

# **Green Party Health Policy**



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## 1. SUMMARY & KEY POINTS

In Ireland the health service often appears to provide services which are based on what is easy to provide, rather than on what patients want or need. We believe in a systematic approach to universal healthcare, built around patient empowerment and preventative methods, supported by information technology, accessed on the basis of medical need, and executed in an economic, equitable and ecological manner.

The Green Party/Comhaontas Glas also believes in promoting health rather than simply treating disease and that sustainable human health is dependent on a healthy ecology. Public policy in areas including: environment, poverty, employment, housing, education, gender equality and planning that allow people to maximise their health together with acceptance of personal responsibility for health is a key aim of the Green Party.

Providing private and public care in our hospitals and primary care practices has resulted in an unfair system where those being paid for by health insurers receive a different level of service than those paid for by the state. Public patients are more likely to have to wait longer for appointments and tests and are likely to meet junior doctors, or specialist nurses rather than consultants. Doctors and hospitals are also incentivised to prioritise paying customers, for whom they are paid on a 'fee for service' basis ahead of those being paid for by the state, for whom they are paid by salary or capitation. This has clear implications on healthcare, and results in different outcomes for each patient group.

The Green Party/Comhaontas Glas believes in a single-tier health system based on need rather than the ability to pay and that the fairest and most progressive way to achieve this is by funding from general taxation. Therefore the Green Party/Comhaontas Glas supports the phasing out of all tax incentives and public sector concessions of any kind for those who purchase or provide private healthcare services and private healthcare insurance. We think it is more appropriate that the resources directed to these areas through tax reliefs and incentives should be directed to sustaining and developing a universal-access publicly-funded system.

### **Key Points in the Green Party/Comhaontas Glas Health Policy**

- We believe in a proper paramedic service, delivered by ambulance staff, which can refer suitable medical problems to community pharmacies, community health drop-in centres, general practices, hospitals or other services as appropriate.
- We support the introduction of a 24 hour triage and health concerns telephone and website service which helps to direct patients into appropriate streams of care.
- We support regional community health drop-in centres and minor injury clinics with extended opening hours, and with a wide range of services including primary healthcare, health education and health promotion programmes.

- We support access to day-programmes and drop-in services in an informal setting for young people.
- We support the development of a bank of locum doctors to provide cover to rural doctors for annual leave, training and unexpected illness.
- We support the reinstatement of the distance codes that reimburse GPs who look after medical card patients in their own homes, and the standardisation of the granting of rural practice allowances. Both of these measures would help rural GPs serve clients in remote locations without having to bear the bulk of the associated costs.
- We support the adoption of the Framework report on the future of small hospitals and the Higgins report on hospital groups along with the Hanly report on medical staffing.
- Reimbursement prices should be paid electronically and based on actual invoiced cost in order to reduce the incentive to consolidate multiple pharmacies, which we believe is at odds with the continual development of quality individualistic care by pharmacists in the community.
- Independent physiotherapy, dietetics and other allied health professionals (AHP) should be an integral part of multidisciplinary teams in acute and community care and should be accessible to all patients, without need for referral.
- We do not believe it is possible to reform the HSE and would favour its dissolution. Instead we favour developing the new Community Health Organisation (CHO) model further and creating a series of commissioning groups to manage hospital groups.
- We support a review of VAT rates on sports equipment and clothing to make both more affordable and accessible, and allow a tax-efficient salary sacrifice (deducted from salary before deduction of taxes - similar to the current bike-to-work scheme) of up to €100 annually (for each family member) for payment of: gym memberships, swimming clubs, active sporting memberships of GAA, soccer, rugby clubs and similar organisations.
- We support an increase in VAT on foods with high sugar / salt content and drinks containing high levels of caffeine or cornstarch derivatives. We believe that such a VAT increase could raise between €3-4 hundred million over the 5 year period of the next government.
- The Green Party/Comhaontas Glas supports much tighter controls on the advertising of fast food, sweets, carbonated drinks and alcohol and a prohibition on providing toys and gifts as incentives to purchase food.
- The Green Party/Comhaontas Glas supports planning restrictions on outlets selling high calorie 'junk-food' and beverages within or adjacent to primary and secondary schools.
- The Green Party/Comhaontas Glas opposes direct or indirect marketing of health care services and supports a prohibition on the growing practice of active marketing of cosmetic surgery and other complex interventions directly to the public.

- The Green Party/Comhaontas Glas opposes any change to EU legislation, which would permit direct marketing to the public of prescription drugs and drugs currently available only from pharmacies.
- The Green Party/Comhaontas Glas favours supporting methods which deal with the causes of addiction and problem behaviour, and the implementation of harm reduction measures that do not divert resources away from the identification and prevention of the root causes of these problems.
- We support minimum pricing on alcohol in retail and licensed premises, plain packaging for tobacco and similar products, a ban on advertising and sponsorship of sports activities and any activities involving young people by alcoholic beverage companies and measures to control the selling of substances which are packaged and labelled for a different purpose, e.g. products sold as bath salts but used by some to ‘get high’.
- We support the development of publicly-funded health care services of the highest quality for parents who wish to give birth at home.
- We believe that cost should not be a barrier to family planning decisions and we support a reduction of VAT on Condoms to 0%, provision of combined oral contraceptives free-of-charge on prescription and reimbursing GPs for the insertion of contraceptive implants and the Mirena Coil®
- We advocate changing the ‘Fair Deal’ scheme away from a fixed annual allocation to one that is demand-led.
- We support increased funding up to a level of €192 million by 2020 to allow provision of 7,000 nursing home beds as recommended by the Prospectus Report
- We support a public information and consultation process around the introduction of an opt-out system of organ donation
- We support legislation to create a public liability scheme similar to the Accident Compensation Corporation (ACC) in New Zealand, which has been very successful in reducing insurance costs for various sectors including the medical/healthcare sector there.
- We believe that all financial units within the health services should provide activity-based costs and budgets, indicating exactly how resources were used, in order to receive funding for their activities.
- We believe that eligibility for free GP visits should be extended to a number of medical conditions on an annual basis over 5 years.
- We believe that those who have the resources should pay nominal charges for all medical services at point-of-use of those services.
- We support the phasing out of all tax relief on payments to private healthcare and private health insurance over a period of five years.
- We believe that all medications should be prescribed by approved international non-proprietary names (generic name) in hospital and in the community unless there is a valid medication safety reason - as validated by the Health Products Regulatory Authority (HPRA) - not to do so.

- We support the introduction of no-fault compensation for failures in healthcare that result in adverse outcomes. Adverse outcomes should be thoroughly investigated and findings published to ensure that lessons are learned and services are improved.
- We support ending the recruitment embargo which has led an increased used of agency staff and a resulting increase in overall staff costs
- We support the development of a comprehensive public health nursing service to support the aims of preventative healthcare.
- We support a more expansive utilisation of Advance Nurse Practitioners, as part of a collaborative process with other advanced grades of professionals, in order to deal with medical staff shortages.



## 2. INTRODUCTION

The Green Party/Comhaontas Glas believes in a systematic approach to health care, built around patient empowerment and disease prevention.

Health is an emotive topic, and our health services are never far from the news, moving from crisis to crisis. There are significant deficiencies in the way health is managed and delivered, from frequent quality issues, to issues of inequitable distribution of resources and opportunities.

While life expectancy and other health indicators are improving in Ireland, this is merely in line with other developed countries.<sup>1</sup> The delivery of a large proportion of our health care services is seen as more than acceptable, and our health professionals are welcomed all over the world, but there are still significant issues such as unacceptable waiting times, patients on trolleys and inadequate staff-to-patient ratios, that urgently need addressing.

Health is an integral part of the Green vision, as a clean and sustainable environment delivers better health, well-being and quality-of-life to our citizens. We recognise that challenges exist in maintaining an ecology that sustains life and that health care must be delivered in an effective, compassionate and caring manner, but this does not mean that health care services should be allowed to be ecologically disruptive.

The Green Party/Comhaontas Glas supports the ‘Health in all Policies’ (HIAP)<sup>2</sup> principle in the European Commission White Paper ‘Together for Health’, which states that all major public policy initiatives, whether regional or local, should explicitly indicate their impact on health through the use of health impact assessments or other appropriate methods.

### 2.1. Vision Statement

The Green Party/Comhaontas Glas believes in a systematic approach to universal healthcare, built around patient empowerment and preventative methods, supported by information technology, accessed on the basis of medical need, and executed in an economic, equitable and ecological manner.

We assert that this is best achieved by prioritising environmental (protecting natural resources) and community approaches to preventing mental and physical health problems, (e.g. obesity) and caring for chronic illness by empowering people and their carers to take control with the support of motivated health care practitioners and efficient and effective management systems at all levels.

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<sup>1</sup> Figure 1.7 Life Expectancy at Birth for Ireland and EU-28, 2002 TO 2011 from Department of Health, Key Trends in Health, Ireland, 2013, Available: [http://www.drugs.ie/resourcesfiles/reports/DOH\\_key\\_trends\\_2013.pdf](http://www.drugs.ie/resourcesfiles/reports/DOH_key_trends_2013.pdf)

<sup>2</sup> Available: [http://europa.eu/legislation\\_summaries/public\\_health/european\\_health\\_strategy/c11579\\_en.htm](http://europa.eu/legislation_summaries/public_health/european_health_strategy/c11579_en.htm)

### 2.1.1. Policy Context

Ireland will spend €12.13 billion on Health and Social Services in 2015.<sup>3</sup> Despite this, over 49,000 patients will wait more than one year for an outpatient appointment, with 7,530 waiting over two years.<sup>4</sup> Morale within the health service is low<sup>5</sup> and there has been a 5,000 decrease in nursing staff since 2009<sup>6</sup> with cuts affecting all frontline and other services.

The Green Party/Comhaontas Glas does not believe health should be used for political point scoring and we will acknowledge positive developments made by the current or previous Governments. In fact, we aim to develop and build on these models. For example, the initial success of the Dept. of Health Special Delivery Unit before it was subsumed into the HSE Acute Services Division shows that targeted, organised and strategic interventions can affect change. We advocate for long-term, successful improvements to health which will accommodate surges in demand as discussed below.

Public policy in Ireland has failed to clearly define the levels of service that are guaranteed and accessible to all. The result is a system of unequal access both geographically and socially, with arbitrary barriers to access and preferential access for those with influence, powerful advocates or leverage through private health insurance. The Green Party/Comhaontas Glas through this policy document seeks to lead a public discussion on this issue as it has done previously in relation to environment and energy policy.

### 2.1.2. Core Health Principles

Public policy in areas including: environment, poverty, employment, housing, education, gender equality and planning that allow people to maximise their health together with acceptance of personal responsibility for health is a key aim of the Green Party.

#### The Right to Health

The Green Party/Comhaontas Glas endorses the view of the World Health Organisation that: “the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.”<sup>7</sup>

#### Healthcare delivered with Compassion

The Green Party/Comhaontas Glas believes that health care should take into consideration a patient’s full range of needs, and that it should be delivered in an environment that promotes healing and care.

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<sup>3</sup> Table 3: Ministerial Vote Group Gross Current Expenditure Ceilings from Budget 2015: PART II Expenditure Allocations 2015-17. Available: <http://www.budget.gov.ie/Budgets/2015/Documents/Part%20II%20Expenditure%20Allocations%202015%20-%202017.pdf>

<sup>4</sup> Health Services Executive (HSE), Corporate Performance Report, January 2015. Available: <http://www.hse.ie/eng/services/publications/corporate/performance-reports/>

<sup>5</sup> Irish Health/Rate My Hospital, 'Health staff morale at all-time low', 2015.

Available: [http://www.ratemyhospital.ie/hosp\\_newsstory.html?from=rmh\\_news&artid=16942](http://www.ratemyhospital.ie/hosp_newsstory.html?from=rmh_news&artid=16942)

<sup>6</sup> Scott, Ann; Kirwan, Marcia; Matthews, Anne; Lehwaldt, Daniela; Morris, Roisin; Staines, Anthony, Report of the Irish RN4CAST Study 2009 - 2011 : A nursing workforce under strain, Apr-2013.

Available: <http://hdl.handle.net/10147/301724>

<sup>7</sup> World Health Organisation, Constitution, 45th Edition, October 2006.

Available: [http://www.who.int/governance/eb/who\\_constitution\\_en.pdf](http://www.who.int/governance/eb/who_constitution_en.pdf)

Health is central to empowering people and communities to achieve what is important to them, allowing them to live more fulfilled lives.

## Equity and Justice in Health

Those who are disadvantaged or marginalised are often less able to take advantage of the opportunities and services available and there is extensive data to show that inequality, more than poverty, is an indicator of poor health outcomes for all strata of society.<sup>8</sup> The Green Party/Comhaontas Glas is committed to equity of outcomes in health as well as to fairness in opportunities and access to health services.

## Valuing diversity

The ‘right to health’ principle reminds us that we must value diversity. People of different cultures and religions may have different visions of health and differing expectations from healthcare services. People of various ethnic backgrounds and countries of origin may differ in their foundations for health, their vulnerability to disease and the acceptability of interventions to promote health. The Green Party/Comhaontas Glas recognises that health policy must welcome and support diversity and ensure that goods and services are offered in a culturally sensitive way. We also recognise that health services, and all public services, influence the life of the community and the country and that no discrimination or prejudice should exist in our health system.

## Personal responsibility for health

Self-reliance and co-operation are founding principles of the Green Party/Comhaontas Glas. Although many of the things that are most important for health are beyond the control of the individual, all citizens have a responsibility to do what they can to protect their own health and the health of others. This is reflected in the overall thrust of this policy. Citizens also have a duty to share the financial and social costs of ensuring that everyone has a fair chance to enjoy the best possible health.

## The patient at the centre of their own health care

The Green Party/Comhaontas Glas believes that a ‘patient-centred’<sup>9</sup> approach to healthcare is consistent with the party’s founding principle that decision making should be made at the lowest possible level. Every effort should be made to ensure that patients and their carers are empowered to make decisions regarding their own health at all levels within the system, and that information systems and care pathways should be redesigned to facilitate the open and transparent transfer of information to those making such decisions.

Structural changes to make healthcare more patient-centred include: legislating for public participation and accountability through reporting, involving local communities in decision making, establishing a

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<sup>8</sup> The Equality Trust, Available: <http://www.equalitytrust.org>

<sup>9</sup> Don Berwick, What ‘Patient-Centred’ should mean: Confessions of an Extremist, Health Affairs 2009, DOI 10.1377/hlthaff.28.4.w555

public body responsible for promoting public participation and establishing an independent patient representative organisation which has the powers to seek redress for patients.<sup>10</sup>

## Evidence-based Health policy

To be effective healthcare professionals should use research evidence along with clinical expertise and patient preference<sup>11</sup>. The Green Party/Comhaontas Glas believes in evidence-based medicine and we expect the best available research findings (the evidence) to be used when decisions are being made about healthcare.

## Choice of Treatments

The Green Party/Comhaontas Glas supports legislating for the practice of patient empowerment to ensure that individuals receiving treatment have full and detailed knowledge of their condition and the range of treatments available to them.

Facilities are needed to allow patients obtain a second opinion within the healthcare system. Access to all diagnostic reports and the patient's previous medical and medication history should be made available to the patient and to any subsequent healthcare professional involved in the case to ensure that no duplication of work is involved.

## Value for Money

About 8.5% of GDP is spent on healthcare annually. Increasing the proportion spent in primary care is shown to achieve an overall reduction in healthcare costs.<sup>12</sup> If similar funding structures were introduced into Ireland - increasing the spend on primary care to 8% of total health spend - savings of €2.6 Billion could be achieved in the Irish context.

Delivering value for money is an increasingly popular topic in health policy as we face additional financial constraints, increased patient demands, an ageing population and more expensive technologies. Information is central to ensuring that the healthcare we provide is of value to both those who pay for it, and those who use it.

## Monitoring and Measuring health outcomes as well as outputs

Health Performance Measurement (HPM) is a necessary part of ensuring that the health system is accountable to its citizens. We should ensure that the choice of indicators used in performance measurement reflects the priorities of patients. The Green Party/Comhaontas Glas support emphasising the measurement and incentivisation of outcomes in health service, in preference to structures and processes.

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<sup>10</sup> Appendix 8, from Prospectus/Watson Wyatt, Audit of Structures & Functions in the Health System, Govt, Publications, Dublin, 2003

<sup>11</sup> Agency for Healthcare Research and Quality (ARHQ), Available: <http://effectivehealthcare.arhq.gov>

<sup>12</sup> 2014 Annals of Family Medicine, Health is Primary; Family Medicine for America's Health, Available: [http://www.annfammed.org/content/12/Suppl\\_1/S1.full.pdf](http://www.annfammed.org/content/12/Suppl_1/S1.full.pdf)

Promotion and protection of health can be seen as a continuous quality improvement process. To achieve continuous improvement we need to agree on goals, identify the status quo and forecast how changes in policy and practice can bring about improvements that we can see and measure. Health information that is meaningful and collected in a standardised way should also be published in a timely manner. The WHO's 'Framework and Standards for Country Health Information Systems'<sup>13</sup> - although developed primarily for developing countries and global agencies - provides a useful framework for review of Ireland's health information systems. Whenever possible health measurements should be performed by standardised, internationally accepted methods to permit meaningful comparison (for example Europeristat<sup>14</sup>), over time with other countries.

### Reporting Problems

The NHS report 'An Organisation with a Memory' suggests that reporting systems are vital in providing sound, representative information on which to base analysis and recommendations. Experience from non-healthcare settings such as aviation show that when systematic approaches are used, including recording and reporting adverse events and 'near misses' whether harm occurs or not, safety, performance and cost-effectiveness are improved.<sup>15</sup>

### A Clinical Research Database

The Green Party/Comhaontas Glas recognises that in order to provide the best value in quality healthcare, now and in the future, we must measure and record performance throughout the system. The Green Party/Comhaontas Glas supports introducing a research database to anonymously record patient treatments, similar to the Clinical Practice Research Datalink in Britain.<sup>16</sup> This database should be accompanied by clear legislation and regulations with stiff penalties for infringing medical privacy.<sup>17</sup>

Ultimately improvements in the healthcare system - both in quality and resource allocation - should be based on clinical assessments and accurate data collection, rather than political decisions.

The Green Party/Comhaontas Glas believes that the healthcare delivery service should consider health service and biomedical research as intrinsic to its mission and that the highest priority for publicly funded health research should be the promotion and protection of health and disease prevention, and the development of new or improved diagnostic systems and treatments. The Green Party/Comhaontas Glas has signed up to the AllTrials<sup>18</sup> campaign for open access to records from medical trials. By signing up to the AllTrials campaign we are making a solid commitment to

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<sup>13</sup> World Health Organisation, Health Metrics network, Framework and Standards for Country Health Information Systems, Second edition, Available: [www.who.int/healthmetrics/documents/hmn\\_framework200803.pdf](http://www.who.int/healthmetrics/documents/hmn_framework200803.pdf)

<sup>14</sup> Europeristat, Better statistics for better health for women and their babies [website] Available: <http://www.europeristat.com/> [cited 6/8/2015]

<sup>15</sup> Donaldson L, An Organisation with a memory, 2000, Available: <http://www.aagbi.org/sites/default/files/An%20organisation%20with%20a%20memory.pdf> [cited 5/8/15]

<sup>16</sup> NHS?National Institute for Health Research, Clinical Practice Research Datalink, Available: <http://www.cprd.com/intro.asp>

<sup>17</sup> Ben Goldacre, The NHS plan to share our medical data can save lives – but must be done right, February 2014, Available: <http://www.theguardian.com/society/2014/feb/21/nhs-plan-share-medical-data-save-lives>

<sup>18</sup> The AllTrials initiative, Available: <http://www.alltrials.net>

evidence-based decision making in health care and the provision of full information regarding treatments to patients.

## Health indicators

All healthcare, whether intended to promote wellbeing or treat illness, should be provided equally to all regardless of economic, social or cultural status. All organisations providing health services should monitor and address any inequality in the delivery of service. This should apply to economic, as well as other differentials including gender, sexual orientation, ethnic or cultural background, faith, disability, emotional, behavioural or intellectual difficulty or age.

## Health care monitoring

Organisations providing health services should monitor any inequality in the delivery of services by, for instance, keeping records - with patient consent - on the provision of services and the outcomes for people in different groups. It should take seriously and investigate comments and complaints that relate to unequal or unfair treatment on the basis of gender, sexual orientation, ethnic or cultural background, faith, disability including learning difficulties or age.

## Access

The healthcare delivery system should regularly review its performance to ensure that appropriate healthcare services are available to, and accessed by groups that may have specific constraints on access to services, such as those with disabilities, members of the travelling community and recent migrants. A formal process for regular review of services, in consultation with stakeholders, is needed to identify barriers to access. The outcome of these reviews should include plans to deal with problems of access and should be published.

## Quality and Risk

Risk Management in community and hospital services should be developed in communication with patients. Surveillance systems and audit of outcomes (including healthcare-associated infection) are important measures and should employ uniform methods and standards for collecting and analysing information, and be published. The obligation to collect and publish relevant information must be an obligation on both private healthcare providers and the public health service.

The Green Party/Comhaontas Glas supports reducing liability in medical claims by:

- Investing in patient safety to ensure that cost-effective approaches to reducing adverse events in medicine are put in place, including a medication safety infrastructure. Ensuring that hospitals are incentivised to have a patient safety officer and a medication safety pharmacist in place, where the cost/benefit of such roles can be shown.
- Funding organisations such as the Irish Society for Quality and Safety in Healthcare.
- Legislating for mediation as a first resort for disputes involving malpractice in the health services.

- Emphasizing patient empowerment in all clinical decisions and ensuring that a robust advocacy system is in place for patients or families unable to communicate their wishes.
- Enhancing the patient safety role of HIQA and better supporting this organisation.

## Reducing Waste in healthcare

The way we currently deliver our healthcare services generates significant waste. It has been estimated that of every \$5 spent on healthcare in the United States of America, \$1 is wasted.<sup>19</sup> If this was applied in Ireland, the cost would be in excess of €2.5 billion, based on what the taxpayer pays, but greater when private or insurance funding is taken into account. The waste is a result of unnecessary care, fraud and abuse, administrative inefficiency, medical mistakes and preventable conditions. Some healthcare organisations internationally and nationally have used lean methodologies to reduce this waste. This document outlines efficiency measures to incentivise less wasteful healthcare and encourage significant savings.

The Green Party/Comhaontas Glas supports all initiatives to incorporate lean technologies / processes into all aspects of the healthcare system. We also support a programme to measure the extent of waste in healthcare in Ireland and a fund to finance the implementation of efficient practices if they can be shown to deliver a potential savings of 2:1 or greater.

## Ecological Effects of our Healthcare System

Healthcare services are intensive users of energy, materials and chemicals and service providers should take account the environmental impact of the work they do and have programmes in place to ensure that their environmental impact is reasonable in the context of their contribution to health. It is particularly important that we engage in sustainable and fair use of scarce resources because older people and those of lower socio-economic background, who tend to experience poorer health outcomes, are also more susceptible to climate change.

Given the relationship between poor environment and poor health, the Green Party/Comhaontas Glas believes that the health sector can and should play a leading role in mitigating climate change. Acute care is energy and resource intensive and procurement, resource use, transportation and other policies and practices play a large role in health services' heavy carbon footprint. We must work with existing facilities to reduce healthcare consumption to what is needed, where it is needed, for a carbon efficient approach.

We support the WHO's 7 steps for reducing waste in healthcare systems<sup>20</sup>, including better planning for carbon-neutral living - which also benefits health, due to a reduced reliance on motorised transport and increased walking and cycling, which has the knock-on effect of preventing obesity,

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<sup>19</sup> Berwick DM, Hackbarth AD. Eliminating Waste in US Health Care. JAMA. 2012;307(14):1513-1516. doi:10.1001/jama.2012.362.

<sup>20</sup> Healthy Hospitals Healthy Planet. Addressing climate change in health care settings, WHO 2009, Available: [http://www.who.int/globalchange/publications/healthcare\\_settings/en/index.html](http://www.who.int/globalchange/publications/healthcare_settings/en/index.html)

reducing road traffic injuries, improving air quality, reducing noise pollution and improving social interaction<sup>21</sup>, and has been included in other Green Party/Comhaontas Glas policy

Ensuring the sustained ability of our healthcare services requires effective planning for demands likely to be placed on healthcare services by climate change. Climate change may impact on health services both through surges in demand for services related to increased frequency of extreme climate events and through changes in the baseline rates of diseases related to rising temperatures. Climate change may impact on health services both through surges in demand for services related to increased frequency of extreme climate events and through changes in the baseline rates of diseases related to rising temperatures.

The Green Party/Comhaontas Glas believes that the National Insulation Programme (NIP) is an important public policy intervention to protect health and the environment<sup>22</sup>. The Party supports further research in this area as it represents a preventative health measure that will significantly reduce healthcare usage and carbon usage.

### Antimicrobial Use

A specific area of threat to the sustainability of healthcare services relates to the unnecessary use of medicines, such as antibiotics and other antimicrobial agents. The consumption of antibiotics in human and animal healthcare and food production has driven an alarming evolution of antibiotic resistant bacteria in recent decades.<sup>23</sup> The Green Party/Comhaontas Glas supports the monitoring and control of antibiotics and antibiotic-resistant bacteria by way of laboratory-based surveillance and antibiotic stewardship in hospitals, the community and veterinary practices. The Green Party/Comhaontas Glas is opposed to the use of antibiotics as growth promoters in animal husbandry and supports the monitoring of veterinary prescription of therapeutic antibiotics to ensure that their use in animal husbandry is minimised.

The Green Party/Comhaontas Glas policies promote public health by creating healthy urban, suburban and rural environments. The people of Ireland should live and work in healthy environments and be able to achieve a healthy work-life balance. This can be achieved with initiatives that promote health and well-being, healthy and humane food production practices, access to high-quality, affordable food, access to health and well-being education, access to a well-maintained, extensive and affordable public transport system and the maintenance of infrastructure to underpin such initiatives.

### Develop a Health Service based on Illness Prevention and the Maintenance of Health and Well-being

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<sup>21</sup> Institute of Public Health in Ireland, Climate Change and Health : A platform for action, 2010, Available: [http://www.publichealth.ie/files/file/Climate\\_change\\_and\\_health.pdf](http://www.publichealth.ie/files/file/Climate_change_and_health.pdf)

<sup>22</sup> Clinch JP & Healy JD, Cost-benefit analysis of domestic energy efficiency, Energy Policy 2001, 29:113-124

<sup>23</sup> Stef L.A.M. Bronzwaer, corresponding author\* Otto Cars,† Udo Buchholz,\* Sigvard Mölsted,‡ Wim Goettsch,\* Irene K. Veldhuijzen,\* Jacob L. Kool,\* Marc J.W. Sprenger,\* John E. Degener,§ and participants in the European Antimicrobial Resistance Surveillance System, The Relationship between Antimicrobial Use and Antimicrobial Resistance in Europe, Emerg Infect Dis. 2002 Mar; 8(3): 278–282. doi: 10.3201/eid0803.010192



Delivery of healthcare services tends to dominate discussion of health policy in Ireland because of the pressing, and sometimes urgent, needs of those who are ill. However it is still true that prevention is better than cure or management of disease. The WHO defines health as “a state of complete physical, mental and social well-being, and not merely the absence of disease”. This definition underpins the Green Party/Comhaontas Glas policy on health as it emphasises a holistic and positive approach to health. Promoting the health of the population requires that we look beyond the delivery of healthcare services to the wider issues (determinants of health) that impact on health and quality of life.

## Information Technology

The Green Party/Comhaontas Glas believes that the adoption of the best currently available information technology is vital to the health of our patients. The importance of using the best currently available information technology systems in the provision of properly functioning, modern healthcare cannot be understated, particularly in a situation where a sizeable number of health care users are suffering from chronic illnesses, and practitioners may be unaware of their medical history and other treatments that may have been used in the past.

Risk management in aviation, banking and other high risk systems has been improved dramatically by the adoption of information technology<sup>24</sup>. Healthcare, being a high risk system where the patient is the one at risk should be considered in the same light.

## Electronic Health

The Green Party/Comhaontas Glas support implementation of the eHealth Strategy<sup>25</sup> and believe that patients should have access to their summary-care records and be able to make comments where information is incomplete or inaccurate. This will require up-skilling on the part of clinicians, a change of culture within our health service and investment in infrastructure.

The Green Party/Comhaontas Glas believes that patients own their individual health and to the greatest extent practical full information should be provided to patients as a matter of course, except where the individual waives that right or the it is clearly documented why a delay in information release is in the patients interest. Further, healthcare delivery systems should take all reasonable measures to protect the confidentiality of healthcare records and comply with data protection legislation.

Community health professionals, including general practitioners and community pharmacies, should be supported in following the progress of patients within the hospital system and feeding information into that process to inform hospital-based professionals in order to assist them in empowering the patient to make critical decisions about treatments. This should include input into multidisciplinary team meetings around difficult decisions related to complex interventions and appropriate management of care towards the end of life. The Green Party/Comhaontas Glas also supports the

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<sup>24</sup> Donaldson L, An Organisation with a memory, 2000, a  
Available: <http://www.aagbi.org/sites/default/files/An%20organisation%20with%20a%20memory.pdf> [cited 5/8/15]

<sup>25</sup> Available: <http://www.hse.ie/eng/about/Who/OoCIO/ehealthstrategy.pdf>

development of a national eReferral<sup>26</sup> programme to ensure that patient referrals between practitioners are done in a standardised and systematic electronic manner.

#### Open Source and practitioner coded solutions

The Green Party/Comhaontas Glas believe that information technology solutions used in the Irish healthcare system should be, in as far as practicable, based on open-source<sup>27</sup> software, suitable for practitioner coding, and interoperable to HL7 or best-available standards. Open source software has many advantages for providers and patients, including interoperability, speed of problem resolution, flexibility and more frequent updates.

Allowing healthcare practitioners to code their own solutions was an integral part of the improvements brought about in the US Veterans Health system, as the practitioners involved were able to design an ICT infrastructure tailored to their needs. The Green Party/Comhaontas Glas would support the development of a model similar to the NHS 'Hack Day'<sup>28</sup> when software developers are involved in designing solutions to technology problems within the healthcare setting.

In healthcare, interoperability is the ability of different information technology systems and software applications to communicate, exchange data, and use the information that has been exchanged.<sup>29</sup> Data exchange schema and standards should permit data to be shared across clinicians, lab, hospital, pharmacy and patient, regardless of the application or application vendor.<sup>30</sup>

#### Conventional and Complementary Medicine

The Green Party/Comhaontas Glas supports conventional healthcare based on biological, psychological and social science as the principle model for healthcare delivery in Ireland.

Other disciplines of health and healthcare (alternative/complementary health care) are now widely practiced in Ireland. The Green Party/Comhaontas Glas supports the integration of alternative/complementary healthcare into publicly-funded healthcare systems where clinical evidence of its effectiveness can be demonstrated and regulation of the relevant practitioners exists.

Referral of patients between conventional healthcare providers and registered alternative healthcare providers should be facilitated. Pilot projects of shared-care between conventional and registered alternative health care providers should be evaluated within the publicly-funded healthcare system.

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<sup>26</sup> Alice Hm Chen, M.D., M.P.H., Elizabeth J. Murphy, M.D., D.Phil., and Hal F. Yee, Jr., M.D., Ph.D., eReferral — A New Model for Integrated Care, *N Engl J Med* 2013; 368:2450-2453 June 27, 2013 DOI: 10.1056/NEJMp1215594

<sup>27</sup> Open source software is software whose source code is available for modification or enhancement by anyone. 'Source code' is the part of software that most computer users don't ever see; it's the code computer programmers can manipulate to change how a program or application works. Open Source.com: *What is Open Source?* Available: <http://opensource.com/resources/what-open-source>

<sup>28</sup> Available: <http://nhshackday.com/>

<sup>29</sup> HIMSS Dictionary of Healthcare Information Technology Terms, Acronyms and Organizations, 2nd Edition, 2010, Appendix B, p190, original source: Wikipedia. Available: <http://www.himss.org/library/interoperability-standards/what-is-interoperability>

<sup>30</sup> 2 American Academy of Family Physicians (AAFP), Center for Health IT, 2013

All healthcare services should be delivered on the basis of providing clear information to allow patients make informed choices and give informed consent. All healthcare providers should maintain records of consultations and treatments and should be subject to a complaints procedure and a mechanism for dealing with adverse outcomes should be implemented for all healthcare providers. Further, the role of prescribing or recommending medicines and remedies should, to the greatest possible degree, be performed independently of those who sell the remedy.

### **3. STRUCTURE OF GREEN HEALTHCARE SYSTEM**

#### **3.1. Healthcare based around the patient in their own home**

The Green Party/Comhaontas Glas believes that healthcare provision is a human right and should be delivered in an equitable way to all citizens and that health services should be based upon the needs of our population.

The Green Party/Comhaontas Glas believes that our health service should, have the patient at the centre of all care, be delivered as close to the patient's home and family as possible - which given the spatial distribution of the population, is likely to involve some mobile or electronic service delivery.

Ireland's relatively small and broadly-dispersed population demographic requires a unique approach that cannot be modelled directly on the UK National Health Service. This demographic, coupled with Ireland's deep cultural understanding of care in the community give us some unique advantages and should be nurtured as core features of any health care system.

##### **3.1.1. Patient-centred health care**

The Green Party/Comhaontas Glas believes in a service where health professionals act as advisers and enablers to the public in helping them achieve optimal health rather than acting as gatekeepers and commissioners of that health.

We envisage paramedical services, delivered by ambulance staff, arranged in regions based on practical response times rather than political boundaries as being the 'first responders'. These first responders should refer suitable medical problems to community pharmacies, community health drop-in centres, general practices, hospitals or other services as appropriate.

We also support the introduction of a 24 hour triage and health concerns telephone and website service which helps to direct patients into appropriate streams of care.

##### **3.1.2. Community Health Drop-In Centres & Minor Injury Clinics**

Community health drop-in centres and minor injury clinics with extended opening hours, similar to the 'polyclinics' found in European countries should be provided regionally, based on the distribution of the population.

Funding and expertise should move from centralised facilities toward community healthcare, but only as such facilities come on line. These community health centres should be the focal points for self-help and community-based initiatives and should provide a wide range of services including primary healthcare, health education and health promotion programmes. A variety of specialist services, in particular midwifery, obstetrics, family planning, counselling and psychiatry should also be available. The midwifery and obstetric service should be such that the option of home delivery becomes a real alternative to hospital care. To provide the widest possible range of services and interventions, staff should be organised into multi-disciplinary teams and the public should have direct access to specialist and general nurses, dieticians, physiotherapy, occupational therapy, speech & language and other health and social care services. Community health centres should also provide walk-in facilities for patients with minor injuries and illnesses.

We also support access to day-programmes and drop-in services in an informal setting for young people. This should help young people to develop positive relationships with child care workers, who can support them as they develop into adults and possibly parents. Such drop-in services should be integrated with existing support services to allow for a varied-level of response tailored to the needs of the young person.

Primary care teams should be supported in delivering the highest level of care in the community. Support should include direct access to specialist advice and support – both telephone and electronic - through primary-care support teams associated with hospitals. Supports should also include direct access to an appropriate range of diagnostic investigations and interpretations. Access to investigations and the transfer of laboratory samples by patients should be planned to avail of local transport networks, making transfers more efficient and reducing wasteful journeys by the patient.

### Out of Hours

The Green Party/Comhaontas Glas believes that out-of -hours services should be as close as possible to the user and that, where possible, they be located on, or immediately adjacent, to hospitals in order to reduce the dependence on Emergency Departments. These community health centres should be responsible - in collaboration with telephone triage services - for providing cover outside of the hours of standard general practice.

### **3.1.3. General Practice**

The Green Party/Comhaontas Glas supports discussions on a new contract between the HSE/Department of Health, the IMO and NAGP within 1 year, with the emphasis switching from the construction of primary-care buildings to the development of efficient teams of healthcare professionals and robust referral pathways.

Primary-care teams should be encouraged to collect relevant information to support local auditing of processes and outcomes and consideration should be given to a forum where the community is updated on team performance, which is set against standard criteria.

General practitioners (GPs) need a clear incentive to take responsibility for a wider range of primary-care services. General practice should also be incentivised to expand its expertise by employing a broader range of health professionals, including nursing and allied health professionals, such as physiotherapists, occupational therapists, dieticians, and pharmacists. This should enable more collaborative arrangements and more appropriate care for patients.

Currently rural doctors have no one to cover a leave of absence. Therefore the Green Party/Comhaontas Glas supports the development of a bank of locum doctors to provide cover to rural doctors for annual leave, training and unexpected illness. This would lessen rural GPs reliance on agency staff, thereby reducing costs and the risk of burnout caused by overwork.

#### Preventative services in General Practice

The Green Party/Comhaontas Glas recognises the important role of rural general practices in looking after patients in their own homes and supports measures to incentivise healthcare practitioners to care for those unable to travel to a GP's practice or health centre. In order to maintain equity for this patient group, we support the reinstatement of the distance codes - reduced under the FEMPI acts - that reimburse GPs who look after medical card patients in their own homes, and the standardisation of the granting of rural practice allowances. Both of these measures would help rural GPs serve clients in remote locations without having to bear the bulk of the associated costs.

#### General Practitioners with Special Interest

The Green Party/Comhaontas Glas supports the work of the Irish College of General Practitioners (ICGP) and the development of accredited training and recognition of 'General Practitioners with a Special Interest' (GPwSI)<sup>31</sup>. Such a qualification could be achieved through an intercalated year within general practice training or with post-graduate course/recognition.

### **3.1.4. Acute Hospital Services**

Hospital care within the publicly funded health care system must be based on the principle that adequate basic healthcare services and human dignity for all - bed capacity, basic comforts, relief of distress and competent general medical and surgical care for common conditions - takes priority over increasing sub-specialisation and use of the latest technology.

Hospitals need to consider how to develop and sustain caring and healing recuperation in the face of high-patient throughput and the possible stress brought on by high-technology interventions.

The community health centres mentioned earlier in the policy should deal with minor illnesses and injuries, freeing up accident and emergency departments to focus solely on emergencies. There should also be adequate night and weekend cover from consultants and diagnostic facilities in all hospitals dealing with emergency admissions.

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<sup>31</sup> Royal College of General Practitioners in the UK, GP with a Special Interest (GPwSI) accreditation, Available: <http://www.rcgp.org.uk/clinical-and-research/clinical-resources/gp-with-a-special-interest-gpws-i-accreditation.aspx>

Hospitals should be focused on services for patients needing inpatient care as part of a collaborative network, including primary care centres and community health centres, where evidence-based pathways facilitate the moving of patients and staff to where they are most needed.

The 2010 Report of the National Acute Medicine Programme<sup>32</sup> outlines a framework for hospitals ranging from small local hospitals, classified as ‘Model One’ up to national referral hospitals, classified as ‘Model Four.’ In this framework ‘Model Two’ hospitals take referrals directly from primary care and telephone triage and where appropriate these hospitals take planned admission of patients - including through special streams for those with a diagnosed chronic condition. Separate streams exist for those with inherited illness or lifelong illnesses, based on effective planning built around projections of the expected incidence of these illnesses in different regions of the country. In the framework ‘Model Three’ referral hospitals have full emergency departments and take referrals from primary care and telephone triage. These hospitals focus on more complex procedures and more acute cases.

The Framework report on the future of small hospitals<sup>33</sup> and the Higgins report on hospital groups<sup>34</sup> should be adopted along with the provisions of the Hanly report on medical staffing<sup>35</sup>, including forming a collaborative system based on co-operative models rather than as standalone competing hospitals.

### 3.1.5. Acute Mental Health Services

Specialist acute mental healthcare services should be closely integrated physically and operationally with acute general hospitals' services and wherever possible co-located with general hospital services, while maintaining independent governance.

The Green Party/Comhaontas Glas support the funding of psychiatric care, including counselling, psychotherapy and cognitive behavioural therapy under the funding umbrella of the health service in order to make it more accessible, thereby encouraging people with mental illnesses to approach the health system earlier, leading to better outcomes for patients.

Further consideration of this issue and others has been made in our Green Party/Comhaontas Glas Mental Health Policy.

### 3.1.6. Community Pharmacy

Schemes for the reimbursement of medications need simplifying and should be provided by a community pharmacy on a single transparent system. The medical card scheme, long-term illness scheme, hi-tech medicines scheme and hardship medication schemes should be amalgamated into a

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<sup>32</sup> Health Services Executive, Report of the National Acute Medicine Programme, 2010, Available: <http://www.hse.ie/eng/about/Who/clinical/natclinprog/acutehealthcareprogramme/report.pdf>

<sup>33</sup> HSE/Department of Health, Securing the Future of Smaller Hospitals – A Framework Report, 2013, Available: <http://health.gov.ie/wp-content/uploads/2014/03/SecuringSmallerHospitals.pdf>

<sup>34</sup> Higgins, The Establishment of Hospital Groups as a transition to Independent Hospital Trusts A report to the Minister for Health, February 2013, Available: <http://health.gov.ie/wp-content/uploads/2014/03/IndHospTrusts.pdf>

<sup>35</sup> Hanly, Report of the National Task Force on Medical Staffing, June 2003, Available: <http://health.gov.ie/wp-content/uploads/2014/03/Report-of-the-National-Task-Force-on-Medical-Staffing-Hanly-report.pdf>

single medication reimbursement scheme, with a sliding scale system of co-payments depending on patient status and class of medication.

We believe in the and as such, we are opposed to initiatives that commoditise the service such as the current payment system which encourages the consolidation of pharmacies in order to avail of bulk purchasing power. Reimbursement prices should be paid electronically and based on actual invoiced cost in order to reduce the incentive to consolidate multiple pharmacies.

Repeat prescriptions for chronic and preventative illnesses should be managed in community pharmacies, in collaboration with and oversight from the local general practice, which would be subject to audit.

### **3.1.7. Public Health Nursing**

Along with patient empowerment, a comprehensive public health nursing service can support the aims of preventative healthcare. The Green Party/Comhaontas Glas supports the aims and findings of the North/South report on public health nursing<sup>36</sup> and would support a detailed review this document to ensure that it is put in to practice.

### **3.1.8. Allied Health Professionals in Community Practice**

Independent physiotherapy, dietetics and other allied health professionals (AHP) should be an integral part of multidisciplinary teams in acute and community care and should be accessible to all patients, without need for referral.

Where referral pathways exist they should be such that patients can be fast-tracked to receive the necessary medical diagnosis or treatment if they present first at such services.

### **3.1.9. Governance**

The Green Party/Comhaontas Glas believes healthcare should be a collaborative process with the patient at the centre, and that the distinction between hospital (secondary and tertiary) and community (primary) care should be reduced to facilitate this. In order to make healthcare more patient-centred, the Green Party/Comhaontas Glas supports legislating for public participation, accountability and decision making by local communities. We support the establishment of an independent patients' representative organisation as a public body responsible for promoting this participation. This organisation would have powers to seek redress for patients<sup>37</sup> and would be similar to initiatives in the NHS in Scotland.<sup>38</sup>

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<sup>36</sup> Nursing for Public Health: Realising the Vision 2005,

Available: <http://health.gov.ie/wp-content/uploads/2014/03/Nursing-for-Public-Health-Realising-the-Vision.pdf>

<sup>37</sup> Appendix 8, from Prospectus/Watson Wyatt, Audit of Structures & Functions in the Health System, Govt, Publications, Dublin , 2003

<sup>38</sup> NHS Scotland, Better Together, Scotlands Scotland's Patient Experience Programme, 2008, Available: <http://www.gov.scot/resource/doc/247026/0069783.pdf> when we're in government? If so, why can we say what we'd implement now?

The health service often appears to provide services which are based on what is easy to provide, rather than on what patients want or need. The Green Party/ Comhaontas Glas believes that boards of hospitals, hospital groups and local community care commissioners should include patient representatives and local primary care professionals as members, to advocate directly for patients. Local people should decide what and how services are provided and these services should have complete flexibility to meet local needs as long as they meet minimum standards.

The Green Party/Comhaontas Glas takes the view that the policy making process should be informed by evidence, but that informed decisions should be made at the lowest possible level. Policies should address issues that are critical to the well-being of vulnerable population groups and be based on evidence of what works. Technical expertise in these areas must be balanced with public and community participation in agreeing priorities and developing and implementing policies. The Green Party/Comhaontas Glas also supports the development of local and regional consultative processes that give people with a role in making decisions about their health.

We do not believe it is possible to reform the HSE and would favour its dissolution. The Green Party/Comhaontas Glas as part of its commitment to local democracy recognises a need to explore structures to reconnect healthcare services to local communities and their elected representatives. We also believe that returning to the Health board model is not desirable and so we favour developing the new Community Health Organisation (CHO) model further and creating a series of commissioning groups to manage hospital groups. The hospital groups would: be responsible for finding solutions to local needs, be able to direct funding into the most cost effective providers and enable transfer of service provision at the lowest level of complexity.

## **4. ENCOURAGING HEALTHIER AND MORE SUSTAINABLE LIFE STYLES**

The Green Party/Comhaontas Glas believes that Health policy must be based on the principle that sustainable human health is dependent on a healthy ecology. We applaud the current ‘Healthy Ireland’ strategy<sup>39</sup> and would welcome development of it, incorporating the ideas mentioned in this document.

Health education and health promotion should become central to the practice of health workers, who should take part in health advocacy in all areas of local and national policy where health is at issue. Additionally, closer working relationships should be developed between health workers, the voluntary sector, communities, families and individuals.

### **4.1. Incentives for Healthy Living**

The Green Party/Comhaontas Glas believes in promoting health rather than simply treating disease. This can be achieved by promoting healthy eating education in schools and elsewhere and promoting a healthy infrastructure and environment as outlined in the extensive environmental measures

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<sup>39</sup> Department of Health, Healthy Ireland 2013, Available: <http://health.gov.ie/blog/publications/healthy-ireland-a-framework-for-improved-health-and-wellbeing-2013-2025/>



proposed by the Green Party/Comhaontas Glas, in this policy and others. (See 'Health in all Policies' above)

We support a review of VAT rates on sports equipment and clothing to make both more affordable and accessible, and allow a tax-efficient salary sacrifice (deducted from salary before deduction of taxes - similar to the current bike-to-work scheme) of up to €100 annually (for each family member) for payment of: gym memberships, swimming clubs, active sporting memberships of GAA, soccer, rugby clubs and similar organisations.

Projects that involve the active restoring and protecting of our natural landscapes and biodiversity outdoors should be prioritised, as should the development of safe/stand-alone cycle lanes.

These initiatives should be funded, in-part, by an increase in VAT on foods with high sugar / salt content and drinks containing high levels of caffeine or cornstarch derivatives. We believe that such a VAT increase could raise between €3-4 hundred million over the 5 year period of the next government but as this is intended to encourage behaviour change rather than act as a revenue generating exercise, we anticipate this revenue falling as people choose healthier options.

#### 4.15 Inclusion of Obesity Prevention Actions in County and City Development Plans

Critical to central Government's success, in preparation for, "Healthy Weight for Ireland, Obesity Policy and Action Plan 2016-2025" is the County and City Councils' approach to regulating for a healthier environment. The Green party proposes a mandatory obligation on all County and City Councils, when preparing future County and City Development Plans to embed actions on obesity prevention, through proper planning and support infrastructure, with reference to all departments and public sector agencies

## 4.2. Food Policy

The Green Party/Comhaontas Glas supports much tighter controls on the advertising of fast food, sweets, carbonated drinks and alcohol and a prohibition on providing toys and gifts as incentives to purchase food<sup>40</sup>. The Green Party/Comhaontas Glas supports planning restrictions on outlets selling high calorie 'junk-food' and beverages within or adjacent to primary and secondary schools.

It also supports a requirement for restaurants and fast food outlets to provide information to customers on the nutritional content of their food and the country of origin of their meat.

There is evidence to suggest that highly processed foods are particularly likely to be consumed by people on low-incomes. This issue around consumption, nutrition, and the cost to public health services of diseases associated with poor diet (including diabetes, heart problems, mobility and many other health impairments), and the relationship with socio-economic status requires much more

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<sup>40</sup> Recommended read: Book Linda Tirado's 'Hand to Mouth if they want to understand why, when you're poor, you eat junk food, smoke, and engage in other unhealthy behaviours', Available: <http://talkpoverty.org/2014/10/15/reflections-on-hand-to-mouth/>

investigation and is something that the Green Party / Comhaontas Glas strongly supports researching.

### 4.3. Public Information on Health Care Services

The Green Party/Comhaontas supports the development of a public information campaign similar to the British Medical Journal's 'Too Much Medicine', which aims to highlight the threat posed by over-diagnosis to human health and the waste of resources involved in unnecessary care.<sup>41</sup>

The Green Party/Comhaontas Glas opposes direct or indirect marketing of health care services and supports a prohibition on the growing practice of active marketing of cosmetic surgery and other complex interventions directly to the public.

The Green Party/Comhaontas Glas opposes any change to EU legislation, which would permit direct marketing to the public of prescription drugs and drugs currently available only from pharmacies.

#### 4.3.1. Screening for Disease

The Green Party/Comhaontas Glas supports the application of well-established criteria to the development and evaluation of screening programmes<sup>42</sup> and advocates for an integrated and independent public health service to provide impartial advice on the value of screening programmes and the relative priority of programmes.

### 4.4. Addictive Substances

The Green Party/Comhaontas Glas considers that policies centred on prohibition of drugs of abuse have been costly to communities, to society and to the economy and call for an evidence-based review of national and international policy in this area.

There is considerable evidence to show that the prohibitive approach to addiction has not curbed drug use, addiction levels or harm and that in some cases it may increase the harm and social deprivation associated with addictions.<sup>43</sup>

The Green Party/Comhaontas Glas favours supporting methods which deal with the causes of addiction and problem behaviour, and the implementation of harm reduction measures that do not divert resources away from the identification and prevention of the root causes of these problems.

Additionally, we support the following short-term harm reduction methods:

- Minimum pricing on alcohol in retail and licensed premises<sup>44</sup>

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<sup>41</sup> British Medical Journal, Too Much Medicine [website] Available: <http://www.bmj.com/too-much-medicine>

<sup>42</sup> Wilson and Junger; Principles and Practice of Screening for Disease, World Health Organization, 1968

<sup>43</sup> Report of the Committee on a Harm Reducing and Rehabilitative approach to possession of small amounts of illegal drugs November 2015

- Plain packaging for tobacco and similar products
- A ban on advertising and sponsorship of sports activities and any activities involving young people by alcoholic beverage companies.<sup>45</sup>
- Measures to control the selling of substances which are packaged and labelled for a different purpose, e.g. products sold as bath salts but used by some to ‘get high’.

## 4.5. Reproductive Health

The Green Party/Comhaontas Glas supports the development of publicly-funded health care services of the highest quality for parents who wish to give birth at home. The Green Party/Comhaontas Glas supports the provision of high quality midwifery services and access to supported professionals. Post-natal support for new parents, including education on breast feeding, access to dietetic, physiotherapy and other services in the community health centres should also be available in a manner that promotes the dignity of all service users.

We note the recent HIQA report into neonatal deaths in Portlaoise<sup>46</sup>. We support a collaborative development of standardized governance structures by the State and hospitals, both public and private.

### 4.5.1. Family planning

The Green Party/Comhaontas Glas believes that cost should not be a barrier to family planning decisions and we support the following actions to achieve this:

- Reduction of VAT on Condoms to 0%
- Provision of combined oral contraceptives free-of-charge on prescription
- Addition of a Special Treatment Category (STC) payment so that general practitioners (GPs) can be reimbursed for the insertion of contraceptive implants and the Mirena Coil®

### 4.5.2. Reproductive Rights

The Green Party supports the holding of a referendum to allow the people of Ireland determine whether or not the 8th Amendment should be repealed.

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<sup>44</sup> CJP Consultants Ltd, ‘The Efficacy of Minimum Unit Pricing, Fiscal and other Pricing Public Policies for Alcohol’ September 2013, Available: [http://health.gov.ie/wp-content/uploads/2014/03/ALCOHOL\\_CJP\\_2013.pdf](http://health.gov.ie/wp-content/uploads/2014/03/ALCOHOL_CJP_2013.pdf)

<sup>45</sup> O’Brien & Kipri, Alcohol industry sponsorship and hazardous drinking among sportspeople, *Addiction*, 2008; 103, 1961–1966 doi:10.1111/j.1360-0443.2008.02371.x

<sup>46</sup> Health Information and Quality Authority (HIQA) Report of the investigation into the safety, quality and standards of services provided by the Health Service Executive to patients in the Midland Regional Hospital, Portlaoise, May 2015, Available: <http://www.hiqa.ie/system/files/Portlaoise-Investigation-Report.pdf>

The Green Party will support a vote in favour of repeal in the above proposed referendum on the 8th amendment, on the condition that the Government have provided draft legislation which will be put in place if the referendum passes.

This would bring us in line with the recommendations of the UN special rapporteur on the right to health on their visit to Ireland. This will also bring us in line with International Law regarding reproductive justice.

Please refer to our Reproductive Rights Policy for more information.

## **4.6. Men's Health**

The Green Party/Comhaontas Glas acknowledges the disparity in life expectancy, morbidity and mortality between men and women and supports any initiatives to encourage men to take more responsibility for their own health, in line with preventative measures discussed elsewhere in this document. Health promotion directed specifically at men should be included in any programme tackling disease where there is a higher incidence of the disease, or poorer outcomes in the male population.

In terms of men's mental health, depression and suicide are serious threats, particularly in isolated or younger men. Other countries have successfully implemented programmes to highlight and to develop initiatives that address these issues, including self-awareness and support programmes, and the Green Party/Comhaontas Glas supports research into and the introduction of appropriate equivalent or modified programmes in Ireland.

## **4.7. Children's Health**

### **4.7.1. Health in Schools**

The Green Party/Comhaontas Glas believes that much more can be done in schools to prevent illness by caring for children and educating children about health. We are in favour of school nurses being appointed to every school in Ireland, both at primary and secondary level, based on enrolment numbers and adjusted for demographic and social needs.

In addition, the Green Party/Comhaontas Glas proposes to introduce a broader focus on health awareness in schools, including eliciting through quizzes, discussions and workshops, what constitutes a healthy diet, how to prepare basic nutritional dishes, what humane farming means, and how reducing meat consumption can benefit health.

We recognise that not all children enjoy team sports, and that cultural or health differences may affect choice. Therefore the Green Party/Comhaontas Glas supports measures that allow all children to choose an exercise programme that best suits them.

Education empowers people to ask questions and find ways to maximise their health. The Green Party/Comhaontas Glas supports the view that education can play a central role in our health education, as clearly outlined in a 2008 review by the Institute of Public Health in Ireland (Health Impacts of Education).<sup>47</sup>

The Green Party/Comhaontas Glas favours the use of fit-for-purpose, energy efficient and soundproof school buildings for all pupils. Where rapid or changing demographics require additional short-term modular construction it should be constructed to the highest standards of insulation, ventilation and ergonomics and should be used in a sustainable manner. We also believe that classrooms seating<sup>48</sup> must be based on sound ergonomic principles.

The Green Party/Comhaontas Glas believes that retrofitting existing buildings, including older school buildings should always be considered in preference to demolition and green field building of new structures as this is found to be more ecological<sup>49</sup>. This also has benefits for the health of children in terms of working with the infrastructure which has over time developed around such existing buildings.

#### School Dinners

Unlike other countries there is not a comprehensive school meals programme in the Republic of Ireland, entitling ALL school children to a school dinner, either free or paid for. By caring for the nation's children and providing healthy, nutritionally-balanced school meals, the State would make an important investment in the future. The effective provision of school dinners has long-term consequences, not just in terms of the social and economic benefits and the health of the individual, but in fostering the ethos of a caring and just society where the State acts for the common good. Please refer to our School Dinners Policy for more information.

#### **4.7.2. Promoting physical activity**

The Green Party/Comhaontas Glas are committed to putting 'play' at the heart of the school curriculum and support allocating time in the school curriculum, and money to promote more physical exercise amongst all sections of the community, young and old, for the long-term health and social benefits of society.

The Irish Heart Foundation's 'Slí na Sláinte'<sup>50</sup> physical activity programme is a simple initiative to encourage people of all ages and abilities to walk more. We would welcome an audit of its success and a development of the programme if it is shown to work.

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<sup>47</sup> Institute of Public Health in Ireland, Health Impacts of Education: A Review, 2008,

Available: <http://www.publichealth.ie/files/file/Health%20Impacts%20of%20Education.pdf>

<sup>48</sup> Department of Education and Skills, Loose Furniture for Post Primary School Specifications and Standards, 2001,

Available: [https://www.education.ie/en/Schools-Colleges/Services/Furniture-Equipment/pbu\\_loose\\_furniture.pdf](https://www.education.ie/en/Schools-Colleges/Services/Furniture-Equipment/pbu_loose_furniture.pdf)

<sup>49</sup> Melton, Retrofitting (usually) greener than new buildings, 2012,

Available: <https://www2.buildinggreen.com/article/retrofits-usually-greener-new-construction-study-says>

<sup>50</sup> The Irish Heart Foundation, Slí na Sláinte, Available: <http://www.irishheart.ie/sli>

Anecdotal evidence that a culture of litigation is leading to a ban on ‘running’ or ‘climbing’ in school should be investigated for validity.

### Sharing Sporting and Play Facilities

We would welcome the provision of local authority-run community sports centres and sports grounds where suitable school sports facilities are limited. These could include, playing fields large enough for football, hockey etc or running and long-jump tracks, which schools in the locality could share.

### Parks, Gardens and Activity Centres

The Green Party/Comhaontas Glas favours better coordination and communication between local health authorities and planning departments to ensure open-air amenities are provided in all residential and industrial developments. Obliging the provision of outdoor facilities such as playgrounds, spaces for exercise, or outdoor gym equipment would create the opportunity, space and resources for all ages to better engage in physical exercise.

### **4.7.3. Vaccinations**

Effective expansion & implementation of immunisation programmes is a key measure in protecting health & quality of the primary health care system. The extension of the provision of the HPV vaccine, regardless of gender, is one key component of the provision of a comprehensive immunisation strategy.

The introduction of a national immunisation register will assist in providing necessary information on the immunisation status of individuals & the prevalence of preventable diseases within the nation.

Further education & engagement with the public on how vaccinations are a key component to ensuring the collective public health. Supports for ensuring access to immunisation, particularly in disadvantaged areas of society require promotion.

## **4.8. Healthcare for Special Populations**

### **4.8.1. Care for the homeless**

The Green Party/Comhaontas Glas believes that the provision of adequate housing is essential for good health, particularly for homeless people. (See the Green Party/Comhaontas Glas policy on housing and homelessness for further information)

### **4.8.2. Care of the Elderly**

The Green Party/Comhaontas Glas considers the home to be the best location for older persons to receive care. Where this is not possible, settings where they are surrounded by their own family and community or in which they can be most comfortable should be considered. Sheltered accommodation may be appropriate for some people, and a smaller proportion may need institutional care, either on for respite or on a longer-term basis. The Green Party/Comhaontas Glas supports the

proper resourcing of carers and homecare services in order to keep as many people out of institutional care as possible.

The Green Party/Comhaontas Glas supports an urgent review of the Nursing Home Support ('Fair Deal') scheme and the upgrading, renovation and retrofitting of existing facilities ahead of bed closures. The Green Party/Comhaontas Glas advocates changing the 'Fair Deal' scheme away from a fixed annual allocation to one that is demand-led.

We support increased funding up to a level of €192 million by 2020 to allow provision of 7,000 nursing home beds as recommended by the Prospectus Report and noted in the ED task force report 2015. The Green Party/Comhaontas Glas is committed to ensuring that the people looking after our vulnerable elderly are vetted, well-paid, and qualified for the work that they are doing. To avoid future abuse of patients, regular unannounced checks on staff and facilities should be carried out and such checks should be made in a professional, accountable and transparent manner.

The Green Party/Comhaontas Glas supports the 'Assisted Decision-making Bill',<sup>51</sup> and believes it should be extended further to give the elderly, who are more likely to experience health problems, such as dementia, a greater amount of autonomy in the health care they want for themselves.

#### 4.8.3. Dementia

The Green Party/Comhaontas Glas supports investigating the development of 'Dementia Villages' such as those in the Netherlands, where patients with cognitive impairment are cared for in settings which are in line with their childhood and young adult memories. These environments are associated with a more pleasant experience for such patients, a reduction in challenging behaviour, and less reliance on the need for pharmacological treatment for agitation.<sup>52</sup>

#### 4.8.4. Long term health conditions

The Green Party/Comhaontas Glas supports expansion of pilot programmes, which have been demonstrated to be effective such as the 'hospital in the home' and 'respiratory outreach'<sup>53</sup> programmes for patients with chronic obstructive pulmonary disease.

We also welcome the new contracts on asthma and diabetes but feel their scope is limited. We would prefer to extend 'Heartwatch' and 'Diabetes Watch' programmes nationwide, and work with the Irish College of General Practitioners to invest and develop chronic care programmes for asthma and other chronic illness which are not based on medical card eligibility,

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<sup>51</sup> Assisted Decision-making (capacity) Bill 2013,  
Available: <http://www.oireachtas.ie/documents/bills28/bills/2013/8313/b8313d.pdf>

<sup>52</sup> Alzheimers.Net, Dementia Care: What in the World is a Dementia Village? August 7, 2013,  
Available: <http://www.alzheimers.net/2013-08-07/dementia-village/>

<sup>53</sup> Dunican et al, Factors that predict Failure in home management of an acute exacerbation of COPD Thorax 2011;66:358-359 doi:10.1136/thx.2009.125385

We would preferentially direct funding towards programmes which, improve local health services, patient access, and offer shared-care - such as referral from outpatients to general practice for minor surgery. Currently the cost of the materials used in performing primary-care surgery often exceeds the 'Special Type Consultation' fee. This puts GP's out of pocket and should end.

#### **4.8.5. Chronic Inherited Conditions**

Patients with cystic fibrosis, or other lifelong conditions require lifelong care, including preventative treatments to ensure that they enjoy as much time as possible outside of acute care settings. In Ireland an estimated 1 in 19 people carry at least one of the gene mutations which cause cystic fibrosis<sup>54</sup> and individuals living with such conditions currently have a huge burden of care placed on them. We need specific measures to ensure that these people do not have to fight individually for services.

Encouraging patients with these conditions to interact with patient registries should ensure better care for all, but care needs to be taken to ensure that a patient's need for privacy and right to refuse interventions is accepted.

#### **4.8.6. People with a disability**

The Green Party/Comhaontas Glas supports the 'Assisted Decision-making Bill'<sup>55</sup> and its extension to those with disabilities in order to provide such individuals with greater autonomy over decisions pertaining to them.

The Green Party/Comhaontas Glas acknowledges that it is often more expensive to provide a person with a disability access to education, work, and healthcare but we consider it integral to the provision of dignity for all citizens and therefore deem it to be worth the additional cost.

The Green Party/Comhaontas Glas also prioritises accessibility when investing in transport projects, infrastructure and the delivery of public services, such as housing.

### **4.9. End of Life**

#### **4.9.1. Palliative Care**

The Green Party/Comhaontas Glas believes that palliative care should be further expanded. All services - hospital, hospice, community hospitals, health clinics and care homes - should promote the knowledge and understanding of the process of dying and universal palliative care training should be required for all clinical, care and ancillary staff, appropriate to each staff member's role.

#### **4.9.2. Assisted Dying**

The Green Party is of the view that legislation allowing for assisted death is necessary because many dying adults experience acute distress due to the fear of suffering in their last days and weeks of life. As a consequence of the absence of assisted dying legislation, some adults attempt to commit suicide

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<sup>54</sup> Cystic Fibrosis Ireland, [Webpage] About Us, Available: <https://www.cfireland.ie/>

<sup>55</sup> Assisted Decision-making (capacity) Bill 2013, Available: <http://www.oireachtas.ie/documents/bills28/bills/2013/8313/b8313d.pdf>



by refusing food and water, medication, and in some cases, plead with loved ones to help them to take their own lives. This places loved ones in an invidious position: on the one hand wishing to help their dying relative or friend, but at the same time potentially exposing themselves to criminal liability. Some people can afford to travel abroad to avail of assisted dying provisions, but many will not be able to do so. There is an inherent inequality in this state of affairs. As a result, many who are terminally ill and facing death within a relatively short period of time are effectively denied the choice of safe assisted death at a time and place of their own choosing.

Accordingly, the Green Party proposes to ensure that a person who is terminally ill will have the right to request and lawfully be provided with assistance to end their own life. Such a right would only apply where the person has a clear and settled intention to end their own life which is proved by making, and signing, a written declaration to that effect. Such a declaration must be countersigned by two doctors who are registered medical practitioners in the State. Such doctors would be suitably qualified in that they must, to the satisfaction of the Minister for Health, hold such qualification or have such experience in respect of the diagnosis and management of terminal illness. Please refer to our Assisted Dying Policy for more information.

#### **4.10. Dental Health**

The Green Party/Comhaontas Glas supports measures to prevent dental health problems including measures to reduce the consumption of high-sugar content foods and drinks, the promotion of good oral hygiene, and fast, equitable access to approved dentists and mouth hygienists for preventative and remedial treatment. Essential dentistry, including regular check-ups are part of basic health care and should be provided free of charge. Appropriate co-payments on a sliding-scale could be used to encourage responsibility for other treatments.

The Green Party/Comhaontas Glas acknowledges the continuing concerns of many people regarding health risks associated with fluoridation of water and that many expert organisations consider that fluoridation of water can reduce the incidence of tooth decay. Therefore we support targeted public programmes to improve education and practice related to oral hygiene and improve access to dental care.

#### **4.11. Occupational Health**

The Green Party/Comhaontas Glas supports strengthening the statutory requirements on workplaces to provide occupational health services, including training and equipment appropriate to relevant hazards. The criteria for such provision should be made as clear and as simple as possible, and enforcement through health and safety inspectors should be strengthened. Also companies should be encouraged to provide basic self-help medical training to all workers and to protect the time required for staff to attend health and safety training.

The Green Party/Comhaontas Glas considers 'wellness at work' as important part of mental and physical health. Depending on evidence to support its effectiveness we would consider approaches such as computerised CBT for the treatment of mild-to-moderate mental health difficulties<sup>56</sup>.

#### 4.12. Organ Donation

The Green Party/Comhaontas Glas supports a public information and consultation process around the introduction of an opt-out system of organ donation, which would result in all suitable organs from deceased people being automatically considered for transplantation unless the donor has specifically made it clear that they do not want this to happen.

#### 4.13. Environmental Health

As part of efforts to protect human health in a sustainable way, the Green Party/Comhaontas Glas supports strengthening measures to protect our air, water and soil from contamination and degradation, and our biodiversity from destruction.

The Green Party/Comhaontas Glas supports an expanded role for the Environmental Health Services (working closely with the Environmental Protection Agency) to deal more comprehensively with the impact of the environment on health, including issues of radiation exposure, noise and planning.

#### 4.14. Creation of a Public Liability Insurance Scheme

The Green Party/Comhaontas Glas Comhaontas Glas support legislation to create a public liability scheme similar to the Accident Compensation Corporation (ACC) in New Zealand.<sup>57</sup>

The ACC provides comprehensive, no-fault personal injury cover for all New Zealand residents and visitors to New Zealand. This scheme has been very successful in reducing insurance costs for various sectors including the medical/healthcare sector in New Zealand<sup>58</sup> and we believe would do the same in Ireland.

### 5. FUNDING OF HEALTHCARE PROVISION

The Green Party/Comhaontas Glas acknowledges that the type of healthcare people want will be costly, but we also believe that, with the right measures in place, we can deliver healthcare that is accessible to all and good value for money. This section addresses the following three aspects of health care finance:

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<sup>56</sup> Twomey, C and O'Reilly, G and Byrne, M (2013) Computerised cognitive behavioural therapy: helping Ireland log on. *Irish Journal of Psychological Medicine*, 30 (1). pp. 29-56. Available: <http://www.drugsandalcohol.ie/19535/>

<sup>57</sup> Accident Compensation Corporation, [Website] Welcome to ACC. Available: <http://www.acc.co.nz>

<sup>58</sup> Accident Compensation Corporation, [Website] Welcome to ACC. Available: <http://www.acc.co.nz>

- How to fund healthcare?
- How healthcare providers are to be paid?
- How patients should pay for healthcare (and when they will not)?

Each of these three components affects the quality and cost of healthcare and need to be considered separately.

## 5.1. How is healthcare to be funded?

The Green Party/Comhaontas Glas believes in a single-tier health system based on need rather than the ability to pay and that the fairest and most progressive way to achieve this is by funding from general taxation.

Providing private and public care in our hospitals and primary care practices has resulted in an unfair system where those being paid for by health insurers receive a different level of service than those paid for by the state. Public patients are more likely to have to wait longer for appointments and tests and are likely to meet junior doctors, or specialist nurses rather than consultants. Doctors and hospitals are also incentivised to prioritise paying customers, for whom they are paid on a 'fee for service' basis ahead of those being paid for by the state, for whom they are paid by salary or capitation. This has clear implications on healthcare, and results in different outcomes for each patient group. The Green Party/Comhaontas Glas notes a recent Behaviour & Attitudes Study where a large proportion of the Irish Public favour better public services over reduced personal taxation.<sup>59</sup>

The Green Party/Comhaontas Glas are calling for the development of a healthcare system that is fully-funded from general taxation on the basis that:

- It is the most progressive – as those with the greatest ability to pay share more of the burden.
- It is the most cost-effective - OECD data shows that countries with a social insurance model, or a private/social insurance hybrid pay significantly more per capita for their healthcare<sup>60</sup>.
- Healthcare is not a perfect market commodity, and better healthcare results from collaboration and not competition<sup>61</sup>.
- The introduction of mandatory health insurance will be another burden on those on lower-incomes who do not qualify for subsidisation<sup>62</sup>.

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<sup>59</sup> TASC, Almost 70% of Irish public agrees government should prioritise investing in public services over income tax cuts , 14<sup>th</sup> July 2015, Available: <http://www.tasc.ie/news/2015/07/14/almost-70-of-irish-public-agrees-government-should/>

<sup>60</sup> OECD (2014), "Total expenditure on health per capita", Health: Key Tables from OECD, No. 2. DOI, Available: <http://dx.doi.org/10.1787/hlthxp-cap-table-2014-1-en>

<sup>61</sup> Chapt 3 Market Failure in Healthcare: Justifying the visible hand, from Donaldson & Gerard, Economics of Health Care Financing, The Visible Hand, 2<sup>nd</sup> Edition, Palgrave, London, 2005.

<sup>62</sup> Martin Wall & Fiach Kelly, Irish Times, Monday 29<sup>th</sup> June 2015, Universal health insurance could cost up to €3,000 for adult, Available: <http://www.irishtimes.com/news/politics/universal-health-insurance-could-cost-up-to-3-000-for-adult-1.2265824>

- The two-tier nature of our current system leads to inefficient use of resources, and causes hardship to patients.
- Research has shown that the health service in the world with the best outcomes and the most cost-effective performance - American Veterans Health System<sup>63</sup> - is directly funded by general taxation.

## 5.2. How healthcare providers are to be paid:

The Green Party/Comhaontas Glas supports multi-annual budgeting, Activity Based Costing and Blended Capitation Schemes<sup>64</sup> to incentivise efficient targeted use of resources throughout our health system.

### 5.2.1. Multi-Annual Budgeting

The health service is a demand-led service and experiences regular and often unpredictable surges in demand. The demands of budgeting within the current annual allocation of funding ends at what is often the busiest time of the year for healthcare services, frequently resulting in short term, cost-saving measures being introduced which are unsustainable in the long term. These short-term saving measures, such as the closure of wards and operating theatres, lead to more patients on trolleys, longer waiting times, poorer patient prognosis and ultimately more expensive care in the long run.

Multi-annual budgeting reduces the need for short-term saving measures and is better suited to the long-term financial planning required for better healthcare.

### 5.2.2. Activity Based Costing and Full Economic Cost-Benefit Analysis

The Green Party/Comhaontas Glas believes that all financial units within the health services should provide activity-based costs and budgets, indicating exactly how resources were used, in order to receive funding for their activities. This should help to reduce waste.

The Green Party/Comhaontas Glas is of the view that all requests for new funding - both capital and operational - should be subject to the guidelines above, and that a programme of reviewing existing programmes should be undertaken.

National and local processes should be evidence-based and transparent, and prioritise patient and family-centred care, as close as possible to the patient's home. Also the use of high-cost technology interventions should be carefully managed and only used where value for money can be established.

### 5.2.3. Hybrid Capitation Models

The Green Party/Comhaontas Glas supports the use of hybrid capitation payment arrangements such as weighted-capitation<sup>65</sup> and blended-capitation<sup>66</sup> to pay for healthcare services in hospital and the

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<sup>63</sup> Phillip Longman, *Best Care Anywhere*, 3<sup>rd</sup> Edition, Bernet-Koehler, San Francisco, 2012.

<sup>64</sup> In blended capitation some ancillary services are fee-per item

<sup>65</sup> This is a formula used to project future health costs. It starts with projections for a resident population, and then weights them as appropriate for the cost of care by age group for relative need over and above that accounted for by age, and takes into account unavoidable geographical variations in the cost of providing services. It is used to determine Health Authorities' target share of

community. These allow health services to use incentives to move care to those who need it most, and reward healthcare practitioners and providers who achieve the best outcomes for their patients.

Weighted capitation would apply to providers looking after patients in areas of deprivation or in sparsely-populated rural areas, and can be adjusted as part of long-term planning. It also allows for targeted schemes to deal with specific problems that might occur from time to time.

Blended capitation would apply to, for example, GP practices that achieve and maintain a reduction in hospital admissions for their cohort of nursing home patients

These incentives should be decided on a regional or local-level in response to health outcome targets which should be set by the Department of Health, in consultation with the public on an annual or multi-annual basis.

### 5.3. Patient Charges for Healthcare

The Green Party/Comhaontas Glas supports the introduction of charges for all medical services, to be paid at point-of-use of those services, subject to a person's medical need and their ability to pay.

These charges, sometimes known as co-payments are a way of sharing the cost of medical services between the tax-payer and the patient in a way which ensures that people use these services appropriately, and do not opt for more expensive treatments unless necessary.

Charges should be established based on an economic evaluation of factors likely to ensure appropriate levels of use of healthcare services and in consultation with patient groups. Some suggested payments could be:

- A prescribed medication co-payment of 50¢ (currently €2.50)
- A €15 GP visit co-payment for all persons over 18 or out of full-time education
- A €20 charge for attending an out-of-hours service.
- A €25 charge for a specialist consultation with a consultant, clinical nurse specialist or advanced nurse practitioner in a hospital
- A €50 charge for a minor procedure in a hospital where that procedure is available from a general practitioner.

These charges should be tailored to help achieve health targets and manage demand, and reviewed on an annual or multi-annual basis at a regional or national level,

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available resources.

<sup>66</sup> In blended capitation some ancillary services are fee-per item

## 5.4. Funding of General Practices

Funding to general practices should be delivered on a capitation basis and, given the relative low levels of doctor per capita in Ireland,<sup>67</sup> we need to increase the number of practice nurses, advance nurse practitioners and healthcare assistants to meet the increased demand for consultations that would be brought about by our proposed displacement of work from outpatients and day surgery. Accurate data is not available for current staffing levels in general practice but it is thought there are approximately 1,800 practice nurses and 3,500 administrative staff. The Green Party/Comhaontas Glas supports revising the cap on staff subsidies to allow practices to invest in the personnel necessary for the expansion of services.

## 5.5. Transitional arrangements

Our current system relies significantly on out-of-pocket contributions by patients, either through premiums paid for health insurance, general practitioners or other fees and cash paid for medications.

GP fees are paid by 60% of the population and vary from €30 to €65. It is unclear if we receive value for money for this contribution as private healthcare makes up only about 20% of hospital beds

Currently, holders of medical cards attend a doctor twice as often as non-medical card holders<sup>68</sup>, and it is accepted that the income generated from private patients is a significant subsidy to the system. Extending capitation-based care to all patients, even where a co-payment is included, represents a significant change to the funding structure of general practice and the new funding will have to factor in the loss of this subsidy.

### 5.5.1. Extension of the Public Scheme to the Full Population

The Green Party/Comhaontas Glas 2007 Health Policy<sup>69</sup> called for free GP visits for under sixes in order to remove cost as a barrier to healthcare for these children and its implementation by the current government marks an important first step on transferring of resources into general practice. We believe that eligibility should be extended on the basis of increasing the number of medical conditions entitled to free GP care on an annual basis over 5 years.

### 5.5.2. Private Health Care sector within the new system

Within the system proposed in this policy document those who choose to access private health care would bear the entire cost of that choice. The Green Party/Comhaontas Glas supports the phasing out of all tax incentives and public sector concessions of any kind for those who purchase or provide private healthcare services and private healthcare insurance. We think it is more appropriate that the resources directed to these areas through tax reliefs and incentives should be directed to sustaining and developing a universal-access publicly-funded system.

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<sup>67</sup> Health At A Glance, OECD Health Indicators 2013

<sup>68</sup> Central Statistics Office, Health Status and Health Service Utilisation, Q3 2010,  
Available: <http://www.cso.ie/en/media/csoie/releasespublications/documents/labourmarket/2010/healthstatusq32010.pdf>

<sup>69</sup> Irish Times, Saturday January 27<sup>th</sup> 2007, Green Party Outlines Health Policy,  
Available: <http://www.irishtimes.com/news/green-party-outlines-health-policy-1.1291922>

The Green Party/Comhaontas Glas believes that costs to the public healthcare delivery system arising from investigations or treatment commenced in the private sector should be borne entirely by the private healthcare provider involved in initiating the service.

The Green Party/Comhaontas Glas believes that private healthcare service providers, particularly those operating within a voluntary or not-for-profit model have made, and can continue to make, a contribution to healthcare services in Ireland. The private, for-profit sector may be able to provide some facilities and services to a publicly-funded healthcare system where they have quality-assured capacity and can provide such services in a cost-effective manner.

To the extent that private health care providers operate in Ireland they should be obliged to contribute health statistics and outcomes data to national health information systems.

The Green Party/Comhaontas Glas 2011 election manifesto called for the phasing out of all tax relief on payments to private healthcare and private health insurance over a period of five years.<sup>70</sup> We continue to support this approach in order to allow for an orderly wind down of such organisations and the transfer to funding from general taxation only.

### **5.5.3. Medications**

With our proposed healthcare model patients on the Long Term Illness scheme<sup>71</sup> would be provided with full medical cards and be liable to pay the medication co-payments discussed above. All patients would obtain their medications from community pharmacies on a single scheme and to prevent medication costs becoming a barrier for treatment, a co-payment would be payable depending on the patient's medical condition or the status of the medication. To achieve this, the Green Party/Comhaontas Glas supports reducing the payment threshold for the drug payment scheme over a 4 year period

We propose that the Long Term Illness Scheme would be expanded to include patients over 16 with prescriptions for mental illness. However we require that there be regular reviews of medication prescriptions, and that for those who suffer ongoing mental/emotional distress or dysfunction, multidisciplinary interventions including psychological and social interventions be made available

### **5.5.4. Clearing waiting Lists**

Waiting times for all specialties require improvement. We note the particular difficulties experienced by patients waiting for orthopaedics and ear, nose and throat surgery and dermatology. We are in favour of requiring community and hospital healthcare groups to allocate resources on a group-wide basis and to utilise theatre space in a manner which is efficient for the group as a whole.

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<sup>70</sup> Green Party/Comhaontas Glas, General Election Manifesto 2011, Available: <http://vote.greenparty.ie/downloads/manifesto.pdf>

<sup>71</sup> Available: <http://www.ipha.ie/alist/medicines-supply-and-reimbursement.aspx>

## 5.6. Regulating the prescribing and distribution of drugs and medicines

Procurement groups should be set up regionally to negotiate and agree on prices for medications. These groups will be affiliated with local hospital and primary care groups and will use EU procurement best practices to ensure that optimum prices and products are obtained. Contracts should be regional and not national as this reduces the risk of monopolies and stock shortages. Similar to the work currently carried out by the National Centre for Pharmaeconomics and the HSE Medicines Management Programme, the aforementioned procurement groups should also identify 'preferred medication' where there is a difference in the cost, but not the efficacy, of the medication. These procurement groups should be run in conjunction with hospital Pharmacy & Therapeutics (P&T) Committees, which should be composed of doctors, healthcare professionals, pharmacists, patient group representatives, economists and a legally trained chairperson. These groups and P&T committees should be supported by robust evidence-based medicine research carried out by properly staffed medicines information services. The pricing arm of such committees should then decide on a fair price for the health organisation or hospital to pay the manufacturer for the drug.

## 5.7. Cost of medication & prescription charges

All medications should be prescribed by approved international non-proprietary names (generic name) in hospital and in the community unless there is a valid medication safety reason - as validated by the Health Products Regulatory Authority (HPRA) - not to do so. Reference pricing should be extended and should include all therapeutic areas. The pricing should be based on procurement processes that are managed under the remit of the chief hospital pharmacist and in collaboration with community healthcare organisations. Each of these organisations should be considered as accounting units and be expected to purchase medications using the tendering procedures outlined in EU public procurement directives, and in conjunction with the procurement groups and P & T committees mentioned above.

## 5.8. Rising Litigation Costs

The Green Party/Comhaontas Glas supports the introduction of no-fault compensation for failures in healthcare that result in adverse outcomes. Adverse outcomes should be thoroughly investigated and findings published to ensure that lessons are learned and services are improved.

We support new structures to address the ongoing needs of patients who suffer as a result of adverse outcomes rather than one-off payments.

## 6. STAFFING THE HEALTH SERVICES

Over 100,000 people are employed directly in our health services and many more are employed in related industries. While technology has an important role to play in health, appropriately applied knowledge and care personally delivered by health staff is essential to ensure citizens receive the best care possible. Professional staff, support staff, families and carers need to be empowered to work collaboratively and to place the patient at the centre of all activities. With this in mind, we outline



below our proposals in relation to career structure, recruitment, regulation and retention of skilled and unskilled staff within the system.

The Green Party/Comhaontas Glas supports ending the recruitment embargo which has led an increased use of agency staff and a resulting increase in overall staff costs<sup>72</sup>. Statutory leave, such as parental and maternity leave also need to be managed appropriately with posts being replaced where there has been an established need for the role.

Flexibility is required as staff numbers in all areas are adjusted to ensure equity of access and healthcare provision. The objective of competent general care for all and collaboration between the professional bodies, the proposed integrated public health service, the Department of Health and Children, the health service delivery agencies and patient and community groups should inform the skills profile of new staff and the type of training provided. New and replacement posts should be planned for over a five to ten year term and in order to achieve key health service priorities and infrastructure.

## 6.1. Nurses & Midwives

As the Green Party/Comhaontas Glas sees ‘care’ as central to a functioning health services the role of the nurse in all of our systems is paramount. We support the training of nurses to clinical specialist (CNS) and advanced practitioner level (ANP) both within hospitals - including specialist practice - in primary care and in the community.

We also recognise the important role of senior and experienced staff nurses, and support procedures that allow them to remain at the patient’s side as much as possible. They should receive appropriate recognition for this invaluable service and have access to a appropriate level of continuing professional development and education.

We consider a more expansive utilisation of ANPs, as part of a collaborative process with other advanced grades of professionals, as key to easing pressure in areas of our service constrained by medical staff shortages.

## 6.2. Doctors

The health system is complex and to aid a fuller understanding of the totality of health we believe that rotations in general practice should be integrated into basic medical and surgical training. This would be done in collaboration with post-graduate training bodies and would mirror general practitioner (GP) training, which requires trainees to spend a number of years in hospital posts. Ideally these placements should be in areas of economic disadvantage and rural areas, and support existing healthcare provision in these areas.

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<sup>72</sup> HSE 2012 National Service Plan

The Green Party/Comhaontas Glas supports an increase in the number of doctors in the hospital system and believe that this will be helped by improving the quality of hospital training as outlined in the Hanly Report. These measures include, but are not limited to: phasing out all non-training NCHD posts, safeguarding training time (protected time) for NCHDs and their trainers and ensuring that new posts are created as part of a cohesive care strategy and not created purely to meet short-term service needs. Additionally we would use data analytic techniques to determine the optimal numbers of healthcare practitioners in all units, based on patient outcome data.

NCHD posts are intended for training doctors. Recently, there has been a practice of bringing in junior doctors from abroad just to fill gaps. There is a lack of structure and motivation towards improvement when this happens

The Green Party/Comhaontas Glas supports increasing the number of training places in medicine, both undergraduate and postgraduate. We also believe in state-funded CPDs for medical practitioners as an alternative to drug-industry-sponsored educational meetings<sup>73</sup>. We would also liaise with the post-graduate training bodies about limiting the number of such sponsored meetings eligible for accreditation under the various CME schemes.

### 6.3. Allied Health Professionals

Independent physiotherapy, dietetics and other allied health professionals (AHP) should be an integral part of multidisciplinary teams in acute and community care and should be accessible to all patients, without need for referral.

Where referral pathways exist they should be such that patients can be fast-tracked to receive the necessary medical diagnosis or treatment if they present first at such services.

AHPs should also form an integral part of multidisciplinary teams in acute and community care. We support the use of chartered physiotherapists, physical therapists and advanced nurse practitioners to triage patients on waiting lists at an early stage and feed back to patients, their carers, relevant specialists and general practitioners with a view to fast tracking them to the appropriate place in the health system. This would include protocol-supported access to diagnostic testing.

We support increasing the funding for speech and language therapists / occupational therapists and believe the current waiting times for children with autism / special needs in accessing interventions are completely unacceptable.

The delays in registering new posts and obtaining Garda clearance are disappointing. We support initiatives to fast track posts in sensitive areas such as these.

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<sup>73</sup> Royal College of Physicians in Ireland, Discussion Paper: Industry Support of Medical Education and Continuous Professional Development, March 2014, Available: [http://www.rcpi.ie/content/docs/000001/1732\\_5\\_media.pdf?1396431153](http://www.rcpi.ie/content/docs/000001/1732_5_media.pdf?1396431153)

## 6.4. Pharmacists

As the stewards of the medication-use process and the final checking step between prescription and patient, pharmacists have an important role in preventing harm to patients from medications. Currently the regulation of pharmacies and pharmacists is focused on finance and discipline. The Green Party/Comhaontas Glas believes that the focus should shift towards quality and involve meaningful audits of how they have minimised harm to patients and reduced medication use where appropriate.

We do not believe that pharmacy support staff, such as pharmaceutical technicians, require full regulation, as their work is the responsibility of a supervising pharmacist. However, an ongoing system of continuing education and certification for such staff is appropriate and should be monitored by the Pharmaceutical Society of Ireland.

Graduate entry level pharmacy degrees should be facilitated for those with appropriate primary degrees and experience, including pharmacy support staff. Under and post-graduate level training should involve placements in both hospital and community settings to help trainees gain a broader understanding of patient care. To ensure that cost is not a barrier to entry, postgraduate and integrated fifth year pharmacy undergraduate training should be appropriately funded by the Department of Health - meaning an appropriate number of students would pay no additional fees. Additionally, pharmacists undergoing pre-registration (internship) training should be paid at the salary scales agreed by the Department of Health.

## 6.5. Management & Administrative Grades

Non-medical staff, or staff who have moved from clinical to management roles in the health service have been vilified and blamed for many problems in the administration and management of the service over recent years. The Green Party/Comhaontas Glas recognises that these staff members play an important role in ensuring that trained medical staff are free to spend their time on direct patient care activities and that for many people their first contact with the health services will be through an administrative grade.

The Green Party/Comhaontas Glas supports implementing an evidence-based approach to management and administrative work in our healthcare services. We also believe that administrative staff should be able to change roles if it helps achieve more efficient healthcare delivery and that, where such grades are not required to be in direct patient contact, they should be allowed the flexibility to work in different geographical areas in order that peaks and troughs in workflow can be minimised. Finally, administrative grades should also be offered the same training and development opportunities as clinical grades.

## 6.6. Support Staff

The Green Party/Comhaontas Glas recognises that support staff without any formal training make up a large proportion of the healthcare workforce and play a significant role in caring for patients,

both as ward aids, and, crucially, in helping healthcare settings comply with hygiene requirements in challenging circumstances. Such staff should be integrated into care teams and allowed development opportunities which reflect their important role in patient care.

## **6.7. Training and Recruitment of Healthcare Professionals Generally**

For an effective health care system, the accreditation of medical schools, GP training schemes and training schemes for other health care professionals should take place on the basis of projected demographics.

We should investigate the feasibility of developing appropriate postgraduate routes to training as a flexible short-term measure to manage staffing levels and also to facilitate those who wish to change careers later in life. This investigation should include focus on all healthcare professions and should be subject to close liaison between healthcare providers, the Department of Health and higher education authorities and institutions.

## **7. IRISH HEALTHCARE IN AN INTERNATIONAL CONTEXT**

The Green Party's founding principles on redistribution of the world's resources and world peace reflect an inclusive view of the world. The Green Party/Comhaontas Glas supports international cooperation to protect the health of our global family and acknowledges Ireland's obligation to ensure that our health and our health services are not sustained at the expense of the health of poorer people in other parts of the world

### **7.1. Cross border co-operation**

The Green Party/Comhaontas Glas recognises the challenges to health experienced by citizens in the border counties, both within the Republic and Northern Ireland, and asserts the rights of patients to seek treatment at the setting most appropriate for them, in either jurisdiction. This might include care pathways that involve diagnosis and treatment in separate jurisdictions and will require improved information and transport links for patients. Costs of services may require a budgetary adjustment in particular for cancer and other care programmes.

### **7.2. Health Tourism**

The Green Party/Comhaontas Glas recognises the risks and opportunity to patients who travel abroad to access more affordable or inaccessible health treatments, sometimes known as 'health tourism' and care is needed to prevent exploitation of Irish patients abroad.

Where a case has been made, and suitable evidence exists that a therapy cannot be cost-effectively be provided in Ireland, the patient's local healthcare commissioning body should make arrangements to ensure that a patient can avail of such treatments abroad. The commissioning body should also ensure that such as scheme does not result in local patients being deprived of such services.

**ENDS**

## Document Control

### Version:

Version	Date Released	Contributor(s)	Description
1.0	11.10.15	<a href="#">Oisín O hAlmhain</a> Seamus McMenamin	First Draft for Discussion at Policy Council Meeting
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3.0	19.01.16	<a href="#">Oisín O hAlmhain</a> Seamus McMenamin Elaine Butler	Edited draft for approval by Policy Steering Committee
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### Approval:

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