

**Ivana Bacik TD**

**Remarks for Irish Hospital Consultants Association Annual Conference 30.9.23**

**Subject: Public Hospital Capacity Development Requirements and Plans**

Good morning,

Thank you for inviting me to be here today.

First, I want to thank you for the work you do in our health system. It has been historically, chronically under-resourced, and you are constantly under immense pressure.

In the pandemic we saw the vital contribution you make, and the enormous sacrifices made to deliver care to our most vulnerable, at a time when there were no vaccines or treatments, and in the early days not even enough PPE.

Today, I am interested in also hearing from you, as frontline experts in your specialist fields, about the challenges facing our health service, what will make your job easier in both the short term and in the long term – and critically what we can do to recruit more effectively into the hundreds of vacant consultant positions.

This session is focused on public hospital capacity; but I want you to know that we take your concerns, outlined in your pre-budget submission seriously, particularly on waiting lists, and mental health.

We are in the process of preparing our own alternative Budget proposals to be published next week, but I am also working with our

Health spokesperson Duncan Smith, and our Senator Annie Hoey who sits on the Oireachtas Health Committee, on what will be the key commitments on health in our next general election manifesto.

So please feel free to contact me with your views.

For the Labour Party we believe in the power of the State, of us all working collectively to achieve change.

To make the system and structural investments necessary, to deliver an Ireland that works for all.

I believe in a universal, assessable public system of healthcare.

In a modern republic, there should be cradle-to-grave care for everyone.

That means dignity through old age and support through youth.

Not a lengthy waiting list for assessments or the ever-increasing outsourcing of treatments and therapies to the private sector.

And not a hospital trolley in an overcrowded ward with overworked and stressed staff.

Realising the vision of a better, fairer and more caring Ireland requires both immediate support measures and a long-term plan.

In reality, the current system is failing both those who provide care like yourselves, and those who need care.

What has been hugely frustrating in recent years for those who need access to decent public services, and those working in them, is the refrain that resources are not an issue.

That there is money there for x, y and z.

We hear this in climate, in housing, in healthcare all the time.

But in our healthcare system, there clearly is an under resourcing of many areas, and a failure to properly budget.

There is a chronic lack of ambition and delivery that comes at a cost for us all.

The lack of follow through on publicly made commitments due to a failure of political leadership, and a lack of effective management is corroding to public confidence in our capacity to solve problems.

We in Labour are supporting Slaintecare, and we want to see the necessary incremental changes happening to ensure we can deliver that vision of universal healthcare.

Changes are happening – but the signature reforms like e-health seem further away than ever.

As your own submission says, we need credible, funded, time bound plans.

If I was to make one broad statement of the obvious it would be that our population now exceeds 5.3 million, an increase of about 1.8 million or approximately 50% since the census of 1981.

Our life expectancy is now 82 years versus 73 then.

Irish people are healthier but also living longer bringing more chronic disease and complicated case loads.

We have significant inward migration and a sustained birth rate.

Our population will continue to grow.

So we can all safely conclude we need to build more hospital beds, new hospitals, new treatments centres, more care homes. The question that arises is how it will be sustainably funded and staffed.

For yourselves, what you would like to hear are commitments on future investment.

If we are to start anywhere it should be with the HSE capital plan.

Just over €1 billion is committed for capital infrastructure, equipment and fitting out of health facilities in 2023.

Looking at the challenges facing our health service, we know that is simply not enough.

And that there simply isn't the level of funding in place to deliver on the many commitments for new developments.

Then of course, there is the elephant in the room of the National Children's Hospital. We don't know what the final figure will be, but it will be more than €2 billion.

I'm also sure each of you can tell me of small projects or simple improvements your own hospital or healthcare facility needs.

There were clearly problems with the way the Children's Hospital was tendered for, and the multiple delays since.

But anyone who has seen the structure, as I have, will see that we will eventually get a world class facility.

Yet this is just one of the new hospitals we will need.

The National maternity Hospital will be one of the next large health projects. The tender process is due to begin by the end of this year.

Many of you will recall that all three maternity hospitals in Dublin were to be rebuilt, along with Limerick. There is no sense of when the Rotunda and the Coombe will advance despite it being announced in 2015, nearly a decade ago.

A new maternity hospital for Limerick co-located on the Dooradoyle campus is unlikely to happen this decade.

We are also told that four elective hospitals will be built and your budget document estimates these will cost €3bn.

The Minister for Public Expenditure last week published a Prospects document for major infrastructure projects, and we expect to see tenders for Cork and Galway by this time next year. The Business case for Dublin is behind those.

The document expects care to be provided by the end of 2027. I think we can all agree that is unlikely.

As you outline, the system needs 5,000 new public beds by 2030, or 700 a year.

We're told there will be the rapid delivery of 1,500 acute beds across 15 sites this year and next, but trying to get accurate information on that commitment would require a dedicated researcher.

So there is no shortage of commitments.

The question is whether even the key projects will be funded.

The return of inflation, and very strong construction price rises would indicate that the overall capital investment plan isn't enough.

Labour believes that there needs to be a re-assessment of the national development plan to ensure that there is enough funding in place for the next 4 to 5 years.

We saw earlier this year in the school building project programme many tenders being paused, then restarted once money was found

from elsewhere. The budget had not been increased to account for inflation.

To ensure the health plan remains funded in the long term, Labour supports the use of the proposed new National Wealth Fund, to serve as a backstop for future capital investment needs. This fund will soak up the excess corporation tax revenues expected over coming years.

Our Finance spokesperson Ged Nash has published a Labour View on that fund.

In it he outlines that the demographic transition will require the development of new hospitals and other community-based health and care facilities, but even more it will require a national transformation in relation to health knowledge and healthy behaviours, which can only be achieved if the investment is in place to overcome structural and systemic factors that lead to poor health outcomes.

That is why we are of the view the fund should be available to invest in our future healthcare capacity especially if there is a future recession that sees day to day capital spending scaled back.

Finally, I want to conclude by saying Labour is gravely concerned at the growing reliance on outsourced private healthcare.

During the pandemic we called for the nationalisation of some of those facilities.

The short-term solution of outsourcing to private care is becoming more and more embedded.

It corrodes the case for investing in both our public service and much-needed infrastructure. It also is competing for the same healthcare staff, either here or abroad.

As we saw in recent weeks the private sector is now seeking to leverage its growing power over the HSE to extract a three year deal for addressing winter overcrowding.

This is no way to run our healthcare system,

We need certainty on long term investment, and a commitment to building the beds we need.

That is what Labour would seek to do.

ENDS.