Health Services - North and South

Paul Gosling

Health services – North and South

Ireland's health systems are in crisis – in the North and in the South. The crises are different, but in both cases they are so serious that nothing short of radical surgery will fix them. This was the case prior to Covid, but even more so since the onset of the pandemic.

Plans are in place both North and South to fix the problems. But neither of the two reform programmes is progressing at the necessary pace. Moreover, there is an argument to say that neither reform plan is perhaps sufficient to resolve the underlying difficulties. And what is certainly true, politicians in both jurisdictions are displaying inadequate determination to get on with the jobs of radical reform.

The North's crisis

The scale of the crisis in the North's NHS was graphically described in the first report of the new Pivotal think-tank. This highlighted the length of the waiting lists and waiting times, which were well known by those within the system but had previously not hit the media headlines.

This is the description provided by Pivotal:

"The challenges facing health and social care are well documented. The last government agreed with the need for radical change, as envisioned by various experts, yet progress has been slow. As our population ages, and more people live with long-term needs, demand for services goes up. Ever-increasing and unsustainable spending would be needed simply for provision to stand still.

"The system faces a growing financial crisis, while waiting lists are unacceptable and keep getting longer. In March this year [2019], there were 1,154 people waiting over a year for planned care in England. In Wales that number was 4,176. In Northern Ireland, it was 120,201. These issues are shocking, but they are merely symptoms of the real problem: outmoded structures. Year by year, quick fixes are applied when what is needed is transformation. The need for change is widely recognised. The key principles of that change are also accepted and have been set out in various official papers, including the Bengoa report: shifting care out of hospital; more work on prevention and early intervention; support for people to live independently; and rationalisation of acute services.

"Without tough decisions on the reconfiguration of services, the effectiveness of

our health and social care system will continue to decline. Staffing problems are growing at many levels of clinical care, such as GP surgeries and in various nursing sectors. Government must communicate the need for change to the public and show leadership by making tough choices.

"Local waiting lists continue to grow – despite our small population, far more people have very long waits for treatment than in other parts of the UK. The number of people in Northern Ireland waiting more than a year for planned care is enormous compared with England and Wales.

"One in five adults experience a mental health problem at any given time. Only 5% of the health budget is set aside for mental health. Northern Ireland has the highest rates of poor mental health in the UK, but devotes a small fraction of health spending to the issue.

"The difficulties faced by our health service are not only at the broadest level. There are several ongoing policy vacuums; Northern Ireland has no up-to-date mental health strategy [since published, in 2021] or cancer strategy [which has since been drafted, but not yet finalised]. Many specific sectors have been long neglected or are in crisis.

"Examples include: mental health Northern Ireland spends just 5% of its total health budget on mental health, which is less than half of the proportion allocated in England, despite estimates of local mental health problems being 25% higher than in England. The system is creaking, including in child and adolescent mental health services. Under-funding is clearly an issue but reform is also needed - on increased support for early intervention and prevention, on responsive and informed primary care, on updated facilities, and on a consistent and skilled workforce. Improving services is vital not only for our health and wellbeing but also because of the knock-on effects of poor mental health on education, employment and justice issues.

"Northern Ireland is growing older. Our current median age is set to rise from 39 to 44 in 2043. This alters the demands placed on health and social care. Our structures must adapt.

"Between 2018 and 2043, the numbers of people aged over 65 and over 85 are projected to rise by 56.2% and 106.4% respectively. Over the same period, the overall population will rise by only 5.7%. Our social care is already stretched and there is no plan in place to meet the future needs of our ageing population. Moreover, the impacts on all other aspects of the health system are immense. Good social care helps people manage their own health, reducing demand for acute services. A lack of suitable social care provision can cause bed blocking which leads to delays in other hospital treatments and costs huge amounts of money.

"In 2017, 136 people died in Northern Ireland due to drugs, a 60% rise compared with a decade earlier, while the number of deaths due to alcohol was 303 – the highest number on record. Support is fractured and ill-equipped to deal with a complex problem that has varying root causes. Meantime the impact of addiction on families and communities continues to deepen."

The situation is significantly worse since the Pivotal report was published in November 2019. The most recent figures published in September 2021 recorded that there are now over 188,000 patients waiting more than a year on waiting lists for their first outpatient appointment.

It is important to recognise the significance of the waiting list and waiting time figures. Firstly, long waiting times substantially increase the risks of early death and long term disability caused by late diagnosis. Secondly, patients are suffering real distress and pain because of the lack of capacity in the system.

In addition, there is an economic cost to the long waiting times. Patients unable to access treatment such as surgery are likely to be either off work or unavailable for work. This is reflected in Northern Ireland's labour market statistics, which show a higher percentage of the population are economically inactive than in the rest of the UK. Health incapacity and disability are one of the main factors in this.

The South's system

Ireland has a mixed private and public healthcare system. Private insurance is taken out by four out of ten people in the state. Some 32% of the population have access to publicly funded health care, in which they do not have to pay any fees. A visit to a GP costs €40 to €60 and a visit to accident and emergency costs €100, unless it is a referral from a GP (when it is free).[1] These fees are above the average for an advanced economy.[2] There are 45 public hospitals and 19 private hospitals.[3]

"Ireland does not offer universal entitlement to public health care. The population is divided into two main entitlement categories: category I – those who qualify for medical cards (32 % of the population in 2021) and category II – those without medical cards.

"Category I medical cardholders are primarily determined on the basis of income through means testing. A small number of people obtain discretionary medical cards on the basis of 'undue hardship', no matter their income. People with medical cards have access to free primary and hospital care and minimum dental care without charge. They do, however, pay a prescription charge or levy of €1.50 per item (€1.00 for people over 70), up to a maximum of €15 (€10 for people over 70) per month per capita or family. Asylum seekers

are entitled to the same range of health services as category I card holders.

"Two other schemes provide additional benefits. One is a 'GP visit card', which covers GP charges but not medicines for all children under 6, adults over 70 and some people on low incomes: the income threshold to obtain it is higher than the medical card threshold. As of 2021, around 10% of the population had GP visit cards. The second is the Long-Term Illness Scheme, which provides free medicines and appliances for people living with certain chronic conditions, regardless of income."[4]

While the Irish system has serious challenges and problems, the system has good results compared to other European countries. "People in Ireland lead longer and healthier lives than most other Europeans, although behavioural risk factors, including smoking and obesity, remain important public health concerns. Quality of health care is generally good, but access to services is constrained by costs and waiting times. The COVID-19 pandemic exposed health system weaknesses – in particular a shortage of health workers in the public sector and low intensive care unit capacity in public hospitals. It also revealed some of Ireland's strengths in responding to crises, including the ability to develop technological solutions and to mobilise additional funding rapidly for health reform, health workforce and hospital resources."[5]

Inequality in the delivery of healthcare in the Irish Republic is a serious problem, which is a result of the lack of coverage of free access to the system. "Those with a lower social position are more likely to report unmet health care needs, as well as unmet medical examination and treatment needs," argued the Nevin Economic Research Institute in 2018. "When looking at the situation for Ireland as a whole it is clear that cost and waiting lists were the key reasons for unmet health care need, these issues are more problematic for those with lower income and lower levels of education attainment.

State spending on healthcare in Ireland is lower than the EU average. But when public and private expenditure is included, total spending on healthcare is roughly average in the EU. "Per capita health spending in Ireland was €3,513 in 2019 (adjusted for purchasing power), which is close to the EU average. The proportion of expenditure from voluntary health insurance schemes was 14% – the second highest in the EU, and almost three times higher than the EU average (5 %)."[6]

There has been a widespread perception that Ireland spends too little on health as a percentage of the size of its economy. This can be misleading as the structure of Ireland's economy means that the traditional measurement of a country's economy – GDP or Gross Domestic Product – tends to greatly overstate the real size of the economy. Spend per person is therefore a more realistic measure and the EU states that national spending is broadly in line with other EU nations, when state and personal spending are taken into account.

Ireland has performed better than the EU average in terms of Covid response. While it was slower than the UK in vaccination roll-out – as was most of the EU – it has subsequently caught up and has a higher vaccination take-up than the UK.

Like Northern Ireland, the Republic has a serious problem with waiting lists and waiting times. Almost 200,000 patients had waited more than 18 months for an initial outpatient appointment, as at September 2021. Almost a million people were waiting for an initial appointment.

Comparisons

Simple comparisons between the two systems' performance is not possible, because of the differences between the systems. Both have challenges. Given the long waiting lists and waiting times in the North, it would be wrong to conclude that the NHS is either an effective system at present, nor that it is necessarily a better system. In reality, a growing number of people in the North are either paying into private healthcare insurance to protect themselves from long waits, or are else opting into the private system given the lack of access to treatment.

"With regard to the relative strengths of the health systems in Northern Ireland and the Republic of Ireland, this is likely to be a key feature of any border poll debate as it is often claimed by commentators that losing access to the UK National Health Service will be a key factor preventing voters in Northern Ireland from supporting a united Ireland," concluded an academic report.

"However, our analysis suggests that the gap between the Irish and UK health systems has narrowed, presumably as a consequence of much higher levels of per capita health expenditure by the Irish government and the impacts of austerity policies in the UK. We find that the Irish system does have more up-front charges; however, it also contains balances to ensure that healthcare remains free at the point of use for the most vulnerable in society.

"Using data from the OECD Healthcare at a Glance report, we show hospital care coverage is substantially superior in the UK, while Ireland has somewhat higher rates of doctors, nurses, hospital beds and hospital discharges per 10,000 population. Both health systems appear to be outlying poor performers among OECD countries in terms of acute care bed occupancy rates, indicating that neither health service has enough spare capacity to deal with seasonal fluctuations in demand. A high acute bed occupancy rate is also consistent with ineffective processes for moving patients efficiently through the hospital system, which also points towards serious shortfalls in social care provision within both health systems." [7]

There is also a mental health crisis in both jurisdictions – though again statistics should be treated with care. It has been claimed that many of the deaths in the North counted as suicide may actually be the result of accidental drug overdoses.

However, the Suicide Statistics Report from Samaritans provide the details of the crisis in Northern Ireland and places it in context with the situation in the Republic. For men, there are 28 suicides per 100,000 population in Northern Ireland, compared to 15.9 in England and 11.7 in the Republic. For women the rates are 9.5 per 100,000 in Northern Ireland, compared to 4.9 in England and 2.9 in the Republic. There is very strong evidence for the need to reform the levels of support in Northern Ireland, requiring more support and greater use of counselling and talking therapies.[8]

It is also worth noting that as a result of Brexit, citizens in Northern Ireland have lost free access to the healthcare systems of EU26 nations as a solution to long waiting times. Citizens in the South continue to have access to other countries' health care systems to reduce waiting times for treatment. At present, there is a system in the North by which patients can use health care in the South to reduce waiting times, but the continuation of that scheme is not guaranteed.

In addition, the North's citizens have lost access to the European Health Insurance Card (EHIC), which has partially been replaced by UK Global Health Insurance Card.[9] Irish citizens in the North have been promised by the Irish government that they will continue to have access to EU healthcare via EHICs.[10]

Solutions – the North

Professor Rafael Bengoa was commissioned to chair an expert panel to evaluate the Northern Ireland healthcare system and propose reforms. It was motivated by two core factors – the system was not delivery the quality of care or speed of outcomes required, while also being financial unsustainable. Moreover, the nature of demographic change to the population meant that reform was not only necessary, but also urgent.

The Bengoa report proposed substantial reforms to the NHS system in Northern Ireland, essentially investing in services rather than buildings. Too much of the NHS in the North is based in old buildings, too much of it in Belfast, too little is devolved and it has too few staff or investment in specialist services.

"There is a need to move away from hospital centred care to a more integrated model," concluded Bengoa. Commissioning practices should evolve to become more focused on value, but the panel recommended against substantial structural change to the organisation of health and social care. It did, though, advise more co-production in service

design, bringing patients into the centre of arrangements. The panel also proposed more engagement both with patients and staff.

"The Panel has no doubt that Northern Ireland has both the people and the energy to deliver a world class health and care system," concluded the report. "There is no better time to start than now."

That was in 2016, yet most of the recommendations have either not been implemented, or else have not been progressed with the speed and spread that had been proposed. Specifically, the report authors expected greater centralisation of specialised services, leading to either the closure or downgrading of some local hospitals. This has not happened.

Politicians have avoided making the tough decisions, which they expect will be unpopular with electors. Meanwhile, pressures on the health service have increased with Covid, as well as the loss of staff as a result of both Brexit and Covid. The situation has worsened, staffing pressures are much worse, Covid has stretched and demoralised the service and waiting lists and waiting times have lengthened ever further.

Solutions – the South

There has long been a recognition in the Republic that the public health service should be more comprehensive. A review in the Oireachtas in 2017 of the Irish health system recognised the need for change, moving closer to the UK's NHS. It proposed SláinteCare, with implementation to be achieved via a ten year programme. That implementation is significantly behind schedule. Without this being achieved, the personal cost of paying for healthcare is likely to be a major barrier to a 'yes' vote in a border poll.

A committee of the Oireachtas proposed in its SláinteCare report[vi] fundamental reform of healthcare provision in Ireland. The adoption of the committee's recommendations would be the basis for meeting many of the concerns of residents in Northern Ireland in relation to healthcare provision in a reunified Ireland. The committee reported in May 2017 and made far reaching and comprehensive proposals for the reform of healthcare in Ireland.

The starting point for the committee's approach was a recognition of weaknesses in the existing system. These included the severe pressures on the current provision; unacceptable waiting times for public patients; and poor outcomes in relation to the cost of the provision. The committee concluded that there needs to be a universal single tier service in which patients are treated on the basis of health need rather than ability to pay. It also concluded that better health outcomes and value for money can be achieved by re-orientating the model of care towards primary and community care. It proposed a ten

year plan for health service reform, urging a political consensus be formed behind the recommendations.

Healthcare cannot be provided on the cheap and the committee was clear that resource allocation must increase, proposing an additional €233m over the period 2017 to 2027. Charges for healthcare should removed or reduced, including the removal in full of charges for emergency care by year eight. Primary care should be made universal and its services expanded, including through the provision of community-based diagnostics, with more care currently provided by the acute sector transferred to primary care providers. There should be an expansion in the public psychology service.

Other weaknesses in the current provision need to be addressed, said the committee. These include social care, with the provision made available of universal palliative care, additional services for people with disabilities and improved mental healthcare. Dentistry services also need expansion. Private activity in public hospitals was another concern of the report. Reforms need to be backed by new legislation, additional funding, political consensus and structural change, said the committee.

The funding for improved healthcare assumes allocation from Ireland's 'fiscal space' (if there is any after the pandemic). Costs would also need to be met from higher tax revenues. As NERI observes, while many individuals would need to pay more in tax, this will be partially or fully offset for many by lower private insurance premiums.'[viii]

SláinteCare was raised in the most recent Irish general election as an important issue by the Social Democrats, who said that its full implementation would be a 'red line' for their involvement in government. The Irish Labour Party made a similar point, while Sinn Féin and the Greens made clear their commitment to SláinteCare. But there are concerns over the attitude to the reforms from the main two government parties – Fine Gael and Fianna Fáil.[ix] These anxieties have been increased substantially with the resignations of two senior SláinteCare executives, Laura Magahy and Professor Tom Keane in protest at slow progress and perceptions of lack of government commitment to the programme.[11]

Fine Gael has promised to extend free visits to GPs to under 13s, which is a lesser commitment than that made in its manifesto for the 2016 general election. It had entered government in 2016 with a commitment to make GP consultations for all children and youths up to age 18 free during the term of government. However, this promise was not achieved because of budgetary pressures and prioritisation of other policies. Instead, free GP consultations are being extended gradually. They are free for those over 70. It is essential for the SláinteCare programme implementation to be speeded up.

The preceeding Fine Gael government made some progress towards SláinteCare

implementation, with its imposition of new contracts for consultants. Outgoing health minister Simon Harris predicted that SláinteCare reform implementation would be completed ahead of schedule and will be fully in place by 2030.[xi] That has since become even less likely given the impact of Covid.

Cross border co-operation

Even without Irish unity, there are substantial opportunities to improve health service provision and reduce overheads by amalgamating or integrating the two health systems into a single health service, or two complementary services. Examples that have already been implemented include the all-island children's heart surgery unit in Dublin and the cross-border cancer care facility at Derry's Altnagelvin hospital. Ambulances also provide emergency cross-border cover, but this has been put at risk by Brexit and the different rules in relation to medicine regulation.

PG/29.12.2021

[i] https://www.nerinstitute.net/download/pdf/qeo_first_edition_2018_finalcomp.pdf
[ii] https://www.pivotalppf.org/cmsfiles/Publications/Moving-forward-report--web-version.pdf
[iii] https://ec.europa.eu/health/sites/health/files/state/docs/chp_ir_english.pdf
[iv] https://www.bbc.co.uk/news/uk-northern-ireland-47955980
[v] https://media.samaritans.org/documents/SamaritansSuicideStatsReport_2019_Dec19_compressed.pdf
[vi] https://webarchive.oireachtas.ie/parliament/media/committees/futureofhealthcare/oireachtas-committee-on-the-future-of-healthcare-slaintecare-report-300517.pdf
[vii] https://ec.europa.eu/health/sites/health/files/state/docs/chp_ir_english.pdf
[viii] https://www.nerinstitute.net/download/pdf/qeo_first_edition_2018_finalcomp.pdf
[ix] 'Election is first really big political test for SláinteCare', Irish Times, 4 February, 2020
[x] https://www.thejournal.ie/consultants-pay-slaintecare-4940338-Dec2019/
[xi] https://www.irishexaminer.com/breakingnews/ireland/minister-believes-slaintecare-reforms-will-be-completed-before-2030-972849.html

ENDNOTES

1 https://www.irishlifehealth.ie/IrishLifeHealth/media/Irish-life-Health/ilh.pdf

2 https://www.irishtimes.com/opinion/sl%C3%A1intecare-as-much-a-reputational-as-a-quality-of-life-issue-1.4717358

3 https://wise.com/gb/blog/healthcare-system-in-ireland

4 https://ec.europa.eu/health/sites/default/files/state/docs/2021_chp_ir_english.pdf

5 https://ec.europa.eu/health/sites/default/files/state/docs/2021_chp_ir_english.pdf

6 https://ec.europa.eu/health/sites/default/files/state/docs/2021_chp_ir_english.pdf

7 https://www.esri.ie/system/files/publications/OPEA173.pdf

8 https://media.samaritans.org/documents/SamaritansSuicideStatsReport_2019_Dec19_compressed.pdf

9 https://www.gov.uk/global-health-insurance-card

10 https://www.bbc.co.uk/news/uk-northern-ireland-47955980

11 https://www.irishtimes.com/news/health/sl%C3%A1intecare-chairman-resigns-due-to-unhappiness-over-delivery-of-healthcare-reforms-1.4668711

The Future Relationship Conversations project has received support from the Department for Foreign Affairs and Trade through their Reconciliation Fund. Holywell Trust receives core support through the Community Relations Council for Northern Ireland, Derry City & Strabane District Council and the Department for Foreign Affairs and Trade.

Derry City & Strabane District Council
Comhairle Chathair Dhoire & Cheantar an tSratha Báin
Derry Cittie & Stràbane Destrick Council

COMMUNITY RELATIONS COUNCIL
Equity | Diversity | Interdependence

HOLYWELL TRUST

An Roinn Gnóthaí Eachtracha
Department of Foreign Affairs
RECONCILIATION FUND