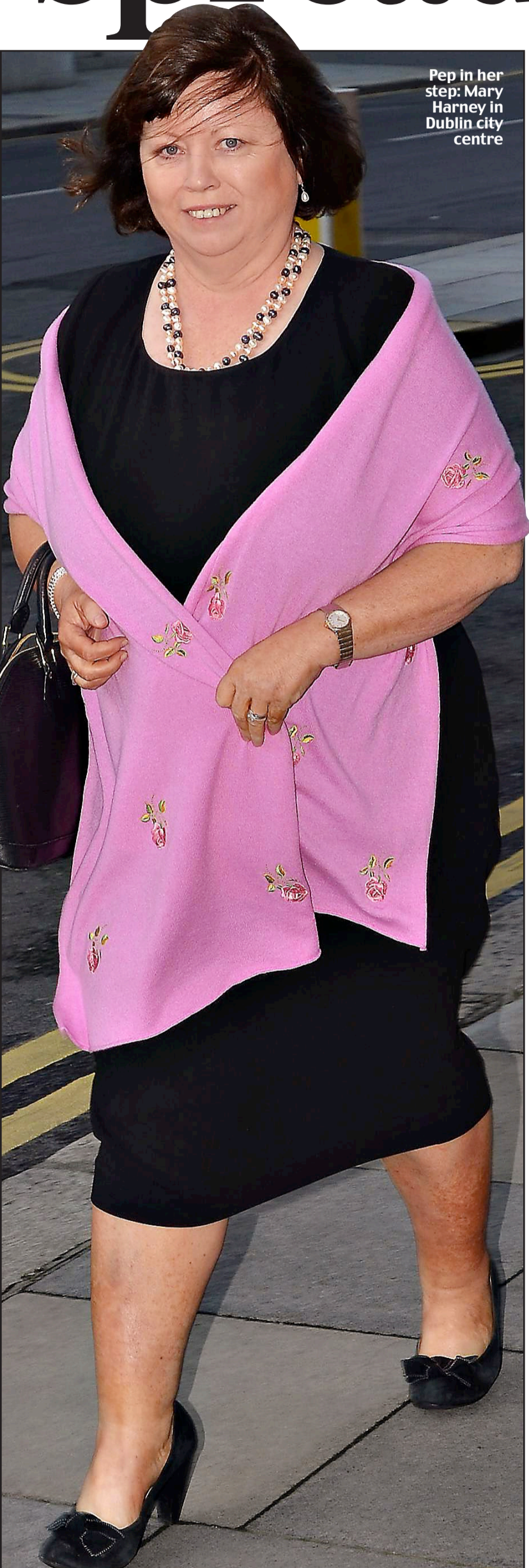


spreads to wards



Pep in her step: Mary Harney in Dublin city centre

COMMENTARY



by Sara Burke

MANY people are afraid to take family members in need of urgent care to hospital because of the inhumane, unsafe overcrowding in many emergency departments. Necessary elective surgery is regularly being cancelled, leaving people suffering and getting sicker.

Totally inadequate community and primary care services are pushing people into hospitals. At the same time, hospital managers are closing beds to save money. Bad planning and a recruitment freeze have led to critical shortage of staff. Some 1,100 older people are languishing on a waiting list for nursing home beds.

All of these factors are contributing to the perfect storm for Health Minister James Reilly.

He came to office just six months ago with great ambition, most notably free GP care for all by 2016 and a universal health insurance model where access to care is based on need, not ability to pay.

Before the minister even tries to deliver these well-intended and much-needed promises, many obstacles lie in his way.

He has promised there will never again be 495 people on trolleys in emergency departments, that the longest waits for planned elective care will be cut by next year, that there will be greater accountability and transparency in the system, and that he would abolish the HSE.

On Morning Ireland yesterday he said that the problems in emergency departments were largely an organisational management issue and he would make sure they are tackled.

His new 'special delivery unit' in the Department of Health is meant to be the engine room for achieving his long-term objectives of a universal health system, free at the point of delivery – but also of getting rid of hospital trolleys and long waits for often essential hospital treatment and surgery.

Yet the HSE is trying to give more

PERVERSE PERKS RIDDLE THE HEALTH SERVICE. FIGHT THESE TO START

care to a growing, ageing population, with less money and fewer staff.

About 5,000 workers have been taken out of the public health system in the past six months and hundreds of beds and dozens of wards have been closed to save money. The health budget has also been slashed in the past 18 months.

THERE comes a point where it is just not possible to provide good quality, accessible care to those who need it without radically changing the way health care is organised and funded.

That moment has come.

Central to achieving that change is the 105,000 HSE staff still in place. Getting hospital managers to organise their own backyard will help, but only in the short term. Getting rid of the perverse incentives that riddle the health system would be a good start.

Patients are encouraged to use under-developed primary and community services, yet those services

are free in the hospital but come with a cost in the community, so people opt with their ever-decreasing purses and go to the hospital for care.

It's at least five times cheaper to have someone in a nursing home bed than a hospital bed, yet the fund for nursing home beds has run out of money, while over 800 hospital beds are occupied by people who should be in nursing homes.

Repairing the inherent structural defaults in the health system is no easy task. But these must be addressed if the chronic day-to-day problems in our dysfunctional health system are to be overcome. The minister has promised that he will solve the trolley problem and shorten patients' waiting time for hospital admission. If he is going to deliver on those promises, as we head into another winter, he has to act now.

Sara Burke is a journalist and a health policy analyst. She has a weekly slot on Thursdays on RTÉ Radio 1's Drivetime with Mary Wilson programme. www.saraburke.com

An inspector calls... how the HIQA keeps our health care system safe

By Leah McDonald

THE Health Information and Quality Authority was established in 2007 by the Government to 'applaud good practices and remedy the bad' and to oversee the forensic assessment of standards across the health service.

At the time, health minister Mary Harney indicated that the agency would pave the way for a 'new culture of patient safety, openness, transparency, learning and accountability'.

HIQA's responsibilities focus on developing health information, promoting and implementing quality assurance programmes and overseeing health technology assessments.

As one of the key reform proposals in the Health Strategy (2001), it was set up to oversee and maintain the safe delivery of patient services and to ensure standards of care.

The authority is also responsible for inspecting social services and for the running of the national cancer regis-

try and the health service accreditation board.

Services for the elderly and residential care, currently inspected by the social services inspectorate or by the HSE, now come under the auspices of the HIQA, with inspectorate staff joining the body.

The final element of HIQA is to assess the efficacy and appropriateness of drugs and medical devices.

The authority carries out health technology assessments and was integral in the introduction of the cervical cancer vaccine scheme and the colorectal screening programme nationwide.

The health authority also has the power to suspend or close a health service provider.

Since its inception, the HIQA has ordered the closure of two foster homes operated by the HSE in Dublin

after an inspection highlighted unsafe practices and inadequate conditions.

The HIQA's biggest impact has been felt across the nursing-home sector, where it has shut down a number of facilities after exposing inadequacies in patient care.

In May, the HIQA signalled that it could start inspecting and regulating GP practices when the long-awaited licensing system for all health services in the State, both public and private, is introduced.

The public can also file complaints to the HIQA, which will examine them and carry out any investigations necessary.

It also conducts regular hygiene inspections at hospitals to ensure safety standards are maintained.

The HIQA employs 173 staff and had a budget of €16.3million last year, an increase of more than €3million on 2009.