

HEALTHCARE POLICY

SUMMARY

** For a National Health Service that treats people according to medical need and not the size of their wallet -- For better Health by Effective Funding and Access to Healthcare*

** For Reducing Health and Wealth Inequalities by Wealth Redistribution and Health Promotion Plans*

** For Building Resistance to Cuts and Privatisation in Health Care -- For Cuts in Profits not Cuts in Healthcare*

** For Community Health Councils and Community Health Plans -- For Open Local Democracy not Political and Corporate Corruption*

** For Government Responsibility Nationally and Community Participation Locally*

People Before Profit's Healthcare Policy

Healthcare For People NOT Profit

Health is a basic but crucial concern for everyone. Health Care and Welfare are vital to improving our health as a population. Key to this is spending money wisely on Welfare and Health Care rather than on paperwork or profits. Inequality hurts people at every level not just the most vulnerable. As a result, progressive taxation, taxing the rich at a higher rate, can help improve services and reduce inequality in wealth and therefore improve all our Health. Profit-based systems cost more and provide less quality care.

It has been the strategy of Fine Gael-Labour, and the Fianna Fáil-Greens before them, to avoid taking on the issue of inequality in health and wealth. They do this by cuts to funding the public service, particularly staff numbers, and then when faced with the inevitable increases in waiting lists and trolleys they say how awful the service is. The private sector benefits massively from this as they mop up the unemployed and resigning health workers, and patients seek out private options. This strategy has intensified due to the government austerity policies of the last 8 years. Health has been targeted for vicious cuts in staff and facilities but also as a source for profiteering by Private Hospitals, Nursing Homes as well as Health Insurance and Drug companies with their outrageous price hikes. Fine Gael Health Minister Leo Varadkar has behaved like an insurance salesman, using the threat of higher premia later in life to scare people into buying Private Health Insurance. He has allowed the HSE to deteriorate into a chaotic mess, dominated by cynical officials who treat their frontline staff and patients with contempt.

In 2015 increasing waiting times for hospital treatments and a new crisis of trolleys in A&E showed the long-term problems of hospital capacity for beds and staff on wards, and the funding of the Irish health service. Leo Varadkar's answer is to pretend to be an onlooker, saying the Health Service needs more funding, while Varadkar's support for the Private sector - for-profit Health Insurance, Private Hospitals and Private Nursing Homes - shows Fine Gael-Labour's real plan.

People Before Profit strongly supports Universal Health Care through the formation of a National Health Service but Fine Gael-Labour's plan, called 'Universal Health Insurance' (UHI), instead means private for-profit Health Insurance would be universal rather than Health Care. The World Health Organisation emphasises that for care to be fully 'Universal' it needs to be available to everyone and cover all the cost of Health services (including medication, dentistry, hearing and vision, psychotherapy, physiotherapy and so on). But, under UHI, costs would go up and quality of healthcare would go down for all but the richest elite.

Even with government support, privatisation efforts have failed to deliver. Government policy since the 2001 'Health Strategy' was to increase public hospital beds by 3,000 to bring up the total to 15,000 beds. Minister for Health Mary Harney tried to pretend that only 1,000 private 'collocated' beds would do instead, but even these few beds were never achieved by the private sector despite massive state subsidies. Instead the Irish Nurses and Midwives Organisation (INMO) now estimates that 1,700 more acute beds in public hospitals have been closed since 2008 leaving us with somewhere in the region of 10,500 beds. Bringing our hospital bed capacity, at 2.8 beds per thousand people, up to the EU average 4.8 beds per thousand population, would mean a capacity of at least the 18,000 acute hospital beds we had in the 1980s. Increasing the number of beds crucially means employing the staff to care for the people in them.

Market madness has seen VHI increase their subscriptions by more than half. Fear of long waiting lists and unequal access to consultant specialists has pushed half the population to take out private Health Insurance. However, increasing numbers of people are having to give up their health insurance because they lose their job or can't afford to keep up payments for rising insurance premia. An example of this market madness is the manner in which consultants draw a huge salary from both public and private practices. Hospital Consultants doing private practice are already on a salary of over €150,000 a year, but the average consultant gets the same again in fees, most of which are earned in public hospitals. That is over €300 million a year wasted on 'double pay'.

But it is the whole 'two-tier' system that needs to be urgently changed.

Fine Gael's proposal to force everyone into a for-profit Private Health Insurance market, so-called 'Universal Health Insurance', would be a disaster exceeding even Irish Water in scale. Costs would skyrocket through billing, marketing, profits, legal and accounting fees and massive executive salaries and bonuses as well as the duplication and distortion caused by organising care on the basis of money rather than medical need. In the U.S. the health service has gone furthest down the road of for-profit care controlled by private health insurance companies and private hospitals, but this means it is also the most expensive and one of the worst-rated health services in the developed world. The best rated services for costs and outcomes are the publicly funded health services, especially those tax-funded like the NHS in the UK, which is also threatened by privatisation from the right-wing Tory government there and the Thatcherite Labour governments before them.

Fine Gael-Labour here promised in 2011 to publish the details of their privatisation plans for UHI but after 5 years in government have failed to even say what services would be provided under UHI or how much the Insurance premia would cost. Promised free GP care has not materialised except for the under-6s and over-70s. Primary Care Centres are being built at a miserable rate of less than 10 a year. Instead of keeping their promises the government has savagely cut staff numbers in the Health Service by 10% especially its most experienced staff. This is devastating the services available and driving up waiting lists for care.

Leo Varadkar is continuing to implement the core Fine Gael plan to run down the HSE until it is in such disarray that they can hand it over to private for-profit Health Insurers as a rescue remedy. The promised single-tier health service with free GP and Hospital care has not materialised because the government support the more expensive for-profit care in the private sector.

Instead of markets, truly **Universal Health Care** needs democratically elected Community Health Councils to ensure profiteering or political corruption do not get in the way of a well-planned '**National Health Service**' in Ireland.

People Before Profit proposes the following:

1. A National Health Service that is Universal, Comprehensive, Democratically planned, funded by progressive taxation and Free at the point of use. No to privatisation which puts profits before people.
2. No to cuts and privatisation. No more hospital closures, service reductions or staff cuts. Reopen closed wards and increase bed capacity to 18,000 beds nationally. Reopen Accident and Emergency units and Hospitals that have been closed during the recession. Small towns and rural areas have been

hit hard by closures, increasing travel times and putting patients at risk. More ambulances and air ambulances are required to reduce transit times in emergencies. Guarantee response to medical emergencies by ambulance within 12 minutes and transit time to emergency healthcare to be less than one hour in total. Restore staff lost in cuts and increase health staffing to at least EU average levels. Good health services require proper treatment of patients and staff. End 'outsourcing' of frontline health service jobs, such as catering, cleaning and security, as outsourcing is wasteful and dangerous. Permanent, pensionable jobs provide secure employment and halt the exodus of qualified Health staff.

3. To Fund the Health Service: Progressive taxation to fund Universal Health Care in the health service and reduce health and wealth inequalities, improving everyone's health. For-profit care has proven to be less effective and more expensive. Fine Gael-Labour lie when they say that Universal Health Care is too expensive to introduce immediately: It is less expensive than what we already have. UHI should be cancelled and we should develop a genuine Universal Health Care system.

Cut profiteering in healthcare: Cut private healthcare and Drug company profits by taxation earmarked for health care. Cut profiteering in drug costs by achieving EU average 80% generic prescribing and refusing to pay more than the cost of drugs in equivalent countries such as Spain or New Zealand. Any money saved by cutting waste such as the duplication and profits of private medicine to be earmarked for reinvestment in the health service. To retain staff, all new entrants including trainee doctors and Nurses should be offered permanent pensionable contracts and provided with quality training and continuing education programmes. Consultants should not be allowed to earn both a public salary and a private income from fees.

Abolish prescription charges and all other out-of-pocket payments such as hospital charges. Charging people when they are sick is the least effective form of funding a health service and can even cause people to avoid attending services altogether to the detriment of their health. Re-establish medical card cover for nutritional supplements and alternatives such as gluten-free foods.

4. Establish 500 Primary Care Teams (PCTs), and the Primary Care Centres to house them: one PCT for every 8-10,000 people, with services free at the point of use and networked with hospitals and other health services. Complete all Primary Care Centres within 5 years. Employ a full range of health staff in Health Centres: Psychologists, Physiotherapists, Social Workers, Counsellors, General Practitioners (GPs), Nurses, Occupational Therapists (OTs), Speech and Language Therapists, Dentists, Opticians and Pharmacists. End capitation and offer all primary care staff, including GPs, a permanent, pensionable job in a National Health Service. Developing community involvement can be facilitated through employing a network of Community Development Health Workers based in community projects and family resource centres which are linked to their local PCTs. In addition community food initiatives which were established under Safefood to address food poverty and education around food in Northern Ireland and the Republic should be properly funded and supported in local communities.

5. Hospital Groups and local closures: Stop the covert implementation of the Hanly report through the introduction of 'Hospital Groups'. Hospitals should be networked with all other health services including primary care and not cut off in their own disconnected 'hospital group'. Proposals for 'improvement' in services should be approved democratically by Community Health Councils drawn from the local communities and services affected, informed by all the best options for improving care. To deal with oversupply of lower quality care in the private sector, any useful Private facilities could be incorporated into the public system by nationalising them. The drive for profits in Nursing Homes is undermining standards of staffing numbers and training.

6. Improve care and respect for elderly people in an aging population. Throw out the 'Fair Deal' and plan for an aging population with a full range of services: proper free State nursing home care, sheltered accommodation/retirement villages, house adaptations, home care, community services and respite for carers. Reverse the cuts and increase the Carer's allowance.

7. Increase funding for Mental Health and Disability Services. Mental Health funding should be increased to at least 12 percent of the health budget. Improve access to alternatives such as social support, OT and Psychotherapy to reduce the over-reliance on multiple drug prescription and coercion in Mental Health Care. Treatment of drug dependency and mental health should be more closely integrated, with promotion of non-drug options for personal and social problems. Improve funding for services and facilities for assisting safe withdrawal and longer-term rehabilitation in patients with long-term use of psychoactive drugs including prescription drugs. Funding for Disability Services should be increased and be rights-based.

Improve access for children to prompt, good quality mental health and developmental assessments and therapies by properly staffing Primary and Secondary Care Mental Health and Disability Teams to age 18 and ensuring Tusla child welfare services are adequately staffed and supported with childcare facilities. Child Mental Health should receive at least 25% of the Mental Health budget. Ensure 24-hour access to emergency beds in children's wards in mental health emergencies. Support for parental welfare and mental health improves children's welfare and mental health. Improve liaison with and availability of school supports including small class sizes, Resource Teachers, SNAs and NEPS psychologists.

In Mental Health care emphasise preventive measures such as increased welfare spending, especially on income support, child care, social care, jobs and housing to reduce mental health problems including substance abuse and suicide.

8. Improve cancer care including screening, access to diagnostic tests, radiotherapy/chemo close to home and facilitate transport to regional centres as required.

9. End the exclusion of vulnerable groups from services. Allow decisions on end-of-life care and crisis pregnancy to be based on patient consent and autonomy and not on coercion. Repeal the eighth amendment. Provide the full range of reproductive health services, including abortion services, in primary care centres as well as hospitals, and license the medicines required. Health professionals should be able to advise on the evidence base for decisions in health care but responsibility for the final decision should always be held by the relevant patient.

10. Prioritise preventive medicine/health-promotion and target poverty and inequality as key factors in improving community health and social well-being. Establish an independent Health Promotion Agency to research and advise on Public Health Promotion, local and national priorities for health service development and practical proposals for reducing Wealth and Health Inequalities. Health inequality is linked to income and wealth inequality. We can, therefore, improve everyone's health through a general policy of wealth redistribution. All legislation should be 'health-proofed' by this Health Promotion Agency to estimate risks and benefits to health.

To address the rising epidemic of illnesses related to obesity and high blood pressure, access to regular opportunities to exercise and to fresh, affordable, high-quality, locally-sourced food should be subsidised to improve our population health. Food should be adequately labelled for contents (for example with the simple 'traffic light' warning system), especially additives, and recommended limits

enforced for additives, especially caffeine, alcohol, sugar, salt and fats. Where possible, food and drug production should be considered for nationalisation. Promotional advertising to increase consumption of food or drugs should be banned and replaced by reliable information on quality of contents. Chemicals added to food, water or air should be more closely regulated and subject to public consultation and control. Improved levels of control in the workplace are proven to improve health and welfare and employees should have more say in decisions regarding work practices, work-life balance, terms and conditions and access to quality food, exercise and safe practices in the workplace.

11. End Corruption and Improve Service Planning: Root out corruption in healthcare delivery by improving national government accountability and local democratic control. Abolish Hospital Groups and replace the HSE Board with elected, local Community Health Councils for the democratic planning of local health services. Ensure democratic representation by user groups and non-management health workers and the support of an independent Health Promotion Agency. The Department of Health to be the body accountable for the effective and efficient coordination of health services

Principles of a National Health Service:

- Universal Health Care

The health service should be 'universal' covering everybody and 'comprehensive' covering all their health needs (including drug costs, psychotherapy, physio and other therapies and care for teeth, eyes, end-of-life care and reproductive health). 'Universal' means little without care also being 'comprehensive'.

- Funded through progressive taxation and free at the point of use

'Progressive taxation' is a fairer and more efficient way of funding healthcare. It means the more your income the higher the rate of tax you pay. Insurance is regressive (flat rate) and causes duplication waste and leads to unequal coverage. Direct charges for use is regressive and discourages the less wealthy to avoid using necessary services.

- Democratically Planned

Services need to plan ahead based on knowledge of the local population and their health needs. 'Money should follow the patient' ignores the fact that money doesn't put services in place unless they are planned ahead. Money should 'go ahead of the patient' instead. Democratic control by the local community and frontline workers is necessary to ensure healthcare (rather than profit or political careers) remains the priority. We need democratically elected Community Health Councils and an Independent Agency of Public Health Promotion working with a responsible and accountable Dept of Health to coordinate an effective and efficient Health Service.

Further Reading:

1. O'Grady P (2012): *Economic Crisis: Austerity and Privatisation in Health Care in Ireland*.

<http://www.irishmarxistreview.net/index.php/imr/article/view/25>

2. Wilkinson, Richard and Kate Pickett (2010) *The Spirit Level; Why Equality is Better for Everyone*, Penguin. <https://www.equalitytrust.org.uk/spirit-level>

3. *A Framework for Implementation of Community Participation in Primary Health Care*
http://www.ul.ie/gems/sites/default/files//docs/Framework%20for%20Implementation%20of%20Community%20Participation%20in%20Primary%20Healthcare_0.pdf.