FÓRSA

Mr Ronan Toomey
Secretary to the Review Group on Private Practice in Public Hospitals
Department of Health
Hawkins House
Dublin 2

7th February 2018

**Re: Independent Review of Private Practice in Public Hospitals**

Dear Mr Toomey,

I am writing to you in response to your letter of 27th December 2017 with regard to the Independent Review of Private Practice in Public Hospitals and welcome the opportunity to make comment as so invited.

**Context**
The role of any trade union is primarily to protect and enhance the interests of workers. It is not to devise strategies on funding of public services and as such a role is clearly within the remit of elected politicians, Government Departments and their agents. Nonetheless, FÓRSA Trade Union welcomes the opportunity to input its views into this review process. We do so in good faith, not only in the context of representation of the workers which we represent, but also in the context of users of the health services, which, inevitably, our members are at some point.

**General**
It is absolutely evident that given the repeated systemic episodes of hospital overcrowding and heavily over-subscribed waiting lists, that the current model of service provision is broken. FÓRSA strongly supports the direction signposted in the Sláintecare Report as a means of creating a universal, accessible, single tier health system, which does not simply favour those who can more readily afford to pay. FÓRSA is also a strong advocate of a health system which is largely founded on strong community health structures which maximise the

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skills and strengths of Health and Social Care Professionals by making direct and crucial interventions in a community care setting, thus alleviating some of the chronic problems of hospital overcrowding which we continuously witness. Funding and contractual obstacles aside, there is no pragmatic functional reason why private practice is carried out within the public hospital system.

**Review Group Themes**

The issue of eligibility, access and equity is relatively straight forward. All citizens, regardless of ability to pay, should have equity of access to a properly functioning public healthcare system within which they can have confidence and which provides for diagnosis and treatment outcomes which can keep pace with the needs for timely and effective treatment of illness. In the consumer driven society we inhabit, one will always have the choice to pay for a product or commodity. Healthcare is no different. However, a model which allows for paying extra for healthcare can in no way be to the detriment of an accessible, effective public health system as described herein.

The type of fair healthcare system envisioned in Sláintecare, will not be achieved without the advent of 3 things:

1. A consultant led public hospital system must be delivered by consultants who are exclusively contracted to the public hospital system (and remunerated accordingly).

2. The introduction of state employed General Practitioners. The issue of access can never be addressed when a citizen must go to a private practice GP to access the public hospital or health system.

3. The discontinuation of the practice whereby hospitals are clustered together into groups based largely on the academic pathways of medics, rather than geographical or demographical parameters, which would in turn enable the creation of a direct synergy between hospital and community care.

There is no doubt that the type of health system outlined in Sláintecare would require massive state investment. So does essential work such as transport infrastructure and many other initiatives designed to create a better quality of life for citizens. If citizens had access to an equitable health system in which they could place trust, the issue of raising funds through taxation would be a much simpler debate. What often happens in the current debate is that a scapegoat is sought to deflect political pressure. The narrative is often portrayed as 'eliminate wastage in the health sector and do more with less'. This easy opt-out narrative

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often lays the blame at the myth that the hospital (and health system) is awash with administrators wasting resources. There is no substantiation to this view. The Irish health system administration statistics are not at odds with other countries, many of whom possess a fair and equitable health system. In fact, many Health and Social Care Professionals and Nurses are drawn away from direct intervention due to a requirement to complete administrative tasks.

The above is a brief synopsis of the FÓRSA view and we would be happy, at any stage to meet with the group to develop these points, as and when required.

Yours sincerely

**Éamonn Donnelly**
**National Secretary – Health and Welfare Division**
**FÓRSA**