

People Before Profit Alliance

Health Policy



At the beginning of 2011 overcrowding in A&E and hikes in VHI again showed the long-term problems of capacity and funding in the Irish health service.

Government policy since the 2001 'Health Strategy' was to increase hospital beds by 3000 to bring up the total to 15,000 beds. Minister for Health Mary Harney tried to pretend private 'collocated' beds would do instead but even these were never built. Instead the INMO now estimates 1,700 more acute beds in public hospitals have been closed since 2008.

Market madness has seen VHI increase their subscriptions by almost half. Fear of long waiting lists and unequal access to consultant specialists has pushed half the population to take out private Health Insurance.

The cancellation of Risk Equalisation to favour the other 'for-profit' Health Insurance companies means 'Community Rating' (everyone pays the same subs) is now a farce.

But the whole 'two-tier' system is what needs to be changed.

Fine Gael's proposal to force everyone into the Private Health Insurance market would be a disaster. Costs would skyrocket through billing, marketing, profits, legal and accounting fees and

massive executive salaries and bonuses as well as the duplication and distortion caused by organising care on the basis of money rather than medical need.

Hospital Consultants doing private practice are already on a salary of €200,000 a year but get the same again in fees. That is over €300 million a year wasted. Insurers pay tens of millions for advertising.

Instead of markets, Universal healthcare needs democratically elected Community Health Councils to ensure profiteering or political corruption do not get in the way of well-planned Health services.

People Before Profit proposes the following:

1. A National Health Service that is Universal, Comprehensive, Democratically planned, Funded by Progressive taxation and Free at the point of use.
2. No more hospital closures, service reductions or staff cuts.
3. Reopen closed wards and increase bed capacity to 15,000 beds nationally.
4. Increase health staffing to at least EU average levels.
5. Stop the covert implementation of the Hanly report. Proposals for 'improvement' in services should be

approved democratically by the local communities affected, informed by all the best options for improving care. Any useful Private facilities could be incorporated into public system by nationalising them. The drive for profits in Nursing Homes is undermining standards of staffing numbers and training.

6. Improve care and respect for elderly people in an aging population. Throw out the 'Fair Deal'. Plan for an aging population with a full range of services: proper free state nursing home care, sheltered accommodation/retirement villages, house adaptations, home care, community services and respite for carers. Reverse the cuts and increase the Carers allowance.

7. Increase funding for Mental Health to at least 10 percent of health budget. Improve access to social support, OT and psychotherapy as alternatives to medication and ECT. Improve access for children to prompt, good quality mental health and developmental assessments and therapies by staffing Child Mental Health and Early Intervention Teams to age 18. Improve liaison with and availability of school supports including small class sizes, Resource Teachers, SNAs and NEPS psychologists.

8. Improve cancer care including screening, access to diagnostic tests, radiotherapy/chemo close to home and

transport to regional centres as required. Reverse decision to close St Lukes. 3

9. More ambulances and air ambulances to reduce transit times in emergencies. Guarantee response to medical emergencies by ambulance within 12 minutes and transit time to emergency healthcare to be less than one hour in total.

10. Good health services require good treatment of patients and staff. End 'outsourcing' of catering, cleaning and security as wasteful and dangerous.

11. To fund the health service: Progressive taxation. Cut profiteering in healthcare: Cut private healthcare and Drug company profits by taxation earmarked for healthcare.

12. Money saved by cutting waste such as the duplication and profits of private medicine to be earmarked for reinvestment in the health service.

13. Replace HSE Board with elected Community Health Councils for democratic planning of health services. Ensure representation by user groups and health workers.

14. Prioritise preventive medicine and target poverty and inequality as key factors in improving community health and social well---being.

15. Root out corruption in healthcare delivery by local and national politicians.

PRINCIPLES OF A NATIONAL HEALTH SERVICE:

- Universal comprehensive healthcare The health service should be ‘universal’ covering everybody and ‘comprehensive’ covering all their health needs (including drug costs, psychotherapy, physio and other therapies and care for teeth, eyes and reproductive health). ‘Universal’ means little without ‘comprehensive’.
- Funded through progressive taxation and free at the point of use ‘Progressive taxation’ is a fairer and more efficient way of funding healthcare. It means the more you earn the higher rate of tax you pay. Insurance is regressive (flat rate) and causes duplication waste and leads to unequal coverage. Direct charges for use is regressive and discourages the less wealthy to avoid using necessary services.
- Democratically planned Services need to plan ahead based on knowledge of the local population and their health needs. ‘Money should follow the patient’ ignores the fact that money doesn’t put services in place unless they are planned ahead.

Money should ‘go ahead of the patient’ instead. Democratic control by the local community and frontline workers is necessary to ensure healthcare (rather than profit or political careers) remains the priority.

People Before Profit Alliance Membership Form

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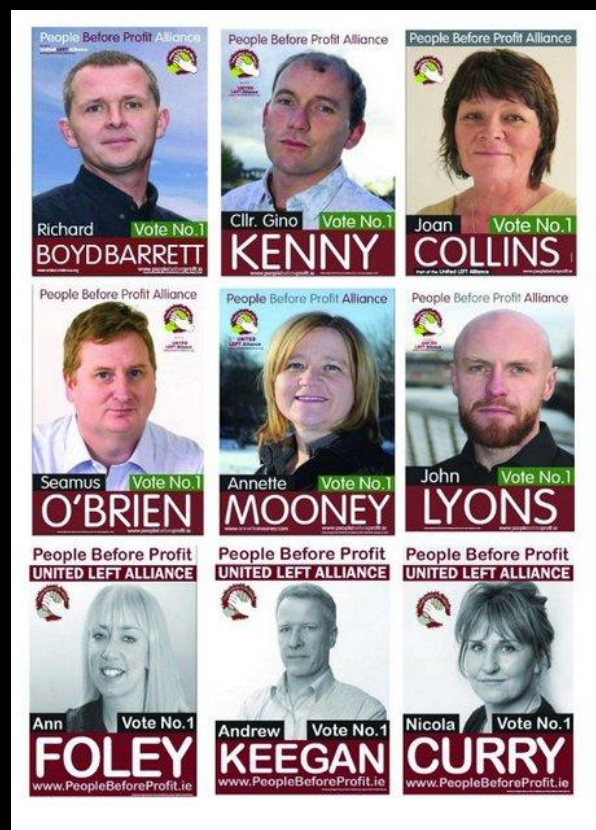
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