Submission to the Expert Group on Resource Allocation and Financing in the Health Sector Department of Health and Children

From the

The Society of St Vincent de Paul

Social Justice and Policy Team

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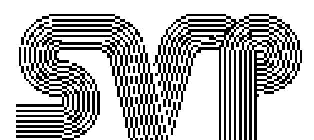

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A Vincentian Approach to Health Care

The Society of St Vincent de Paul welcomes this opportunity to contribute its views to the Expert Group on Resource Allocation and Financing in the Health Sector.

Through our direct work with vulnerable and families we witness at first hand the impact that lack of appropriate and timely access to health and social services has on those whose only pathway to health care is through the creaking and often inadequate public health system. Many of those we assist have to make stark choices about how to use their limited incomes. We know that many of those we assist do not have the luxury of private health insurance and thus are at the mercy of the public health system, with its long delays for referral and then access to treatment.

We have concerns about how resource allocation and financing of the public health system are currently approached. We wish to share with you the following principles which we feel are necessary for an equitable health system for Ireland:

- We believe that access to health care should be dependent on need not ability to pay
- We believe that an important measure of a civilised society is how it treats its most vulnerable
- We know that being poor has a direct effect on your health status and outcomes
- That being poor means that you die younger and experience poorer health
- Ireland's very poor health inequality statistics clearly make the link between income and health status
- We do not believe that the public system adequately protects the disadvantaged

We are of the view that all stakeholder groups in the public health service need to prove themselves to be flexible and innovative if we are to change how the system responds and if we are to put patient need at the centre of service provision. We also understand that any structural reform or major change should be approached in a manner which takes sequencing and phasing seriously so as not to destabilise or deteriorate patient outcomes any further.

Health Inequalities: the income link

Health inequalities in Ireland are on the increase[1] and are directly related to people's inability to access and receive appropriate and preventative primary care:

- There are considerable gaps between death rates in the highest and lowest socio-economic groups for circulatory diseases, cancers and injuries and poisonings
- The incidence of chronic illness has been found to be two and a half times higher for poor people than for the wealthy
- Incidences of conditions such as coronary heart disease and lung cancer are higher in geographic areas that experience higher levels of deprivation
- The rate of hospitalization for mental illness is more than six times higher in the lower socio-economic groups as compared with higher groups
- 47,000 people, or 16% of the population, in consistent poverty do not have a medical card, while 30% of those in income poverty do not possess one either
- 38% of people at risk of poverty reported suffering from a chronic illness compared to 23% of the general population

The above statistics show how commoditised health has become with those who can afford it accessing quicker diagnosis and treatment.

Resourcing and ringfencing the Primary Care Strategy

Despite agreement across a variety of stakeholders that primary care is where over ninety per cent of health needs can be met, the long announced Primary Care Strategy has never been adequately resourced or supported. This lack of resourcing of this vital strategy did not begin with the economic downturn, instead the strategy, since its launch, never mobilised enough support to attract and retain resources.

No one foresaw how long it would take to begin the roll out of the Primary Care Strategy. It is hard to believe that eight years after its launch there are only 111 Primary Care Teams functioning. The recommendation in *Towards 2016* of 500 teams by 2011 will now most certainly not be met.

[1] These statistics are just a sample from a variety of sources including the Institute of Public Health, ESRI, Chief Medical Officers reports etc.

SVP views access to much needed community based health services as another vital component of Primary Health Care Provision. We know the problems of those faced with long queues as they cannot afford to take the private route. We note with concern that Ireland has very poor ratios of critical specialisms per capita - only nineteen 19 neurologists which is far under the recommended amount needed for our population. Other ratios are similarly alarming, for example urology, dermatology and for diabetes, stroke and cardiology rehabilitation care.

We are particularly concerned at the regional variations in access to Speech and Language Therapy for pre-school and school going children. Through our members' work with schools we know how far behind some children can fall if they do access timely therapeutic intervention.

- SVP recommends that all resourcing of funds into the implementation of the Primary Care Strategy and funding of much needed community based health services as outlined above be protected as critical.

Transparency and accountability from HSE on unspent budgets

SVP notes with concern the fact that more than €100 million to be spent in 2009 on new services for children with disabilities and mental health problems has still not been touched. The recent report on performance monitoring to the HSE Board lists the areas where underspend is an issue. SVP has been aware for some time of the movement of funds from for example mental health for use in other areas and would not like to see a return to this disappointing practice.

We have a particular concern that the information and data available from the HSE, in its current form, does not lend itself to analysis or monitoring. This issue has been raised by the Community & Voluntary Pillar in its quarterly social partnership structured consultation with the Department of Health and Children and the HSE and we await a successful outcome to our request for accessible data and information.

- SVP recommends that the Department of Health and Children, the Community & Voluntary Pillar and the HSE complete the work, recently begun within the Social Partnership Structured Consultation process, whereby there will be much more transparency regarding funding,

outcomes and progress in the various components of the HSE Service Plan.

Social Health Insurance – a new approach to financing the health sector

SVP suggests that a robust public dialogue is entered on the merits of an alternative approach to funding the health system, namely the Social Health Insurance (SHI) model. We have flagged this issue in our recent Pre Budget Submissions, as an area which is worthy of an informed and non political debate. As Professor Tom O'Dowd recently stated, 82% of health is paid for by the State so "we have a national health service in economic and cost terms but we do not have the service benefits". We would like to see a deeper consideration of the issue and its various models.

SVP contributed to the development of the Adelaide Society's work on Social Health Insurance and is aware of the body of work produced by Professor Charles Normand and his team in the Trinity College Health Policy and Management Department.

While SVP does not wish itself to be considered as an expert in the field of health economics it can see the benefits of greater transparency and improved equity and efficiencies.

SVP supports the central tenet of SHI that access to treatment is determined by clinical need and not ability to pay.

SVP considers the working poor – a growing cohort of the Irish population – as a particularly vulnerable one. These people do not have full medical cards and many of them do not get the GP visit only card or have not applied for it. It is our understanding that this group would benefit from SHI which we would welcome strongly.

Given that the Irish health system is currently plagued by

- Insufficient funding
- Poor performance
- Inappropriate incentives to providers

and that these are consider positive factors for the application of SHI it seems wise that there is a thorough public debate on the issue.

We understand that the financing and structure of the model of SHI chosen are complex and wide ranging. Notwithstanding that, we urge the Expert Group on Resource Allocation and Financing in the Health Sector to consider in depth the material available to them, namely the *Social Health Insurance: Further*

Options for Ireland Thomas S, Normand C& Smith S. 2009 and all associated literature.

We wish you well in your critical work.

Yours sincerely

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