

Sinn Féin

ALTERNATIVE BUDGET FOR HEALTH 2024



SLÁINTE



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OVERVIEW OF 2024 EXPENDITURE PROPOSALS

Table 1. Overview of expenditure proposals

Proposed Measure	Current	Capital	Total
Cut the cost of healthcare and deliver an Irish NHS	€241,320,000	€0	€241,320,000
Reduce hospital wait times and improve access to care	€171,784,800	€338,160,000	€509,944,800
Deliver more care in the community	€83,668,275	€16,680,240	€100,348,515
Develop a sustainable and diverse workforce	€31,405,500	€0	€31,405,500
Invest in comprehensive mental health services	€36,965,844	€38,280,000	€75,245,844
Respect the rights of people with disabilities	€81,102,800	€74,543,200	€155,646,000
Support needs-appropriate care for older people	€88,400,000	€10,000,000	€98,400,000
Tackle addiction, resource recovery	€11,752,784	€14,268,225	€26,021,009
Targeted measures and national strategies	€125,300,000	€20,000,000	€145,300,000
Climate Action in Health	€4,000,000	€20,000,000	€24,000,000
Achieve savings in agency spending, consultancy, legal fees, and general outsourcing	-€100,000,000	€0	-€100,000,000
Totals	€775,700,003	€531,931,665	€1,307,631,668
Department of Health	€694,597,203	€457,388,465	€1,151,985,668
Department of Children, Equality, Disability, Integration, and Youth	€81,102,800	€74,543,200	€155,646,000

KEY MEASURES

- ⊕ **Expand medical card cover to 400,000 additional people - €159m current in 2024.**
- ⊕ **Cut the drug payment scheme threshold to €50/month and abolish prescription charges - €70.32m in 2024.**
- ⊕ **Deliver 1,800 additional hospital beds over 3 years and 2,400 over a full term of Government to address the hospital capacity deficit - €77m current and €213.5m capital in 2024.**
- ⊕ **Deliver a major investment in GP, pharmacy, and dentistry, including developing public GP and dentistry options - €46m current in 2024.**
- ⊕ **Deliver a minor ailments scheme in community pharmacy - €11.3m current in 2024.**
- ⊕ **Invest in a significant uplift in health-related undergraduate and specialist training places, prioritise workforce development, and address retention issues - €31.4m current in 2024.**
- ⊕ **Radically overhaul mental health services and develop a world-leading child and youth mental health service within a decade - €37m current and €38m capital in 2024.**
- ⊕ **Fund Disability Services in line with the Disability Capacity Review - €81.1m in current and €74.5m in capital in 2024.**
- ⊕ **Invest in home support and social care services which support independent living and ageing at home - €48.4m current and €10m capital in 2024.**
- ⊕ **Implement our 5-year community addiction and recovery strategy - €11.7m current and €14m capital in 2024.**
- ⊕ **Deliver a major investment in targeted improvements across cancer, cardiovascular health, women's health, digital transformation, new medicines, and specialist care - €125.3m current and €20m capital in 2024.**
- ⊕ **Resource the HSE's Climate Action Strategy - €4m current and €20m capital in 2024.**
- ⊕ **Target a significant saving in agency spending, consultancy, legal fees, and general outsourcing – save €100m current in 2024.**

**Sinn Féin has a plan
to tackle waiting lists
and deliver a National
Health Service for Ireland.**



INTRODUCTION

The health service is challenged by growing waiting lists, longer waiting times, legacy equipment, an under supply of key workers, and low morale, and has been held back by unambitious planning and glacial pace reform. Almost every aspect of the health system is attempting to muddle through with no overarching strategic plan. Nearly one-and-a-half million people are languishing on waiting lists across the island and the average emergency department wait is half-a-day. Meanwhile, vast amounts of care worth billions of euros has been outsourced or handed over entirely to for-profit private healthcare. This is just the tip of the iceberg, and major structural reform and a re-orientation of care into the community is needed.

Sinn Féin has a plan to tackle waiting lists and deliver a National Health Service for Ireland. We would bring an urgency to fixing healthcare and delivering better services across the island. We have outlined a series of policy proposals in our consultation document *Priorities for Change in Health and Social Care (2023)* to achieve this, including significant changes such as:

- ▶ A progressive Sláintecard system of entitlements as we build up to universal healthcare, to be developed within a term of Government,
- ▶ A new Oifig an Chomhliosta to reduce outsourcing and sustainably tackle waiting lists, and
- ▶ A comprehensive keystone agreement to lock-in delivery of a National Health Service within a decade.

This document sets out the 'year 1' funding proposals which we would deliver to front-end investment and set our plan in motion. This funding is set out under ten themes:

- 01. Cut the cost of healthcare and deliver an Irish NHS**
- 02. Reduce hospital wait times and improve access to care**
- 03. Deliver more care in the community**
- 04. Develop a sustainable and diverse workforce**
- 05. Invest in comprehensive mental health services**
- 06. Respect the rights of people with disabilities**
- 07. Support needs-appropriate care for older people**
- 08. Tackle addiction and resource recovery**
- 09. Targeted measures and national strategies**
- 10. Climate action in Health**

We would also prioritise reform, accountability, and the efficient management of the health service to reduce waste on outsourcing, agency staffing, and consultancy fees. Measures to achieve this are discussed in detail in our *Priorities for Change in Health and Social Care* document, pages 58-65.

FUNDING

Sinn Féin's Alternative Budget for Health is about funding practical, realistic, and deliverable policies on a multi-annual basis to deliver a fairer health service for workers and patients. It would be funded by the sustainable fiscal policy outlined in our Alternative Budget 2024.

To commence the measures proposed in this Alternative Budget, we would allocate an additional €1,143.76 million to expenditure for Health in 2024. This would consist of an additional €688.47 million for current expenditure and €455.11 million for capital or one-off spending in 2024.

We also outline investment of €81.1 million in current expenditure and €74.5 million in capital expenditure for disability services which is funded through Children, Equality, Disability, Integration, and Youth.

The recurring expenditure element would require, upon full implementation of measures over a multi-annual timeframe, approximately 12,000 additional healthcare workers. As such, we would also ramp up investment in further and higher education healthcare courses which will be outlined in our Alternative Budget 2024 in the coming weeks.

Sinn Féin recognises that health policy requires a whole-of-Government approach, and we recognise that additional measures must be taken across all departments to address the current and future health needs of our population. This document focuses on the measures which would be funded through the Department of Health.

CUT THE COST OF HEALTHCARE AND DELIVER AN IRISH NHS

Sinn Féin is committed to delivering universal healthcare and a single-tier Irish National Health Service. In 2024, we are proposing a major expansion in free and subsidised healthcare to ease the cost of prescribed medicines and equipment on workers and families.

Due to the ongoing expansion of free GP care to the median income and existing pressure on GPs, we are not proposing an increase in GP visit cards next year. However, under 'Deliver more care in the community,' we outline several measures which we would take to develop capacity in GP, pharmacy, and primary care to allow a further expansion of free primary care in the coming years.

We also propose a reduction in injury unit charges to €50 to rebalance the incentives for presenting at hospital. Currently, patients who present at an ED without a referral and who are not admitted as an inpatient (and certain other exceptions) are charged €100. This charge is €75 for injury units. We believe that this charge could be reduced to €50, in line with the cost of a GP consultation, to encourage use of injury units. EDs and injury units are free-of-charge with a GP referral. This would retain the disincentive for so-called 'inappropriate' presentations to hospitals while also reducing the disincentive to attending hospital for those who believe they need urgent care but who cannot see a GP.

We have further outlined our approach to reaching universal healthcare, through the delivery of a Sláintecard and a keystone agreement, in the accompanying *Priorities for Change in Health and Social Care* document, pages 8-15.

Key measures to cut the cost of healthcare:

- 400,000 additional medical cards, to come into effect in July
- Abolish prescription charges, to come into effect in July
- €30 cut in the drug payment scheme threshold from €80 to €50, to come into effect in July
- Reduce and cap car parking charges, with a view to removing charges, and reduce injury unit charges, to come into effect in April.

Table 2. Universal healthcare measures

Proposed Measure	Current	Capital	Total
400,000 additional medical cards	€159,000,000	€0	€159,000,000
Cut drug payment scheme threshold to €50 and abolish prescription charges	€70,320,000	€0	€70,320,000
Reduce and cap hospital car parking charges	€9,000,000	€0	€9,000,000
Reduce Injury Unit charges to €50	€3,000,000	€0	€3,000,000
Commission independent research on the full economic and social costs on households of childhood illness to inform future measures	€0	€0	€0
Total	€241,320,000	€0	€241,320,000

REDUCE HOSPITAL WAIT TIMES AND IMPROVE ACCESS TO CARE

Hospital waiting times, for emergency and elective care, are unacceptably long. Patients wait months if not years on waiting lists, and often over half a day in an emergency department. This is a result of poor planning. The Government has undermined the health service by underinvesting in health infrastructure. There is an immediate deficit of c. 1,000 hospital inpatient beds, with an ongoing need of 300-500 every year.¹

We have consistently advocated for an ambitious, multi-annual capacity plan to address this capacity deficit. We would fund the development of 1,800 hospital more inpatient beds address the bed deficit over the next three years. At least an additional 2,400 hospital inpatient beds are needed over the next five years, excluding beds currently in development. In addition to funding for new bed units, we also provide separate funding for additional investment in theatre capacity and diagnostic equipment. We also provide an additional €50m for digital transformation under 'targeted measures.' We would immediately increase funding for leasing transitional care capacity while we develop public step-down and community nursing units.

We strongly support the public-only consultant contract and want to see more public hospital capacity dedicated to public healthcare delivery. We would mandate reductions in private activity to fully remove private healthcare from public hospitals over 10 years. We would provide funding to hospitals to cover the loss of income from an additional 5% reduction in private income to ensure this capacity is used for public patients.

The ambulance service is strained under existing pressures, and further delayed by long waiting times at hospitals. Along with addressing overcrowding in hospitals, we would invest in expanding the ambulance service to improve response times and paramedic retention.

We have further discussed our approach to reducing wait times and improving access to hospital through multi-annual investment in the accompanying *Priorities for Change in Health and Social Care* document, pages 16-25.

Key measures to reduce hospital wait times and improve access to care:

- Expand hospital capacity through investment in 1,800 additional hospital beds over 3 years and sustained investment in a further 600 in the following years, supported by additional investment in theatre capacity, diagnostic equipment, and community-based step down and recovery beds
- Mandate private activity cuts in public hospitals to deliver public-only hospitals within a decade
- Target investment in the ambulance service to improve response times and improve paramedic retention
- Develop 600 community nursing unit beds to return public capacity levels to 2018 levels.

¹ McQuinn, K., C. O'Toole, W. Disch, E. Kenny and E. Shiel, (2023). Quarterly Economic Commentary, Spring 2023, ESRI Forecasting Series, Dublin: ESRI, <https://doi.org/10.26504/qec2023spr>.

Table 3. Hospital capacity measures

Proposed Measure	Current	Capital	Total
1,800 hospital inpatient beds over 3 years	€77,000,000	€213,500,000	€290,500,000
Additional capital investment in theatre capacity and diagnostic equipment	€0	€55,000,000	€55,000,000
Increase transitional care fund to allow hospitals contract more step-down beds	€50,000,000	€0	€50,000,000
Reduce private activity in public hospitals by 10% over two years	€27,000,000	€0	€27,000,000
40 specialist rehabilitation beds	€4,400,000	€20,000,000	€24,400,000
Investment towards the National Ambulance Service strategic plan	€13,384,800	€10,000,000	€23,384,800
600 community step-down beds over 3 years	€0	€19,830,000	€19,830,000
600 community nursing unit beds over 3 years	€0	€19,830,000	€19,830,000
<u>Total</u>	<u>€171,784,800</u>	<u>€338,160,000</u>	<u>€509,944,800</u>

DELIVER MORE CARE IN THE COMMUNITY

A major burden has been placed on hospitals by a consistent failure to invest in primary and community care and to provide alternative care pathways, home care, and out-of-hours care.

It is necessary to build a better and larger primary and community care system to reduce pressure on hospitals, improve value-for-money, and improve health outcomes. This must be supported by investment across the range of primary care professions and integrating care delivery into groups of multi-disciplinary teams which serve defined and aligned populations.

Sinn Féin would prioritise the development of public GP and dentistry capacity to serve increasing demand from public patients. We would implement a minor ailment scheme in pharmacies to reduce pressure on GPs. We would work with stakeholders to rebalance demand across primary care services insofar as appropriate. This is no replacement for training enough doctors and nurses to work in general practice.

In the short-term, we would make limited funding available to families with children waiting the longest for child and youth mental health or disability services. We cannot ask families to wait while their children are on years-long lists. We would target the longest waiters while building public capacity to sustainably tackle waiting lists.

Sinn Féin would make a major investment in community-based recovery and rehabilitation capacity. This would assist recovery and rehabilitation from neurological and physical injury or impairment closer to home by specialist teams, and reduce pressure on hospitals. Additional community-based supports would allow for more seamless transfer of care and discharges from hospital.

We have further discussed our approach to reorienting the health service to deliver more care in the community in the accompanying *Priorities for Change in Health and Social Care* document, pages 36-49.

Key measures to expand care in the community:

- Invest in primary care and GP staffing, develop a new public GP contract
- Make a substantial investment in public dentistry, including oral health packages for children and screening in schools, to come into effect by September
- Establish the working group on the future of primary care
- Deliver a minor ailment scheme in pharmacies, to come into effect by April
- Develop statewide coverage of managed clinical rehabilitation teams
- Standardise the under 8s eye care scheme and develop consistent access to care for all under 16s.

Table 4. Community care measures

Proposed Measure	Current	Capital	Total
Community Care Access Fund for mental health and disabilities	€20,000,000	€0	€20,000,000
New palliative care centres (30 beds)	€1,900,000	€16,500,000	€18,400,000
Minor ailment scheme (MAS) in pharmacies	€11,325,000	€0	€11,325,000
Investment in primary care team staffing and pilot scheme for directly hired GPs (10)	€14,275,000	€0	€14,275,000
Deliver new oral healthcare packages for children, dental screening in schools, and address issues with the DTSS	€16,500,000	€0	€16,500,000
Invest in public dentistry including 60 dentists and 90 dental nurses and support staff	€5,249,580	€0	€5,249,580
Additional funding towards Healthy Ireland initiatives	€5,000,000		€5,000,000
Develop managed clinical rehabilitation network (MCRN) teams in each CHO	€3,592,857	€0	€3,592,857
Standardise the under 8s eye care scheme and develop an eye care strategy to deliver consistent access to care for all under 16s and screening in schools	€3,000,000	€0	€3,000,000
Increase funding for HSE Safeguarding and Protection Teams by 20%	€1,700,000	€0	€1,700,000
MS specialist physiotherapy services complementary to MCRNs	€880,000	€0	€880,000
Train 70 additional specialist neurology nurses over 3 years	€245,838	€180,240	€426,078
Develop new public GP contract	€0	€0	€0
Develop new National Hearing Plan	€0	€0	€0
Total	€83,668,275	€16,680,240	€100,348,515

DEVELOP A SUSTAINABLE AND DIVERSE WORKFORCE

Successive Governments have failed to take the initiative on strategic workforce planning, and consequently our health service has always been understaffed and under pressure. The workforce is enduring extreme burn out which has only worsened since covid. This is evident across every area of the health service, and it is exacerbated by intense international competition for healthcare workers.

A workforce strategy for healthcare is needed to ensure pipeline of graduates, sufficient specialist training capacity, and address issues which are driving the retention crisis.

A Sinn Féin government would establish a high-level group, including the Taoiseach and the Ministers for Health and Further and Higher Education, to implement a 10-year health workforce strategy. We would set annual training and recruitment targets over a 10-year period, across the range of professions and across higher education institutions. We would work with training bodies and the HSE to ensure the necessary capacity is funded and delivered to not only train but to retain and empower our healthcare professionals.

A Sinn Féin Government would prioritise engaging with Irish emigrants to attract them home and compete for highly skilled international talent. We will need to address the housing disaster and the cost-of-living crisis as well as grievances in the health service to improve Ireland's attractiveness as a place to live and work.

Sinn Féin would fund a sustained increase in health and social care graduate places over the coming years. We would target an increase of 1,300 health-related undergraduate places next year. We believe that an increase of at least 50% may be required over 5 years. Increased investment in higher and further health education is needed for the major expansions required to deliver a fit-for-purpose health service and to deliver the commitments outlined in this document. We would also extend free fees to cover graduate entry medicine. These measures are funded through increases to the Further and Higher Education budget.

Table 5. Undergraduate Places for Health-Related Courses, 2024/25

Field of Study	Est. 2023 Entrants	2024 Increase	
Medicine	1,261	200	(16%)
Nursing and midwifery	2,029	380	(19%)
Therapy and rehabilitation	692	280	(40%)
Social work and counselling	870	190	(22%)
Dental Studies	185	60	(32%)
Pharmacy	398	80	(20%)
Diagnostic & treatment technology	315	80	(25%)
Health Other	459	50	(10%)
Total	6,620	1,320	(20%)

² [Key Facts and Figures | Statistics | Higher Education Authority \(hea.ie\)](#) – estimate derived from sum of 2021 intake (6,200) and Ministerial announcements (420). Course breakdown reflects 2021 intake only.

Through the HSE, we would fund a significant increase across internship places, initial specialist training places, and higher specialist training places, of approximately 10% on 2023 intake levels.³

Table 6. Proposed Increase in Medical Training Place

Training Place	2023 Intake	Proposed Increase
Medical intern places	874	87
Initial Specialist Training places excluding GP	643	64
Higher Specialist Training Places	419	42
GP Training Places	285	50

In addition to expanding training, we would put a focus on retention and continuous professional development. We would fund additional education and training across primary care practice nursing as well as provide more opportunities for advance and clinical specialist practice across nursing and therapy professions. We would pursue every avenue to develop a highly skilled multi-disciplinary workforce.

We have further discussed our approach strategic workforce planning in the accompanying Priorities for Change in Health and Social Care document, pages 50-57.

To develop a sustainable and diverse workforce, Sinn Féin would:

- Expand undergraduate places by 20%
- Expand medical training places by 10% and GP training places by 20%
- Invest in education and training for primary care nursing, advanced and specialist practice nursing, and advanced practice therapy grades
- Legislate for and fund safe staffing levels
- Increase trainee psychology places, and fund educational and counselling psychology on the same basis as clinical psychology
- Fund a health service-related unit in the health and safety authority
- Extend the free fees initiative to cover graduate entry medicine.

³ HSE, Medical Workforce Report 2020-2021.

Table 7. Workforce measures

Proposed Measure	Current	Capital	Total
Education and training fund for GP practice nurses, clinical specialist and advance practice nursing and advanced practice for health and social care professions	€10,000,000	€0	€10,000,000
Mandate safe staffing levels in hospitals	€10,000,000	€0	€10,000,000
10% increase medical intern, initial specialist, and higher specialist training places	€6,500,000	€0	€6,500,000
20% increase in GP training places (50)	€2,500,000	€0	€2,500,000
Increase trainee psychologists by 50	€1,405,500	€0	€1,405,500
Unit in health and safety authority for health service	€1,000,000	€0	€1,000,000
Expand undergraduate places on health-related courses	FHERIS	FHERIS	FHERIS
Extend free fees initiative to cover Graduate Entry Medicine new entrants in academic year 2024/25	FHERIS	FHERIS	FHERIS
Total	€31,405,500	€0	€31,405,500

INVEST IN COMPREHENSIVE MENTAL HEALTH SERVICES

To improve mental health services, Sinn Féin would invest in restoring lost CAMHS capacity, which has fallen from 72 to 53 inpatient places. We would ensure funding to restore 19 CAMHS inpatient places, and to further expand CAMHS inpatient capacity by 43 over a term of Government. We would ensure funding is available for the fully delivery on CAMHS community teams over three years, including the full provision of 12 CAMHS-Intellectual Disability teams.

Sinn Féin would significantly invest in primary care mental health services. We would increase training for psychologists, ensure that Jigsaw primary mental health services are available on a consistent basis across the state, and invest towards universal counselling.

There are significant gaps in specialist services for ADHD, eating disorders, and addiction, early intervention in psychosis, liaison psychiatry, and perinatal mental health services which require multi-annual funding certainty to develop. Sinn Féin is committed to funding these programmes.

We have further discussed how we would address the major deficits in our mental health system, including the development of a new Child and Youth Mental Health Service, in the accompanying *Priorities for Change in Health and Social Care* document, pages 66-71.

Key measures to expand mental health services:

- Restore Child and Adolescent Mental Health Service inpatient bed capacity to 72, and further expand capacity to 105 places over a term of government
- Ensure funding certainty to develop the full complement of community CAMHS and CAMHS-ID teams, in line with sharing the vision
- Invest in the development of specialist services across early intervention in psychosis, ADHD, eating disorders, addiction, liaison psychiatry, and perinatal mental health
- Roll out universal counselling in primary care over a term of Government and fund the development of consistent access to Jigsaw services across the State.

Table 8. Mental health measures

Proposed Measure	Current	Capital	Total
Build CAMHS inpatient capacity from 53 to 105 over a term of Government	€3,875,000	€21,700,000	€25,575,000
Develop the full complement of fully staffed CAMHS teams in line with Sharing the Vision, including CAMHS-ID teams	€7,258,770	€10,000,000	€15,209,876
Mother and Baby Perinatal Mental Health Unit at SVH for Dublin	€750,000	€4,000,000	€4,750,000
Roll out universal counselling over 4 years	€3,524,000	€0	€3,524,000
Expand access to Jigsaw primary care & online mental health services on a consistent basis across the state	€1,666,667	€1,550,000	€3,216,667
20 more Early Intervention Psychosis Teams over 5 years	€6,000,000	€0	€6,000,000
Fund 4 additional pilot Crisis Resolution Teams	€1,540,000	€980,000	€2,520,000
Fully fund Adult ADHD National Clinical Programme	€2,158,500	€0	€2,158,500
Invest in mental health services for older people	€2,000,000	€0	€2,000,000
Invest in Perinatal Mental Health Services and further develop specialist model of care	€2,000,000	€0	€2,000,000
Fund Trainee Counselling and Educational Psychology posts on the same basis as Trainee Clinical Psychologists	€1,715,000	€0	€1,715,000
Fully fund the National Clinical Programme for Eating Disorders over 3 years	€1,527,021	€0	€1,527,021
Develop the liaison psychiatry model of care and ensure full coverage by 2 consultant liaison psychiatrists in each ED over a term of Government	€1,163,779	€0	€1,163,779
Fund a National Psychology Placement Office as per the recommendations of the Report of the National Psychology Project Team	€766,531	€50,000	€816,531
4 Community Cafés providing out-of-hours mental health spaces	€740,576	€0	€740,576
Increase funding for recovery education by 10%	€230,000	€0	€230,000
Invest in dual diagnosis training and supports to support No Wrong Door policy	€50,000	€0	€50,000
Expedite regulation of Psychology, and Counselling and Psychotherapy with CORU	€0	€0	€0
Total	€36,965,844	€38,280,000	€75,245,844

RESPECT THE RIGHTS OF PEOPLE WITH DISABILITIES

The Government published the Disability Capacity Review (DCR) in 2021. The DCR was to be supplemented with a Disability Action Plan 2022-2025. Nearly halfway into the timeframe for the first Disability Action Plan, there is still no multi-annual plan for funding disability services.

Responsibility for specialist disability services transferred from the Minister for Health to the Minister for Children, Equality, Disability, Integration, and Youth in 2023. Future budgets will fund disability services through the latter Department, but disability issues should still be a top concern for the Minister for Health. The Minister for Health is ultimately responsible for the HSE's performance and is still responsible for many services which people with disabilities use. The two Ministers should work closely together on ensuring that disability services are improving year on year.

The DCR laid out, in rough terms, a requirement of up to €1 billion to fully resource disability services by 2032. This needs to be taken a step further to lay out the real-term workforce and funding requirements. A multi-annual implementation plan is needed to deliver these services. Any serious plan for disability services must also address outstanding issues around worker compensation and entitlements across the sector.

The DCR set out the following estimates to meet demographic demand and unmet need:

- ▶ 3,900 residential places,
- ▶ De-congregation of the 2,000 people with intellectual disabilities living in congregated settings,
- ▶ 7,400 adult day service places,
- ▶ 20,000 additional respite care hours.

In terms of funding, it projected high end estimates of:

- ▶ €550 million for residential services,
- ▶ €280 million for day services,
- ▶ €45 million for personal assistance and home support,
- ▶ €25 million for respite services, and
- ▶ €89 million for therapies and community services.

We have further outlined how we would deliver empowering services for people with disabilities in the accompanying *Priorities for Change in Health and Social Care* document, pages 78-83.

Key measures to improve disability services and independent living supports:

- ▶ Fund a 10-year investment programme to provide for unmet and future need as identified in the disability capacity review,
- ▶ Increase the availability of appropriate residential care places, progress with appropriate decongregation to support independent living, and prioritise the transfer of people with disabilities who have been inappropriately placed in nursing homes,
- ▶ Prioritise children's disability services to deliver timely assessment and care from a young age and ensure a smooth transition from child to adult services,
- ▶ Invest in accessible community services and integrated care for people with disabilities,
- ▶ Support family carers as outlined in our Charter for Family Carers,
- ▶ Invest in adequate independent living, respite care, and personal assistance services, and ensure much greater cooperation between the HSE and Local Authorities in the provision of housing and the supports needed to reside independently.

Table 9. Disability Services measures

Proposed Measure	Current	Capital	Total
Increase availability of appropriate residential care places and progress with decongregation	€32,332,800	€74, 543,200	€106,876,000
Fully fund and fill Children's Disability Network Team posts	€12,650,000	€0	€12,650,000
Provide 5,000 nights of respite care	€12,000,000	€0	€12,000,000
Provide 740 additional adult day service places.	€11,840,000	€0	€11,840,000
Provide 100 additional Intensive Home Care packages	€7,280,000	€0	€7,280,000
Provide 120,000 additional Personal Assistance hours	€3,000,000	€0	€3,000,000
Disabled Persons Organisations (DPO) Training and Development Fund	€2,000,000	€0	€2,000,000
<u>Total</u>	<u>€81,102,800</u>	<u>€74,543,200</u>	<u>€155,646,000</u>

SUPPORT NEEDS-APPROPRIATE CARE FOR OLDER PEOPLE

Sinn Féin is committed to building a health service that cares for us as we age, and which empowers people to continue living independently. We would ensure that there are options for remaining at home, downsizing, or living in a community setting. We believe that people deserve to live in their own homes for as long as they can. Long-term residential care should be available for those who want or need it, but it should not be the default option. We would seek to reduce reliance on nursing homes and reorient care to support this. We would establish a commission on care to future-proof the model of care for older people.

We would prioritise the development of public home care and nursing home services. We would prioritise the 'in-sourcing' of home support services. We would direct the HSE to develop greater capacity and to reduce reliance on the private sector. To address recruitment and retention problems in home care, we would ensure a mandatory living wage as well as reimbursement for work-related travel expenses for public service work. We would also fund a range of measures to improve access to social care and supports, both in the home and in the community.

In relation to nursing home care, we would ensure that the NTPF is sufficiently resourced to negotiate viable pricing for nursing homes which are operating at a loss due to reasonable price pressures or due to the cost of higher complexity care. We would ensure that a sustainable funding model is in place. We would prioritise investment in public nursing unit capacity to begin reversing the privatisation of the sector.

During the Covid pandemic, tragic mistakes were made in some places. Much of this harm may have been unavoidable due to the pandemic, but there have been clear instances of avoidable harm and neglect. There are also clear examples of Government failure, such as a failure to ensure the right to a care partner as was done in the north. We would establish a Covid inquiry which is focussed on the nursing home sector to ensure closure, compliance with standards, and that these problems are not repeated.

We have further discussed the need for a health service that cares for us as we age and which recognises the importance of social care in the accompanying *Priorities for Change in Health and Social Care* document, pages 72-77.

Key measures to support older people:

- Ensure that the NTPF is sufficiently resourced to negotiate viable pricing for nursing homes which are operating at a loss due to reasonable price pressures or due to the cost of higher complexity care
- Mandate a living wage and reimbursement of travel expenses for home support workers
- Reverse privatisation in home care and the nursing home sector by prioritising the development of public services
- Make a substantial investment in social care and supports for older people
- Future-proof the model of care for older people through a Commission on Care.

Table 10. Older Person and Social Care Measures

Proposed Measure	Current	Capital	Total
Additional allocation to NTPF to negotiate viable pricing	€40,000,000	€0	€40,000,000
Retain the full allocation of home support hours and provide for the living wage and travel expenses for home support workers	€25,000,000		€25,000,000
Capital fund for Day Care Centre refurbishment	€0	€10,000,000	€10,000,000
Fund additional specialist home care hours such as for people with dementia	€5,000,000	€0	€5,000,000
Fund Positive Ageing Strategy	€5,000,000	€0	€5,000,000
Increase funding for Healthy Age Friendly Homes by 50%	€2,600,000	€0	€2,600,000
Enhanced Dementia Care including Dementia Nurse Specialists, the Model of Care for Dementia and Dementia Research	€2,500,000	€0	€2,500,000
Fund initiatives to tackle loneliness and isolation	€2,500,000	€0	€2,500,000
Dementia-specific day services including Day Care at Home and Weekend Activity Clubs	€2,300,000	€0	€2,300,000
Fund for AHBs to assist access to health and social care services and supports for residents in supported living/assisted living	€2,000,000	€0	€2,000,000
€1m investment in Dementia Research	€1,000,000	€0	€1,000,000
Establish Commission on Care	€500,000	€0	€500,000
Covid inquiry into nursing homes	€0	€0	€0
Total	€88,400,000	€10,000,000	€98,400,000

TACKLE ADDICTION, RESOURCE RECOVERY

Sinn Féin believes in a community-led, rehabilitation and recovery-focused model for fighting addiction. Local and Regional Drug and Alcohol Taskforces received €3 million less in funding last year than they did in 2010. We would return significant funding, equivalent to an 11% increase, to taskforces which are best placed to fight addiction in their communities.

We would support these community bodies with a robust and integrated health service which can provide inpatient facilities and wraparound supports in the community.

We would open recovery, rehabilitation, and detoxification beds to make inroads into capacity deficits. We would invest significantly in primary care and mental health services; dual diagnosis services; and integrated IT solutions.

We would waive assessment fees for addiction treatment as an immediate step on the way to universal healthcare.

We have further discussed our strategy to support people and communities affected by addiction in the accompanying *Priorities for Change in Health and Social Care* document, 84-89.

Key measures to tackle addiction and resource recovery:

- Open 40 new public recovery beds and 24 new public inpatient medical detoxification beds
- Fund 25-place recovery-specific housing programmes with wraparound supports
- Return funding for Drug and Alcohol Task Forces to 2010 levels
- Fund two regional community sector substance-related brain injury rehabilitation teams
- Fund an additional family support worker in each taskforce, 24 additional community development worker posts, and localised dual diagnosis services
- Fund a range of community supports for women, problem gambling, sports inclusivity, alcohol action, and waive all addiction assessment fees
- Convene a working group on naloxone
- Increase funding for guidance counsellors in schools (Department of Education).

Table 11. Addiction and Recovery measures

Proposed Measure	Current	Capital	Total
Recovery-specific housing programme with wraparound support	€331,497	€7,753,225	€8,084,722
40 recovery rehabilitation beds over 4 years	€719,050	€4,000,000	€4,719,050
24 medical detoxification inpatients beds over 4 years	€678,900	€2,400,000	€3,078,900
Return funding for Local and Regional DATFs to 2010 levels	€3,059,356	€0	€3,059,356
Two regional community sector substance-related brain injury rehabilitation teams	€2,346,000	€0	€2,346,000
Funding to taskforces for localised dual diagnosis services alongside national, HSE-run programmes	€1,394,600	€0	€1,394,600
Funding for professional external and internal supervision to staff to maintain ability to work effectively with members of the community and their families impacted by addiction	€700,000	€0	€700,000
24 Community Development Workers	€526,379		€526,379
Additional Family Support Workers for each Taskforce area	€526,379	€0	€526,379
Conduct a full Gambling Prevalence Survey	€400,000	€0	€400,000
Women's One-Stop Shop	€274,830	€55,000	€329,830
Sports grants for clubs and organisations inclusive of those in recovery	€250,000	€0	€250,000
Expand and resource Community Action on Alcohol Programmes	€240,000	€0	€240,000
Consistent standardized needle exchange programme rolled out across all taskforces	€219,400		€219,400
Waive all assessment fees	€86,393	€0	€86,393
Consistent standardized needle exchange programme rolled out across all taskforces		€60,000	€60,000
Working Group on Naloxone	€0	€0	€0
10% increase in guidance counsellor hours in schools	EDUCATION	EDUCATION	EDUCATION
Total	€11,752,784	€14,268,225	€26,021,009

TARGETED MEASURES AND NATIONAL STRATEGIES

A Sinn Féin Government would take a series of targeted measures to improve health outcomes and access to care. We would renew and develop strategies to improve care and support across women's health, cancer, cardiovascular health, and rare diseases. Digital transformation would be a major priority for Sinn Féin across the health service. Deficits across information systems are severely hindering efficiency across the health system.

Together, cancers and cardiovascular diseases account for more than 60% of deaths annually across Ireland. The rate of mortality from such diseases can be reduced through a focus on prevention and early intervention, investment in community-based healthcare, building health awareness, and ensuring timely screening and access to scans, as well as access to specialist secondary and tertiary care. We would recognise the essential service role of cancer support centres and ensure consistent, equitable core funding arrangements through the National Cancer Control Programme.

We have previously published a comprehensive set of policies on issues in women's healthcare in our policy documents 'Women's Voices in Menopause' (2022), 'Advancing Women's Healthcare' (2021), and 'A Vision for Women's Health' (2018) covering reproductive healthcare, sexual health, menopause, obstetrics and gynaecology, and cancer screening. We have proposed specific funding for 2024 to develop a structured care programme in women's health in primary care to deliver high quality, consistent, and equitable local services based on need. This programme would address deficits in access to care and advice for conditions from menopause to endometriosis.

We have also proposed additional funding for FGM clinics, Women's Collectives, and Family Resource Centres under Women's Health Strategies.

A Sinn Féin government would enable deeper all-island collaboration. We would build on successful innovations such as the All-Island Congenital Heart Disease Network, the North West Cancer Centre, and 24/7 cross-border PPCI services for the North West at Altnagelvin. We would leverage the full potential of the island to optimise care delivery and maximise the potential of the island's population. We would also prioritise investment for research across genetics and genomics, an expansion of neonatal screening, and intensive care supports for people with severe and complex conditions such as epidermolysis bullosa. We would ensure appropriate increases in funding for access to new medicines, orphan drugs, and innovative treatments, while ensuring rigorous implementation of cost saving measures such as the use of generic products.

We have further discussed the need to develop national strategies on an all-island basis and outlined the range of targeted strategies, such as for optometry and audiology, which we would develop in the accompanying *Priorities for Change in Health and Social Care* document, pages 90-103.

Table 12. Targeted measures and strategies

Proposed Measure	Current	Capital	Total
Digital Transformation	€0	€20,000,000	€20,000,000
New Drugs, Orphan Drugs, and Innovative Treatment fund	€20,000,000	€0	€20,000,000
Extending universal contraception coverage	€20,000,000	€0	€20,000,000
Women's Health Strategies	€20,500,000	€0	€20,500,000
Cardiovascular Health Strategy	€15,000,000	€0	€15,000,000
Cancer Strategy	€15,000,000	€0	€15,000,000
Invest in public fertility treatment services	€15,000,000	€0	€15,000,000
Provide equitable core funding for cancer support centres via the NCCP	€10,000,000	€0	€10,000,000
Rare Diseases	€2,800,000	€0	€2,800,000
Traveller Health Action Plan	€2,500,000	€0	€2,500,000
Long Covid Model of Care	€2,500,000	€0	€2,500,000
Optometry and Audiology Plans	€1,000,000	€0	€1,000,000
Increase funding for the patient advocacy service	€1,000,000	€0	€1,000,000
Total	€125,300,000	€20,000,000	€145,300,000

CLIMATE ACTION IN HEALTH

The HSE has significant climate action obligations, and it should also play a pioneering role in technology development and energy security.

The HSE has finally published a Climate Action Strategy, but it has yet to publish or provide cost estimates for implementing this plan. The HSE has spent just €28 million over the last 4 years on its energy and decarbonisation shallow retrofit work programme. Half of this was spent in 2022, indicating that investment is increasing but remains at a relatively low level.

The lack of urgency is evident as the HSE does not even maintain records on building energy ratings (BER) except when seeking to sell or lease a property. Just 28 of the HSE's top energy use buildings exceed a B3 rating, according to an analysis undertaken by the Irish Government Economic and Evaluation Service unit at the Department of Health.

In the absence of appropriate costings, we have made a reasonable allocation towards the climate action strategy which would more than double expenditure on 2021 levels. We have also provided for a climate change public health unit, an energy review of the HSE's capital stock, and additional Health Research Boarding funding for all-island climate change and health-related research. We would mandate HSE Health Regions to develop their own Health and Climate Change Action Plans.

We have further discussed climate action in health in the accompanying *Priorities for Change in Health and Social Care* document, p. 101.

Key measures in climate action in health:

- Fund the HSE Climate Action Strategy
- Establish a climate change public health unit
- Conduct a full energy efficiency review of HSE estates
- Increase HRB funding for all-island climate change and health research
- Mandate all new Health Regions to develop a Health and Climate Change Action Plan.

Table 13. Climate action measures

Proposed Measure	Current	Capital	Total
Implement HSE Climate Action Strategy	€0	€20,000,000	€20,000,000
Establish a Climate Change Public Health unit	€2,000,000	€0	€2,000,000
BER Review of HSE capital stock	€1,000,000	€0	€1,000,000
Funding to Health Research Board for further all-Island climate change health research	€1,000,000	€0	€1,000,000
Mandate all new Health Regions to develop a Health and Climate Change Action Plan	€0	€0	€0
Total	€4,000,000	€20,000,000	€24,000,000

APPENDIX: LIST OF ALL EXPENDITURE PROPOSALS

List of expenditure proposals - Health

Proposed Measure	Current	Capital	Total
1,800 hospital inpatient beds over 3 years	€77,000,000	€213,500,000	€290,500,000
400,000 additional medical cards	€159,000,000	€0	€159,000,000
Cut drug payment scheme threshold to €50 and abolish prescription charges	€70,320,000	€0	€70,320,000
Additional capital investment in theatre capacity and diagnostic equipment	€0	€55,000,000	€55,000,000
Increase transitional care fund to allow hospitals contract more step down beds	€50,000,000	€0	€50,000,000
Additional allocation to NTPF to negotiate viable pricing	€40,000,000	€0	€40,000,000
Reduce private activity in public hospitals by 10% over two years	€27,000,000	€0	€27,000,000
Build CAMHS inpatient capacity from 53 to 105 over a term of Government	€3,875,000	€21,700,000	€25,575,000
Retain the full allocation of home support hours and provide for the living wage and travel expenses for home support workers	€25,000,000		€25,000,000
40 specialist rehabilitation beds	€4,400,000	€20,000,000	€24,400,000
Investment towards the National Ambulance Service strategic plan	€13,384,800	€10,000,000	€23,384,800
Women's Health Strategies	€20,500,000	€0	€20,500,000
Community Care Access Fund for mental health and disabilities	€20,000,000	€0	€20,000,000
Digital Transformation	€0	€20,000,000	€20,000,000
New Drugs, Orphan Drugs, and Innovative Treatment fund	€20,000,000	€0	€20,000,000
Extending universal contraception coverage	€20,000,000	€0	€20,000,000
Implement HSE Climate Action Strategy	€0	€20,000,000	€20,000,000
600 community step-down beds over 3 years	€0	€19,830,000	€19,830,000
600 community nursing unit beds over 3 years	€0	€19,830,000	€19,830,000

New palliative care centres (30 beds)	€1,900,000	€16,500,000	€18,400,000
Deliver new oral healthcare packages for children, dental screening in schools, and address issues with the DTSS	€16,500,000	€0	€16,500,000
Develop the full complement of fully staffed CAMHS teams in line with Sharing the Vision, including CAMHS-ID teams	€7,258,770	€10,000,000	€15,209,876
Cardiovascular Health Strategy	€15,000,000	€0	€15,000,000
Cancer Strategy	€15,000,000	€0	€15,000,000
Invest in public fertility treatment services	€15,000,000	€0	€15,000,000
Investment in primary care team staffing and pilot scheme for directly hired GPs (10)	€14,275,000	€0	€14,275,000
Minor ailment scheme (MAS) in pharmacies	€11,325,000	€0	€11,325,000
Education and training fund for GP practice nurses, clinical specialist and advance practice nursing and advanced practice for health and social care professions	€10,000,000	€0	€10,000,000
Mandate safe staffing levels in hospitals	€10,000,000	€0	€10,000,000
Capital fund for Day Care Centre refurbishment	€0	€10,000,000	€10,000,000
Provide equitable core funding for cancer support centres via the NCCP	€10,000,000	€0	€10,000,000
Reduce and cap hospital car parking charges	€9,000,000	€0	€9,000,000
10% increase medical intern, initial specialist, and higher specialist training places	€6,500,000	€0	€6,500,000
20 more Early Intervention Psychosis Teams over 5 years	€6,000,000	€0	€6,000,000
Recovery-specific housing programme with wraparound support	€331,497	€7,753,225	€8,084,722
Invest in public dentistry including 60 dentists and 90 dental nurses and support staff	€5,249,580	€0	€5,249,580
Additional funding towards Healthy Ireland initiatives	€5,000,000		€5,000,000
Fund additional specialist home care hours such as for people with dementia	€5,000,000	€0	€5,000,000
Fund Positive Ageing Strategy	€5,000,000	€0	€5,000,000

Mother and Baby Perinatal Mental Health Unit at SVH for Dublin	€750,000	€4,000,000	€4,750,000
40 recovery rehabilitation beds over 4 years	€719,050	€4,000,000	€4,719,050
Develop managed clinical rehabilitation network (MCRN) teams in each CHO	€3,592,857	€0	€3,592,857
Roll out universal counselling over 4 years	€3,524,000	€0	€3,524,000
Expand access to Jigsaw primary care & online mental health services on a consistent basis across the state	€1,666,667	€1,550,000	€3,216,667
24 medical detoxification inpatients beds over 4 years	€678,900	€2,400,000	€3,078,900
Return funding for Local and Regional DATFs to 2010 levels	€3,059,356	€0	€3,059,356
Reduce Injury Unit charges to €50	€3,000,000	€0	€3,000,000
Standardise the under 8s eye care scheme and develop an eye care strategy to deliver consistent access to care for all under 16s and screening in schools	€3,000,000	€0	€3,000,000
Rare Diseases	€2,800,000	€0	€2,800,000
Increase funding for Healthy Age Friendly Homes by 50%	€2,600,000	€0	€2,600,000
Fund 4 additional pilot Crisis Resolution Teams	€1,540,000	€980,000	€2,520,000
20% increase in GP training places (50)	€2,500,000	€0	€2,500,000
Enhanced Dementia Care including Dementia Nurse Specialists, the Model of Care for Dementia and Dementia Research	€2,500,000	€0	€2,500,000
Fund initiatives to tackle loneliness and isolation	€2,500,000	€0	€2,500,000
Traveller Health Action Plan	€2,500,000	€0	€2,500,000
Long Covid Model of Care	€2,500,000	€0	€2,500,000
Two regional community sector substance-related brain injury rehabilitation teams	€2,346,000	€0	€2,346,000
Dementia-specific day services including Day Care at Home and Weekend Activity Clubs	€2,300,000	€0	€2,300,000
Fully fund Adult ADHD National Clinical Programme	€2,158,500	€0	€2,158,500

Invest in mental health services for older people	€2,000,000	€0	€2,000,000
Invest in Perinatal Mental Health Services and further develop specialist model of care	€2,000,000	€0	€2,000,000
Fund for AHBs to assist access to health and social care services and supports for residents in supported living/assisted living	€2,000,000	€0	€2,000,000
Establish a Climate Change Public Health unit	€2,000,000	€0	€2,000,000
Fund Trainee Counselling and Educational Psychology posts on the same basis as Trainee Clinical Psychologists	€1,715,000	€0	€1,715,000
Increase funding for HSE Safeguarding and Protection Teams by 20%	€1,700,000	€0	€1,700,000
Fully fund the National Clinical Programme for Eating Disorders over 3 years	€1,527,021	€0	€1,527,021
Increase trainee psychologists by 50	€1,405,500	€0	€1,405,500
Funding to taskforces for localised dual diagnosis services alongside national, HSE-run programmes	€1,394,600	€0	€1,394,600
Develop the liaison psychiatry model of care and ensure full coverage by 2 consultant liaison psychiatrists in each ED over a term of Government	€1,163,779	€0	€1,163,779
Unit in health and safety authority for health service	€1,000,000	€0	€1,000,000
€1m investment in Dementia Research	€1,000,000	€0	€1,000,000
Optometry and Audiology Plans	€1,000,000	€0	€1,000,000
Increase funding for the patient advocacy service	€1,000,000	€0	€1,000,000
BER Review of HSE capital stock	€1,000,000	€0	€1,000,000
Funding to Health Research Board for further all-Island climate change health research	€1,000,000	€0	€1,000,000
MS specialist physiotherapy services complementary to MCRNs	€880,000	€0	€880,000
Fund a National Psychology Placement Office as per the recommendations of the Report of the National Psychology Project Team	€766,531	€50,000	€816,531
4 Community Cafés providing out-of-hours mental health spaces	€740,576	€0	€740,576

Funding for professional external and internal supervision to staff to maintain ability to work effectively with members of the community and their families impacted by addiction	€700,000	€0	€700,000
24 Community Development Workers	€526,379		€526,379
Additional Family Support Workers for each Taskforce area	€526,379	€0	€526,379
Establish Commission on Care	€500,000	€0	€500,000
Train 70 additional specialist neurology nurses over 3 years	€245,838	€180,240	€426,078
Conduct a full Gambling Prevalence Survey	€400,000	€0	€400,000
Women's One-Stop Shop	€274,830	€55,000	€329,830
Sports grants for clubs and organisations inclusive of those in recovery	€250,000	€0	€250,000
Expand and resource Community Action on Alcohol Programmes	€240,000	€0	€240,000
increase funding for recovery education by 10%	€230,000	€0	€230,000
Consistent standardized needle exchange programme rolled out across all taskforces	€219,400		€219,400
Waive all assessment fees	€86,393	€0	€86,393
Consistent standardized needle exchange programme rolled out across all taskforces		€60,000	€60,000
Invest in dual diagnosis training and supports to support No Wrong Door policy	€50,000	€0	€50,000
Commission independent research on the full economic and social costs on households of childhood illness to inform future measures	€0	€0	€0
Develop new public GP contract	€0	€0	€0
Develop new National Hearing Plan	€0	€0	€0
Expedite regulation of Psychology, and Counselling and Psychotherapy with CORU	€0	€0	€0
Covid inquiry into nursing homes	€0	€0	€0
Working Group on Naloxone	€0	€0	€0

Mandate all new Health Regions to develop a Health and Climate Change Action Plan	€0	€0	€0
Funding to Health Research Board for further all-Island climate change health research	€1,000,000	€0	€1,000,000
Mandate all new Health Regions to develop a Health and Climate Change Action Plan	€0	€0	€0

List of expenditure proposals – Other Departments

Proposed Measure	Current	Capital	Total
CEDIY			
Invest in moving people out of Congregated Settings	€26,100,000	€60,000,000	€86,100,000
Transfer 80 people with disabilities inappropriately placed in nursing homes to supported independent living	€6,232,800	€14,543,200	€20,776,000
Fully fund and fill Children's Disability Network Team posts	€12,650,000	€0	€12,650,000
Provide 5,000 nights of respite care	€12,000,000	€0	€12,000,000
Provide 740 additional adult day service places.	€11,840,000	€0	€11,840,000
Provide 100 additional Intensive Home Care packages	€7,280,000	€0	€7,280,000
Provide 120,000 additional Personal Assistance hours	€3,000,000	€0	€3,000,000
Disabled Persons Organisations (DPO) Training and Development Fund	€2,000,000	€0	€2,000,000
FHERIS			
Expand undergraduate places	N/A	N/A	N/A
Extend free fees initiative to cover Graduate Entry Medicine new entrants in academic year 2024/25	N/A	N/A	N/A
EDUCATION			
10% increase in guidance counsellor hours in schools	N/A	N/A	N/A



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