



New Programme for Government – Implementing Universal Healthcare in a crisis

The Health Reform Alliance is calling on all parties to Programme for Government negotiations to make the delivery of Sláintecare its top priority.

The COVID-19 crisis has placed enormous pressure on the Irish health and social care system. During this unprecedented public health crisis, the system, enabled by the efforts of frontline healthcare and essential workers, responded swiftly to ensure that all members of society could receive COVID-care when they needed it.

Some of the biggest lessons we have learned in the COVID-19 era are that the public warmly support the provision of universal services and that proactive steps are needed to publicly fund universal care. We also learned that when challenged, it is possible for the Irish health service to make significant steps towards universal care for all, with the effective creation of a temporary single tier acute system in the space of a few short weeks.

A **political commitment to Sláintecare’s principles of universality**, reorientation of care into the community and investment in hospital capacity will be key to meeting current challenges and providing for future needs. This must be backed up by requisite funding.

Immediate priorities

The Health Reform Alliance believes that there are a number of priorities in the coming months and years to deal with the impact of COVID-19, which can support the implementation of Sláintecare. A key priority is the resumption of elective services in a safe manner as soon as possible to prevent a “second wave” of pressure not from COVID-19, but from delayed diagnoses or treatment.

A number of policy actions are required to equitably facilitate the resumption of routine healthcare:

- ***Effective utilisation of capacity and resources:*** We need a clear logistical plan for using the resources and capacity of the public system, which is currently making use of private hospitals. As such, funding, laboratory, and staffing capacity should be reserved and designated to address some of the accumulating backlogs in non-COVID-19 screening, diagnostics, treatment and care.
- ***Establish a task-force to oversee the resumption of healthcare services:*** A task-force will be necessary to manage services, staff and patient safety, and capacity in the system. The activities and decisions-making of the task-force should be transparent, and adhere to the Sláintecare ethos of “right care in the right place at the right time”.



- **Communicate clear messages around access to healthcare:** It is imperative to outline and communicate to the public how they can access non-COVID-19 care, and the patient safety measures that will be in place. This will serve to reduce public anxiety around accessing healthcare services and manage patient flows.
- **Prepare for the COVID-19 impact on other health areas:** It will be important to prepare and build capacity to respond to the residual impacts of the COVID-19 crisis, such as a greater demand for mental health services in the general population, and rehabilitation and social care for survivors of COVID-19.

Urgent need for a single-tier health system

Commitment to implementing and resourcing Sláintecare reforms will continue to be central to ensuring the Irish health system can meet the many challenges ahead.

The COVID-19 crisis has demonstrated that the healthcare system *can* prioritise people based on need rather than ability to pay. This crisis has laid bare the urgent need for a single-tier, universal healthcare system. Importantly, it has created a crucial opportunity to deliver universal healthcare, a system with expanded care entitlements for people and increased capacity, where private health insurance would be an optional extra rather than being perceived as essential.

To achieve this, and in line with the principles of the Sláintecare report, the HRA is calling for the next Programme for Government to contain concrete commitments to:

- Invest in the once-off transitional fund (€3 billion over 6 years) for capital projects, new structures, new equipment, additional staff training capacity and new services.
- Establish the National Health Fund to ensure a dedicated and independent source of funding for the health and social care system.
- Fund annual targets for the expansion of service entitlements, system capacity and public health promotion
- Legislate for entitlements to high quality, affordable services based on need and not ability to pay.
- Implement the recommendations of the de Buitléir report to ensure that public hospitals are reserved for treating public patients

This will require adequate resourcing and strong political leadership, but will fundamentally remake our provision of healthcare, and our society, in line not only with European norms, but public expectations of fairness and equality.



Frontline services must be bolstered

Austerity in response to the COVID-19 crisis is not an option. Cost-cutting or service reduction measures will weaken the capacity and effectiveness of the health system to respond to health and social care needs. This in turn could see higher costs being pushed onto patients at the point of care and further flight of healthcare professionals. Instead, we should recognise Sláintecare as a public good which protects the health of the population. It should remain a government priority and be appropriately funded.

The Government must escalate the implementation of Sláintecare, making use of a range of measures to fund and deliver it. Funding measures should include continued borrowing at low interest rates, making use of the EU's recovery plan to boost capacity and mitigate against structural risks, and access to EIB funding to expand access to diagnostics.

As outlined in the European Commission's recent recommendations on the [2020 National Reform Programme of Ireland](#), Ireland still needs to address the "structural limited efficiency, flexibility, resilience and accessibility of its healthcare system".

Key to ensuring an effective health system are initiatives focused on prevention and early detection of illness, equipping primary and community care to respond to healthcare needs where these options are most appropriate, and innovation for efficient and effective delivery of healthcare to all.

Deficiencies in critical areas were well-documented prior to the pandemic. Chronic lack of investment in acute hospital capacity has contributed to one of the highest bed occupancy rates among high-income countries and a protracted trolley crisis.

We cannot go back to pre-COVID two-tier care

Our health system has responded rapidly and effectively to COVID-19. It has seen consultants brought onto public contracts; the expansion of bed capacity with private hospitals made public; e-prescribing; the widespread implementation of telemedicine providing efficient and safe care; the deployment of public health staff into private nursing homes; and the procurement and distribution of PPE throughout the system.

The crisis has both brought outstanding deficiencies into sharp focus but has also demonstrated that meaningful progress towards universal healthcare can be achieved.

The state response to has shown what were seemingly intractable policy problems can be negotiated in the public. Where there is a real will there is a way.



Covid-19 is not going away in the near future and we have to learn to live with it while also safely navigating the reopening of our health service.

However, we cannot go back to the pre-Covid era of long waiting lists, trolley waits, an over burdened primary care service and inequitable care.

Covid-19 has shown us that it is possible to introduce universal healthcare in Ireland where patients are treated based on their medical need, rather than their ability to pay.

We have lost so much to Covid-19 we cannot allow it to take back the innovations it inadvertently delivered.