"FUTURE DIRECTIONS IN HEALTH POLICY"

Speech by the Minister for Health,
Mr. Barry Desmond T.D.
at the Council for Social Welfare Conference
The Grand Hotel, Malahide,
Friday, April 6th, 1984

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Future Directions in Health Policy

I congratulate the Council for Social Welfare on holding this Conference on the pertinent theme of "Future Directions in Health Policy" with special reference to those who need long term care. It comes as no surprise, however, to anyone who is familiar with the work of the Council since your organisation has established a reputation for highlighting neglected services and the problems of the weakest members of society. On the eve of the World Day of Health, there are few more important issues demanding attention than the subject of this Conference.

Priorities

There are many questions which must be asked about the future direction of our health services. As Minister for Health I would like to have the resources to meet all the needs which I know exist for health and welfare services but it is my unfortunate lot to have a smaller purse than the demands made upon it. Choice is always difficult, but it is more painful during times of recession and poor economic growth. There is an urgent need that as a society, we should be clear about priorities for public expenditure on the health services. In deciding these priorities we must be continually aware of the danger that the demand for high powered, sophisticated services for the acutely ill will reduce resources for what have been described as "cinderella" services for the chronically ill, disabled and the deprived.

Definitions

Who are we talking about when we refer to those who need long term care? It seems to me that the groups which demand our attention are the elderly, the mentally ill and the handicapped, travellers, children in care, drug addicts, and prisoners with medical and psychiatric problems. These are the members of our society who are not suffering from illnesses which can be cured quickly by medical intervention, but who need continuing or intermittant help from the health services for many months or years.

The Elderly

While the numbers of persons aged over 65 is 350,000, the proportion of elderly people who require long term care or assistance at any time is relatively small – only about 7% of the total number of elderly people. At present there are nearly 15,000 elderly people in long stay hospitals, welfare homes and in voluntary and private nursing homes. About two thirds of these are over 75, although this age group account for just over one third of all elderly people. It is the experience of countries whose populations have reached a more advanced stage of ageing than our own, that as more people live beyond 75, demand for long term care increases. About 10,000 old people receive assistance at home from home helps and meals-on-wheels.

Paradoxes

There are certain paradoxes about our services for elderly people. The first is that although we have considerably more long stay beds than even generous bed norms would warrant, the demand for beds for elderly people is insistent. Secondly, those areas with apparent low bed numbers are coping as well as, if not better than, those with a high number of beds. This suggests that we should examine very carefully the ways in which elderly people can be supported at home rather than in institutions or welfare homes. Dominated by the tradition of institutionalising the elderly, relatives and professionals may see it as the only alternative to an impossible situation at home. The payment by the Western Health Board of an allowance to persons caring for relatives or neighbours may explain why that board needs less long stay beds than others. Similarly, the North Western Health Board's emphasis on support for elderly people in their homes may have reduced its need for long stay beds.

Review of Services for the Elderly

Policy towards the care of the elderly has followed the lines of the enlightened Care of the Aged Report, published in 1968. Sixteen years later it seems appropriate to review the assumptions of that Report and to take on board new developments and new thinking about the elderly. We need to look more closely at the support in terms of nursing, phsysiotherapy and chiropody required by elderly people to lead an active life at home for as long as possible and the consequences for the care of the elderly of changes in family work patterns, in particular the increasing numbers of married women who are working outside the home. You will be glad to hear that my Department will shortly be undertaking a review of services for the elderly which will hopefully provide planning guidelines for services up to the turn of the century.

Eligibility of Elderly

In the meantime I am particularly concerned that no policy of my Department should increase the financial burden of medical or nursing care on the elderly who cannot afford to pay. As announced in the Budget, a special age allowance is being granted to persons aged 66 years and over in assessing their income for medical cards. As from 1st July, 1984 a person aged between 66 years and 79 years will be allowed an additional income of £5 per week (£10 if married) when his or her entitlement to a medical card is being determined. Persons aged 80 years and over will be allowed an additional income of £8 per week or £16 if married. This means that a married couple aged between 66 and 79 years will be entitled to a medical card if they have an income of £95 a week or less. You may also recall that when the subvention for private hospital care was withdrawn last year, I specifically excluded those

private homes and psychiatric hospitals providing long term care. Elderly people in private nursing homes approved for subvention from the health boards still receive assistance towards the cost of their cure.

Geriatric Hospitals and Homes

I am not at all happy with the standard of accommodation in some of our geriatric hospitals and homes. It concerns me that society in general and the various medical and nursing professions seem to lay such emphasis on the development of bigger acute hospitals, which inevitably drain away resources from the geriatric hospitals and homes. The burden of making the best of difficult circumstances has fallen on the staff of geriatric hospitals and homes, who, thanks to their professionalism and dedication, are doing a remarkable job. I am pleased to say that this year my Department will be spending £3.25 million on improving accommodation for elderly patients and that this level of expenditure will continue in future years.

Role of Psychiatric Hospitals

Expenditure on the psychiatric services will be in the region of £159 million this year, almost all of which will be spent on persons needing long term care. The policy of the health services in recent years has been to provide support in out-patient clinics, hostels, day centres, based as close to the person's home as possible. While these are encouraging developments, we must seriously question the present role of psychiatric hospitals in the care of the mentally ill. By European standards we have a relatively high number of psychiatric beds. In 1980 there were just over 8 admissions to psychiatric hospitals for every 1,000 population, of which more than one quarter were admissions for alcoholism and alcoholic psychosis. Many of these represented repeat admissions for the same person. The cost of in-patient treatment for this preventable condition is enormous. It is clear that we have not done enough to reduce the incidence of alcoholism nor to provide alternative forms of treatment.

Poor Accommodation

Accommodation for patients receiving long term care in some mental hospitals continues to be of an unacceptably low standard. Two years ago my Department began a planned programme to improve patients' living standards in district psychiatric hospitals but much remains to be done. I am making £2 million available this year, in addition to the contributions of health boards, to continue the good work. You will also be aware of the efforts made to bring the recruitment, division of work and promotion practices of psychiatric nurses into line with EEC legislation. However, there is a limit to the extent to which these hospitals can be made accepable by modem standards.

At the end of 1981 my Department established a Study Group to

examine the psychiatric services and devise a framework for the future planning and development of services for the mentally ill. The report of this group, to be available in the middle of this year, will make recommendations on the ideal organisation of services and lay down quantitative norms for service provision. It will also set targets for medical, nursing and administrative leadership throughout the country. The implementation of the recommendations of this report will reduce the present unacceptable variations between regions in the range and quality of services and ensure a high standard throughout the country.

Drug Addicts

The rehabilitation of drug addicts calls for special attention. Despite the warnings, neither the Garda Síochána nor the health services were organised to combat the dramatic growth in drug addiction in recent years. Your Council in an excellent report, 'The Prison System', drew attention to the shortage of places for rehabilitation of addicts attempting to "kick" the habit.

St. Martha's College

I am glad to say that thanks to the foresight of the Archbishop of Dublin, Dr. Dermot Ryan and the generosity of the Daughters of Charity, St. Martha's College, Navan has been made available to expand the rehabilitation services for drug addicts at Coolmine Therapeutic Centre, Clonsilla. The number of residents undergoing a programme of rehabilitation has increased to about 70 at any time. An additional detoxification and treatment unit is being planned at St. James's Hospital.

Council Submission to Task Force

Your Council also made an excellent submission to the Special Governmental Task Force on Drug Abuse in May 1983. In this submission you highlighted the need for a new independent body to combat drug abuse, more research, an annual report on drug abuse, and more financial resources.

Task Force

You will have seen in the Government Press Statement which was released in September 1983 outlining the various recommendations of the Task Force, that the Task Force took full account of your views. They recommended the establishment of a new National Co-ordinating Committee on Drug Abuse which is to report annually to the Minister. This Committee will be established by next September. The Task Force also recommended that the Medico-Social Research Board should carry out four additional research projects which would provide reliable information on the drug problem, enhance decision making at all levels

and facilitate the planning of intervention strategies. The Task Force also made some very important recommendations in the areas of law enforcement, education, community and youth development and health, and the Government is committed to implementing these recommendations without delay. I should also mention that £600,000 was provided specifically in the 1984 allocation to the Department of Health to pay for activities to combat the consequences of drug abuse. I am confident that with the implementation of the Task Force's recommendations, the drug problem can be tackled and contained.

Mentally Handicapped

The mentally handicapped number about 26,000 adults and children. The community can be reasonably proud of the development of services for the mentally handicapped over the last decade thanks to close collaboration between the religious orders and the health service.

Since I became Minister for Health, the need, not only to maintain the existing level and high standard of services, but also to develop mental handicap facilities, has been continually impressed upon me. The difficult economic climate has not made my task easy but the special and urgent need for more facilities for the mentally handicapped has, I am glad to say, been recognised. Indeed, in the current year and in spite of the difficult economic circumstances, I have found it possible to make available over £800,000 to enable the phased opening of the newly constructed mental handicap complex at Cheeverstown in Dublin. The first Phase with 174 day and residential places will open in May of this year. I also approved the construction of a new centre at Swinford, Co. Mayo, which is expected to be completed by May 1985. The building of an adult day centre for St. Michael's House in Co. Dublin began in September of last year. The 70 places for severely mentally handicapped persons will help relieve demand for facilities for handicapped adults. I am glad to say that the decision to exempt priority projects in the mental handicap service from the embargo on the recruitment of staff to the public sector allowed the recruitment of 150 staff and the commissioning of 40 new projects last year.

Green Paper on Disabled

On Monday 9 April, 1984, I will publish the Green Paper on the Disabled, which deals in a comprehensive way with the needs of those with disabilities. An outstanding feature of the Second National Understanding of 1980 was the agreement between the social partners that the Department of Health would publish a Green Paper on services for the 150,000 disabled persons in Ireland as a fundamental contribution towards their leading the fullest possible life. I very much regret that this Green Paper has taken some 4 years to publication. I look forward to receiving submissions on the Green Paper from interested parties so that long term policy can be agreed and implemented.

Prisoners

Your Council, in the report on The Prison System, drew attention to the fact that about 20% of the prison population, or about 600 persons require some psychiatric attention, principally for depression and neurosis. The report expressed a certain amount of disquiet about the use by prison officers of medication. There are, without doubt, lacunae in the prison medical services, and these are being examined at present. While primarily the responsibility of my colleague, the Minister for Justice, my Department will assist, in whatever way it can, with medical advice on the development of a comprehensive service.

Travellers

The health needs of the travelling community pose a different kind of problem for the health services to other groups requiring long term care. Travellers now number about 16,000 people – equivalent to the population of a town the size of Tralee – over 75% of whom are under 25 years of age. The Report of the Review Body on Travelling People highlighted the hazards to the health of travellers posed by the conditions in which many families live. Low life expectancy and apparent high rates of infant mortality among travellers testify to the toll of death and morbidity among their numbers. While travellers use acute medical care, they tend to make only sporadic calls on preventive services. This mainly affects young children and pregnant women and their needs present an immediate challenge to the health services. The problem is to ensure that travellers receive the same services that everyone is entitled to. The Councillors of a number of local authorities, and Dublin County Council in particular, have failed to face up to their responsibility to provide travellers with accommodation of a standard acceptable in a civilised society. Good accommodation is the key to raising standards of health and education among travellers.

Deprived Children

The needs of deprived children have been receiving a great deal of attention in my Department. Draft heads of the first of three childrens Bills have been circulated to other departments for comment. This Bill will deal with the protection and care of children including pre-school services, residential centres, fosterage, child pornography and the control of volatile substances. The second Bill, which should be ready later in the year, will make changes in the adoption laws based on the report of the Review Committee on Adoption which will be completed before Easter 1984. The third Bill will deal with young persons in trouble with the Law. It was originally intended that all the changes in the law relating to children should be included in one piece of legislation, but the difficulties of drafting the juvenile justice legislation would have held up the introduction of urgent child care provisions.

Residential Homes

The recent transfer of functions relating to a number of residential homes, run by the religious orders, from the Minister for Education to the Minister for Health has placed statutory and administrative responsibility for all childrens' homes in one Department. To coincide with this transfer I have made £1 million available for the purpose of changing the method of funding of these homes from a capitation system to direct funding through local health boards and to ease the financial difficulties which I know many homes faced. This is a major step towards the integrated and co-ordinated child care service at local level as recommended by the Task Force on Child Care Services. Last year new regulations revising and up-dating rules in relation to fostering were introduced to reflect modern thinking on the care of children. Health boards will be encouraged to develop programmes further to improve the recruitment and training of foster parents. I will be making monies available to enable boards to increase the allowances paid to foster parents later this year.

Financial Constraints

The share of resources in the health services devoted to long term care has been increasing. It rose from 34% of total expenditure in 1976 to 36% in 1984. Expenditure this year on those who require long term care in institutions or in the community is nearly £411 million. The challenge in the years ahead will be to maintain the levels of service for those who need long term care while at the same time meeting the increasing demand from a rising population and rising health expectations. Although our predominantly young population is an asset as far as health services are concerned, population growth means that demand for acute and long term care will increase for the foreseeable future. It has been estimated that given expected population growth by 1991, the demand for psychiatric services will increase by about 15% and for mental handicap places, by about 10%. Another important aspect of population change will be the numbers of people living to 75 years and over, increasing demand for long stay beds by as much as 13%. To maintain existing patterns of consumption in the health services would require a significant increase in real terms of expenditure on the health services. Since the share of the nation's resources devoted to health is high by international standards and particularly high given our level of economic development any increase in the proportion of national resources spent on the health services cannot be contemplated lightly. Other sectors – education, job creation, income maintenance – need resources as much or more than the health services.

Value for Money

The limitation of the amount of money for the health services has several consequences. It becomes an urgent priority to ensure that unnecessary

costs in the health services are kept to a minimum and to identify expenditure of a non-essential nature. Many unnecessary and costly procedures have grown up over the years and are now built into the system. The amount of overtime worked by health personnel, weekend admissions to hospitals, the organisation of out-patient departments and arrangements for supplying drugs need to be examined carefully to ensure value for money. Those working in the health service have conditions of employment equal to the best in Europe. In return society has a right to expect a contribution of the highest possible quality towards the provision of services and the daily use of tax payers' money. I am optimistic that much can and will be done to increase value for money in existing services.

Fundamental Review

But even substantial savings will not be enough to fund new demand for services from an expanding population increasingly conscious of its health. We will have to take a more fundamental look at the way the health services are structured in particular the bias towards medical care. Rising expectations for health care in this country have essentially meant rising expectations for medical care. Admissions to acute hospitals and consultations in the General Medical Service have been growing much faster than the population. Almost £90 million is spent on drugs in the health services. Hospital admission rates require special examination since there is evidence to suggest that these rates are unnecessarily high. Admission to hospital for examination and investigation and for treatment of symptoms and ill-defined conditions is the fastest growing reason for admission to acute general hospitals. In 1978 these categories were the third and fourth most frequent, accounting for over 20% of all admissions. While increased hospitalisation has helped reduce infant mortality and increased the quality of life for many people, because of road accidents and the rising incidence of diseases associated with lifestyle, the population can hardly be said to be any healthier now than in the early 1970's. Our medical services provide an efficient repairing service for a population with badly maintained health.

Smoking

Our society has accepted that medical care is a right which should be available to all irrespective of their ability to pay. We hear less about the accompanying duty to maintain health and the obligation to use curative services sparingly. On an occasion like this, when we are contemplating value for money and future directions in health policy, we cannot ignore a major black spot which is not only undermining the nation's health but consuming expensive medical care unnecessarily. I speak of cigarette smoking.

A National Disaster

Let me put it in a historical perspective. During the 1940's before the drugs became available which were to transform the treatment of tuberculosis, we were urgently building sanatoria to tackle the national disaster of 3,000 people dying a year from the disease. Now, because of a self-imposed habit, it is estimated that approximately the same number of persons are dying annually as a result of cigarette smoking. In addition a great many others are physically impaired.

The fact is that for over 20 years now scientific evidence has been building up which confirms that smoking is the single most important cause of avoidable illness and death in our society. To quote The Royal College of Physicians in London: "Cigarette smoking is now as important a cause of death as were the great epidemic diseases such as typhoid, cholera and tuberculosis that affected the previous generations of this country". Smoking-related diseases are such important causes of disability and premature death that the ending of cigarette smoking could do more to improve health and prolong life than any other single action in the whole field of preventive medicine.

Present Controls

At present, attempts to restrict the destructive effects of smoking on the health of the Irish population are concentrated mainly on education and certain limited legislative controls. Valuable educational work is being done by such bodies as the Irish Cancer Society, the Irish Heart Foundation and the Health Education Bureau and they are helping to alert many people to the dangers of smoking. On the legislative front, provisions exist for controls on advertising, sponsorship and sales promotion of tobacco products and I feel the maintenance of these controls has enabled us to reduce to a limited degree the seductive and persuasive methods used to encourage people, especially the young, to take up and continue smoking.

New Proposals

But I do not think we have gone far enough. As Minister for Health I feel that I have a very special responsibility to take a much tougher line on the freedom with which cigarettes can be advertised, sold and smoked. Clinical studies show that the unborn child, too, can be at risk when the expectant mother smokes. I would like to say that the Government has agreed proposals which reflect my concern about the inadequacy of existing controls and which give powers which will give me the authority to take the tougher line which the present state of affairs demands. I hope to announce next week the details of the measures agreed by the Government.

Public Attitudes

The excessive use of medical services to treat preventable diseases is not understood by the public. On the contrary, I am only too aware of the demands to expand hospital facilities throughout the country. For more than 30 years the emphasis in the health services has been on the provision and improvement of hospitals. Since the 1960's it has been possible to improve hospital services and at the same time put resources into long stay and community based facilities, thanks to economic growth and an expanding GNP per capita. Now, however, things have changed and difficult choices will have to be made between competing priorities. Professor Joe Lee has recently referred to a characteristic of Irish society which he terms "a cultural resentment at the necessity for choice". (Reflections on Ireland in the EEC, ICEM, 1984). In his view we prefer soft options and "fixing" things in the short term rather than making unpleasant and intellectually demanding decisions about priorities in the medium and long term.

Deciding Priorities

In the health services a failure to make priorities explicit is itself a decision to let the trends of history and the dictates of popular demand determine the priorities. The prospect that pay costs and the acute hospital services will consume an even larger share of a stable level of expenditure on the health services, must alarm every concerned citizen. Under these circumstances, the Council for Social Welfare's interest in the needs of those who require long term care is more than understandable.

The Green Paper

I think the time has come to make decisions on priorities in the health services more explicit and open. If people are to act responsibly and accept difficult decisions, they must be informed of the policy choices and consequences.

I have come to the conclusion that it will be necessary to produce a Green Paper in which I can put forward for consideration and debate some fundamental issues in relation to the financing and organisation of the health services. We must address ourselves to the dilemma of attempting to satisfy every increasing demand for services in the face of limited resources which our society can afford to devote specifically to health care.

While the quality and scope of our public health services have undeniably shown a vast improvement over the last ten years, we have now reached a point, in common with many other developed countries, where the allocation of yet more and more financial resources may not necessarily improve the actual quality of the health services which is received by individual patients. The problems which now face us in this regard are much more sophisticated than some outside commentators are wont to acknowledge.

One might point out that net non-capital expenditure on health services here in Ireland has grown from some £400 million in 1978, only 6 years ago, to an estimated £1,064 million in the present year. These figures represent an increase of 166%. In terms of percentage of GNP, the growth over the same period was from 6.25% in 1978 to about 7.3% this year. It is perfectly obvious that it is no longer possible to sustain these trends into the future, given on the one hand the maximum level of resources which will be available to Government in the short to medium term and considering on the other hand the other pressing demands which must also be satisfied by the Exchequer, such as unemployment related expenditure which in 1984 will amount to £11 millions per week.

The Green Paper will discuss the constraints on expenditure on the health services, alternative ways of meeting the rising demand for improved health and health services, list the options facing the country in the organisation and financing of health services, outline the measures needed to improve the health of the nation and the ways in which the health services can be made responsive to the people they serve. Some would argue for a more vigorous establishment of priorities in the health services. An informed debate on these issues is now required and I hope that the proposed Green paper will stimulate this process of review and discussions. Work on the preparation of this document is underway and I intend to publish it this year. I am convinced that the population can be healthier without a substantial increase in health expenditure.

The Council's Role

The Council for Social Welfare has a role to play in improving the health services. This seminar, for example, provides an invaluable forum for people to think about health issues and to put forward ideas for change. Perhaps the Council's role is primarily one of changing attitudes. A major obstacle to the development of a more humane service for many of those who need long term care, in particular the mentally ill and handicapped, has been the reluctance of some neighbourhoods to accept the provision of hostel accommodation and day centres.

This antagonism stems partly from a fear of the unknown. Some of the most expensive houses have been recently built around an existing mental hospital and people have been perfectly happy to buy them. Yet if a new hostel or hospital were erected, residents might object strongly. We will not be able to modernise our psychiatric services unless we can bring the community with us. The Council might like to address itself to the problem of changing attitudes to the mentally ill and handicapped and strategies for the development of community based services.

Conclusion

In conclusion, I would like to thank you for your kind invitation to address this Conference. I look forward to hearing the outcome of your discussions and to studying the papers delivered by your speakers.