

**Speech for Minister Harris**  
**Emergency Department Taskforce Unscheduled Care Forum –**  
***“Perspectives from the Frontline”***  
**Venue: Hibernia Conference Centre, Dublin Castle**  
**4 September 2018**

**Introduction**

I am delighted to join you this afternoon to give the closing address of the Emergency Department (ED) Task Force *“Unscheduled Care Forum – Perspectives from the Frontline”*.

I very much welcome the initiative of the ED Task Force in organising today’s event. The Forum provides a platform for you, the frontline staff in our health services, to give your views on how we can improve the experience of patients using our unscheduled health care services and for the ED Task Force to listen and learn.

I would like to thank the joint chairs of the ED Task Force, Anne O’Connor, Deputy DG of Operations, HSE and Phil Ni Sheaghda, the INMO General Secretary, for giving their support to this initiative.

At the outset, I think it's extremely important to acknowledge the significant level of work that is undertaken every day by staff across our health services to provide high, quality care to patients, often in a challenging working environment.

I want to thank you for taking time out of your busy professional lives to participate in today's forum. I also want to thank all those who presented at the Forum, the facilitators who gave the feedback from the breakout sessions and all those who helped to shape today's programme.

I know that it was no mean feat to organise the logistical arrangements to make this a truly participative event, and I want to thank Grace Rothwell, SDU lead and staff in the Scheduled and Unscheduled Care Performance Unit for the work that they put in which made today's event possible.

I know that the ED Task Force, of which I am a member myself, was keen to ensure that today's event was representative of frontline staff working in our Emergency Services, our Hospitals, in primary care and community settings and as such was intended to harness your expertise.

I hope you found it useful to share your experience today with colleagues working in different sectors of the health service and had a

real opportunity to exchange your views on how we can learn from and overcome some of the challenges you face on a daily basis. Today must be about sharing ideas - which we can then translate into real and workable solutions.

The broad range of representatives from different parts of our health service is most welcome. It acknowledges that the challenge faced in EDs arise from the structure of our health services, from primary care to acute care to community care. ED overcrowding represents a system-wide problem and therefore a system-wide solution is required.

### **ED Task Force**

As you know, a key role of the ED Task Force is to develop sustainable long-term solutions to ED overcrowding. This means addressing long waiting times, poor conditions and delayed access to essential diagnoses and treatment.

It is my view – and I know the view of many here – that to achieve that goal the ED Task Force must be re-energised and reformed. It is my hope and belief that today will be the start of the process of rejuvenation and renewed purpose.

It must be a body which drives change and sees ideas turned into solutions. I know there is the appetite and skill there to make that happen.

For this reason, I am heartened by the fact that today's event is a practical working meeting to share best practice, to understand our shared operating environment and to work together to ensure we are all prepared for this winter, and the challenges it will bring. I also welcome the fact that a report from the Forum will be submitted to the next meeting of the ED Task Force on 27 September, which I hope will lead to the development of sustainable solutions and strengthen the capacity of the ED Task Force to fulfil its important mandate.

### **Demand for services**

As you are all too well aware these are busy times for our health services and there is high demand for unscheduled care, particularly in the over-75 age group. By the end of July 2018, total attendances were up 3.5% and admissions up 1.6%, compared to the same period in 2017. For those over 75, in the first seven months of the year, attendances rose by 5.6% and admissions by 5.2%, compared to the same period in 2017.

We all know that we are now heading into one of the most challenging times of year for our health services and that's why today's gathering is so timely.

We meet here to share experiences, learning and expertise. As I have said the key will be translating these ideas into workable solutions – which will make a real difference for staff and patients.

### **Solutions – investment and reform**

As I travel around the country visiting health facilities and meeting patients and staff one thing has become very clear to me. What our health service needs is both investment and reform. They must go hand in hand if we are to succeed.

While reform is needed, and it is clear that more care should be delivered in the community, it is also clear that there is a need to increase capacity in the acute sector over the next decade.

### **Investment**

I am determined to reverse the failed and bizarre policy of past Governments, who cut hospital bed numbers, despite knowing that we have an aging and growing population.

Based on the findings of the Capacity Review published earlier this year, the Government has committed to increase acute bed capacity by 2,600 and to providing 4,500 additional short and long-term residential care beds in the National Development Plan over the ten year period of the Plan. This will also include new elective-only facilities in Dublin, Cork and Galway.

I have asked the Department to work with the HSE to identify the location and mix of beds which could be front-loaded in 2018 and into 2019 and 2020 to alleviate congestion in our EDs.

The Department has received proposals from the HSE, which identify an additional 609 acute beds and 290 community beds to be phased in between 2018 and 2020.

Increasing capacity is key to addressing the difficulties in our EDs.

But this investment needs to be evidence-based and targeted. The impact needs to be demonstrated in advance and tracked over a set period. And a full evaluation on benefits must be made at the end of that period. The days of investment without a clear view of returns is in the past.

Of course, investment is not the only answer – as I have said reform and investment must happen in tandem.

## **Reform**

The Sláintecare report has provided a clear direction of travel in this regard, and the Sláintecare Implementation Strategy, which I recently published, provides the framework for how health service reforms can be realised across primary and social care as well as acute care. We have commenced implementation of the Sláintecare programme of reform.

A dedicated Sláintecare Programme Office has been established and implementation is being led by Laura Magahy as Executive Director. I would ask you, as important stakeholders, to support the programme of reform which will improve the health service for patient and staff.

The organisation of this meeting is also extremely timely, as hospital groups and community health care organisations (CHOs) prepare integrated plans to better meet the needs of their patients over the next six months. In this regard, I have invited chairs of the hospital groups and the chief officers of the CHOs to meet me from mid-September onwards to outline their plans to respond to expected peak demand during the coming winter months.

I will be seeking an assurance from the hospital groups and the CHOs that they have plans in place based on evidence and experience, that

appropriate measures will be put in place to respond to the level of demand generally expected at this time of year and that this demand will be tracked. I would like an assurance that decision makers in both community and hospitals will be available each day throughout the winter and that there is a plan in place to meet known challenges such as flu and infection control.

## **Conclusion**

In conclusion, I want to thank you for all the input provided at today's forum. I do not underestimate the work you all do. The success of events such as these will be evident from the actions of the ED Taskforce in the months ahead.

If we are to meet the challenges we face in the coming months we must face them together. We will of course have our differences along the way but let us all have a unified purpose – let us work together towards the one aim – to make this a health service which delivers the care people need, in the right place, at the right time. A health service we can all be proud of.

**ENDS**