CARING FOR COMMUNITIES

Sinn Féin's Plan to Improve Local GP and Health Services

Sinn Féin

2024

"A universal healthcare system will provide population, promotive, preventative, primary, curative, rehabilitative and palliative health and social care services to the entire population of Ireland, ensuring timely access to quality, effective, integrated services on the basis of clinical need."

Committee on the Future of Healthcare,
Sláintecare Report (2017).

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SPOKESPERSON ON HEALTH
David Cullinane TD

Ag Tabhairt Aire do Phobail: plean do sheirbhísí sláinte áitiúla

Tá seirbhísí sláinte áitiúla faoi bhrú agus tá pobail ag fulaingt de bharr easpa measa ar a gcuid riachtanas. Cuireann ganntanas lucht saothair, dálaí deacra oibre, easnaimh bhonneagair agus TF, liostaí feithimh atá ag dul i méid, amanna feithimh níos faide, agus meanma íseal dúshlán roimh sheirbhísí áitiúla. Mar thoradh air sin, fágtar pobail ag fanacht le cúram.

Tá Sinn Féin tiomanta don chúram sláinte ceart a chur ar fáil, san áit cheart, ag an am ceart. Tá plean againn chun feabhas a chur ar sheirbhísí ó dhochtúirí teaghlaigh áitiúla agus ar sheirbhísí sláinte príomhúla. Áirítear leis seo tacú le Cleachtas Ginearálta, samhail Pharmacy First a sholáthar, agus níos mó cúraim a chur ar fáil sa phobal i gcoitinne. Tá easpa roghanna cúraim eile sa phobal ag cur brú inseachanta ar ospidéil ghéarmhíochaine agus ar ranna éigeandála.

Tubaiste don tseirbhís sláinte ba ea Buiséad 2024. Theip air dóthain maoinithe a chur ar fáil don tseirbhís sláinte chun fanacht mar a bhí agus níor chuir sé maoiniú nua ar fáil do sheirbhísí sláinte. In ionad dul chun cinn, tá cosc ar earcaíocht againn a chuirfidh bac ar fhás agus a chuirfidh amach an comhartha mícheart d'oiliúnaithe ar fud an chúraim sláinte go léir.

Tá níos fearr tuillte ag pobail. Thógfadh Sinn Féin córas cúram sláinte fíor-uilíoch a chuirfeadh seirbhísí níos fearr ar fáil ar fud an oileáin. Cuid lárnach den mhisean sin is ea seirbhísí cúraim phríomhúil agus phobail réamhghníomhacha agus chuimsitheacha a sholáthar. Chabhródh sé sin le torthaí sláinte a fheabhsú, brú ar ospidéil a laghdú, agus luach ar airgead a fheabhsú. Thabharfadh muid tús áite d'fhorbairt seirbhísí cúraim phríomhúil iomlánaíoch a thuigeann "No Wrong Door" agus cur chuige otharlárnach maidir le rochtain ar shláinte fhisiciúil agus mheabhrach. Níor chóir othair a sheoladh ó thor go tom sa tóir ar sheirbhísí.

Leagfaimis síos spriocanna praiticiúla, réalaíocha agus insoláthartha chun ár seirbhís sláinte a fheabhsú. Bheadh práinn ag baint le feabhas a chur ar an tseirbhís sláinte agus dlús a chur le mórchlár athchóirithe a sholáthar.

Príomhbhearta

1. **Conradh poiblí a fhorbairt do dhochtúirí teaghlaigh agus clár píolótach a sheoladh i gceantair ina bhfuil ganntanas dochtúirí teaghlaigh le haghaidh seirbhísí lasmuigh d'uaireanta oibre agus clúdach saoire.**
2. **Infheistiú i gcur chuige Pharmacy First maidir le mionbhreoiteacht agus cúram cuí a bhogadh ó chleachtais dochtúirí teaghlaigh go cógaslann phobail.**
3. **Deireadh a chur leis an uasteorainn earcaíochta do róil túslíne agus an sprioc earcaíochta do 2024 a dhúbailt chun foirne cúraim pobail ildisciplíneacha agus feabhsaithe a leathnú.**
4. **Infheistíocht a dhéanamh i 1,200 teach altranais poiblí agus leapacha pobail chun dlús a chur le sceitheadh ospidéil nuair is cuí agus níos mó cúraim a chur ar fáil sa phobal.**
5. **Cur le líon na n-áiteanna oiliúna fochéime, iarchéime agus ardchleachtais do ghairmeacha cúraim phríomhúil.**
6. **Tacaímid lenár bpleananna le pleanáil straitéiseach fórsa saothair chun soláthar inbhuanaithe oibrithe túslíne a chinntiú. Bheadh sé i gceist againn forbairt na seirbhíse sláinte a phleanáil in aghaidh riachtanais sláinte an phobail.**

Maoiniú

Inár mBuiséad Malartach do 2024, leagamar amach tograí maoinithe dar luach €290 milliún san iomlán i gcaiteachas reatha breise do sheirbhísí bunscoile, pobail, meabhairshláinte, míchumais agus daoine scothaosta. Bhí tograí suntasacha caiteachais chaipitiúil ag gabháil leo sin, lena n-áirítear bonneagar agus claochlú digiteach. Leagamar amach freisin €30 milliún i mbearta pleanála fórsa saothair atá maoinithe le caitheamh ar chúrsaí Sláinte.

Tá Sinn Féin ag iarraidh a bheith i gceannas ar an gcéad Rialtas eile. Ba mhaith linn dul i mbun oibre láithreach le plean do chúram sláinte atá uaillmhianach agus indéanta. Leagfar amach ár bplean Sláinte a bhfuil costas iomlán ag baint leis inár bhforógra.

Caring for Communities: a plan for local health services

Local health services are under pressure and communities are suffering from a lack of respect for their needs. Local services are challenged by workforce shortages, difficult working conditions, infrastructure and IT deficits, growing waiting lists, longer waiting times, and low morale. As a result, communities are left waiting for care.

Sinn Féin is committed to delivering the right health care, in the right place, at the right time. We have a plan to improve local GP and primary health services. This includes supporting General Practice, delivering a Pharmacy First model, and providing more care in the community in general. A lack of alternative care options in the community is heaping avoidable pressure on acute hospitals and emergency departments.

Budget 2024 was a disaster for the health service. It failed to provide sufficient funding for the health service to stand still and starved health services of new funding. Instead of progress, we have a recruitment embargo which will stunt growth and sends out the wrong signal to trainees across all of health care.

Communities deserve better. Sinn Féin would build a truly universal healthcare system that delivers better services across the island. A core part of that mission is delivering proactive and comprehensive primary and community care services. This would help to improve health outcomes, reduce pressure on hospitals, and improve value-for-money. We would prioritise the development of holistic primary care services which realise a "No Wrong Door" and patient-centred approach for access to physical and mental health. Patients should not be sent from pillar to post chasing services.

We would set practical, realistic, and deliverable goals to improve our health service. We would bring an urgency to improving the health service and inject pace into the delivery of major reform programmes.

Key Measures

1. **Develop a public contract for GPs and launch a pilot programme in areas where there is a shortage of GPs for out of hours services and leave cover.**
2. **Invest in a Pharmacy First approach to minor ailments and move appropriate care from GP practices to community pharmacy.**
3. **Lift the recruitment cap for frontline roles and double the recruitment target for 2024 to expand multi-disciplinary primary and enhanced community care teams.**
4. **Invest in 1,200 public nursing home and community beds to speed up hospital discharges where appropriate and provide more care in the community.**
5. **Increase the number of undergraduate, postgraduate and advanced specialist practice training places for primary care professions.**
6. **We would underpin our plans with strategic workforce planning to ensure a sustainable supply of frontline worker. We would plan the development of the health service against the health needs of the population.**

Funding

In our Alternative Budget for 2024, we set out funding proposals totalling €290 million in additional current expenditure for primary, community, mental health, disability, and older persons services. These were accompanied by significant capital expenditure proposals, including infrastructure and digital transformation. We also set out €30 million in Health-funded workforce planning measures.

Sinn Féin wants to lead the next Government. We want to hit the ground running with a plan for healthcare that is ambitious and achievable. Our fully costed Health plan will be set out in our manifesto.

Measures

Develop Public Services

1. Directly employ GPs and additional primary care staff to cover blackspots and launch a pilot scheme for out-of-hours and locum support,
2. Lift the recruitment cap for frontline roles and double the recruitment target for 2024 to expand multi-disciplinary primary and enhanced community care teams,
3. Increase the use of advanced practice and specialist nursing and therapist grades in primary care,
4. Invest in public dental and oral health services, including school screening,
5. Expand access to dental hygienists to improve the availability of preventive care,
6. Develop and implement a Minor Ailments Scheme in community pharmacies,
7. Invest in 1,200 public nursing home and community beds to speed up hospital discharges where appropriate and provide more care in the community,
8. Protect local nursing home and convalescence services where there are genuine viability concerns and ensure the HSE can step in as and where appropriate,
9. Provide more home support through public and community service providers,
10. Invest in specialist mental health and disability services which are not mutually exclusive in terms of access and support no wrong door policies,
11. Temporarily fund access to community and voluntary health services and some private services to assist in tackling waiting lists,
12. Develop a permanent solution for consistent out-of-hours services, including mental health services,
13. Improve access to eye care for children including a standardised 0-16 eye care scheme,
14. Develop a national hearing plan,
15. Invest in digital transformation across care sectors and service providers to integrate the health dataspace.

Modern Contracts and Fees

16. Develop modern GP contracts, including a public-only contract, to support the development of multi-disciplinary teams,
17. Develop publicly employed GPs and conduct pilot programmes for out-of-hours and leave cover,
18. Develop modern general dental services contracts, including a public-only contract, to support the development of public services for public patients,
19. Reform the Fair Deal pricing mechanism to support regionally balanced investment.

Workforce Planning

20. Initially increase training places across medical, dental, nursing, and allied health and social care professions by 20% (1,300+ places),
21. Implement a long-term workforce plan to increase primary care staffing based on internationally benchmarked staffing ratios,
22. Develop training opportunities and career prospects for home care workers.

Long Term Planning and Investment

23. Establish a multi-disciplinary working group on the development of primary care,
24. complete the strategic review of general practice, and develop a permanent solution for out-of-hours services,
25. Appoint a senior pharmaceutical policy official,
26. Develop and implement comprehensive, multi-annual population needs-based service development programmes for each of the Health Regions, starting with the mid-west, to address deficits and imbalances across primary, community, and acute services,

Legislative Reform

27. Legislate to apply the framework for safe staffing and skills mix across all healthcare facilities which are providing services on behalf of the State,
28. Reform the enforcement powers of the Dental Council under the Dental Act 1985,
29. Regulate for substitution protocols and increase the role of pharmacists in medicines management,
30. Legislate for access to home support and expedite the Health (Amendment) (Licensing of Professional Home Support Providers) Bill to regulate service providers.

GP and Primary Care

GPs are responsible for the long-term care of the population. They are an anchor for continuity of care. The primary care system must support quality scheduled and urgent access to clinicians with whom patients can build trust and familiarity. In 2001, the HSE-commissioned report A Future Together: Building a better GP and Primary Care Service concluded with a call for an evidence-based "plan for the future." In the intervening decades, the Government has not addressed the shortages in digital infrastructure and support, or primary care staffing where were identified in the report, despite the Sláintecare Report in 2017.

GP and primary care staffing has not been taken seriously, and the general availability of GPs is decreasing. The A Future Together report identified a rate of 6.26 GPs per 10,000, which was below most countries with better primary care systems (though many with a similar level of GPs performed far stronger due to wider primary care staffing around GPs).[1]

The largest deficit identified in the 2001 report was in practice-based staffing beyond GPs, and it noted that "Ireland has the lowest practice-based staff ratio in the countries we studied."[2] Similarly, the portion of the health budget spent on GP and primary care was "low by international standards."[3] The rate of GPs per 10,000 is estimated at 7 per 10,000 today, which indicates slow progress. Despite increasing marginally, it is now trending in the wrong direction as the number of actively practicing GPs "fell from 4,583 in 2019 to 4,420 in 2022" at a time when the population is growing rapidly.[4] An estimated 1-in-4 of these doctors are aged over 60.[5]

Waiting times for access to a GP have increased. A recent survey revealed a growing urban-rural divide in access to primary care. It found that just 32% of GP practices in rural areas have capacity for new patients and that while most can offer an appointment within a week, waiting times for non-urgent appointments can be up to 2 weeks in parts of the country.[6] Separately, the Irish College of General Practitioners has claimed that only 1-in-5 GPs are open to taking new public patients and 1-in-4 are open to taking new private patients. Deprived urban areas are also significantly underserved.

There are significant gaps in out-of-hours primary care services. Rural, traveller, and disadvantaged communities are particularly underserved in terms of access to primary care out of hours services, including out of hours mental health services. Existing services are doing what they can, but the availability of out-of-hours services must be standardised. This will need to be supported by publicly employed GPs and primary care teams and would be included in our pilot programme for launching a new public GP contract. We would develop a permanent solution through the working group on the development of primary care.

Increasingly, GP and primary care services are provided by corporate practices or under the umbrella of insurance providers. It remains difficult for new GPs to establish a practice and the partnership model is under pressure. GPs face significant challenges in covering annual leave, maternity leave, sick leave, and out-of-hours services.

Inaccessible GP and primary care services cause more people to rely on emergency departments and acute hospitals than otherwise would be the case. For this reason, improving our primary care system is essential to sustainably tackling hospital waiting lists and ED overcrowding. It is widely recognised to be more resource efficient in the medium- and long-term.[7] Sinn Féin sees investment in primary care as an investment in efficiency which will allow for better controls on healthcare expenditure.

Recent steps have been taken to increase the number of GPs in training, led by the Irish College of General Practitioners (ICGP), but the Minister for Health has not set out targets for increasing the primary care

1 A Future Together Building a Better GP and Primary Care Service (hse.ie), p. 26.
2 Ibid.
3 Ibid, p. 73
4 New measures put in place to tackle shortage of GPs (rte.ie).
5 ICGP, (2022), ICGP Pre-Budget Submission 2023.
6 GP crisis investigation: Rural Ireland worst hit as two-thirds unable to take on new patients | Irish Independent
7 A Future Together Building a Better GP and Primary Care Service (hse.ie), p. 71.

workforce.8 The ICGP and the Irish Medical Organisation (IMO) have both called for a target of 12 GPs per 10,000 population. It has previously been estimated that 5,650 GPs are needed to deliver universal free GP care by 2028.9 The Health Service Capacity Review set some targets for primary care staffing, but it is essentially obsolete given inaccuracies across many of its assumptions and a lack of progress on reform. Recent developments under the Enhanced Community Care programme, such as for older people and for chronic disease management, have provided a foundation for improving service provision. They must be backed by deeper collaboration and investment.

Sinn Féin would train, recruit, and retain significantly more health and social care workers. We would do this through a major expansion in training posts for medical, nursing, and allied health and social care professionals working in primary care. We would engage with healthcare professionals at home and abroad to improve working conditions and retention in the workforce. Housing and the cost of living are significant factors in the retention of young graduates and the success of international recruitment which must also be addressed. As one example, we would increase GP training places to 450. We have outlined a strategy for increasing healthcare undergraduate and postgraduate places in our Alternative Budgets.

Budget 2024 was a disaster for the health service. It failed to provide sufficient funding for the health service to stand still and starved health services of new funding. Instead of progress, we have a recruitment embargo which will stunt growth and sends out the wrong signal to trainees across all of health care. The HSE Service Plan 2024 outlines a WTE recruitment limit of 2,951 across health and disability services. Sinn Féin would have

8 Survey shows 96% of GP graduates working in general practice on graduation - ICGP Web Site.

9 HSE National Doctors Training and Planning, (2020), Demand for Medical Consultants and Specialists to 2028 and the Training Pipeline to Meet Demand: A High-Level Stakeholder Informed Analysis, p. 23.

doubled the recruitment target for 2024 to expand multi-disciplinary primary, community, and acute hospital teams. We would lift the recruitment cap for frontline roles to deliver service expansion at pace.

We would establish multi-disciplinary teams and ensure simultaneous expansion across the range of primary care services. In the immediate term, we propose to fund an expansion of primary care staffing, including nursing and management support, through existing partnerships and primary care centres. We recognise the call from the ICGP for improving management and administrative support, and we will ensure accountability in the use of such resources by the HSE to avoid bloat and maximise the client-facing time of healthcare professionals. We propose to establish a Working Group on the development of Primary Care to establish the immediate and ongoing needs of integrated, multi-disciplinary services.

The provision of general medical services needs to be modernised. Sinn Féin would review the existing contact and develop a public-only employment option to cover service gaps in underserved communities where the existing practice model is not viable. This would also support the partnership model through leave cover and consistent out-of-hours services. We would initially develop a pilot scheme for emerging blackspots. Sinn Féin would prioritise completing the strategic review of general practice and had proposed a wider evaluation of the primary care system in keeping with the findings of the 2001 report.

Regional imbalances are apparent across the health system. Sinn Féin would implement comprehensive, multi-annual population needs-based service development programmes for each of the Health Regions, starting with the mid-west, to address deficits and imbalances across primary, community, and acute services. Sinn Féin has comprehensive proposals for a major investment in digital transformation which we would back with significant and dedicated multi-annual funding. We would ensure protected funding for the development of both digital and physical infrastructure.

Key Measures

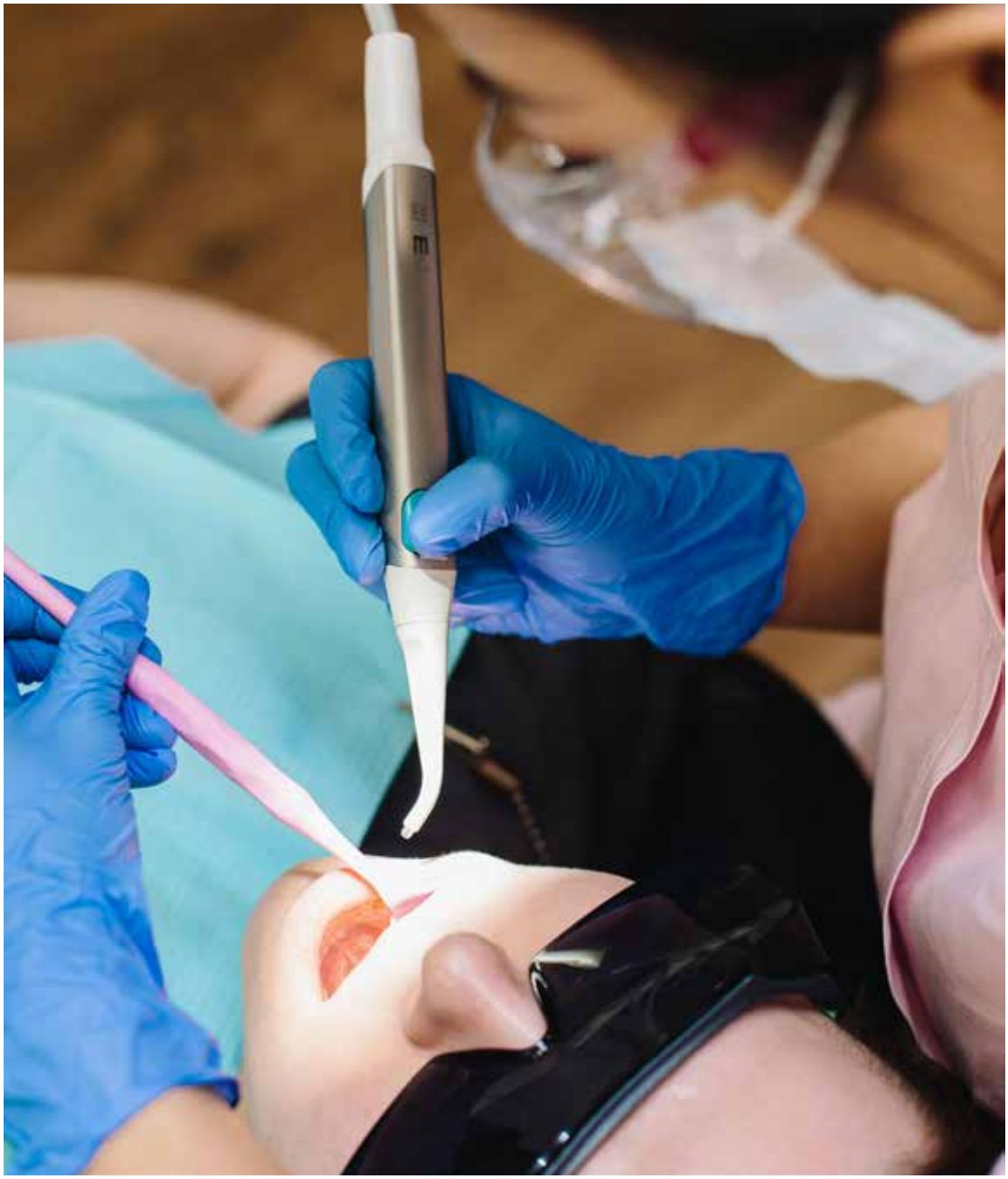
1. **Increase the number of GP trainee entrants from 350 to 450, and support the ICGP to expedite training where appropriate,**
2. **Initially increase training places across medical, nursing, and allied health and social care professions by 20% (1,300+ places),**
3. **Lift the recruitment cap for frontline roles and double the recruitment target for 2024 to expand multi-disciplinary primary and enhanced community care teams,**
4. **Develop modern GP contracts, including a public-only contract, and increase the use of nursing and advanced practice therapy grades across primary care services to support the development of multi-disciplinary teams,**
5. **Employ GPs and additional primary care staff to cover emerging blackspots where the existing practice model is unviable, and launch a pilot scheme for out-of-hours and locum support,**
6. **Improve access to primary care out of hours services, including out of hours mental health services, particularly for rural, disadvantaged, and traveller communities,**
7. **Establish a multi-disciplinary working group on the development of primary care, complete the strategic review of general practice, and develop a permanent solution for out-of-hours services,**
8. **Implement a long-term workforce plan to increase primary care staffing based on internationally benchmarked staffing ratios which are realistically achievable and tailored to the desirable service model,**
9. **Develop and implement comprehensive, multi-annual population needs-based service development programmes for each of the Health Regions, starting with the mid-west, to address deficits and imbalances across primary, community, and acute services,**
10. **Invest in digital transformation across care sectors and service providers to integrate the health dataspace.**

Dental and Oral Health Services

Publicly funded access to dental care was devastatingly slashed during the recession, with overall public funding dropping by more than 50% as a result of cuts to the Dental Treatment Benefit Scheme (DTBS) and the Dental Treatment Services Scheme (DTSS). This has led to a significant abandonment of the Dental Treatment Services Scheme. Spending on the dental treatment services scheme fell from €86.8m in 2009 to €49.5m in 2022.[10] According to HSE data, there are now just 806 dentists on the scheme, down from 1,493 in 2019, and only 630 actively claiming under the scheme.[11]

According to the Irish Dental Association, 80% of dentists who are still on the public Dental Treatment Service Scheme are not taking new public patients and 93% of dentists do not want to participate in the current medical card scheme.[12] This is hurting low-income households the most, with even basic oral health services being placed beyond their reach by costly out-of-pocket fees.

The HSE Orthodontic Service is limited to those children with the most severe and complex orthodontic



10 PCRS Annual Reports.

11 PQ 45853/23.

12 Dentists vote no confidence in Minister for Health as one in six people now waiting over 3 months for dental appointment

treatment needs. Waiting lists stood at over 10,000 at the end of quarter 1 2023.[13] More than 7,000 of these children are waiting over a year, and more than 2,300 children are waiting over 4 years for access to care. Dental screening in schools and oral health services for children are regressing. The HSE is also responsible for dental treatment under general anaesthesia for people with special needs. These services are patchy at best and waiting lists are unacceptably long.

Both the Dental Council and the Irish Dentists Association have called for legislative reform to improve the powers of the Dental Council to uphold law, regulations, and guidelines.[14] We would progress amendments to the Dental Act 1985 to improve the powers of the Dental Council to investigate and penalise illegal practices.

Sinn Féin would train, recruit, and retain significantly more health and social care workers to develop public and independent services. We would initially increase dental studies training places by 60 (32%) and implement a multi-annual plan to align training places for orthodontists, dental nurses, hygienists, orthodontic therapists, and technicians with service need and future demand. We would engage with healthcare professionals at home and abroad to improve working conditions and retention in the workforce. Housing and the cost of living are significant factors in the retention of young graduates and the success of international recruitment which must also be addressed.

We would develop public dental and oral health services to fulfil the core objectives of the Oral Health Policy Smile agus Sláinte.[15] This would be guided by a working group on the development of primary care. We would also work with dentists to improve the medical card scheme while expanding public service provision. We would improve access to oral health packages for children through schools and the public health service. This would include general check-ups, screening, self-care skills, and direct access to hygienists. We would engage with dental health care professionals to expand direct access to dental hygienists to improve the availability of preventive care.

Key measures

1. **Increase the number of dental studies new entrants from 185 to 245 and significantly increase training places across dental and oral health professions in line with demand-based and realistically achievable staffing targets,**
2. **Develop modern general dental services contracts, including a public-only contract, to support the development of public services for public patients,**
3. **Establish a multi-disciplinary working group on the development of primary care and develop the public model of dental and oral health service provision,**
4. **Ensure needs-based access to dental and oral health services,**
5. **Reform the enforcement powers of the Dental Council under the Dental Act 1985,**
6. **Expand access to dental hygienists to improve the availability of preventive care.**

13 PQ 20908/23.

14 Dental Council warns Govt patients are being left 'at risk' (rte.ie)

15 39736ac409d94a6194b52bdae5e3d1b0.pdf (www.gov.ie)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Community Pharmacy

Community pharmacy can play a much larger role in the provision of health services. Sinn Féin has long supported a greater role for community pharmacists in minor illnesses and ailments, chronic disease management, and medicines management. Community pharmacies can take some pressure off general practice through increased service provision and smarter ways of working. Community pharmacy can also play a role in preventive healthcare such as blood pressure or cholesterol checks, though this must be balanced against appropriate utilisation.

Sinn Féin would implement a minor ailments scheme to enable people to attend their local pharmacist. This would include specified assessments and treatments for prescribed ailments. A similar scheme to one which Sinn Féin proposed in 2017 has been introduced across the UK called "Pharmacy First" in a bid to reduce pressure on GPs. We await the output of the Expert Taskforce on the expansion of the role of pharmacists, but measures could have been taken to establish a minor ailment scheme this year if it had been funded.

Sinn Féin is open to a significant review of the scope, funding, and terms and conditions of community pharmacy to achieve an integrated universal healthcare system. Many professions are seeking modifications and revisions to contracts and the new systems required for the delivery of universal healthcare will necessitate modernisation of working arrangements. This work would be steered by a working group on the development of primary care. We propose to appoint a senior official with responsibility for pharmaceutical policy at the Department of Health to coordinate workforce planning, medicines supply and management, and related matters.

We are also conscious of inconsistent implementation of existing dispensing protocols, such as the reported concerns around codeine sales.[16] We would empower the pharmacy regulator, the Pharmaceutical Society of Ireland, to conduct more extensive no-notice checks and inspections to ensure public confidence in dispensing protocols.

Pharmacists can also play an enhanced role during medicine shortages if we empower them. Legislation is now in place for substitution protocols, and implementation must follow quickly. These would enable pharmacists to substitute certain prescription medicines for similar products during a shortage without the need to consult a GP (who will inevitably issue a prescription which suits the pharmacy's stock of medicines). We would appoint a chief pharmacy officer at the Department of Health with responsibility for developing and overseeing pharmacy and pharmaceutical policy.

Key Measures

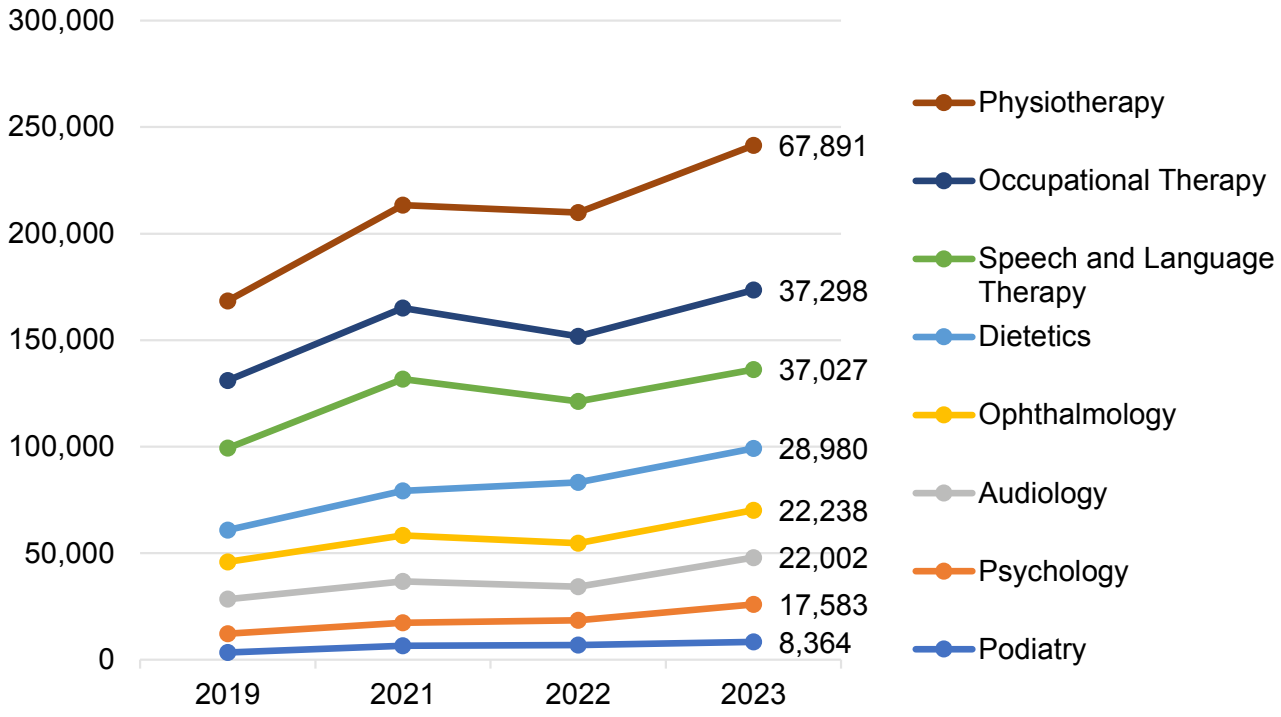
1. **Expand the scope of practice and service provision of community pharmacies,**
2. **Develop and implement a Minor Ailments Scheme and increase the availability of health information services through pharmacies,**
3. **Regulate for substitution protocols and increase the role of pharmacists in medicines management,**
4. **Establish a multi-disciplinary working group on the development of primary care and appoint a senior pharmaceutical policy official,**
5. **Implement a long-term workforce plan to increase primary care staffing and address deficits in the pharmacy workforce.**

16 McMorrow, C., (2023), 'Inside Ireland's widespread reliance on codeine medicines,' RTÉ, 12 April 2023, (rte.ie).

HSE Primary and Community Care Services

HSE primary and community care waiting lists have risen dramatically under this Government. In March 2019, there were 168,000 people on waiting lists for primary and community services. By the end of March 2023 there were 241,000.[17] 71% of these people are on waiting lists for physiotherapy, occupational therapy, speech and language therapy. While only 29% of people are on waiting lists for ophthalmology, audiology, psychology, and podiatry, there are acute pressures on these services as well. There are a further 18,000 children on specialist disability service waiting lists and 3,900 on child and adolescent mental health service waiting lists.

Figure 1. Community Waiting Lists, Q1 2019 - Q1 2023



Significant workforce planning is needed to reverse these waiting lists. The development of comprehensive public primary and community care services is an essential investment for improving quality of life and timely access to care. Delays in access to physical health services has a major impact on an individual's mental health, and vice versa.

Budget 2024 was a disaster for the health service. It failed to provide sufficient funding for the health service to stand still and starved health services of new funding. Instead of progress, we have a recruitment embargo which will stunt growth and sends out the wrong signal to trainees across all of health care. The HSE Service Plan 2024 outlines a WTE recruitment limit of 2,951 across health and disability services. Sinn Féin would have doubled the recruitment target for 2024 to expand multi-disciplinary primary, community, and acute hospital teams.

We would lift the recruitment embargo for frontline roles to deliver service expansion at pace. The expansion of Enhanced Community Care programme initiatives across chronic diseases, older people, and a variety of multi-disciplinary community healthcare services will be stalled by this short-sighted failure of Government.

As one example, community neuro-rehabilitation teams (CNRT) play a vital role in supporting the recovery of patients with neurological conditions. They are essential to preventing or managing acquired

17 PQ 20892/23

disabilities. They provide a range of clinical services, from physiotherapy to neuro-psychology, and include speech and language therapy, occupational therapy, and social work. CNRTs should work with regionalised specialist post-hospital rehabilitation services and the National Rehabilitation Hospital to deliver more care in the community and avoid unnecessary admissions to inpatient units. The work of CNRTs must be supported by ongoing access for patients to primary care and local condition management and recovery services for patients in the longer-term. According to the Neurological Alliance of Ireland, only 15% of neurological patients have access to these teams as only two of the four-to-five teams which are currently resourced are providing full services.

The benefits of this programme are clear. It is estimated that up to 42,000 hospital bed days could be saved annually if patients can be discharged to a community neurorehabilitation team. Other programmes, such as the national integrated care programme for older people, reduce the risk of hospitalisation. Reducing community services waiting lists would prevent conditions worsening and reduce pressure on acute services. Investment across a wide range of community services would go a long way to freeing up capacity in hospitals and reducing overcrowding.

We would prioritise the development of holistic primary care services which realise a "No Wrong Door" approach for access to physical and mental health, regardless of age or whether a person has a physical or psychosocial disability. There is a clear role for specialist mental health and disability services in complex cases, but case management must be joined up. Patients and parents should not be sent from pillar to post chasing services.

In the absence of accessible public services, Sinn Féin propose to fund access to trusted community, voluntary, and private disability and mental health services to ease long waiting times. Funding to private services would be time limited. Private sector outsourcing has never been a sustainable or cost-effective method of reducing wait times and as such building public capacity would be our priority. We recognise the role of the community and voluntary sector in providing dynamic, affordable, and accessible local health services.

Key Measures

1. **Lift the recruitment cap for frontline roles and double the recruitment target for 2024 to expand multi-disciplinary primary and enhanced community care teams,**
2. **Increase the number of community-oriented training places across medical, nursing, and allied health and social care professions,**
3. **Employ additional allied health and social care professionals and increase the use of advanced practice and specialist nursing and therapist grades in primary care,**
4. **Temporarily fund access to community and voluntary health services and some private services to assist in tackling waiting lists,**
5. **Invest in specialist mental health and disability services which are not mutually exclusive in terms of access and support no wrong door policies,**
6. **Implement a long-term workforce plan to increase primary and community care staffing and deliver on No Wrong Door commitments,**
7. **Develop and implement comprehensive, multi-annual population needs-based service development programmes for each of the Health Regions, starting with the mid-west, to address deficits and imbalances across primary, community, and acute services,**
8. **Invest in digital transformation across care sectors and service providers to integrate the health dataspace.**

Home and Residential Care

A fundamental principle in Sláintecare is that more care should be delivered in the home, and that people with additional care needs should be facilitated to remain at home for longer. Residential care should continue to exist for those who need and want it. The priority should be to develop homecare and shift care to home- and community-based services. The nature and level of care delivered in the home and in nursing homes must change to facilitate this. Home care is not just for older people, either, and it is an essential component of rehabilitation for all ages.

There is significant unmet need for home support, and demand will only increase as the population ages and grows. Waiting lists for home support increased by 30% from 4,658 people at the end of June 2021 to 6,020 at end of June 2023.[18] There was shortfall of more than 2,500,000 home support hours in 2022. As a result, there were more than 1,600 delayed discharges from hospital in 2022 which were attributable to the shortage of home carers and healthcare assistants. The 2018 Health Service Capacity Review, which was conducted based on lower population growth estimates than transpired, forecasted a minimum 120% increase in demand for home support from 2016 to 2031. This has already been reached and is expected to grow further.

There has been a significant over-reliance on the private sector to provide home care. 62% of home care is delivered by non-HSE provider while only 38% of home support services delivered directly by the HSE. This amounted to over €400m in 2021 being paid to non-HSE providers of home care.

Similarly, the majority of long-term residential nursing home care is delivered by the private and voluntary sectors. There are about 32,000 nursing home beds in Ireland.[19] 84% (26,600) are provided by the private and voluntary sector, with the remaining 16% (5,200) being public. The number of public beds has decreased by 16% since 2014 by 1,000 beds from 6,200. Just 14 large private operators provide 40% of long-term residential care beds.[20] The payment structure and dominance of a small number of operators have been identified as risks to the efficient and cost-effective provision and distribution of services.[21]

Sectoral employment standards are a significant issue for recruitment and retention of workers. The Strategic Workforce Advisory Group on Home Carers and Nursing Home Healthcare Assistants found that a failure to guarantee hours, provide payment for travel and subsistence, the lack of a mandatory living wage or standardised pay grades, and other areas of dispute between workers and employers are the cause of labour shortages in the sector. Some of these issues have been addressed but many are outstanding.

Sinn Féin would reset the balance of investment to increase the share of service provision by the public and community sector. We would prioritise the development of public home care and nursing home services. Working with stakeholders we would develop training opportunities and career prospects for home care workers, encourage advanced skillsets, and develop a greater role for nurses, physiotherapists, and allied health and social care professionals in delivering higher quality care in the home. We would ensure more regular and holistic reviews of the health and care needs of persons receiving home support to ensure that they are in receipt of the type, quality, and intensity of care which they need. We note the progress under the national integrated care programme for older persons (NICPOP) and support the continued development of the programme. We would ensure that supports for healthy aging at home are increased to support us retain our independence as we age.

Sinn Féin has proposed a sectoral industrial relations solution to provide a basic floor with the sufficient stability and progression to attract and retain workers in the home care and nursing home sectors. This

18 PQ 35081/23.

19 Nursing Homes Ireland, (2023), Challenges for Nursing Homes in the Provision of Older Persons Care: Private and Voluntary Nursing Home Sector, p. 16.

20 Long-term residential care in Ireland: Developments since the onset of the COVID-19 pandemic | ESRI

21 Changes and challenges facing the Irish long-term residential care sector since COVID-19 | ESRI

could take the form of an Employment Regulation Order. Additional public funding should be linked to the promotion of better terms and conditions for the workforce in the sector and only for the portion of services which are provided on behalf of the State. We would modernise the tendering and funding model for providers of home care for people with disabilities to improve availability and quality. We would ensure a level playing field, high care standards, and fair remuneration for workers. Safe staffing and skills mix arrangements must be in place to ensure appropriate professional diversity and recognise differing levels care. Any solution for the sector should take into account the valuable contribution of part-time home care and health care assistants.

Sinn Féin would expedite the Health (Amendment) (Licensing of Professional Home Support Providers) Bill and new regulations for providers of home support services. We would implement the recommendations of the Strategic Workforce Advisory Group on Home Carers and Nursing Home Healthcare Assistants across recruitment, pay and conditions, barriers to employment, training and professional development, and sectoral reform.

Key Measures

1. **Invest in 1,200 public nursing home and community beds to speed up hospital discharges where appropriate and provide more care in the community,**
2. **Reform the Fair Deal pricing mechanism to support regionally balanced investment,**
3. **Provide more home support through public and community service providers, recognise levels of care, and support career development in home care,**
4. **Make use of surplus residential care capacity for step-down services where it does not interfere with ordinary access,**
5. **Protect local nursing home and convalescence services where there are genuine viability concerns and ensure the HSE can step in as and where appropriate,**
6. **Legislate for access to home support and expedite the Health (Amendment) (Licensing of Professional Home Support Providers) Bill to regulate service providers,**
7. **Develop training opportunities and career prospects for home care workers, encourage advanced skillsets, and develop a greater role for nurses, physiotherapists, and allied health and social care professionals in delivering higher quality care in the home,**
8. **Ensure more regular and holistic reviews of the health and care needs of people needing home support.**

Eye Care

It is estimated that 1-in-5 children will have an eye problem and sight deterioration should be caught as early as possible. Public eye-care in Ireland starts with a school screening. This involves every child aged 5-6 undergoing a vision screening carried out by public health nurses. Children requiring further attention are referred to HSE eye care services where they can face lengthy waits. Access to services is highly variable and many children missed the school screening due to COVID. This means that there is a significant cohort of school children whose vision difficulties may be undiagnosed. Delays in providing glasses to children can negatively affect their development.

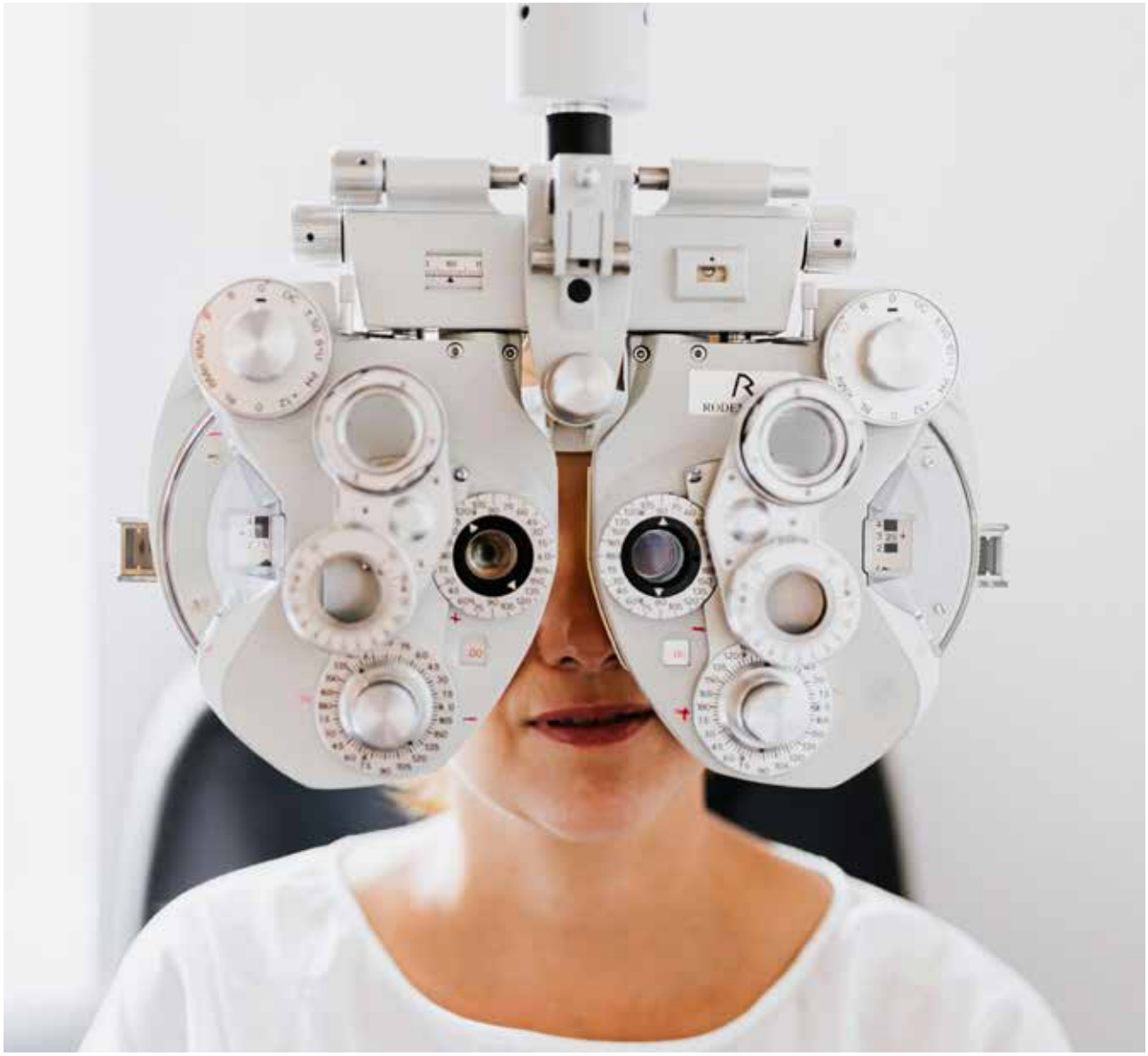
Table 1. Assessment of Eye Care Cover by Community Health Office Area[22]

CHO	Over 8s eye-care scheme in place	Fee Cover	Glasses
1	No	No	€150 allowance available
2	Scheme in place in all areas	Up to €22.51	€51.82 basic allowance and €150 for larger diagnoses
3	In some areas and at certain times, backlogs are sent out to Optometrists.	Up to €22.51	€51.82 allowance available
4	In some areas and at certain times, backlogs are sent out to Optometrists.	Up to €22.51	€51.82 allowance available
5	In some areas and at certain times, backlogs are sent out to Optometrists.	Up to €22.51	Information not available / clear
6	No	No	No
7	Over 8's discharged	No	Local voucher system in place
8	In some areas and at certain times, backlogs are sent out to Optometrists.	No	No
9	Over 8s scheme in place	No	€51.82 basic allowance and €150 for larger diagnoses

State support for access to eye care for children aged 8 to 16 is patchy despite commitments to assist this cohort. This is a critical period for intervention to reduce vision difficulties and eye problems which did not emerge at a younger age or which were missed. Some Community Health Organisations have introduced an 'Over-8's community ophthalmic scheme.' This unstandardised approach has resulted in a postcode lottery for services, as illustrated in table 1. This data was compiled by Optometry Ireland from CHOs which responded to their queries and by surveying the experiences of Optometry Ireland members in each CHO which did not. Access to care should be standardised as part of reforms from CHOs to Health Regions.

There are significant waiting lists for eye surgery, such as for cataracts. In part this is due to a poor use

22 Compiled by Optometry Ireland.

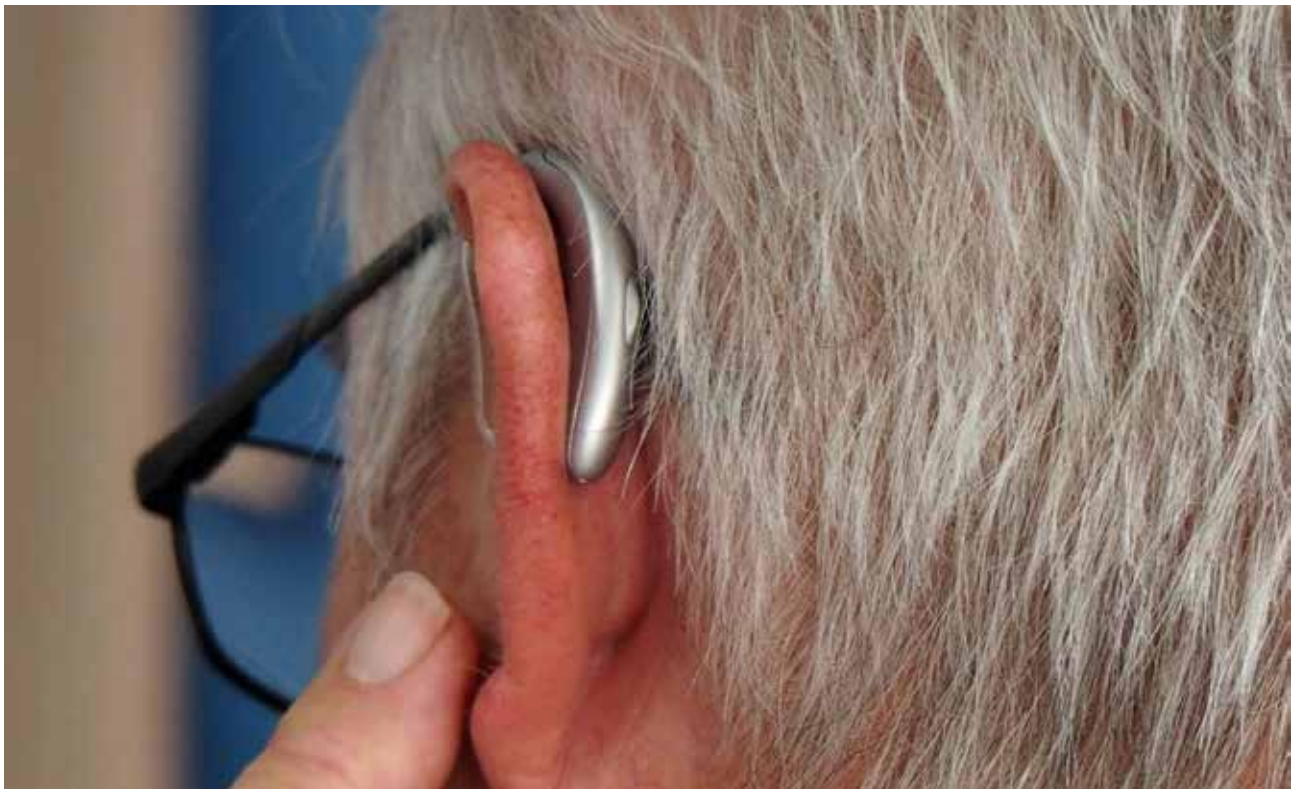


of resources. The HSE has recognised that a significant amount of eye care which is currently delivered in hospitals could be delivered in the community and in primary care. This could free up capacity for specialist diagnostics and treatments. The National Clinical Programme for Ophthalmology and the Primary Care Eye Services Review Group were established to develop and implement the new model of care. Bespoke arrangements for post-cataract care in the community by optometrists have helped to improve cataract waiting lists in Sligo and Letterkenny.

Sinn Féin is proposing a functional and standardised eye care programme to cover children and to improve the availability of care through optometrists. We would invest in early intervention through primary care optometry for the benefit of children's lifelong development. We would leverage all ready capacity to reorient care and reduce waiting lists.

Key Measures

1. **Improve access to eye care for children including a standardised 0-16 eye care scheme,**
2. **Expand access to community eye care services for qualifying public patients.**



A National Hearing Plan

There are more than 300,000 adults in Ireland with acquired hearing loss.23 According to Chime, the National Charity for Deafness and Hearing Loss, the vast majority of people with hearing loss or deterioration do not seek intervention or a hearing test. The Irish Longitudinal Study on Ageing (TILDA) has found as few as only one-in-five older people with hearing loss have hearing aids while it has been reported that we prescribe hearing aids at less than half the rate of the UK per head of population.24 Untreated hearing loss is a contributor to dementia and depression, with as many as 50,000 older people affected by hearing loss-related depression. It can also contribute to physical injury and avoidable ill-health.

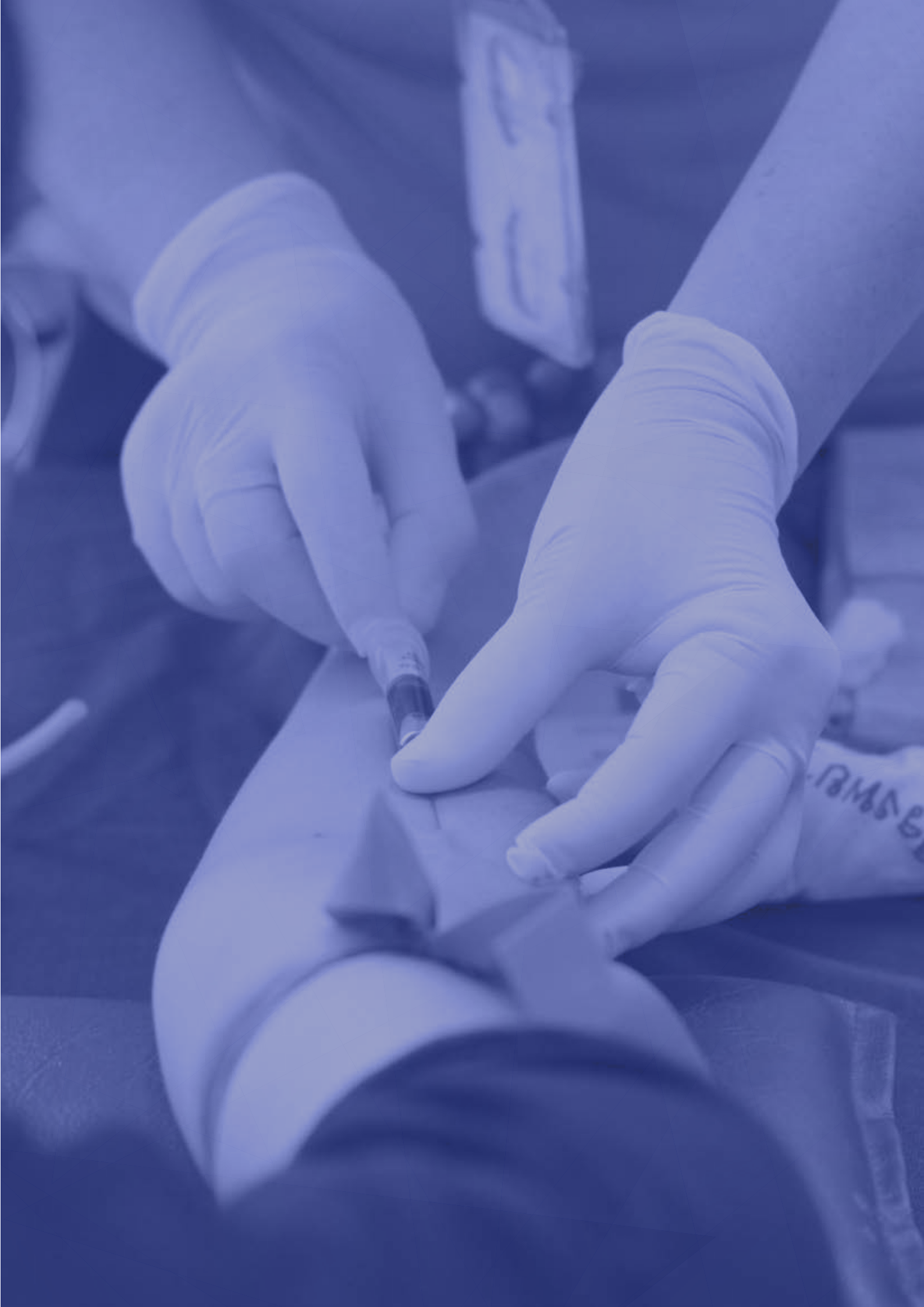
The HSE provides approximately 20% of hearing aids to children and adults while 80% is provided through the private sector. Approximately 50% of people avail of the PRSI hearing aid grant while 30% pay the full cost of hearing aids.

We are proposing to develop a national hearing plan to ensure that people receive appropriate hearing supports throughout their lives. This is part of our commitment to taking practical and cost-effective measures which can improve people's quality of lives and reduce accidents and hospitalisations.

Key Measures

1. **Develop and implement a national hearing plan in conjunction with health care professionals to address untreated hear loss and establish the extent of unmet need,**
2. **Reduce HSE audiology waiting lists through the development of new and sustainable services and deliver consistent performance across the State.**

23 Chime, (2022), Hearing Loss Survey (chime.ie).
24 Chime, (2020), A Fair Deal for Deaf and Hard of Hearing People (chime.ie).



CARING FOR COMMUNITIES

Sinn Féin's Plan to Improve Local GP and Health Services

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