



Irish Nurses and Midwives Organisation
Working Together

**Submission to the
Joint Committee on the
Implementation of the Good Friday Agreement**

to

**Discuss the Identification of Opportunities
to Upgrade the Health Services on an
all-Ireland Basis.**

Time: 3.00 p.m.

Date: Tuesday, 26th May 2015

Venue: Meeting Room 2, Leinster House

1. INTRODUCTION

May I begin, on behalf of the Irish Nurses and Midwives Organisation (INMO), by thanking the committee, most sincerely, for the opportunity to engage with you on this critically important issue of the further development of health services on an all-Ireland basis. It is our hope that this presentation will summarise our views, on this issue, and we look forward to constructive debate, with the committee, and the other organisations here today. We know we all collectively seek to maximise the availability of health services, on a timely and quality assured basis, to all citizens who live on the island of Ireland.

On behalf of the INMO the first point we wish to make is that it is our view there should be no barriers, or borders, to providing speedy, appropriate, accessible and quality assured health services to every person who lives on this island.

In that context the goal of all those who are involved in our health system, whether they be frontline staff, providers, and policy makers, must be to ensure that the person, seeking health care, can access same, efficiently and effectively, regardless of where geographic borders happen to lie. Such developments can lead to minimising duplication, delays and waiting lists and maximising the outcome for patients whatever their requirements or address.

The second point we wish to make is that we recognise that funding for health care has, is, and will always be a challenge for governments and policy makers.

In relation to the island of Ireland, and delivering closer, seamless, island-wide services, it is recognised that we have different health service structures, and funding arrangements, which can, if allowed, delay closer integration and access. Furthermore we believe our health service holds a less protected position, within our political system, than the NHS does within the UK parties. However neither of these factors should be allowed to prohibit positive closer collaboration and patient centred developments.

2. EXISTING RESEARCH AND DEVELOPMENTS

Against the backdrop of these two opening points I would now like, on behalf of the INMO, to draw the following points, to the committee's attention, in the context of any discussion seeking to identify opportunities to upgrade the health services on an all-Ireland basis.

1. It has to be acknowledged, as I am sure the committee is aware, that significant work and effort has already been done, in recent years, to progress, and enhance, particular aspects of health services which can, and should, be developed/integrated on an all-Ireland basis. In this regard the work done by **Shane McQuillan** and **Vanya Sargent**, in 2011, under the heading:

- “Identify how cross border hospital services can provide mutual benefits for the people of the border region”;

provides an excellent, coherent, summary of what exists and what could be further developed. The INMO would support the findings and proposals in this study.

The INMO would also draw the committee’s attention to other excellent research, in this area, including:

- “Explaining the Potential for Cross-Border Hospital Services in the Irish Border Region - The Role of Community Involvement in Planning Hospital Services” - **Ruth Taillon**

In addition we must acknowledge commitments, already made, for all-island services with regard to:

- Congenital heart Disease Network; and
- North West Oncology Network;

which are the first of many such initiatives.

2. There are other projects already underway, under the general heading of “Co-Operation and Working Together (CAWT)”, which involve funding for many cross-border health and social projects under the overarching programme title of “Putting patients, clients and families first”.

The INMO fully supports the view that CAWT must have a role in helping to design future all-Ireland services which operate on a cross border basis.

3. In further reports a number of other services, appropriate for cross-border delivery to an accessible population, were identified including:
 - orthopaedic surgery in the North West;
 - all ENT surgery in the border region;
 - paediatric cardiac surgery on an all-Ireland basis;
 - cystic fibrosis in the North West; and
 - acute mental health services in the border region, initially, and, subsequently, on a possible all-Ireland basis.

All of these proposals, which are underpinned by solid research and evidence in terms of their potential effectiveness and enhancement of access to services, must be further supported and developed.

4. While all of this work has been done it must also be stated that this research found potential barriers and inhibitors to actually translating these excellent ideas into tangible, accessible, services for citizens of this island. These negative factors include:

- a perceived lack of support, at the highest levels, despite public comment, which manifests itself in the absence of firm policies, supporting and prioritising, cross-border initiatives;
- the existence of differing standards, across the two jurisdictions, in such areas as clinical and governance and regulation;
- the existence of different structures, roles and functions with regard to the respective roles, and areas of competence, undertaken by staff in the two health services;
- differing systems for professional accreditation;
- differing legislation, which may include issues of indemnity for health professionals, in certain areas of healthcare i.e. mental health legislation which can prevent closer working and integration;
- the absence of comparable data as different methods of data information collection with regard to health services, exists, between the two jurisdictions; and
- the eternal, and ever present, issue of adequate resources in the midst of competing priorities;

We accept there are differences but none of them should prohibit progress in this area.

5. Furthermore, in dealing with this issue and striving to minimise these inhibitors we would ask the committee to note the implications arising from the recent EU Directive 201/24/EU on the issue of cross-border healthcare provision. This Directive includes, amongst many issues, the following:
- it provides a framework that entitles citizens to seek healthcare services, in other EU member states, if there are issues such as waiting lists in their own home member state;
 - the issue of the provision of professional indemnity insurance for all health professionals; and
 - effectively an overall drive to require barriers, both substantive and artificial, to be minimised so that the citizens of Europe can access healthcare without reference to geographic or political boundaries.

There is no doubt that this Directive, in addition to the undoubted goodwill that exists about enhancing cross-border health services, will provide a further stimulus as it will have direct implications, in due course, for the provision of healthcare services in our border areas.

3. POTENTIAL DEVELOPMENTS

At this point I would like to suggest to the committee other areas of healthcare which could be improved through a greater cross-border all-Ireland approach.

These are as follows:

(i) ***Emergency Department Services:***

As the committee will know we currently have a major crisis with regard to overcrowding, in our emergency departments, which is highlighted, on a daily basis, by the INMO trolley and ward watch surveys.

I wish to recognise that efforts are ongoing, through the actions of the recently published Emergency Department Taskforce, to alleviate, to some extent, this blight on our health service which leads to lower standards of care, diminished patient outcomes, loss of dignity and privacy and unacceptable workloads for frontline staff.

Against this background we would suggest, to the committee, that work should be undertaken to see if some alleviation of this overcrowding would arise if greater use, involving a public education programme, of emergency departments, in Northern Ireland, that are very close to the border i.e. Newry.

Arising from the floods, in the ED department of Letterkenny General Hospital there were some examples of this, in the North West area.

The INMO believes that the sharing of such services, particularly with regard to those attending an emergency department for immediate assessment, treatment and discharge, would, undoubtedly, bring benefits to service users. This would be particularly helpful in Our Lady of Lourdes Hospital, Drogheda, Cavan General Hospital, Sligo General Hospital and Letterkenny General Hospital.

The cross border benefit could arise from the planned establishment of Local Injury Units, in Dundalk and Cavan, which could cater for all persons within an agreed catchment area.

(ii) ***Maternity Services:***

A second area, which should be explored, is the provision of an all-Ireland maternity service.

As the committee members will know the Minister for Health, Mr. Leo Varadkar TD, recently announced the establishment of a Review Group to bring forward a Maternity Strategy, for the Republic, before the end of the year. It is the view of the INMO that, as part of this Review Group's work, it should be asked to examine, obviously fully involving Northern Ireland Health Services, what potential exists for cross-border provision of maternity services.

On this issue I am obliged to remind the committee that just over a year ago, in March 2014, the INMO undertook a study of midwifery staffing, in this country. We found that there was a national shortfall of 554 midwives in order to reach the internationally recommended midwife to birth ratio of 1 to 29.5. In relation to the hospitals near to the border I would draw the committees attention to the following ratios:

- Our Lady of Lourdes, Drogheda - 1 midwife to 37 births (deficit of 25 midwives);
- Cavan General Hospital - 1 midwife to 42 births (deficit of 19 midwives);
- Sligo General Hospital - 1 midwife to 36 births (deficit of 10 midwives);
- Letterkenny General Hospital - 1 midwife to 41 births (deficit of 18 midwives).

At that time, following consultation with our sister organisation the Royal College of Midwives (RCM), in Northern Ireland, we were advised that the midwife to birth ratio, in the North, was 1 to 24. This, obviously, provides the potential for a much greater degree of midwife led services which, on all known research, is the preferred model for most low risk mothers.

It should be noted that the INMO and the RCM (Northern Ireland) has, for over 20 years, held an annual all-Ireland Midwifery Conference. This has brought together midwives, from both services, and there is an appetite to cross border service delivery.

While we recognise there may be sensitivities arising regarding place of birth the greater integration of maternity services is, in our view, also an area of potential development on an all-Ireland basis.

(iii) **New Children's Hospital**

It is clearly advisable, when developing the new Children's Hospital in Dublin, to ensure it can provide specialist services to all of the children of this island. It is accepted that standards require, and are maintained, through a minimum volume of cases. In that sense the full use, of what will be a state of the art facility, is only best practice.

(iv) **Cost of Drugs**

We all know that the cost of drugs, in the Republic, is significantly greater than in the UK. We will spend nearly €2 billion on drugs this year which can be 40% greater than pro-rata costs in other countries.

In the interest of the tax payer we must surely examine the potential for purchasing drugs on an all-island basis. We cannot remain silent and passive while drug companies take excessive profits. Therefore we

must explore if economies can be made through new ways of purchasing, leading to savings, while maintaining services.

(v) **Intra Professional Initiatives / Placements**

It is our view that the quality of the two health services would benefit from closer cross service contact between health professionals. In areas such as community nursing/midwifery, intellectual disability and the acute specialist areas mutual benefit would accrue from planned inter service placements. We can always learn from each other and best practice prevails.

SUMMARY

In making this presentation the INMO is acutely conscious that much excellent work has already been done with regard to the greater development of cross-border/all-island services.

It is our firm view that any of the obstacles or inhibitors, to delivering this greater level of integration can, and should, be addressed and overcome. This should be done, not only in the context of delivering that seamless, accessible and quality assured service to the patient/client, but also to ensure minimum duplication, of services, and maximum benefits from the economies of scale, in terms of finances, expertise and competence. We are fully supportive of the further development of all of the areas identified, through research, and under the CAWT programme. What is now required is the political will to drive these forward and make them priorities for politicians on both sides of the border.

In addition to this we are suggesting that, at the very least, further attention should be given to the greater integration of a range of areas to reflect pressure, capacity and resources.

Chairman, and committee members, the very fact that I have the privilege of making this presentation, to the Joint Oireachtas Committee on the Implementation of the Good Friday Agreement, is not taken for granted. I have lived, although a proud Kilkenny man who was educated in Richmond in Surrey in England, in Co. Louth since 1976.

The changes that have been brought about, arising from the Good Friday Agreement, are precious and should never be taken for granted. I am not suggesting that there are not continuing tensions and difficulties. However I remember the time when, to go from Dundalk to Newry, you had a minimum of four checkpoints, with two on either side of the border. It is with a tremendous sense of hope, to me, that you can now drive, uninterrupted, and without even noticing it, from Dublin to Belfast.

Against this background of massive, positive, change, recognising there is always more work to be done, it behoves all of us to ensure that our health service has no borders. It can be shaped, on an all-Ireland basis, in a manner which provides quality services, efficiently and effectively, both from a resource and geographic perspective, to citizens.

On behalf of the INMO I wish the committee well, in its deliberations, and particularly in its consideration of the question of further development of health services. We will work with you, in every possible way, to deliver positive change in the delivery of healthcare to all the citizens of this island.

Thank you.