issued. The €30 million budget set aside to provide these cards remains unspent. There has been no rise in the numbers of full medical card holders since January. Despite Minister Harney’s promise, the numbers of persons and “parents on low incomes” that continue to worry about the cost of going to their doctor has increased.

With just three months to create and distribute almost 30,000 medical cards, the Minister is fast running out of time to meet her own target. There is no logic to the absence of these of these cards. As stated by Dr. Martin Daly, chairman of the IMO GP committee, “These full cards did not require any negotiation with the IMO and we are puzzled as to why they have not been introduced to date”.

#### **4. MRSA – Not So Simple To Wash Your Hands Of It, Minister:**

While Minister Harney has made some efforts to deal with the worsening situation of MRSA in hospitals, she has failed to address the factors that are undoubtedly exacerbating the problem.

Despite starting a 'Clean Hands' campaign, it was recently reported that a major acute hospital in Dublin is lacking in proper hand washing facilities, and has even failed to put up posters advising the public to clean their hands.

While simple, common sense measures such as washing your hands need to continue and hospitals must ensure that adequate hand washing facilities are in place, overcrowding in our hospitals is a large factor in the battle against MRSA.

*"The key issue here is not funding: it really is about pride, standards and management"*

**Mary Harney, Minister for Health and Children, 26<sup>th</sup> January 2005**

It is vital that the Minister increases the number of isolation facilities and lowers bed occupancy rates, which according to much research would significantly help in the fight against MRSA.

It has been claimed by many senior health services sources that the internationally accepted definition is that occupancy rates of more than 85% constituted over-crowding.

Many Dublin hospitals are have bed-occupancy rates of well over 90% and in some cases, well over 100%.

It is now likely that it will be the very real threat of legal action taken by those affected by MRSA before this matter will get the attention it deserves.

## **5. HSE – Lack of Accountability:**

*“A unified system with clear lines of accountability to the Oireachtas, which is the ultimate accountability in our democracy, is the preferred situation”*

**Mary Harney, Minister for Health and Children, 9th December 2004**

*“The health board structure should be retained (although their number and functional areas should be reviewed) to safeguard the need for local democratic representation.”*

**The “Brennan” Report, 2003**

During the inexplicable rush to get the Health Bill legislation through for the 1<sup>st</sup> of January 2005, much noise was made about the importance of accountability in the HSE. In reality, there is none. The Minister, as part of reforming the largest employer in the State, presided over a messy, inarticulate transformation of our most important public service. The lack of democratic accountability is astonishing.

While the Commission on Financial Management and Control Systems in the Health Service (the “Brennan” Report, 2003) called for fundamental reform in how the health boards were organised and managed it was clear in its recommendations to retain the structure and local democratic representation.

However, any regional and local accountability which existed previous to the establishment of the HSE is now gone. No regional bodies have been set up.

Media access at that level no longer exists and all scrutiny and accountability has been wiped away.

Parliamentary Questions are now diverted from the Minister, going instead to the HSE. As there is no longer a time limit, an answer eventually makes its way to a Deputy’s office in the form of a private letter, without public records, ensuring a further lack of accountability.

The Minister must take full responsibility for this new form of censorship that governs our health service. Such unaccountability in conjunction with the government restrictions imposed on the Freedom of Information Act is deeply disturbing.

The Labour Party believes that only a transparent, accountable system of health care can be efficient and effective in meeting the needs of patients. In Government Labour introduced the Freedom of Information Act to ensure accountability in our democratic system. In the next government we will guarantee proper accountability to protect the interests of patients in particular, and the public in general.

## **6. NTPF –The Wait Continues:**

*“ ‘The NTPF as far as I’m concerned is taking the easy patients off the list, and I don’t think you will see a 90 year old going to Edinburgh.’ Prof. Colm Quigley said a colleague in Wexford has had his endoscopy list cancelled 18 times this year”*

**Irish Medical News, Sept 19<sup>th</sup> 2005,**

The much-vaunted **National Treatment Purchase Fund** devised by the Progressive Democrats was introduced with great fanfare to ensure that every person needing an operation would be able to get one within three months.

However, despite much effort to conceal and obscure the real waiting lists, the fact remains that there are 5,000 people awaiting treatment at seven hospitals, and of these, 1,000 patients have been waiting for more than 12 months.

This is completely at odds with what was promised in the Government’s own health strategy of 2001 which stated that *“no public patient will wait longer than three months for treatment following referral from an out-patient department”* by the end of 2004. These targets are already long past and the Minister would like to ensure they are long forgotten.

Following the 2004 report of the Comptroller and Auditor General, it is astonishing to find that 36% of patients were actually referred for private treatment in the very same hospital for which they were waiting for public treatment. The net result of this is that it now appears that consultants have been paid twice for treating the same patients.

Yet despite this shameful waste of money a number of private hospitals have now ceased taking patients referred to it by the NTPF due to a failure to agree on budgets. Indeed, the Labour Party recently highlighted the instance where an elderly patient who upon waiting for 6 months was referred to a private hospital in August and on arrival was told that hospital management had been informed that the budget for the operation had not been agreed with the NTPF.

Yet again the public continues its wait for the Minister to match her promises to appropriate funding, planning and accountability.

## **7. Private Hospitals: A Tale of Two Tiers:**

*"This initiative will build on the tax breaks available for private hospital investment."*

**Mary Harney, Minister for Health and Children, 14 July 2005**

This summer the Minister announced her intentions to move 1,000 private beds in public hospitals into new private hospitals on the same hospital campus. This move effectively abandons the much-hyped 3,000 additional hospital beds promised in the National Health Strategy in 2001.

"It is the answer to our prayers. We couldn't have written it better ourselves!" was the response of one private health operator to the Minister's plan to facilitate private sector investment in hospital beds.

Private healthcare is a lucrative and growing business, and for those investing in it Mary Harney's announcement is all good news. Indeed, promoters of such schemes are promising investors a return of €62,760 for every €75,000 invested. Up to 42% of the cost of these facilities will be met from the public purse.

Double-digit returns are on offer to investors but what about the patients? The argument put forth by the Minister - the removal of private beds from public hospitals to free up space is superficially attractive, but not without its pitfalls. Importing a US-style model could prove costly and unfair by exacerbating the two-tier nature of the health service.

The likelihood is that the private hospitals will provide only what makes money for them. Certainly A&E of the kind we see in major public and voluntary hospitals won't be on offer. Procedures that are too expensive or too complicated will not be touched. There are valid concerns that private hospitals have no incentive to engage in continuity of care, when what is needed is greater, not less, liaison between hospitals and community care

The Minister's fondness for the Boston model will inevitably lead to a deepening, not a lessening, of the two tier divide in our hospital care.

## **8. Nursing Homes: No Care for the Elderly:**

*“The relevant Bill to establish the social services inspectorate on a statutory basis to deal with both private and public nursing homes will be published later this year.”*

**Mary Harney, Minister for Health and Children, 31<sup>st</sup> May 2005**

*“I hope we will start to make repayments towards the end of the year, beginning in the autumn...”*

**Mary Harney, Minister for Health and Children, 14th April, 2005**

One of the Minister for Health's first decisions was to force through legislation in the Oireachtas in an effort to deny elderly, vulnerable people the money they were owed from the State over many years. Despite warnings of its unconstitutionality she persisted until the legislation was struck down by the Supreme Court. Then new legislation was rushed through the Dail to levy new charges on elderly people in residential care.

Despite her promise, elderly people waiting to receive the money they are owed will still be waiting until next year although a commitment was given that repayments would start in autumn of this year.

The publication of the Government's priority list this autumn had some shameful omissions. Namely, the absence of both a Bill to establish an independent Nursing Home Inspectorate and legislation to repay illegal nursing home charges.

Elderly patients charged from nursing home care will not receive the much promised refunds **until at least next year** and legislation promised on nursing home standards has also been delayed.

It is now over a year since this controversy was first highlighted upon the discovery that long-stay care charges were being deducted illegally from the pensions of elderly public patients.

The discovery of the appalling conditions of some elderly patients in nursing care was the subject of nation wide debate, and left the public horrified. This led to promises by the Minister to establish a nursing home inspectorate which as we can see will take months to materialise and the elderly must wait for their rights to be realised.

It is about time the Minister stepped into action for the elderly. At present, insufficient elderly units for those needing long term care means that there is often nowhere appropriate for elderly people. As Prof Drumm stated, if sufficient care for elderly people was provided, up to 500 beds or more in acute hospitals could be freed up.

## **Conclusion:**

The record of the last year has been one of failure despite the promises given by Minister Harney.

Whether it is a -

- ✓ Failure to tackle the A&E crisis
- ✓ Failure to deliver badly needed medical cards
- ✓ Failure to improve services to the elderly
- ✓ Failure to deliver beds to acute hospitals,
- ✓ Failure to combat hygiene issues in our hospitals
- ✓ Failure to answer parliamentary questions
- ✓ Failure to publish full waiting lists
- ✓ Failure to provide accountability for parliamentarians and the press alike

Overall Minister Harney's first year has been characterised by pandering to ideology rather than the public good.

Labour believes that only a change of Government will deliver the fresh thinking, the capacity building, the integration of the health service on a basis of need rather than of income, and the visionary leadership that the Irish health service so desperately needs.