



HEALING OUR HOSPITALS

It will take three years to steer the leviathan health service to a course where it can serve patients better, write **Maeve Sheehan and Dearbhail McDonald**

Gaspings for breath, Rose Russell was bundled out of her son's car and into the accident and emergency unit of Tallaght hospital. The room was teeming with people, scores of whom were waiting for treatment. When it eventually became Russell's turn, the frail 86-year-old was diagnosed as suffering from suspected pneumonia. Instead of being bedded down in a ward, she was strapped to a trolley in an overcrowded corridor of the A&E, where she remained for six days. About 20 other patients were marooned with her. After almost a week, a ward bed became free. She was discharged three days later.

Her family took turns to be with her as hospital life clattered on around. They were glad that she slept through most of it. "It was absolutely chaotic, with patients stranded in the waiting area with gashed faces and open wounds, some who had just had heart attacks, all waiting for hours for treatment. It was awful," said Russell's daughter, Moira Toner. "The trolleys were really high, the patients couldn't get off them and they are extremely uncomfortable. You get sores from lying on them."

That was six weeks ago. But according to anecdotal evidence from doctors, nurses and patients, things have got worse. Last week, the five vol-

untary teaching hospitals in Dublin announced that they would have to cut 250 beds in order to stay within their budgets. About 14,000 patients would be affected.

Apocalyptic scenarios of a health service in crisis have been portrayed. Opposition parties have called for the head of Micheal Martin, the health minister.

At a conference last week, the Irish Nurses' Organisation unveiled a litany of hardships endured by patients and staff. One nurse, Madeline Spiers, launched a tirade against the earnings of consultants who were "millionaires in a system that's crumbling". Theresa Hayes, a nurse at Tallaght hospital, told how a woman aged 103 lay on a trolley for four days in A&E. The average waiting time was between 16 and 22 hours.

Liam Doran, who runs the nursing union, stated that he intends to name and shame health boards that let down their patients. Officials in the 11 boards are now on standby, waiting for horror stories to start turning up in newspapers. Stephen McMahon, who runs the Irish Patients' Association, is going to join the campaign, scouring his patient network for those who will suffer under the latest cutbacks.

SUCH accounts of the ignominy endured by patients in Irish hospitals is the backdrop to the "big picture" being played out in Micheal Mar-

tin's brain.

In the next six weeks, the former schoolteacher from Cork will start to push through the most radical reforms of the health service since the 1970s. His battered political credibility is staked on their success.

Three reports will inform his thinking. Two are complete. The Brennan report, commissioned by Charlie McCreevy, the finance minister, and the Prospectus report, commissioned by Martin. A report on medical manpower, which will recommend changes in work practices, will be completed on Thursday.

Martin's blueprint will have McCreevy's imprimatur. The finance minister's persistent questioning of the insatiable appetite of the health service for cash has led the impetus for change. For months the ministers, supposedly at loggerheads, have been working on a joint memorandum for cabinet based on the findings of the reports.

A Department of Health source said the ministers had broadly agreed a plan. A national executive led by a suitably qualified chief executive will preside over a small number of regional centres. The chief executive will control not only the configuration of hospitals, but the service and co-operation between them.

"Some hospitals don't even co-operate with each other," said the department source.

"Why should you leave the Midland Health Board and come to Dublin to have your hip done when there are three fine orthopaedic consultants working locally?"

Another part of the plan is that the contracts of consultants and GPs will be renegotiated to provide more flexible working hours. "At the moment, you are held on a trolley overnight until a consultant can see you. A lot of things in the system will need to be changed," said the source.

In Martin's big picture, there will be limited political interference, with no politicians sitting on health boards, but plenty of regional input.

The plan requires legislation and that could take at least three years. Is Martin going down the right track?

Most health professionals believe the health minister has the right idea. A litany of reports, dating as far back as the late 1990s, have recommended change. Health professionals, from consultants to health board managers, want it.

About 70% of the €9.2 billion health budget goes on wages, and there are now more than 96,000 jobs in the health service — an increase of 36% since 1998. When job sharing is taken into account, more than 120,000 people are on the payroll.

Despite this huge workforce, some professionals such as Michael Lyons, the chairman of the health board chief executives' association and chief executive of the Eastern Regional Health Authority, believes the problem with the health service is one of capacity. In Lyons' region, 2m people are expected to attend hospital this year, a 30% increase in three years. Waiting lists have fallen, but the hospitals are still packed to capacity.

Another difficulty is that there is no centralised structure. The boards are administered by at least five different computer systems, a recipe for waste. When Martin wanted to introduce free medical cards for the over-70s, he asked how many would qualify. He was told 39,000, but

the actual figure was 80,000 and the mistake put the cost of the scheme almost €40m over budget.

Then it was discovered that GPs were claiming cover from boards for medical card holders who were either dead or no longer qualified. The blunder cost the taxpayer €6m.

Such inefficiencies brought the health boards to the attention of the powerful Public Accounts Committee. The chief executives of five health boards were summoned before the committee to explain themselves.

After last week's revelations of more debacles, the committee's appetite was further whetted. Next month, it intends to call every health board chief executive in the country before it. TDs and senators will examine the boards' accounts.

Funding remains the service's bedrock. In the years it will take to reform the system, wards will continue to shut because of budget constraints.

Health managers are insistent that hospitals must learn to live within their budgets. Since 1996, they are obliged by law to have their overruns docked from their next financial year. The Dublin voluntary hospitals carried out 17,000 procedures over and above what their budget had accounted for; to claw back the money, beds will be shut.

By now there are standard cost-saving measures used by most hospitals in need of a bit of penny-pinching.

Wards are shut down, staff ordered to take holidays or moved to provide cover in other parts of a hospital. There are no meals to serve, no maintenance and consequently fewer costs.

Last week, Crumlin announced the temporary closure of 25 beds. Sick children will suffer as a result. "Many of our children who had tumours removed were treated post-surgery in that ward. Now they will have to be housed in the cancer ward itself, which means that we will have unacceptable delays in incoming children in desperate need of urgent surgery,"

said Fin Breathnach, a consultant oncologist at Our Lady's Hospital for Sick Children, Crumlin. "We are experiencing delays in the delivery of vital chemotherapy — that is unacceptable."

That's not all. Staying within budget means no money to spend on maintenance or building. Bone marrow material is prepared in portable cabins, as are chemotherapy treatments. Radioactive material is stored in portable cabins instead of in purpose-built laboratory facilities.

Breathnach said: "When you are operating in a crisis all along, you don't recognise a new crisis. We have been struggling all along."

There is still much opposition to change. Health boards and politicians will resist anything they see as downgrading of local health services. Several TDs have already begun campaigns against the removal of councillors from health boards.

Hospital allocation is rife with politicisation. In Birr, Co Offaly, a brand new unit for the elderly has yet to open because there is no money for staffing. But its presence is still a boost for Brian Cowen, the foreign affairs minister, who helped swing the facility for the town.

With local elections coming up next year, it is unlikely that the government will have the stomach to take on a powerful lobby of grassroots councillors on whom they will be depending to win seats.

Nor will they want to lose the support of consultants. The most powerful and well-paid group in the health service, consultants have 33-hour-a-week contracts and earn up to €140,000 a year. They jealously guard their work practices and clinical autonomy.

The reports being studied by Martin recommend dramatic changes to consultants' work practices, including proposals to make them account for the money they spend on procedures; the introduction of contracts to stop them seeing private patients on public time; and more flexible hours.

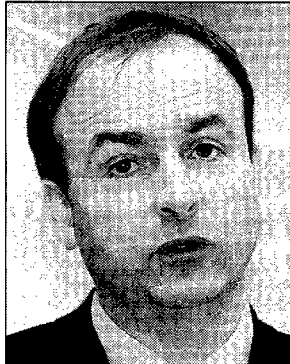
"At the moment, we have a nine-to-five health service and

we need to ensure that services are available when patients want them," said Lyons. "That will take a huge cultural mindshift."

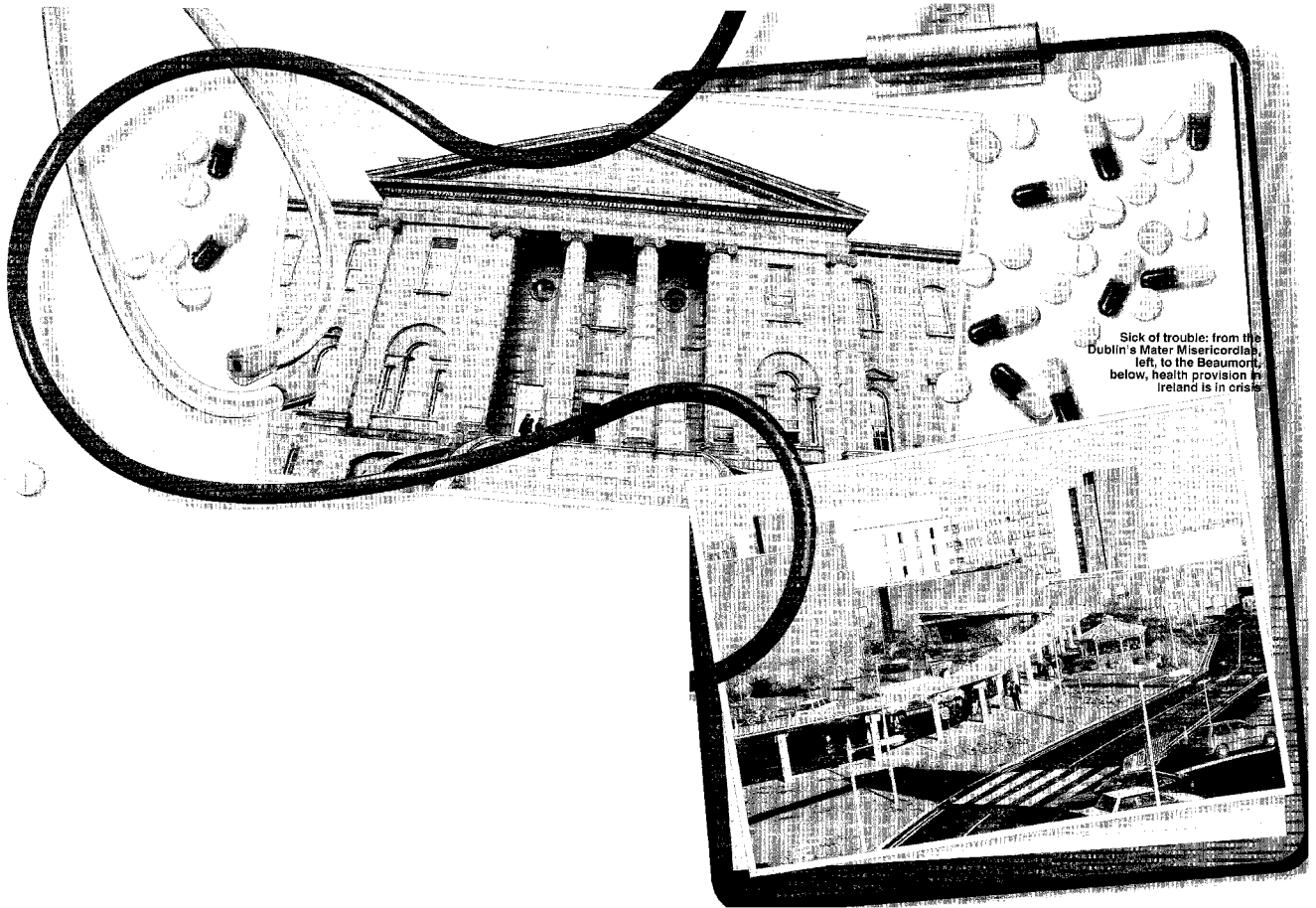
But does Martin have enough credibility left to shift those minds? Breathnach thinks the minister is as much a victim as the patients. "Micheal Martin's heart is in the right place," Breathnach said.

"He has been phenomenally restrained in the face of profound provocation by the department of finance and Charlie McCreevy.

"The department of health is being managed by the department of finance. That's the bottom line."



No cure? Micheal Martin



Sick of trouble: from the Dublin's Mater Misericordias, left, to the Beaumont, below, health provision in Ireland is in crisis