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IAEM welcomes the report of the Committee on the Future of Healthcare

The Irish Association for Emergency Medicine warmly welcomes this week's publication of the [Sláintecare Report](#). This report, of the Oireachtas Committee on the Future of Healthcare, represents the first cross-party strategic document in health and is an attempt to move away from the unsatisfactory experience of having a series of individual policies with little or no long term strategic direction. Such policies are typically espoused by a particular Minister and policy tends to change abruptly when the individual Minister or his/her party ceases to be in office. The fact that all parties in the Oireachtas have been contributors to this strategy will no doubt help to bring a more consistent approach to healthcare policy.

This aspirational document recommends significant increases in funding of the Health Service and recommends a shift in care back into the community from acute hospitals. It also recommends *inter alia* a move to a single-tier system in public hospitals, away from the current mix of public and private practice within the public hospital system. Ireland's 29 Emergency Departments (EDs) are currently the only part of the hospital system where treatment is provided exclusively on the basis of clinical need rather than eligibility or insurance status.

In welcoming the publication of the Committee's report, all those working in healthcare are acutely aware of the succession of published healthcare strategies which have either not been implemented or only implemented in a limited way. If this strategy is to be accepted as Irish Healthcare policy, it is imperative that steps are taken to ensure that it is fully implemented rather than a join a library of other reports condemned to be little more than shelfware.

While the document recognises the need to ensure that patients who present to EDs are seen and either admitted to hospital or discharged within 4 hours of registration and anticipates that this target be set in statute, there is no consideration as to how this will be achieved. Ensuring that there are enough acute hospital beds for those patients who require hospital admission to get a bed in a timely fashion is paramount. The Association recognises that investment in preventative health care may eventually result in fewer of us needing emergency care but this

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result is unlikely to happen in the 10 year horizon of this plan.

Even if the proposed investment in primary and community care takes place, there will always be a need to admit patients to acute hospitals. A large percentage of those currently treated in acute hospitals will need to continue to be treated there, irrespective of how much additional funding is provided for community services. It is significant that in the NHS, where free GP care exists, the number of patients attending UK EDs continues to rise inexorably, as do the number of patients requiring acute hospital admission. It would be naive therefore to think that the growth in attendances at Irish EDs and the number requiring acute hospital admission won't continue to rise over the coming years, notwithstanding changes to the policy and funding models.

Of concern to the Association is the absence of detail on how the 1.2 million patient attendances at Ireland's EDs will be best managed into the future. While the better primary care access and provision and the potential assistance being provided by Acute Medical and Surgical Assessment Units that are envisaged is welcome, the committee and policy makers need to understand that the overwhelming majority of hospital-based acute and emergency care will continue to be provided in EDs into the future and the appropriate infrastructure and staffing need to be put in place to allow these patients be managed optimally there, rather than naively assume they can be redirected elsewhere.