



FUNDING FAIRER HEALTHCARE



Sinn Féin Alternative Budget for Health 2023



Ag Maoiniú Cúram Sláinte Cothrom



Sinn  *Féin*

Buiséad roghnach Sláinte Shinn Féin 2023

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Table 1. Overview of 2023 expenditure proposals

	Current €657,768,029	Capital €461,683,000	Total €1,119,451,029
Reducing the Cost of Healthcare	€154,840,000	-	€154,840,000
Hospital Capacity	€101,344,100	€290,000,000	€391,344,100
Workforce Planning	€19,290,738	€2,508,000	€21,798,738
Targeted Improvement Strategies	€98,800,000	-	€98,800,000
Primary and Community Care	€132,392,602	€21,600,000	€153,992,602
Empowering People with Disabilities	€79,069,985	€73,600,000	€152,669,985
Mental Health Services	€48,805,397	€32,785,000	€81,590,397
Fighting Addiction, Resourcing Recovery	€14,025,208	€31,190,000	€45,215,208
Caring for Older People	€5,200,000	€10,000,000	€15,200,000
Climate Action in the Health Sector	€4,000,000	-	€4,000,000



Priority Measures

Sinn Féin is proposing €1.1 billion in new measures for Health in 2023. This is comprised of €657.7 million in current expenditure measures and an additional €461.6 million in capital or one-off spending. We would reset relations between the public, healthcare workers, and the State to place dignity, respect, and fairness at the heart of healthcare and labour relations.

Sinn Féin would:

- Open 500 additional acute inpatient beds by the end of 2023, with an increase in funding for an additional 200 beds above the HSE's current commitments and an additional 40 inpatient specialist rehabilitation beds - **€223 million**
- Open 37 additional critical care beds in 2023, with an increase in funding for an additional 15 beds above the HSE's current commitments - **€30 million**
- Provide additional capital funding for expanding surgical theatre capacity and public diagnostic capacity, equivalent to a 10% expansion in theatre capacity and 150,000 diagnostic scans - **€60 million**
- Implement a new Consultant contract, restore pay for retained post 2011 Consultants, and remove private practice from public hospitals over 10 years - **€52.5 million**
- Invest significantly in implementing the Disability Capacity Review over its ten-year time-span and fund targeted recruitment and retention measures for Children's Disability Network Teams - **€153 million**
- Double the staffing subsidy to GPs over three years - **€92 million over 3 years**
- Fund an expansion of GP Visit Card eligibility for c. 300,000 people - **€47 million**
- Fund 250 additional community step-down beds and a new 30-bed palliative care centre - **€40 million**
- Invest in targeted measures to improve cancer, cardiovascular, and women's health services - **€71 million**
- Invest in the Ambulance Service and in Community Paramedical and Emergency Care programmes - **€31.7 million**
- Fund a significant expansion of mental health services - **€81 million**
- Reduce the Drugs Payment Scheme threshold for non-medical card holders to €70 - **€13 million**
- Abolish prescription charges for medical card holders - **€63.6 million**
- Abolish hospital inpatient charges over two years - **€15m in the first year**
- Reduce and cap car parking charges, particularly for frequent attendees - **€2.5m**
- Fund 1,500 additional undergraduate and graduate entry places across healthcare-related courses - **€26.4 million** (Department of Further and Higher Education)
- Fund advanced practice and professional development in nursing and midwifery, including practice nurses, and fully implement the Framework on Safe Staffing and Skills Mix - **€16.2 million**
- Increase medical intern and specialist training places and GP trainee places - **€11.3 million**

Introduction

The objectives of the health service are to improve the population's health and care experience, ensure value for money, and support a vigorous and happy workforce.

A health sector which meets these objectives is the mark of a developed state which is managed in the interest of its people.

The crisis in healthcare shares similar causes with the housing crisis. Both are a result of a failure in planning and a failed ideology which has damaged public services.

The Sláintecare consensus has failed to deliver meaningful change for workers and families because it is a myth. There is no consensus.

It has only given cover to conservative parties who do not agree with the basic principle that healthcare is a right, not a privilege.

They have failed to implement Sláintecare because they do not believe in it.

This is holding up the radical change needed to deliver universal healthcare with free GP care and short waiting times.

Sinn Féin's priority in health is to deliver an Irish National Health Service which ends the two-tier health system and delivers timely health and social care on the basis of need, not ability to pay.

In 2023, a Sinn Féin Government would invest more than €1.1 billion towards an Irish National Health Service.

We would significantly cut out-of-pocket costs for healthcare from inpatient charges to prescription drug costs. We would make immediate expansions and investment in GP access and primary care staffing.

We would plan on a multi-annual basis to deliver a universal health service within 10 years. That will require substantial investment in hospital capacity, community capacity, primary care capacity, digital transformation, specialist services, and training the future health workforce.

It will also require significant intervention to tackle the housing disaster and the cost-of-living crisis if we are to retain currently employed healthcare workers and make Ireland attractive for people to return.

Our budgetary proposals are laid out across ten thematic and sectoral sections which make the case for the major investment outlined in this paper.

Funding

Sinn Féin's Alternative Budget for Health is about funding practical, realistic, and deliverable policies on a multi-annual basis which will deliver a fairer health service for workers and patients.

To commence the measures proposed in this Alternative Budget, we would allocate an additional €1,119.45 million to expenditure for Health in 2023.

This would consist of an additional €657.77 million for current expenditure and €461.68 million for capital or one-off spending in 2023.

The recurring expenditure element would require, upon full implementation of measures over a multi-annual timeframe, 12,500 additional healthcare workers.

As such, we would also ramp up investment in further and higher education healthcare courses, starting with €26.4 million in 2023 to increase places by 24%.

It would be funded by the sustainable fiscal policy outlined in our Alternative Budget 2023.

We are fully committed to the full implementation of all outstanding Budget 2021 and Budget 2022 measures, core expenditure commitments, and other pre-committed expenditure items relating to pay, demographics, carryover, ELS, and other non-pay pressures.

Réamhrá

Is iad na cuspóirí atá leis an tseirbhís shláinte ná eispéireas sláinte agus cúraim an daonra a fheabhsú, luach ar airgead a chinntiú, agus tacú le fórsa saothair bríomhar sona. Is léiriú é ar stát forbartha í earnáil sláinte a chomhlíonann na cuspóirí seo agus a dhéantar a bhainistiú ar mhaithe lena muintir.

Bíonn na cúiseanna céanna ag an ngéarchéim i gcúram sláinte agus an ghéarchéim tithíochta. Teip sa phleanáil agus an damáiste atá déanta do sheirbhísí poiblí ag idé-eolaíocht atá teipithe uirthi.

Theip ar chomhdhearcadh Sláintecare athrú fiúntach a dhéanamh d'oibrithe agus do theaghlaigh toisc gur miotas é. Níl aon chomhdhearcadh ann. Ní dhearna sé ach cumhdach a thabhairt do pháirtithe coimeádacha nach n-aontaíonn leis an mbunphrionsabal gur ceart atá i gcúram sláinte, ní pribhléid.

Theip orthu Sláintecare a chur i bhfeidhm mar ní chreideann siad ann. Tá sé seo ag cur leis an athrú radacach atá de dhíth chun cúram sláinte uilíoch a sholáthar le cúram Dochtúra Teaghlaigh in aisce agus tréimhsí feithimh gairide. Is é tosaíocht Shinn Féin maidir le cúrsaí sláinte ná Seirbhís Shláinte Náisiúnta na hÉireann a sholáthar a chuireann deireadh leis an gcóras sláinte dhá shraith agus a thugann cúram sláinte agus sóisialta tráthúil ar bhonn riachtanas, ní cumas pá.

In 2023, dhéanadh Rialtas Shinn Féin níos mó ná €1.1 billiún a infheistú i dtreo Seirbhís Shláinte Náisiúnta in Éirinn. Dhéanfaimis gearradh mór siar na costais-as-póca do chúram sláinte ó tháillí othar cónaitheach go costais drugaí ar oideas. Dhéanfaimis fairsingiú láithreach agus infheistíocht i rochtain GP agus i soláthar foirne cúram príomhúil. Dhéanfaimid pleanáil ar bhonn ilbhliantúil seirbhís sláinte uilíoch a chur ar fáil laistigh de 10 mbliana. Bheadh infheistíocht shuntasach ag teastáil in acmhainn ospidéal, in acmhainn pobail, in acmhainn cúraim príomhúil, claochlú digiteach, sainseirbhísí, agus oiliúint don fhórsa saothair sláinte amach anseo.

Teastóidh idirghabháil shuntasach freisin chun dul i ngleic leis an tubaiste tithíochta agus leis an ngéarchéim costais mhaireachtála má táimid chun oibrithe cúram sláinte atá fostaithe faoi láthair a choinneáil agus Éire a dhéanamh tarraingteach do dhaoine le filleadh ar ais. Tá ár dtograí buiséadacha leagtha amach thar dheich rannóg théamacha agus earnála a dhéanann an cás don infheistíocht mhór atá leagtha amach sa pháipéar seo.

Reducing the Cost of Healthcare

A Sinn Féin Government would reduce the cost of healthcare and deliver universal healthcare over two terms of Government.

Prohibitive healthcare costs hit everyone, particularly those who do not have a medical or GP visit card, or private health insurance. Even where someone has health insurance, there are still many additional costs.

We would expand eligibility for GP visit cards for 300,000 people and families at a cost of €40 million. We also propose significant investment in the primary care workforce and in GP training to cater to increased demand as we implement universal healthcare.

We would give back €77 million to cap monthly drug payments at €70 for non-medical card holders and remove remaining prescription charges for all medical card holders.

We would condense the disparate entitlements and discounts system into a transparent age- and income-based 'Sláintecard' framework of eligibility. This would be used to expand universal coverage over two terms of Government.

We would expand free GP and primary care and invest in modern healthcare, with new primary care contracts and service arrangements.

While developing the legislative framework, we would start with a range of measures which would assist across all incomes.

We would expand entitlement to the free contraception scheme with an additional €20 million, additional to its existing €22 million budget, with a view to establishing a universal contraception scheme which is integrated with the Sláintecard framework.

We would also increase access to new medicines and innovative treatments with a budget expansion of €20 million.

We would remove out of pocket fees for hospital visits for all patients over 2 years. We would also reduce and cap car parking charges, with a specific focus on relief for patients and families who must attend hospital regularly.

We would also expand public dentistry, starting with school screening and an oral health scheme for children, and negotiate a fix to the Dental Treatment Services Scheme.

Sinn Féin recognises the need to support families through the cost of illness beyond the direct cost of healthcare, such as the cost of travel and accommodation. We would fund research to establish the extent of the additional burden and work across Government to implement supports.

To reduce the cost of healthcare, Sinn Féin would:

- Fund an expansion of GP Visit Card eligibility for 300,000 people - €40 million
- Reduce the Drugs Payment Scheme threshold for non-medical card holders to €70 - €13.4 million
- Abolish prescription charges for medical card holders - €63.6 million
- Expand the free contraception scheme - €20 million
- Abolish hospital inpatient charges over two years - €30 million, €15m in the first year
- Reduce and cap hospital car parking charges - €2.5 million
- Fund independent research on the full cost to households of childhood illness



Table 2. Reducing the Cost of Healthcare

	Current €154,840,000	Capital €-	Total €154,840,000
Expand eligibility for GP visit cards for 300,000 people	€40,000,000	-	€40,000,000
Permanently reduce the Drugs Payment Scheme Threshold to €70	€13,440,000	-	€13,440,000
Abolish prescription charges	€63,600,000	-	€63,600,000
Abolish hospital inpatient charges for public patients over 2 years	€15,300,000	-	€15,300,000
Reduce and cap car parking charges	€2,500,000	-	€2,500,000
Fund independent research on the full economic and social costs to households of childhood illness	-	-	-
Expanding free contraception	€20,000,000	-	€20,000,000

Strategic Workforce Planning

A Sinn Féin government would take a fresh approach to proactively planning the development of the healthcare workforce. We would step-up workforce planning across the health and further and higher education sectors.

For the last 20 years and more, successive governments have failed to look ahead and plan to train, recruit, and retain enough healthcare workers to safely and fully staff the health service.

The consequences of this are clear to see in the long waits, outdated contracts, understaffing, and major burnout across the workforce.

Workforce Deficits

The 2022 ESRI report 'Projections of Workforce Requirements for Public Acute Hospitals in Ireland, 2019-2035' sets out a need for 15,000 additional healthcare workers by 2035 in acute services.¹

The Medical Council's 'Medical Workforce Intelligence Report 2021' (2022) notes that Ireland trains the most medical graduates per 100,000 population across OECD countries at 24.8, ahead of Latvia (23.8) and Denmark (23).² However, Ireland has one of the lowest levels of specialist doctors at 1.59 per 1,000, in comparison to 2.26 in Britain, 2.97 in Austria, or 3.39 in Germany.

4,970 additional specialists would be required to reach the EU average, according to the Irish Hospital Consultants Association, ranging from interns to consultants.³

To increase the number of medical specialists to 2.25 per 1,000, we would require 41.5% more practicing doctors.

The Medical Council report identified 4,569 practicing hospital consultants, 4,461 practicing GPs, and 633 others in Consultant or Specialist roles.

There are 3,922 approved consultant posts in the public health service, of which only 3,051 are filled on a permanent basis.⁴

341 are filled by a locum or temporary appointment, 61 by an agency doctor, and the remaining 479 are vacant.

This represents an increase of 309 consultant posts since September 2021, but an increase of only 165 fully filled posts.⁵ The HSE Workforce Report demonstrates a net total increase of only 105 since December 2021.⁶

The problem Ireland faces is illustrated in the fact that, as early as the 28th of May 2022, Australia had already issued 402 work visas to Irish doctors, compared to 272 in 2019.⁷

Similarly, qualified nurses, midwives, and allied health and social care professionals emigrate every year. Much of the experience gained abroad is important for professional development, however, far too many do not return for a variety of reasons. When listening to those who have left or are thinking of leaving, however, it is clear that working conditions are a big factor in their decision making.

Data from the HSE National Doctor Training and Planning unit shows a steep drop off in graduate entry to the medical workforce. Since 2016, the number of qualified doctors who completed an internship and subsequently worked or trained in the HSE has dropped from 87% to 73% by 2019, and possibly as low as 53% in 2020 (Table 3).⁸

1 Keegan, C., Brick, A., García-Rodríguez, A., and Hill, L., (2022), 'Projections of Workforce Requirements for Public Acute Hospitals in Ireland, 2019-2035: A Regional Analysis based on the Hippocrates Model,' Research Series Number 147, July 2022.

2 [Medical Council \(2020\), Medical Workforce Intelligence Report 2021 \(medicalcouncil.ie\)](#), pp. 14-15.

3 Irish Hospital Consultants Association Pre-Budget Submission 2023, August 2022, p. 20.

4 HSE Reply to Parliamentary Question 39400/22, 19 July 2022.

5 HSE Reply to Parliamentary Question 43289/21, 16 September 2022.

6 [Health Service Personnel Survey, July 2022.](#)

7 [Over 400 Australian work visas issued to Irish doctors,' Medical Independent, 28 May 2022.](#)

8 HSE Reply to Parliamentary Question 35963/22, 19 July 2022.

Table 3. Intern Cohorts subsequently working in the Irish public health system, 2016-2020⁹

Intern Year	Commenced service or training post
2015	87%
2016	86%
2017	81%
2018	73%
2019	73%
2020	53%

The consequences are reflected in overtime data. The HSE paid out €238 million in overtime payments in 2021 (Table 4).¹⁰

These payments relate to more than 3 million hours of recorded overtime worked by medical professionals and more than 2 million hours worked by nurses, midwives, and healthcare assistants in 2021.¹¹ Overtime to other staff grades is included but represents a small portion of all payments.

More than half of this was paid out to 9,000 medical/dental professionals. Non-consultant grade medical and dental grades worked 2.8 million of the 3 million medical/dental hours.

Similarly, nurses and midwives and workers in 'patient and client care' (healthcare assistants, home helps, ambulance paramedics, and other care roles) racked up significant overtime bills.

That is roughly the equivalent of 1,700 full-time doctors, more than 500 full-time nurses, and a similar number of healthcare assistants, who are missing across the system.

This represents a 12% deficit in medical professionals at the end of 2021, the funding for which is already in the budget.¹²

This is placing an enormous strain on frontline healthcare workers to cover staffing gaps. The global shortage of healthcare workers is well documented, and it will only become more difficult to recruit internationally across all professions.



9 HSE Reply to Parliamentary Question 35963/22, 19 July 2022.

10 HSE Reply to Parliamentary Question 17516/22, 27 April 2022.

11 HSE Reply to Parliamentary Question 3985/22, 24 March 2022.

12 [HSE Health Service Personnel Census, July 2022](#): There were 12,113 medical/dental WTE at Dec 2021, an additional 1700 would bring posts to 13,800.

Table 4. HSE Overtime Hours and Payments, 2016-2022

	Overtime Paid				
	2016 Full Yr	2019 Full Yr	2020 Full Yr	2021 Full Yr	2022 YTD March
Nursing/ Midwifery	€25,593,141	€30,895,397	€34,302,161	€42,898,228	€12,252,553
Management/ Admin	€2,754,072	€3,215,009	€6,381,027	€7,931,614	€1,755,355
General Support	€6,133,788	€7,124,409	€8,345,511	€8,977,185	€2,695,031
Health & Social Care Professionals	€2,127,650	€2,396,614	€3,872,790	€4,203,906	€990,250
Medical/ Dental	€84,046,122	€111,888,124	€123,229,958	€134,421,777	€39,403,614
Patient & Client Care	€25,428,043	€30,248,144	€32,515,182	€39,490,791	€10,967,897
Total	€146,082,816	€185,767,697	€208,646,628	€237,923,500	€68,064,700

	No. of Employees				
	2016 Full Yr	2019 Full Yr	2020 Full Yr	2021 Full Yr	2022 YTD March
Nursing/ Midwifery	8789	9816	11912	13956	8823
Management/ Admin	1662	1857	3251	4142	1892
General Support	2031	2484	2824	3052	2314
Health & Social Care Professionals	910	970	1739	1559	833
Medical/ Dental	6340	7703	8323	9003	5905
Patient & Client Care	5804	7330	8217	9404	6824
Total	25,536	30,160	36,266	41,116	26,591

The Medical Council's survey also affirms the findings of Irish Medical Organisation (IMO) research into 'Non-Consultant' Hospital Doctor (NCHD) working conditions. The Medical Council found that, of 7,500 NCHDs, 62% reported working more than 40 hours a week on average, and 29% reported working more than 48 hours.

The IMO survey found that 100% of NCHDs were working beyond rostered hours; more than 50% were not paid for all of their hours; 96% were working in excess of 48-hour weeks; and many reported difficulties securing annual and study leave.¹³

Data from the HSE shows that non-compliance with the 48-hour week European Working Time Directive standards stands at 13%¹⁴, though there are disputes over actual hours worked.

The Medical Council report also illustrates Ireland's significant reliance on international graduates

13 Irish Medical Organisation Survey of Non-Consultant grade Hospital Doctors, June 2022

14 HSE Reply to Parliamentary Question 29068, 4 July 2022.

to fill hospital posts, with more than twice as many international graduates as Irish graduates first registering with the Medical Council in 2021.

Similarly, we have a significant overreliance on international recruitment already to fill nursing posts. In 2021, 62% of first-time registrants with the Nursing and Midwifery Board were non-EU workers.¹⁵

Migrant workers contribute vitally to the Irish health service and are the only reason that staffing levels have not collapsed. However, we must develop a sustainable supply of domestic graduates and retain those we train.

Speaking at the Medical Professionalism Conference 2022, the CEO of the Medical Council, Mr Leo Kearns, stated that the Council's 2021 Medical Workforce Intelligence Report "will definitely highlight the need for a workforce strategy for healthcare."¹⁶

Workforce Strategy

A Sinn Féin government would establish a high-level group, including the Taoiseach and the Ministers for Health and Further and Higher Education, to implement a 10-year health workforce strategy.

A workforce strategy for healthcare must address the pipeline of graduates as well as specialist training chokepoints, and the issues which are driving the retention crisis.

We need a significant increase across the health workforce, particularly in medicine, primary care, and therapies, but the solutions will require much more than training extra staff.

The retention issues which are causing so many to leave the Irish health service must be addressed if we are to stem the bleed of graduates. We must also work to attract Irish emigrants to return at the end of their training or the start of the next phase in their career.

Many Irish healthcare workers develop an urge to leave before they even begin working in the HSE. We have been told as much by the students on the frontline with whom we engaged during the pandemic. The fight they had to put up to get the recognition they deserved dispirited many, as did being told that they shouldn't be paid because they don't do "real work." Similarly, the drawn-out process of receiving the pandemic recognition payment, which non-direct HSE employees have yet to receive, did not inspire confidence across the workforce and future workers.

We must understand and tackle the underlying causes of health worker emigration. In the words of Dr. Niamh Humphries, of the Hospital Doctor Motivation and Retention Project research team, "hospital doctors feel powerless to improve their working conditions, or the system; and emigration remains a viable option for those hospital doctors seeking to improve their working conditions."¹⁷

That will involve significant investment in public sector healthcare, and more than just listening. The Department of Health is due to publish its NCHD policy paper in quarter three.¹⁸ It is important that this is published soon and implemented urgently.

Healthcare will continue to be an evolving professional field. Expanding care in the community and changing the delivery of care in acute hospitals will necessitate changes in the way we interact with healthcare, and the way healthcare professionals work.

It is important that, in planning and developing the health workforce, we take a rounded, multi-disciplinary view of the needs of staff and patients. This will be essential to identifying areas for advanced training, specialisation, and increased interprofessional collaboration.

Training Places

Sinn Féin would fund a 24% increase in health and social care graduate places next year, and we

15 INMO Pre-Budget Submission 2023 (2022), p. 12.

16 [Council report will highlight need for 'workforce strategy' - Medical Independent.](#)

17 [Opening Statement of Dr Niamh Humphries to the Joint Oireachtas Committee on Health, 23 March 2022.](#)

18 [Talks with NCHDs 'will inform' recruitment policy paper - DoH \(medicalindependent.ie\)](#)

would target a minimum of 1,500 places across disciplines. This would range from 60 additional dental places to 400 additional nursing and midwifery places.

We would target an increase of at least 50% over 5 years, subject to sectoral capacity. Increased investment in higher and further health education will allow for a major expansion in regionally balanced availability and investment. We would also seek course development in primary care practice across disciplines, such as public health nursing and general medicine.

Table 5. Undergraduate Places for Health-Related Courses, 2023/24

Field of Study	2020 Entrants	2023	Increase	Cost
Nursing and midwifery	1,965	400	(20%)	€4,800,000
Medicine	1,246	300	(24%)	€10,500,000*
Therapy and rehabilitation	693	300	(43%)	€3,600,000
Social work and counselling	993	200	(20%)	€2,400,000
Pharmacy	392	80	(20%)	€960,000
Diagnostic & treatment technology	331	70	(21%)	€840,000
Dental Studies	171	60	(35%)	€2,100,000*
Health Other	495	100	(20%)	€1,200,000
Total	6,286	1,510	(24%)	€26,400,000

Source: Department of Further and Higher Education, Research, Innovation, and Science, latest available entrant data and costings obtained 14 July 2022.¹⁹

* Medical/dental places costed at higher amount to reflect real cost of courses.

We would fund a significant increase across internship places, initial specialist training places, and higher specialist training places, of approximately 10% on 2020 intake levels.²⁰

This would result in approximately 85 intern places, 60 IST places, and 60 HST places. Separately, we would fund an additional 50 GP training places, a 20% increase.

Table 6. Proposed Increase in Medical Training Places

Training Place	Approved Posts	Proposed Increase
Medical intern places	854 ²¹	85
Initial Specialist Training places excluding GP	649 ²²	65
Higher Specialist Training Places	574 ²³	57
GP Training Places	258 ²⁴	50

Policy Priorities

Governments have failed to take the initiative in strategic workforce planning, and consequently, our health service has always been understaffed and under pressure, with the workforce enduring extreme burn out.

A Sinn Féin government would set annual training and recruitment targets over a 10-year period, across the range of professions and across higher education institutions. We would work with

19 [Parliamentary Question Reply, 14 June 2022](#); [Parliamentary Question Reply, 14 June 2022](#); [Parliamentary Question Reply, 14 June 2022](#).

20 [HSE, Medical Workforce Report 2020-2021](#).

21 HSE Reply to Parliamentary Question 35963/22, 20 July 2022.

22 [HSE, Medical Workforce Report 2020-2021](#), p. 13.

23 *Ibid*, p. 18.

24 Irish College of General Practitioners, Pre-Budget Submission 2022, p. 3; Actual intake for July 2022.

training bodies and the HSE to ensure the necessary capacity is funded and delivered to not only train but to retain and empower our healthcare professionals.

Sinn Féin would prioritise a universal healthcare agreement which encompasses primary, community, and acute services, supports the development of robust and autonomous Regional Health Areas, and makes the health service a more attractive place to work for a wide range of professions.

Contract disputes must be put to bed if we are to build a modern health service. Medical scientists, consultants, junior doctors, GPs, and more across primary, community and acute services, all have serious issues with their contracts and working conditions. Modern contracts and fair conditions must be ensured which allow us to develop new solutions for care delivery.

A Sinn Féin Government would stick to its word and implement outstanding industrial relations agreements in full. Implementation of an agreement should not resemble a new negotiation. We would also fully fund the Health Service Capacity Review 2018.²⁵

The Framework for Safe Staffing and Skills mix must be applied to every ward, every emergency department, and relevant community settings. According to the INMO, it only applies to 12 hospitals currently.²⁶ It is the agreed evidence-based method of determining whether we have enough nurses and healthcare assistants, and there must be transparency on the real deficit we are facing in those professions. It is an example of the type of scientific planning which we would continue to fund, as are the various ongoing ESRI projects. Sinn Féin would include staffing recommendations stemming from the Framework's outworkings when determining the level of funding required to maintain 'existing levels of service' each year.

A Sinn Féin Government would prioritise engaging with Irish emigrants to attract them home and compete for highly skilled international talent. We will need to address the housing disaster and the cost-of-living crisis as well as grievances in the health service to improve Ireland's attractiveness as a place to live and work.

To boost the healthcare workforce, Sinn Féin would:

- Fund 1,500 additional undergraduate and graduate entry places across healthcare-related courses – **€26.4 million**
- Increase medical intern and specialist training places every year for five year - **€8.7 million in the first year**
- Increase the GP training intake by 50 a year - **€2.6 million in the first year**
- Fund advanced practice and professional development in primary care and general practice nursing - **€5 million**
- Provide training for 400 advanced practice and specialist nurses/midwives - **€2.5 million**
- Train 100 additional specialist neurology nurses and invest significantly in training more clinical, educational, and counselling psychologists, as well as a range of allied health and social care professionals
- Embed the Framework for Safe Staffing and Skills Mix and extend special leave with pay arrangements for healthcare workers with long covid
- Implement industrial relations agreements in full to retain the trust of the healthcare workforce

²⁵ [Department of Health, 2018, Health Service Capacity Review](#)

²⁶ INMO Pre-Budget Submission 2023 (2022), p. 10.

Table 7. Cost of Workforce Planning in 2023

	Current	Capital	Total
	€19,290,738	€2,508,000	€21,798,738
Increase medical specialist training capacity every year for five years	€8,731,019	-	€8,731,019
Increase GP training capacity by 20% (50) a year	€2,600,000	-	€2,600,000
Fund advanced practice training in primary care and general practice nursing	€5,000,000	-	€5,000,000
Provide training for 400 Advanced Nurse/ Midwife Practitioners	-	€2,508,000	€2,508,000
Train 100 additional specialist neurology nurses**	-	-	-
Fund Trainee Counselling and Educational Psychology posts on the same basis as Trainee Clinical Psychologists	€1,715,000	-	€1,715,000
Increase trainee psychologist posts by 50, including educational supports, across Clinical, Counselling and Educational fields	€1,244,719	-	€1,244,719
1,500 additional further and higher education places (table 5)*	€26,400,000*	-	€26,400,000*

* Funded via Department of Further and Higher Education.

** Funded under Primary and Community Care.



Hospital Capacity

Hospital capacity is under pressure on many fronts. Emergency departments are overcrowded, outpatient and inpatient waiting lists are growing, and reform has progressed far too slowly.

Table 8. HSE NSP KPIs for Emergency Care²⁷

Indicator	Target 2022
% of all attendees at ED who are discharged or admitted within six hours of registration	70%
% of all attendees at ED who are discharged or admitted within nine hours of registration	85%
% of ED patients who leave before completion of treatment	>6.5%
% of all attendees at ED who are in ED <24 hours	97%
% of all attendees aged 75 years and over at ED who are discharged or admitted within six hours of registration	95%
% of all attendees aged 75 years and over at ED who are discharged or admitted within nine hours of registration	99%
% of all attendees aged 75 years and over at ED who are discharged or admitted within 24 hours of registration	99%

Bed occupancy is close to, if not exceeding, 100% at most locations on a daily basis, according to general and critical care bed availability data published by the HSE.²⁸ Occupancy exceeds 90% on average in most major hospitals, according to the latest annual data for 2021.²⁹

Occupancy should be around 85% at major acute hospitals and that will require both substantial expansions and significant reform to achieve.

Similarly, the distribution of infrastructure and capacity is inequitable across the island, with the midlands, west, and north-west the most persistently underserved in terms of staff, beds, and equipment.³⁰

A Sinn Féin Government would implement a 'zero tolerance' approach for hospital trolleys, and target funding for developing care pathways and out-of-hours urgent services.

We would invest substantially in healthcare capacity out to 2030, planned and implemented on a multi-annual basis.

We would also take a step back and address the root causes of hospital overcrowding and long waiting lists.

We will invest in preventative healthcare and deliver more timely care closer to home to reduce the need for hospitalisation.

We will also take a proactive approach to planning, training, developing, and retaining the health workforce.

It will be the responsibility of Regional Health Areas to plan and implement the necessary changes.

²⁷ [Minister for Health, Written Reply to Parliamentary Question 30978/22, 14 June 2022.](#)

²⁸ [HSE, COVID-19 daily operations updates](#)

²⁹ HSE Reply to Parliamentary Question 12834/22, 14 March 2022.

³⁰ Department of Health, 2022, Spending Review 2022: Health Capital Investment in Ireland: An Analysis of Healthcare Infrastructure Capacity.

Emergency Departments

This year, the Irish Nurses and Midwives Organisation's 'Trolley Watch' counted a record 9,961 patients admitted to a hospital without a bed in June, recorded across acute hospitals every morning.³¹

Table 9. Average wait time in department (hours) from registration to admission (June 2022)³²

Hospital Group	Provider	Under 75	75+	All
Average		11.57	14.82	12.48
Children's Health Ireland	CHI at Temple St	10.97		10.97
	CHI at Crumlin	8.65		8.65
	CHI at Tallaght	6.33		6.33
Dublin Midlands Hospital Group	Tallaght University Hospital	21.07	17.94	20.3
	Naas General Hospital	13.58	16.35	14.39
	MRH Tullamore	12.62	11.01	12.05
	St. James's Hospital	11.8	11	11.6
	MRH Portlaoise	8.46	8.71	8.52
Ireland East Hospital Group	St. Vincent's University Hospital	19.52	26.11	21.93
	Mater Misericordiae University Hospital	17.83	17.94	17.86
	MRH Mullingar	11.3	15.9	12.66
	Wexford General Hospital	10.71	12.94	11.42
	Our Lady's Hospital Navan	9.22	8.21	8.82
	St. Michael's Hospital	5.54	6.45	6.03
RCSI Hospitals Group	St. Luke's General Hospital Kilkenny	2.88	3.37	3
	Connolly Hospital	13.41	13.97	13.57
	Beaumont Hospital	12.65	13.05	12.78
	Cavan General Hospital	9.72	14.92	11.32
	Our Lady of Lourdes Hospital	8.82	12.91	9.84
Saoilta University Health Care Group	Galway University Hospitals	12.16	19.17	14.19
	Sligo University Hospital	12.59	15.22	13.46
	Mayo University Hospital	7.04	12.34	8.58
	Portiuncula University Hospital	6.38	8.66	7.09
	Letterkenny University Hospital	4.83	6.81	5.34
South / South West Hospital Group	Mercy University Hospital	20.55	23.82	21.74
	Cork University Hospital	17.4	28.81	20.45
	UH Kerry	10.78	17.59	13.01
	UH Waterford	9.08	11.37	9.84
	Tipperary University Hospital	5.79	7.61	6.29
UL Hospitals Group	UH Limerick	12.62	17.31	13.89

³¹ Irish Nurses and Midwives Organisation, Pre-Budget 2023 Submission, p. 21.

³² HSE Reply to Parliamentary Question 37434/22, 26 July 2022.

Among the most overcrowded hospitals were University Hospital Limerick, Cork University Hospital, and University Hospital Galway. However, many hospitals in Dublin are also under intense pressure due to a lack of space.

This is evident in the waiting time data for emergency departments. Hospitals are regularly warning patients of long waits and routinely operating on full capacity protocols as a result.

In June 2022, the longest average wait time was at St Vincent's Hospital, Dublin. It was followed closely by the Mercy University Hospital, Cork, at 21.7 hours. The average wait was 12.5 hours.

More than 33,000 people waited for more than 24 hours for admission in an ED in 2021, as illustrated in Figure 1.

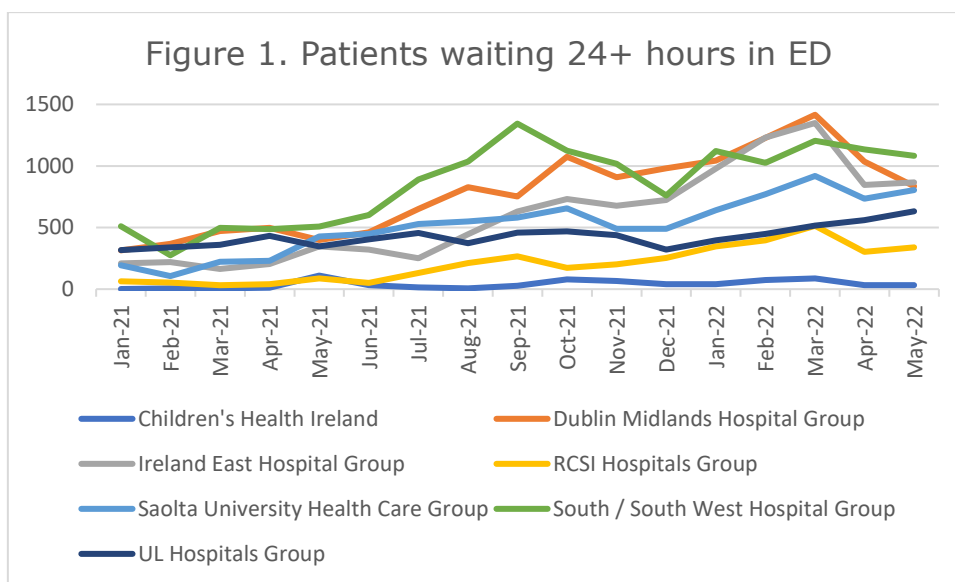


Table 9 illustrates the average wait times from registration to admission across emergency departments. The HSE separately tracks data for admitted and non-admitted patients across key performance indicators (Table 8).

The solution for emergency departments lies in additional capacity at chokepoints, but the variation in performance across hospitals demonstrates that how and where patients are managed makes a difference to wait times.

Despite the concentration of services in the large Model 4 hospitals, the promised capacity has never been delivered.

Waiting Lists

Hospital waiting lists continue to spiral out of control. Already this year, they are up by 31,000 in 8 months. The number of long waiters has started to come down after the pandemic, with the targeting of the longest waiters having an impact.

Waiting lists are not helped by the high level of cancellations. There have been more than 74,000 scheduled care cancellations between February and June 2022.³³

80,728 patients were removed from waiting lists as part of ongoing validation efforts in 2021, and 40,000 more had been removed by June 2022.³⁴ As tables 13 and 14 show, the maximum wait time on many lists remains inordinately high which may be indicative in some cases of inaccurate lists.

However, general demand continues to outpace removals despite this.

³³ HSE Reply to Parliamentary Question 37413/22; there is no data for scheduled care cancellations for January as "tracking of weekly cancellations commenced in February 2022."

³⁴ [Minister for Health, Written Reply to Parliamentary Question, 23 June 2022](#)



Table 10. Month on Month Change in Hospital Waiting Lists

	Total	12+ months	12-18 months	18+ months
Dec-21	879,277	251,405	84,972	166,433
Jan-22	893,043	250,737	81,450	169,287
Feb-22	896,631	243,071	78,454	164,617
Mar-22	897,066	238,633	77,328	161,305
Apr-22	897,065	234,176	76,931	157,245
May-22	901,966	224,384	73,246	151,138
Jun-22	903,441	214,205	71,180	143,025
Jul-22	907,331	215,188	76,640	138,548
Aug-22	910,073	213,124	77,317	135,807
Change	+30,796	-38,281	-7,655	-30,626

At the end of August, there were 910,000 people on hospital waiting lists, according to data collated by the NTPF.³⁵ There are more than 100,000 children on waiting lists. There are still more than 210,000 people waiting over a year, of whom 135,000 are waiting over 18 months.

More than 760,000 people have no appointment, and a further 148,000 are on waiting lists with a date or expected date (Table 11). However, almost half of those on planned procedure waiting lists have a date in the past or have yet to be given an indicative date.

There were a further 219,300 on acute hospital diagnostic waiting lists at the end of March 2022 (Table 12). Some of these will be on other lists, and many are waiting months for a diagnostic test before they can get onto a further list. 35,000 are waiting more than 18 months.

It is clear from the data that the health service is very far away from getting to waiting lists of no longer than 12 weeks for an inpatient procedure, 10 weeks for an outpatient appointment and ten days for a diagnostic test.

³⁵ Waiting list tables are compiled using data available at www.ntpf.ie

Table 11. Overview of Acute Hospital Waiting Lists, July 2022

	Waiting Lists			12+ Months			18+ Months		
	Adult	Child	Total	Adult	Child	Total	Adult	Child	Total
IP/OP Active									
OP	542,738	86,709	629,447	168,125	26,651	194,776	107,461	17,580	125,041
OP Suspensions	26,074	747	26,821			-			-
Subtotal OP	568,812	87,456	656,268	168,125	26,651	194,776	107,461	17,580	125,041
IPDC Active	71,420	7,860	79,280	13,137	1,858	14,995	8,063	1,097	9,160
IPDC GI Endoscopy	26,129	582	26,711	1,533	85	1,618	609	37	646
Subtotal IP/GI Active	97,549	8,442	105,991	14,670	1,943	16,613	8,672	1,134	9,806
Total Active	666,361	95,898	762,259	182,795	28,594	211,389	116,133	18,714	134,847
IPDC/PP Other									
IPDC Other									
IPDC TCI	16,411	2,497	18,908	828	572	1,400	359	428	787
IPDC GI E TCI	9,554	55	9,609	328	7	335	168	5	173
IPDC Suspension	12,987	643	13,630			-			-
IPDC Suspensions GI E	9,421	4	9,425			-			-
Subtotal IPDC Other	48,373	3,199	51,572	1,156	579	1,735	527	433	960
Planned Procedures									
Planned Procedures IPDC	15,518	1,414	16,932						
PP GI E	76,333	70	76,403						
PP Suspensions	375	9	384						
PP Suspensions GI E	2,523	-	2,523						
Subtotal PP	94,749	1,493	96,242						
Total All	809,483	100,590	910,073			213,124			135,807

Table 12. Acute Hospital Diagnostic Waiting Lists³⁶

Hospital Group	Modality	0-3 Months	3-6 Months	6-9 Months	9-12 Months	12-15 Months	15-18 Months	18+ Months	Grand Total
Children's Hospital Group	CT	212	32	10	6	5	2	3	270
	MR	1,152	595	424	242	226	206	891	3,736
	US	1,824	932	599	235	180	156	350	4,276
	VUS	3	4	1		3		1	12
Subtotal		3,191	1,563	1,034	483	414	364	1,245	8,294
Dublin Midlands Hospital Group	CT	5,386	2,813	1,829	1,371	1,010	820	2,952	16,181
	MR	3,387	1,838	1,596	1,403	1,084	1,006	3,105	13,419
	US	6,730	3,426	2,290	1,218	929	792	3,260	18,645
	VUS	822	524	421	276	143	97	1,209	3,492
Subtotal		16,325	8,601	6,136	4,268	3,166	2,715	10,526	51,737
Ireland East Hospital Group	CT	4,597	1,976	1,085	685	507	397	1,652	10,899
	MR	2,724	1,820	1,281	708	402	175	908	8,018
	US	6,077	2,609	1,367	663	456	454	1,566	13,192
	VUS	84	24	14	7	2		6	137
Subtotal		13,482	6,429	3,747	2,063	1,367	1,026	4,132	32,246
RCSI Hospitals Group	CT	4,993	2,568	1,201	509	179	78	84	9,612
	MR	6,308	2,395	1,277	739	377	211	536	11,843
	US	9,105	2,904	1,020	428	163	103	207	13,930
	VUS	1,803	960	677	450	167	299	1,497	5,853
Subtotal		22,209	8,827	4,175	2,126	886	691	2,324	41,238
Saolta University Health Care Group	CT	4,459	1,749	836	460	353	323	650	8,830
	MR	3,137	1,740	1,706	1,208	776	530	1,345	10,442
	US	5,925	2,138	1,165	590	425	371	845	11,459
	VUS	51	36	17	3	4		3	114
Subtotal		13,572	5,663	3,724	2,261	1,558	1,224	2,843	30,845
South/South West Hospital Group	CT	4,631	1,932	1,194	733	381	275	905	10,051
	MR	3,735	1,426	1,079	733	673	755	4,584	12,985
	US	4,530	1,553	1,064	556	358	384	1,103	9,548
	VUS	247	102	89	42	29	16	640	1,165
Subtotal		13,143	5,013	3,426	2,064	1,441	1,430	7,232	33,749
University of Limerick Hospital Group	CT	1,439	783	619	339	279	240	1,790	5,489
	MR	1,468	775	615	415	458	393	1,924	6,048
	US	1,776	847	704	568	502	222	1,619	6,238
	VUS	608	346	318	59	33	52	2,000	3,416
Subtotal		5,291	2,751	2,256	1,381	1,272	907	7,333	21,191
Grand Total		87,213	38,847	24,498	14,646	10,104	8,357	35,635	219,300

³⁶ Data released by Department of Health.

Table 13. Inpatient Waiting List Average and Longest Waits in days, by Specialty³⁷

	Mean	Median	Max
Anaesthetics	417	358	3,556
Breast Surgery	674	395	650
Cardiology	2,053	1,379	9,525
Cardio-Thoracic Surgery	1,005	508	4,970
Clinical Immunology	1,656	1,668	1,969
Clinical Neurophysiology	112	112	1,086
Dental Surgery	715	478	3,319
Dermatology	1,900	1,489	9,943
Endocrinology	2,022	1,803	7,075
Gastro-Enterology	3,100	2,326	14,345
Gastro-Intestinal Surgery	713	340	1,419
General Medicine	4,446	4,042	13,525
General Surgery	6,530	4,067	18,583
Geriatric Medicine	218	216	462
Gynaecology	5,260	3,377	12,210
Haematology	165	129	2,877
Hepato-Biliary Surgery	341	148	706
Immunology	271	232	536
Infectious Diseases	546	546	428
Maxillo-Facial	1,384	1,016	3,699
Neonatology	86	87	915
Nephrology	882	606	997
Neurology	4,076	4,174	7,693
Neurosurgery	450	348	1,586
Oncology	709	750	322
Ophthalmology	3,397	2,526	11,814
Oral Surgery	803	506	2,518
Orthopaedics	5,061	3,337	12,038
Otolaryngology (ENT)	3,335	1,868	8,713
Pain Relief	3,215	2,581	6,548
Plastic Surgery	3,753	2,606	10,505
Radiology	583	550	3,225
Respiratory Medicine	2,465	2,284	7,436
Rheumatology	1,231	1,037	3,259
Urology	4,457	2,814	17,911
Vascular Surgery	3,532	2,514	8,832

37 Minister for Health, Written Reply to Parliamentary Question 31518/22, 16 June 2022.

Table 14. Inpatient Waiting List Average and Longest Waits in days, by Paediatric Specialty

	Mean	Median	Max
Paed Cardiology	198	105	295
Paed Endocrinology	206	224	1,000
Paed Gastro-Enterology	219	170	5
Paed Haematology	67	28	266
Paed Metabolic Medicine	187	152	161
Paed Nephrology	149	143	1,651
Paed Oncology	112	61	590
Paed Orthopaedic	356	250	1,294
Paediatric Dermatology	293	223	132
Paediatric ENT	442	263	1,230
Paediatric Infectious Diseases	84	54	223
Paediatric Neurology	181	116	1,703
Paediatric Neurosurgery	129	51	1,254
Paediatric Radiology	392	289	1,092
Paediatric Respiratory Medicine	421	350	1,569
Paediatric Surgery	339	208	2,494
Paediatric Urology	471	395	1,056
Paediatrics	610	513	2,196

Children

There are more than 100,000 children on hospital waiting lists (Table 11).

Children face waits in excess of a year on orthopaedic waiting lists, more than 440 days for 'Ears, Nose, and Throat,' and 470 days for urology. Children who need multiple surgeries are often waiting years before and between operations.

Children deserve access to timely, early intervention.

Left untreated, their conditions can cause excruciating pain and life-altering harm.

This reflects the failure to invest adequately in children's health services.

There were more than 130 children with scoliosis on waiting lists in June 2022.³⁸ This is an increase of more than 20% since 2019, when there were 109 children on lists. Most of these children are waiting for spinal fusions, with 22 waiting for other spinal operations. There are also more than 70 children with spina bifida on waiting for over six months, 57 of whom are waiting over a year for an inpatient orthopaedic or urology procedure.³⁹

For 2023, we propose €14.5 million in funding for Cappagh Orthopaedic Hospital and Children's Health Ireland for paediatric orthopaedic waiting lists.

This would contribute towards an expansion of protected elective procedure capacity at Cappagh Orthopaedic Hospital, initially assigned for children's waiting lists.

When the new National Children's Hospital (NCH) opens in the coming years, it will provide significant additional capacity for such procedures, but protected capacity at Cappagh Hospital will add value and capacity to the health service.

38 HSE Reply to Parliamentary Question 35731/22, 22 July 2022.

39 HSE Reply to Parliamentary Question 29675/22, 22 June 2022.

Infrastructure

We would deliver more than 2,000 additional acute inpatient hospital beds by 2028 and train the workers to staff them.

Of the beds funded in Budget 2021 and 2022, 381 remained to be opened by June of this year.⁴⁰ The Department of Health has said that it expects that c. 900 of the 1,204 beds were operational by the end of August. That leaves approximately 300 beds funded but not delivered.

We set aside €204 million for 215 additional beds in 2023, in addition to the funded beds which are not yet operational. This includes 15 critical care beds.

Sinn Féin would provide an additional €60 million in capital funding for theatre capacity and medical equipment. The Health Service has less than 250 operating theatres, which is a constrain on the number of operations which can be performed.⁴¹ This would be a significant expansion which could fund, for example, a 10% expansion in theatre capacity and 150,000 diagnostic scans.⁴²

Table 15. Hospital Bed Capacity

Adult Critical Care Beds	
Baseline 2020	255
Budget 2021 + 2022	85
	<i>Est. Delivered</i> 63
	Not Delivered 22
Sinn Féin Additional	15
New Baseline 2023	355
Target by 2025	430
Acute Inpatient Beds	
Baseline 2020	10,730
Budget 2021 + 2022	1,204
	<i>Est. Delivered</i> 897
	Not Delivered 307
Additional Acute beds	200
New Baseline 2023	12,134
Target for 2028	14,500

We also propose €49.5 million to fund a 40-bed expansion of specialist inpatient rehabilitation capacity. The National Rehabilitation Hospital is currently funded for 120 beds. This would be a significant expansion of such capacity for patients in urgent need of specialist services.

We would also open 550 additional community recovery and step-down beds to free up hospital capacity, with additional funding for 250 beds combined with existing funding for unopened beds.

It takes far too long to develop major strategic infrastructure in healthcare. We see the option of statutory Regional Health Areas as an opportunity to redesign the entire approach in the health sector.

Advanced infrastructure planning across each region, coordinated with the Department of Health,

⁴⁰ HSE Reply to Parliamentary Question 29808/22, 27 June 2022

⁴¹ HSE Reply to Parliamentary Question 12815/22, 24 March 2022.

⁴² HSE Reply to Parliamentary Question 12818/22, 27 June 2022.

will allow us to speed up the approval stages set for public spending. There are far too many delays to capital projects caused by long waits for funding approval at various stages.

Workforce

The HSE has allocated funding for up to 6,572 additional healthcare workers in acute services above December 2020 levels.⁴³ It expects to hire approximately 5,144 of these by December 2022, leaving 1,428 funded posts to be filled in 2023. In addition, our expenditure proposals would require approximately 5,000 additional staff across acute and community services.

To date, €27.8 million has been provided for implementation of the Framework for Safe Staffing and Skills Mix.⁴⁴ €25 million of this has been for wards, with €2.8m allocated in 2022 for emergency departments.

Sinn Féin would provide €8.7 million in 2023 for rolling out the safe staffing framework to the remaining Phase I wards and Phase II emergency departments. According to the INMO, it only applies to 12 hospitals currently.⁴⁵

We would ensure that the required staffing levels are reviewed regularly and factored into pre-committed expenditure estimates for existing levels of service across every regional health area, rather than funded as a new measure.

Resolving disputes with consultant and non-consultant doctors would be a priority for us, as it is critical that we fill the vacant consultant posts. We allocate €26 million for this next year, primarily for restoring post-2011 pay for existing consultants who do not opt for new contracts.

We will remove private practice from public hospitals with mandatory activity cuts over 10 years, offsetting the lost health insurance revenue for hospitals with additional core funding. There will be a complete separation of public and private healthcare and we will prioritise investment in the public sector.

The aim must be to develop truly public hospitals for public patients.

We propose a saving of at least €25 million in recruitment agency costs in 2023. HSE spending on recruitment agencies and agency staffing has ballooned from €352.7 million in 2019 and €377.3 million in 2020 to €549.6 million in 2021.⁴⁶

Digital Transformation

The deficiencies in the HSE's information systems are well known. Digital patient records are not available throughout the system, much less between GPs and hospitals. There are many systems in use which serve their purpose well but have yet to be expanded to or integrated across relevant systems and sectors.

In response to the pandemic, European Recovery and Resilience funding was made available to member-states. This included major funding for digital transformation across the public sector. In the Government's planned drawdown, this included €75 million in funding for digital transformation in the health service.

Sinn Féin would allocate an additional €25 million towards the digital transformation budget to enable investment in the necessary systems to rollout an ambitious programme of modernisation.

Sinn Féin would prioritise projects which integrate health services, such as a centralised referral system across primary, community, and acute services, tied together with digital patient records built on unique health identifiers. Along with other core systems, these would enable seamless healthcare delivery and patient management across regional health areas.

Health systems should also provide patients with access to their information and provide agile platforms to engage with the health service online, from access to telehealth consultations and sessions, to information regarding appointments, as has been accomplished in Estonia.

43 HSE National Service Plan 2022, p. 123.

44 [Minister for Health, Written Reply to Parliamentary Question 29843/22, 14 June 2022](#)

45 INMO Pre-Budget Submission 2023 (2022), p. 10.

46 HSE Reply to Parliamentary Question 35344/22, 18 July 2022.



We would also prioritise a significant scaling up of the HSE's cyber security and data protection operations to ensure compliance with regulatory obligations and protect patient data.

To reduce emergency department waits and tackle long waiting lists, Sinn Féin would:

- Open 500 additional acute inpatient beds by the end of 2023, with an increase in funding for an additional 200 beds above the HSE's current commitments - **€173.5 million**
- Provide additional capital funding for expanding surgical theatre capacity and public diagnostic capacity, equivalent to a 10% expansion in theatre capacity and 150,000 diagnostic scans - **€60 million**
- Implement a new Consultant contract, restore pay for retained post 2011 Consultants, and remove private practice from public hospitals over 10 years - **€52.5 million**
- Expand inpatient specialist rehabilitation services by 40 - **€49.5 million**
- Open 37 additional critical care beds in 2023, with an increase in funding for an additional 15 beds above the HSE's current commitments - **€30.4 million**
- Fund paediatric orthopaedics at Cappagh Orthopaedic Hospital - **€14.5 million**
- Increase investment in digital transformation - **€25 million**
- Achieve a saving of at least €25 million in recruitment agency costs
- Fully implement the Framework on Safe Staffing and Skills mix and factor future requirements into pre-budget existing levels of service planning - **€8.7 million**
- Increase security in hospitals to assist a reduction in assaults on frontline healthcare workers - **€2 million**

Table 16. Cost of Improving Hospital Capacity in 2023

	Current €101,344,100	Capital €290,000,000	Total €391,344,100
200 additional acute inpatient beds	€37,558,500	€136,000,000	€173,558,500
15 additional critical care beds	€6,482,400	€24,000,000	€30,482,400
40 specialist rehabilitation beds	€9,584,900	€40,000,000	€49,584,900
250 community step-down beds*	-	-	-
Theatre Expansion and Diagnostics Fund	-	€60,000,000	€60,000,000
End the two-tier health service with mandatory private activity cuts of 10% p.a. for 10 years	€26,868,300	-	€26,868,300
New consultant contracts and pay equity deal**	€25,700,000	-	€25,700,000
Digital Transformation additional to National Recovery and Resilience Funding	-	€25,000,000	€25,000,000
Continue additional funding to Cappagh and CHI for paediatric orthopaedics	€9,450,000	€5,000,000	€14,450,000
Roll out Safe Staffing Levels in Acute Hospitals in EDs and remaining wards	€8,700,000	-	€8,700,000
Increase trained security personnel in hospitals for de-escalation and stopping assaults against healthcare workers and patients	€2,000,000	-	€2,000,000
Achieve a savings of at least €25m p.a. in agency and overtime spending (across HSE services)	-€25,000,000	-	-€25,000,000

* Provided for under Primary and Community Care.

** Full cost subject to negotiation.



Primary and Community Care

Reorienting care into the community and out of acute hospitals is essential to reducing the burden on emergency departments and freeing up capacity for scheduled care.

It is also more beneficial to individuals and more cost effective in the long-run to manage conditions to avoid hospitalisation and provide a prevention-focussed health service. Primary care should be an accessible first port-of-call to maximise its role in disease prevention and condition management.

This requires substantial upfront investment in expanding capacity across primary care, including general practice doctors and dentists; the ambulance service; clinical rehabilitation networks; and in community hospitals.

The HSE has a deep estates portfolio which can provide the sites and capital for acquisitions and investment in primary care centres. The HSE has actively invested in site acquisitions through freehold ownership and long leasehold tenure. It has accumulated a vacant property portfolio (containing potential future use sites) including 168 buildings that are vacant with a view towards future use or sale, 41 “retained assets” for future use, and 69 properties “for disposal” or “in disposal”.⁴⁷ Most of these assets are held by Community Health Organisations. As such, we have not proposed a substantial additional capital allocation to finance the footprint expansion in primary and community care.

The HSE has also allocated funding for up to 8,287 additional healthcare workers in community services above December 2020 levels.⁴⁸ It expects to hire approximately 5,370 of these by December 2022, leaving 2,917 funded posts to be filled in 2023. In addition, our expenditure proposals would require approximately 5,000 additional staff across acute and community services.

We are proposing an expansion of 550 community stepdown and recovery beds in 2023, with new funding for 250 beds in addition to existing funding for 300 unopened beds.⁴⁹ These would provide important intermediary care facilities for acute hospital discharges and provide lower acuity care options closer to home for patients. In addition, we would fund a new 30-bed palliative care centre.

Table 17. HSE Community Beds across all CHOs

NHSS	Short Stay	Palliative Care	Respite	Rehab
5076	1516	75	243	678
Convalescent	Assessment	Transitional Care	Dementia Respite	Assessment
244	99	126	20	99

We would continue to invest in hospital admission avoidance measures. While continuing the rollout of the chronic disease management programme and community healthcare networks, we would also invest in managed clinical rehabilitation networks to provide specialist injury and disability care in the community. We also propose allocating funding to train 100 additional neurology nurses to meet service need. We would allocate €15 million to funding alternate care pathways and admission avoidance projects.

We have also committed €25 million to a community care access fund which would target the longest waiters on primary care, disability, mental health, and community waiting lists for urgent intervention in public or private facilities.

As we are aiming to reduce reliance on outsourcing in healthcare, we would place a three-year time-limit on such funding in legislation. It is our ambition that all public healthcare is delivered by public services. The current waiting lists offer no alternative but to purchase private capacity where it is available for urgent care and it will take time to get the public service in order.

⁴⁷ Cullen, P., (2022), [HSE owns hundreds of unused buildings, figures show, The Irish Times, 4 April 2022](#)

⁴⁸ HSE National Service Plan 2022, p. 123

⁴⁹ HSE Reply to Parliamentary Question 29842/22, 28 June 2022

Table 18. Primary Care Waiting Lists⁵⁰

	0 - 11 weeks	12 - 25 weeks	26 - 38 weeks	39 - 51 weeks	>52 weeks	Total
Total	53,782	34,939	21,979	17,584	56,608	184,892
Occupational Therapy	9,988	7,398	4,622	3,690	9,017	34,715
Speech and Language Therapy		-	-	-	-	19,738
Physiotherapy	22,312	12,214	6,617	5,143	12,914	59,200
Psychology	3,136	2,650	1,618	1,317	4,543	13,264
Audiology	5,264	3,844	2,806	2,181	4,224	18,319
Dietetics	6,934	4,916	3,230	3,017	12,931	31,028
Ophthalmology	4,732	3,027	2,576	1,767	10,584	22,686
Podiatry	1,416	890	510	469	2,395	5,680
	Dublin-Midlands	Dublin-North East	South	West		
Orthodontics	3,038	245	4,459	1,190		8,932

A Step Change in Funding Primary Care and General Practice

General practice and the primary care system are under immense pressure. Due to decades of a laissez faire policy approach to primary care, the State has failed to ensure that we have enough GPs, primary care nurses, dentists, pharmacists, psychologists, therapists, and other primary care professionals working in our communities.

For the first time, both medical card and non-medical card patients are experiencing significant difficulties and waiting lists in accessing a GP or a dentist. Many parts of the State are without reliable out-of-hours and urgent care, if they have any coverage at all beyond the ambulance service.

We are proposing a step change in funding and developing primary care services.

In 2023, we would invest €71 million in general practice and primary care with a €40 million expansion in GP visit card eligibility supported by a €92 million doubling of the existing staff subsidy for GP practices over 3 years.

We are also proposing a ringfenced fund of €7.5 million for training and career development for practice nurses, and increasing the density of advanced practice nurses, nurse prescribers, and nurse specialists in the sector.

We would also devise a public GP locum and out-of-hours cover service as a first step in providing salaried GP public service posts. We would explore the potential of salaried posts in underserved communities. To achieve these aims, we would fund an increase of GP training by 50 additional places for a total of 300 in 2023.

Sinn Féin would broaden the range and density of healthcare professions across primary and community services. That would mean more primary care nurses, practice managers, healthcare assistants, physiotherapists, and pharmacists assisting in care delivery in the community.

We would also invest €20 million in public and general practice dentistry. This would fund publicly employed dentists to tackle medical card waiting lists and restore dental screening in schools and oral health packages for children.

Sinn Féin would also prioritise the development of a 'Future of General Practice and Primary Care' roadmap which would be the keystone agreement in achieving universal healthcare. This agreement would be designed in conjunction with the range of stakeholders and planned across all relevant institutions to sustain growth, upskilling, and advanced specialisation across the primary care workforce.

⁵⁰ HSE Reply to Parliamentary Question 41001/22, 29 July 2022.

Better integration and service delivery would be assisted by investment in information technology, in particular digital patient records and patient management systems. We would prioritise the development of a centralised referral system to optimise linkages within regional health areas and enable more care delivery closer to home.

The Ambulance Service and Urgent Community Care

The National Ambulance Service (NAS) is overstretched. It spent more than €18.5 million on overtime in 2021, and more than 1,200 employees were recorded as having worked overtime on average every month.

NAS response times to ECHO and DELTA callouts, which relate to life threatening cardiac and respiratory and life threatening non-cardiac/respiratory, respectively, have been falling. They are at significant risk of falling below minimum targets due to understaffing, which will increase risk for patients.

In 2022 so far, 70-75% of ECHO callouts are responded to within the target timeframe of 19 minutes, but only 40% of DELTA callouts are.⁵¹ Patients with other conditions which are not deemed life threatening have been left waiting hours for an ambulance, and there has been anecdotal evidence of severe conditions worsening due to these waits.

A NAS review found a need for an additional 2,160 net additional whole-time equivalent staff by the end of 2026. That is a doubling of the NAS staff from its current base of 2,140.

The NAS has an ambitious recruitment plan, but there is a significant shortage of qualified paramedics. While we would fund the planned expansion in staff, we would ensure that where posts cannot be filled, funding is used to expand paramedicine training places.

In 2023, we would increase the core NAS budget by €16.7 million.

We would also invest €15 million across the NAS, acute hospitals, and community services to fund alternate care pathway development, pilot projects, rolling out successful programmes, and boosting community-based emergency care. These measures would assist in tackling emergency department overcrowding by ensuring patients are directed and have access to the most appropriate service.

Safeguarding and Social Care Regulatory Standards

In early September 2021, Sinn Féin launched a policy paper entitled Quality Care for All: Standards and Accountability in Social Care.⁵²

In 2023, we would implement the measures outlined in this document, starting with an expansion of safeguarding teams as we develop an independent safeguarding authority.



51 NAS Reply to Parliamentary Question 39354/22, 26 July 2022.

52 [Sinn Féin, Quality Care for All, September 2021](#)

Sinn Féin would establish a new office responsible for allied health and social care professional regulation and development in the Department of Health.

To reorient care to the community and bolster primary care capacity, Sinn Féin would:

- Double the staffing subsidy to GPs over three years - **€92 million, €30.7 million a year**
- Expand GP Visit Card eligibility - **€40 million**
- Invest in the Ambulance Service and in Community Paramedical and Emergency Care programmes - **€31.7 million**
- Fund a new 30-bed palliative care centre - **€25 million**
- Fund urgent access to care for long waiters on community waiting lists - **€25 million**
- Fund a major expansion in public dentistry - **€20 million**
- Fund 250 additional community step-down beds - **€15 million**
- Establish a managed clinical rehabilitation team in each community health area over two to three years - **€6 million**
- Invest in safeguarding, social work, and inspections in the social care sector as we establish an independent safeguarding authority

Table 19. Cost of Primary and Community Care in 2023

	Current €132,392,602	Capital €21,600,000	Total €153,992,602
Double staffing subsidy to GPs over 3 years	€30,666,667	-	€30,666,667
Community Care Access Fund (mental health and disabilities diagnosis and interventions)	€25,000,000	-	€25,000,000
30 new palliative care beds	€3,795,000	€21,000,000	€24,795,000
Investment in the Ambulance Service and Pre-Hospital Emergency Care	€16,731,000	-	€16,731,000
250 community step-down beds	€15,010,625	-	€15,010,625
Managed clinical rehabilitation network (MCRN) team in each CHO	€5,988,095	-	€5,988,095
Funding for Alternate Care Pathways, Admission Avoidance, and Community-based Emergency Care	€15,000,000	-	€15,000,000
Restore dental screening in schools, deliver new oral healthcare packages for children	€15,000,000	-	€15,000,000
Investment in public dentistry – 60 dentists and 90 dental nurses and other support staff	€4,778,595	-	€4,778,595
Train 100 additional specialist neurology nurses	-	€600,000	€600,000
Increase HSE Safeguarding and Protection Teams by 10%	€422,620	-	€422,620
Fill the 3,000 vacant community posts	-	-	-
Expand eligibility for GP visit cards for X people*	-	-	-
Fix the Dental Treatment Services Scheme**	-	-	-

* Funded under Reducing the Cost of Healthcare.

** Cost subject to negotiation.

Targeted Improvement Strategies

A Sinn Féin Government would take a variety of targeted measures across the health sector to improve outcomes and access.

We would increase access to new medicines and innovative treatments with a budget expansion of €20 million.

We would develop strategies to improve care and support in rare diseases, genetics, and genomics, including an expansion of neonatal screening and supports for people with EB. We would also invest in the Traveller Health Action Plan.

Sinn Féin would also fund Long Covid clinics, such as services offered at the Mater and St James'. This funding would also be used to develop and rollout Long Covid training to GPs and the primary care workforce in line with the Sláintecare principles of condition management in the community.

We would invest a further €35 million in cancer and cardiovascular health services.

Together, cancers and cardiovascular diseases (CVD) account for more than 60% of deaths annually across Ireland.

The rate of mortality from such diseases can be reduced by investment in preventative healthcare, awareness, early diagnosis and screening, community supports, and treatment services.

Sinn Féin would leverage existing all-island cooperation, from the All-Island Congenital Heart Disease Network, the North-West Cancer Centre, and 24/7 cross-border PPCI services for the North-West at Altnagelvin in Derry, to optimise care delivery and maximise the potential of the island's population.

What we are proposing would ensure continued improvements across the island in cancer and CVD prevention, diagnosis, and treatment.

Cancer

We would allocate €20 million directly to boost cancer services and screening, and address the diagnostic backlog caused by Covid-19.

Cancer services would also benefit from our €25 million proposal for additional investment in information systems, and our €60 million proposed fund for surgical capacity and medical equipment. Access to novel cancer treatments would be extended under our €20 million commitment to new medicines and therapies.

It would also be a policy priority of a Sinn Féin Government to open up access to clinical trials on an all-island basis. This would maximise opportunities for patients to make informed decisions about accessing new treatments at home and abroad. We would also prioritise European Union cooperation on accessing new and innovative medicines and therapies.

In addition, in 2023 we would fund the development of a new rare disease, genetics, and genomics strategy, which, over time, would support investment in specialist cancer genetics services.

Cardiovascular Health

Sinn Féin would invest €15 million in developing and funding an all-island cardiovascular health strategy to tackle heart disease, stroke, and promote cardiovascular health.

The development of a cardiovascular health strategy is essential for reducing mortality and comorbidity associated with cardiovascular disease.

It is critical that we expand the availability of cardiac and vascular services and community diagnostic services to spearhead a preventative approach in tackling cardiovascular disease.

As many as 1-in-6 people over 75 are living with undiagnosed heart valve disease. People of all ages are living with a variety of cardiovascular conditions and at varying levels of health.

As well as investing in specialist acute services and regional 24/7 PPCI coverage, the core of our

cardiovascular strategy would be to invest in primary care-led public community health services.

A preventative approach would provide access to echocardiography and community diagnostics, reducing delays; avoid unnecessary hospital presentations; and increase accessibility for patients. Our additional funding for emergency ambulance and hospital services would also make an impact.

The strategy would also fund a hypertension awareness campaign and new standards for health screening and primary care check-ups. It would be supported by a patient register compiled utilising new information systems for digital patient records.

Women's Health

Sinn Féin would invest €16 million in women's health services, in addition to €20 million for expanding the free contraception scheme. Most of this would be invested in implementing the Maternity Strategy in hiring more midwives, promoting midwife-led units, and implementing other recommendations.

A Sinn Féin Government would work closely with women, GPs, pharmacists, and other primary care professionals to develop a structured care programme in women's health.

It would be designed to create an approachable primary care system which is responsive to women's health needs, at various life stages, in a compassionate atmosphere.

We would fund menopause supports and supplement the additional community gynaecology training for GPs offered by the Irish College of General Practitioners. We would implement the recommendations of our policy on menopause to meet the concerns which women expressed in our survey.⁵³

Additionally, we would invest in women's collectives and family resource centres, as well as gender specific addiction treatment options, to provide more safe spaces for women and children seeking help.

A Sinn Féin Government would also make €20 million in funding available to introduce a public fertility treatment scheme, which would provide options such as IVF, once we have provided a robust regulatory framework.

Sinn Féin would make targeted investments to:

- Improve cancer and cardiovascular health - **€35 million**
- Improve healthcare for women - **€16 million**
- Develop public fertility treatment options - **€20 million**
- Increase access to new drugs and innovative treatments - **€20 million**
- Develop strategies to improve care and support for rare diseases and in genetics and genomics, including an expansion of neonatal screening and supports for people with EB - **€2.8 million**
- Invest in the Traveller Health Action Plan - **€2.5 million**
- Fund Long Covid Clinics - **€2.5 million**

53 [Sinn Féin, Women's Voices in Menopause, March 2022.](#)



Table 20. Cost of Targeted Improvement Strategies in 2023

	<i>Current</i>	<i>Capital €-</i>	<i>Total</i>
New Drugs and Innovative Treatment fund	€20,000,000	-	€20,000,000
Introduce public fertility treatment options after providing a robust regulatory framework	€20,000,000	-	€20,000,000
Cancer Strategy	€20,000,000	-	€20,000,000
Healthcare for women	€16,000,000	-	€16,000,000
Cardiovascular Health Strategy	€15,000,000	-	€15,000,000
Rare Diseases and Genetics and Genomics Strategies (including neonatal screening)	€1,800,000	-	€2,800,000
Home care, outreach, and mental health supports for people with EB	€1,000,000	-	€1,000,000
Ringfenced Funding for the Traveller Health Action Plan	€2,500,000	-	€2,500,000
Funding for Long Covid Clinics	€2,500,000	-	€2,500,000

Empowering People with Disabilities

Implementing the Disability Capacity Review, 2021-2032

Sinn Féin is committed to implementing the recommendations of the 2021-2032 disability capacity review and resourcing strong advocacy for people with disabilities.⁵⁴ The Disability Capacity Review sets out a range of measures, which would cost in the range of €600-750 million, to be achieved to meet unmet need and demographic change over the next ten years.

We would allocate €67 million for recurring expenditure towards these targets, and €73.6 million in capital expenditure to enable policies such as de-congregation and independent living.

We would ratify the Optional Protocol of the UNCRPD as a priority and invest €2 million in training and development funding for disabled persons organisations.

We would ensure that the remaining 1,800 people who are still living in congregated settings are rehoused in appropriate supported accommodation over a five-year period.⁵⁵

We would also target an increase of 150,000 personal assistance and home support hours for people with disabilities. This will help to support the 7,000-9,500⁵⁶ people who need these services and cater to increased demand for such services. We would also fund an additional 250 intensive home support packages.

Table 21. Personal Assistance and Home Support Hours delivered to people with a disability, 2017-2021

	2019	2021	2022	2023
Personal Assistance Hours	1,652,030	1,700,309	1,820,309	1,940,300
No. availing of PA Hours	2,551	2,613	-	-
Home Support Hours	3,036,182	2,949,806	2,979,806	3,009,800
No. availing of HS Hours	7,321	6,902	-	-

The provision of residential respite services has come under increasing pressure in the past couple of years due to increased demand which has not been met with adequate investment. There is no centrally maintained waiting list for respite services. However, the Disability Capacity Review identified a potential need for approximately 20,000 additional respite hours.⁵⁷ We would make a significant investment towards this next year with funding for 5,500 respite hours.

The Review also identified a need for an additional 7,400 day service places, which we would deliver incrementally over 10 years according to service need. Similarly, demand for residential places will increase and funding need would be kept under review.

We would also develop and implement an Autism Action Plan and a new Carers Strategy as policy priorities. These would be interdepartmental and developed across the Departments of Health, Children/Disability, Social Protection, and Education.

The rollout of managed clinical rehabilitation networks (MCRN) would be fully funded to deliver a team in each community health area. These teams will be essential in the management of disabilities and rehabilitation care in the community and supporting people to remain at home.

Along with the additional neurology nurses we would train, these will maximise the potential of people affected by complex conditions with early intervention and life-long support from accessible specialist teams.

54 [Department of Health, 2021, Disability Capacity Review to 2032: A Review of Social Care Demand and Capacity Requirements to 2032 \(www.gov.ie\)](#)

55 HSE Reply to Parliamentary Question 29904/22, 27 June 2022

56 HSE Reply to Parliamentary Question 37062/22, 22 June 2022.

57 Department of Health (2021), Disability Capacity Review.

Children’s Disability Network Teams

Assessment of Need, Service Waiting Lists, and Vacancies

The HSE finished only 455 Assessment of Need (AON) reports in the second quarter of this year, compared to 1,719 in the first quarter of 2022 and 1,286 in the second quarter of 2021.⁵⁸ The number of AONs overdue for completion stands at more than 2,500, up from 2,000.

A major reason for this drop is the High Court ruling against the HSE’s standing operating procedure for assessments of need, which failed to meet the standards of the Disability Act.

Disability services are also understaffed, with a significant level of post vacancy in the range of 500-624 vacancies.⁵⁹

There is also a disparity across the sector with different terms and conditions applying to HSE and non-HSE workers. The HSE has no sight of the cost of resolving this disparity.⁶⁰

If all vacant Children’s Disability Network Team vacancies were filled, this would deliver more than 400,000 additional therapy hours for children.⁶¹

There are more than 17,000 children on waiting lists for ‘initial contact’ with a Children’s Disability Network Team.⁶² More than 8,000 of them are waiting over a year. Currently, these are the only waiting lists available for specialist children’s disability teams due to IT system deficits.

IT deficits are also the cause of the HSE’s failure to produce useful Section 13 annual reports on unmet need for these services: “The HSE is committed to the development of a new integrated Management Information System for children’s disability services, which will include a module on the Assessment of Need process under the Disability Act. This will facilitate the HSE to provide a wide range of reports on AON activity.”⁶³

There are also 93,937 children on HSE primary/community care waiting lists, of whom 29,705 are waiting more than a year. There are significant waiting lists for speech and language therapy, occupational therapy, physiotherapy, and psychology, among others.⁶⁴

Targeted Measures

With the general expansion of community services, an already tight labour market, we must ensure that Children’s Disability Services are an attractive place to work. This will be necessary to recruit and retain experienced staff. They will also need to be resourced to tackle a serious backlog of delayed care.

We would make €10 million available to CDNTs to take targeted measures for recruitment and retention of staff. As well as national and international recruitment campaigns, we would deploy therapy assistant programmes and grades.

Expansions in higher and further education will expand the domestic pipeline of graduates. We would ensure that the HSE has the capacity to assist healthcare students through their placements and degrees to encourage recruitment into and interest in the health service.

We have proposed to fund an expansion of therapy and rehabilitation course places by 40% (Workforce Planning), as the current number in training is exceptionally low.

We will ensure integrated care plans and support between children and adolescent’s mental health and disability services, ensuring no child is turned away due to complex multi-disciplinary care needs.

58 HSE Reply to Parliamentary Question 39393/22, 22 July 2022.

59 HSE CDNT Census, October 2021.

60 HSE Reply to Parliamentary Question 30172/22, 26 June 2022.

61 HSE Reply to Parliamentary Question 30170/22, 26 June 2022.

62 HSE Reply to Parliamentary Question 41244/22, 10 August 2022.

63 HSE Reply to Parliamentary Question 17445/22, 21 April 2022.

64 [Cullen, Paul, ‘More than 110,000 children on waiting lists for therapies and disability services, figures show,’ The Irish Times, 18 August 2022.](#)

We have also committed €25 million to a community care access fund which would target the longest waiters on primary care, disability, mental health, and community waiting lists for urgent intervention in public or private facilities.

As we are aiming to reduce reliance on outsourcing in healthcare, we would place a three-year time-limit on such funding in legislation. It is our ambition that all public healthcare is delivered by public services. The current waiting lists offer no alternative but to purchase private capacity where it is available for urgent care and it will take time to get the public service in order.

To empower people with disabilities, Sinn Féin would:

- Invest significantly in implementing the Disability Capacity Review over its ten-year time-span - **€67 million in 2023**
- Provide capital funding to enable independent living as per the Disability Capacity Review - **€73.6 million in 2023**
- Fund targeted recruitment and retention measures for Children’s Disability Network Teams - **€10 million**
- Ratify the optional protocol of the UNCRPD and fund training and development for disabled persons organisations – **€2 million**

Table 22. Cost of Additional Disability Services in 2023

	Current €79,069,985	Capital €73,600,000	Total €152,669,985
Move 360 people out of congregated settings	€25,200,000	€57,600,000	€82,800,000
Funding to assist 100 people inappropriately placed in nursing homes move home and live independently	€7,000,000	€16,000,000	€23,000,000
740 additional adult day service places every year	€22,200,000	-	€22,200,000
Funding to support recruitment and retention in children’s disability services	€10,000,000	-	€10,000,000
125 intensive home support packages	€2,530,000	-	€2,530,000
Provide for an additional 5,500 respite care sessions	€6,089,985	-	€6,089,985
150,000 additional Personal Assistance and Home Support Hours	€4,050,000	-	€4,050,000
Disabled Persons Organisations Training and Development Fund	€2,000,000	-	€2,000,000
40 specialist rehabilitation beds*	-	-	-
Managed clinical rehabilitation network (MCRN) team in each CHO	-	-	-
Recruit and train enough workers to fill all Children’s Disability Network Teams posts (c. 25%) and deliver 480,000 additional therapy hours**	-	-	-

* Provided for under Hospital Capacity.

** Provided for in existing budget.

Mental Health Services

Historic Underfunding

Mental health services are in crisis because of persistent underinvestment and a failure over decades to meet promises with action.

The burden of mental health difficulties, the levels of mortality and comorbidity associated with mental health disorders, and the impact on individuals, families, and communities will only be reduced with significant intervention and investment across mental health services. This must be joined up across the health sectors, with significant interconnectivity with primary care.

As many as three-quarters of adults with mental illness first experience symptoms before they are 25. It is therefore vital that we develop comprehensive and integrated mental health services for children, adolescents, and young adults which can maximise early intervention and continuity of care into adult life. It is essential that these services are fully and properly integrated with and across the primary care sector.

The 2006 mental health policy, *A Vision for Change*, recognised that “the overall share of the health budget allocated to mental health services has declined from 12% to 7% in the last twenty years.”⁶⁵ The policy paper noted that full and proper implementation of the measures it recommended would bring the share to 8.24%.⁶⁶

By 2017, the share allocated under the HSE’s National Service Plan had fallen further to 6.1%.⁶⁷ That same year, all parties committed to deliver at least 10% of health funding for mental health services in the Committee on the Future of Healthcare’s *Sláintecare Report*.⁶⁸ The World Health Organisation recommends 12%, and several of our EU and OECD peers achieve rates in excess of this.⁶⁹

The share of the HSE’s budget allocated to mental health fell further to 5.8% in 2021, and again to 5.6% in the National Service Plan for 2022.⁷⁰

This represents a highly unsatisfactory underinvestment in mental health services, continuing the trend of Governments preaching one thing and practicing another.

Table 23. Mental Health Inpatient Places

CHO Area	No. of Admissions	In-patient places	Inpatient Days
CHO 1	1,423	84	19,610
CHO 2	1,216	104	30,239
CHO 3	825	81	21,177
CHO 4	1,738	170	37,569
CHO 5	1,496	88	23,541
CHO 6	733	86	20,196
CHO 7	1,070	138	24,539
CHO 8	1,264	109	25,393
CHO 9	1,459	136	30,600
Total	11,224	996	232,864
SF Additional		40	9352
New total		1036	242,216

65 [Report of the Expert Group on Mental Health Policy, A Vision for Change \(2016\)](#), p. 216.

66 *Ibid*, p. 217.

67 [HSE National Service Plan 2017](#).

68 [Committee on the Future of Healthcare, Sláintecare Report \(2017\)](#), p. 139.

69 [World Health Organisation, Mental Health and Substance Use \(2020\)](#).

70 [HSE National Service Plan 2022](#).

Waiting Lists and Workforce Challenges

There are currently 4,175 children and adolescents on waiting lists for mental health services.⁷¹ The HSE's systems do not separately record the number waiting for an initial assessment, initial therapy, or further therapy, nor do they capture age range.

CAMHS waiting lists are worst in CHO Area 4 (Kerry, North Cork, North Lee, South Lee, and West Cork), CHO Area 3 (Clare, Limerick, North Tipperary/East Limerick), and CHO Area 8 (Offaly, Longford, Westmeath, Louth, and Meath).

39.5% of children are waiting longer than 26 weeks on CAMHS waiting lists across the nine CHO Areas. Nearly 60% of those are in CHO areas 3, 4, and 8.

Waiting lists are not collated for general adult mental health services as there is no significant backlog over 12 weeks⁷², though an increase in usage would follow an expansion towards universal coverage.

There are also more than 13,000⁷³ people on primary care waiting lists for psychology, the vast majority of whom are children.⁷⁴

As with other parts of the health sector, mental health services face significant workforce challenges in recruitment and retention.

Part of the answer is in training more psychiatrists, psychologists, psychotherapists, counsellors, social workers, and primary care nurses and pharmacists. Getting mental health services right will also require an expansion in general practice medicine, and greater interconnectivity between GPs and mental health services.

However, policies to support retention and re-activation of qualified mental healthcare professionals will be key, as with other service divisions.

Table 24. Waiting Lists for Child and Adolescent Mental Health Services

	Total	<= 12 weeks	12-26 weeks	26-39 weeks	39-52 weeks	52+ weeks	26+ weeks
Total	4,175	1,543	982	723	387	540	1650
CHO 1	417	206	98	57	18	38	113
CHO 2	218	83	80	44	10	1	55
CHO 3	402	115	66	70	39	112	221
CHO 4	862	198	175	177	114	198	489
CHO 5	346	98	108	64	51	25	140
CHO 6	580	329	153	68	24	6	98
CHO 7	312	151	84	44	11	22	77
CHO 8	648	267	125	110	66	80	256
CHO 9	390	96	93	89	54	58	201

Source: HSE⁷⁵

Resourcing Mental Health Policy Priorities

For 2023, Sinn Féin would allocate an additional €81.6 million for mental health services. This is a 7% increase to core expenditure of €48.8 million in addition to pre-committed funding for existing levels of service and other pressures. We also propose €32.7 million in capital investment.

71 HSE Reply to Parliamentary Question 41246/22, 29 August 2022.

72 HSE Reply to Parliamentary Question 35340/22, 12 July 2022.

73 HSE Reply to Parliamentary Question 41001/22, 29 July 2022.

74 HSE Reply to Parliamentary Question 41235/22, 9 August 2022.

75 HSE Reply to Parliamentary Question 41246/22, 29 August 2022.

This would fund the commencement of a wide range of measures which we would expect to require an additional €82 million over the relevant implementation timeframe.

To tackle the mental health crisis, Sinn Féin would put up significant funding to provide 24/7 access to emergency and out-of-hours mental healthcare; increase investment in CAMHS to move towards a consistent seven-day/week outpatient model and expand services to provide continuity of care for young adults; invest in early intervention in psychosis; fully implement the clinical programme for eating disorders; reappoint a National Director for Mental Health; and, critically, support a significant increase in the mental health workforce through targeted training, recruitment, and retention measures.

By funding 100 additional counsellor and therapy posts, we would begin a four-year process of recruiting enough counsellors and therapists to the HSE Counselling Service to be able to deliver universal counselling.⁷⁶

We would expand mental health inpatient capacity by 40 places to provide more than 9,300 additional inpatient days and allowing for approximately 450 additional admissions.⁷⁷ This represents an increase of 4%.

In 2023, Sinn Féin would fund a 3-year expansion programme in Jigsaw's online service capacity to tackle long waiting lists and expand its live chat and telehealth capacity. This would cost €3m over 3 years. We allocate €1m to this in 2023.

In addition, we would prioritise the regulation of counselling and psychotherapy with CORU and the development of a liaison psychiatry model of care as key policy priorities in 2023.

We have also committed €25 million to a community care access fund which would target the longest waiters on primary care, disability, mental health, and community waiting lists for urgent intervention in public or private facilities.

As we are aiming to reduce reliance on outsourcing in healthcare, we would place a three-year time-limit on such funding in legislation. It is our ambition that all public healthcare is delivered by public services. The current waiting lists offer no alternative but to purchase private capacity where it is available for urgent care and it will take time to get the public service in order.

To address the crisis in mental health services, Sinn Féin would:

- Fund an expansion of 40 mental health inpatient places to allow approximately 450 additional admissions and 9,300 additional inpatient days - **€32 million**
- Resource the expansion of child and adolescent mental health teams in line with clinical programme standards, a Vision for Change, and Sharing the Vision, and provide continuity of care for young adults to 25 - **€19.5 million**
- Fund the National Clinical Programme for Early Intervention in Psychosis - **€8 million**
- Fund universal counselling over a term in Government - **€3.4 million**
- Invest in crisis, emergency, and out-of-hours mental health services - **€3.5 million**
- Fund the development of additional ADHD and Eating Disorder teams - **€4.2 million**
- Invest in perinatal mental health services - **€6 million**
- Increase funding for recovery education and invest in supporting No Wrong Door policy for dual diagnosis

⁷⁶ HSE Reply to Parliamentary Question 29859/22, 27 June 2022.

⁷⁷ HSE Reply to Parliamentary Question 29823/22, 5 July 2022.

Table 25. Cost of Additional Mental Health Services in 2023

	Current €48,918,691	Capital €32,785,000	Total €81,703,691
Open 40 additional mental health inpatient beds	€4,095,580	€28,000,000	€32,095,580
Resource expansion of child and adult mental health teams and ensure continuity of service for young adults	€19,560,460	-	€19,560,460
Fund the National Clinical Programme for Early Intervention in Psychosis for full rollout over 5 years	€8,000,000	-	€8,000,000
Funding to advance the Mother and Baby Perinatal Mental Health Unit at St Vincent's Hospital	-	€4,000,000	€4,000,000
Provide funding for 100 additional counsellors as we move to universal counselling over a term in Government	€3,372,800	-	€3,372,800
Fund 6 additional Adult ADHD Clinic teams	€3,052,140	-	€3,052,140
Invest in mental health services for older people	€2,000,000	-	€2,000,000
Invest in Perinatal Mental Health Services and further develop the specialist model of care	€2,000,000	-	€2,000,000
Recruit 31 Whole-Time Equivalent Liaison Psychiatrists over 4 years to provide an average of 2 in each emergency department	€1,614,945	-	€1,614,945
Establish 3 multi-agency mental health crisis de-escalation teams to provide 1 in each CHO	€773,149	€735,000	€1,508,149
Fully fund the National Clinical Programme for Eating Disorders and deliver the 13 remaining eating disorder teams by 2025	€1,139,792	-	€1,139,792
Fund a €3m expansion in Jigsaw's online service teams over 3 years	€1,000,000	-	€1,000,000
Fund independent advocacy for mental health service users	€810,000	-	€810,000
Fund a National Psychology Placement Office as per the recommendations of the Report of the National Psychology Project Team	€766,531	€50,000	€816,531
4 Community Cafés providing out-of-hours mental health spaces	€340,000	-	€340,000
Increase funding for recovery education by 10%	€230,000	-	€230,000
Invest in dual diagnosis training and supports to support a No Wrong Door policy	€50,000	-	€50,000
Fund Trainee Counselling and Educational Psychology posts on the same basis as Trainee Clinical Psychologists*	-	-	-

* Provided for under Workforce Planning.

Fighting Addiction, Resourcing Recovery

Sinn Féin believes in a community-led, rehabilitation and recovery-focussed model for fighting addiction.

Local and Regional Drug and Alcohol Taskforces received less funding last year than they did in 2010. Funding in 2022 amounted to €27,884,265, which is €3,063,335 less than 2010.

We would return significant funding, equivalent to an 11% increase, to taskforces which are best placed to fight addiction in their communities.

Those working on the frontline in the addiction sector are best placed to implement programmes and initiatives that will benefit individuals and families battling addiction.

We would support these community bodies with a robust and integrated health service which can provide inpatient facilities and wraparound supports in the community.

We would open recovery, rehabilitation, and detoxification beds to make inroads into capacity deficits. We would invest significantly in primary care and mental health services; dual diagnosis services; and integrated IT solutions.

As we move to a universal healthcare model over the lifetime of our 5-year Community Addiction and Recovery Strategy, we would waive assessment fees for addiction treatment.

To fight addiction and resource recovery, Sinn Féin would:

- Open 40 new public recovery beds and 24 new public inpatient medical detoxification beds - **€28.4 million**
- Fund 25-place recovery-specific housing programmes with wraparound supports - **€5.8 million**
- Return funding for Drug and Alcohol Task Forces to 2010 levels - **€3 million**
- Fund two regional community sector substance-related brain injury rehabilitation teams - **€2.3 million**
- Fund an additional family support worker in each taskforce, 24 additional community development worker posts, and localised dual diagnosis services - **€4 million**
- Fund a range of community supports for women, problem gambling, sports inclusivity, alcohol action, and waive all addiction assessment fees - **€1.7 million**



Table 26. Cost of Additional Addiction and Recovery Services in 2023

	Current €14,025,208	Capital €31,190,000	Total €45,215,208
Open 40 new public recovery rehabilitation beds	€1,439,140	€16,000,000	€17,439,140
Open 24 new public inpatient medical detox beds	€1,355,712	€9,600,000	€10,955,712
Fund recovery-specific housing programmes with wraparound support	€331,497	€5,475,000	€5,806,497
Return funding for local and regional DATFs to 2010 levels with an 11% increase	€3,063,335	-	€3,063,335
Fund two regional community sector substance-related brain injury rehabilitation teams	€2,316,002	-	€2,316,002
Fund an additional family support worker for each taskforce area	€1,758,624	-	€1,758,624
Fund 24 community development worker posts and provide for adequate professional supervision of services	€927,312	-	€927,312
Funding to taskforces for localised dual diagnosis services alongside HSE programmes	€1,352,156	-	€1,352,156
Fund a women's One-Stop Shop for services	€274,830	€55,000	€329,830
Fund research into gambling prevalence and behaviours	€400,000	-	€400,000
Fund consistent, standardized needle exchange programmes across all taskforces	€216,600	€60,000	€276,600
Fund sports grants for clubs and organisations inclusive of those in recovery	€250,000	-	€250,000
Expand and resource 'Community Action on Alcohol' programmes	€240,000	-	€240,000
Waive addiction and recovery assessment fees	€100,000	-	€100,000



Supporting Older People

Sinn Féin is committed to empowering older people to live independently, and to care for all of us as we age. We would ensure that there are options for remaining at home, downsizing, or living in a community setting. We would seek to reduce reliance on nursing homes and reorient care to support this.

There is a severe shortage of nurses, healthcare assistants, and social workers in the community. This is presenting significant challenges for many older people, people with disabilities, and their families.

The statutory home support scheme and the national home support office have been delayed significantly and the Government remains behind schedule.

Approximately 35,000 home care hours per week are not being delivered, with more than 4,500 people with funding on waiting lists for a carer.⁷⁸

The root cause of this issue is sectoral employment standards. This is the position of the Department of Enterprise, Trade, and Employment, and the Department of Health.⁷⁹ As such, home care sector workers were not added to the critical skills list for employment visas and permits.

The interdepartmental group believes that a failure to guarantee hours, provide payment for travel and subsistence, and other areas of dispute between workers and employers are the cause of labour shortage in the sector.

Sinn Féin would look to ensure a sectoral industrial relations solution for pay and conditions to provide a basic floor with standards sufficient to attract and retain workers in the sector. We must make home care an attractive career option and provide training opportunities. We would prioritise direct public sector service provision in the sector.

The HSE's National Service Plan 2022 provides for 23.67 million home support hours, 360,000 hours provided via Intensive Home Care Packages, and 230,000 hours associated with the roll-out of the pilot Statutory Home Support Scheme, for a total of 24.26 million hours.⁸⁰

⁷⁸ HSE Reply to Parliamentary Question 35377/22, 19 July 2022.

⁷⁹ [Work permits for home care sector refused due to lack of 'guaranteed hours' – The Irish Times](#)

⁸⁰ HSE Reply to Parliamentary Question 29909/22, 28 June 2022.

In the Service Plan for 2021, the HSE targeted a delivery of 23.9 million hours.⁸¹ However, it was funded to the same level in 2021 and fell short by 3.8 million hours.⁸²

In the National Service Plan for 2022, the HSE indicates that it expects to only deliver 23.8 million hours.⁸³ Even if the HSE can hit this target, it would leave 500,000 funded hours undelivered. As such, we would not make any additional allocation at this point for home support hours as the capacity is not there to deliver them. We would keep this under review as part of the Revised Estimates process to ensure that, if required, additional funding was allocated.

Sinn Féin would train 100 additional clinical nurse specialists in neurology, to work across Regional Health Areas in acute and community settings. These nurses would support condition management and rehabilitation for people with conditions ranging from Parkinson’s or Alzheimer’s to drug- or injury-related brain injury.

We would also invest significantly in increasing the availability of different levels of care in the community and in the home, as well as social opportunities, for older people, and in research into dementia.

To better support older people, Sinn Féin would:

- Invest in day and community services for older people - **€14.2 million**
- Invest in dementia research - **€1 million**
- Train 100 additional specialist neurology nurses
- Increase funding for safeguarding teams to protect adults at risk of abuse, neglect, or coercion
- Address employment issues in the home care sector to address home support shortages

Table 27. Cost of Additional Older Person Services in 2023

	Current €5,200,000	Capital €10,000,000	Total €15,200,000
Capital fund for Day Care Centre refurbishment	-	€10,000,000	€10,000,000
Dementia-specific day care services	€2,500,000	-	€2,500,000
Community Day Care at Home	€1,700,000	-	€1,700,000
€1m investment in Dementia Research	€1,000,000	-	€1,000,000
Train 100 additional specialist neurology nurses*	-	-	-
Increase HSE Safeguarding and Protection Teams by 10%	-	-	-
Full delivery of additional Home Help hours**	-	-	-
Address employment issues in the home care and nursing home sectors	-	-	-

* Provided for under primary and community care.

** Provided for in existing budget which is projected to underspend.

81 [HSE National Service Plan 2021](#)

82 *Ibid.*

83 [HSE National Service Plan 2022](#), p. 141

Climate Action in the Health Sector

The effects of climate change in Ireland are more apparent by the year.

Even if global efforts succeed in averting the worst, the changes we are experiencing now will have health consequences into the future.

In Ireland, we are likely to experience an increase in heatwaves and flooding, greater exposure to food- and water-borne diseases, and an increase in respiratory diseases.⁸⁴

This will result in a higher frequency of various diseases, including skin cancers and acute respiratory conditions.

To date, preparations in the health sector have been too slow.

As a major organisation with a very large footprint, and the largest employer in the State, the HSE has significant obligations in fighting climate change and mitigating its consequences.

It should also play a pioneering role in technology development and energy security.

The HSE was due to release a Preliminary Infrastructure Decarbonisation Strategy and Implementation Plan by April of this year.⁸⁵

However, as we approach the final quarter, it has yet to be published.

The HSE, already hampered with significant deficits in its information systems, will not meet its obligations without an investment strategy.

The lack of urgency is evident as the HSE does not even maintain records on building energy ratings (BER) as it is not required to under the current legislation except when seeking to sell or lease.⁸⁶ Just 28 of the HSE's top energy use buildings exceed a B3 rating, according to an analysis undertaken by the Irish Government Economic and Evaluation Service unit at the Department of Health.⁸⁷

The sectoral emissions ceilings have set a 40% reduction target in energy use for commercial and public buildings, but this cannot be achieved without the basic baseline data being known.

To advance climate action in the health sector, Sinn Féin would:

- Require the HSE to collate a detailed schedule of their capital stock energy ratings to inform a programme works
- Mandate the new Regional Health Area to develop Health and Climate Change Action Plans
- Fund a public health unit for climate change and fund Health Research Board funding for all-island climate action in health research

Table 28. Additional Funding for Climate Action in 2023

	Current €4,000,000	Capital €-	Total €4,000,000
BER Review of HSE capital stock	€1,000,000	-	€1,000,000
Public Health unit and Health Research Board funding for all-island climate action	€3,000,000	-	€3,000,000
Review of Health Climate Change Sectoral Adaption Plan 2019 to 2024	-	-	-
Mandate all new Regional Health Areas to develop a Health and Climate Change Action Plan	-	-	-

84 [HSE, Climate Change and Health.](#)

85 [HSE Reply to Parliamentary Question 7534/22, 1 March 2022.](#)

86 [HSE Reply to Parliamentary Question 7535/22, 7 March 2022.](#)

87 [Department of Health, 2022, Spending Review 2022: Health Capital Investment in Ireland: An Analysis of Built Healthcare Infrastructure](#)

Appendix

Sinn Féin's New Measure Proposals in Health for 2022

Table 29. List of Funding Proposals

	Current €657,768,029	Capital €461,683,000	Total €1,119,451,029
200 additional acute inpatient beds	€37,558,500	€136,000,000	€173,558,500
Move 360 people out of congregated settings	€25,200,000	€57,600,000	€82,800,000
Abolish prescription charges	€63,600,000	-	€63,600,000
Theatre Expansion and Diagnostics Fund	-	€60,000,000	€60,000,000
40 specialist rehabilitation beds	€9,584,900	€40,000,000	€49,584,900
Expand eligibility for GP visit cards for 300,000 people	€40,000,000	-	€40,000,000
Open 40 additional mental health inpatient beds	€4,095,580	€28,000,000	€32,095,580
Double staffing subsidy to GPs over 3 years	€30,666,667	-	€30,666,667
15 additional critical care beds	€6,482,400	€24,000,000	€30,482,400
End the two tier health service with mandatory private activity cuts of 10% p.a. for 10 years	€26,868,300	-	€26,868,300
New consultant contracts and pay equity deal	€25,700,000	-	€25,700,000
Digital Transformation additional to National Recovery and Resilience Funding	-	€25,000,000	€25,000,000
Community Care Access Fund (mental health and disabilities diagnosis and interventions)	€25,000,000	-	€25,000,000
30 new palliative care beds	€3,795,000	€21,000,000	€24,795,000
Funding to assist 100 people inappropriately placed in nursing homes move home and live independently	€7,000,000	€16,000,000	€23,000,000
740 additional adult day service places every year	€22,200,000	-	€22,200,000
Resource expansion of child and adult mental health teams and ensure continuity of service for young adults	€20,560,460	-	€20,560,460
Expanding free contraception	€20,000,000	-	€20,000,000
New Drugs and Innovative Treatment fund	€20,000,000	-	€20,000,000
Cancer Strategy	€20,000,000	-	€20,000,000
Introduce public fertility treatment options after providing a robust regulatory framework	€20,000,000	-	€20,000,000
Open 40 new public recovery rehabilitation beds	€1,439,140	€16,000,000	€17,439,140
Investment in the Ambulance Service and Pre-Hospital Emergency Care	€16,731,000	-	€16,731,000
Healthcare for women	€16,000,000	-	€16,000,000
Abolish hospital inpatient charges for public patients over 2 years	€15,300,000	-	€15,300,000
250 community step-down beds	€15,010,625	-	€15,010,625
Cardiovascular Health Strategy	€15,000,000	-	€15,000,000
Funding for Alternate Care Pathways, Admission Avoidance, and Community-based Emergency Care	€15,000,000	-	€15,000,000
Restore dental screening in schools, deliver new oral healthcare packages for children	€15,000,000	-	€15,000,000
Continue additional funding to Cappagh and CHI for paediatric orthopaedics	€9,450,000	€5,000,000	€14,450,000
Permanently reduce the Drugs Payment Scheme Threshold to €70	€13,440,000	-	€13,440,000
Open 24 new public inpatient medical detox beds	€1,355,712	€9,600,000	€10,955,712
Targeted recruitment measures for children's disability services	€10,000,000	-	€10,000,000
Capital fund for Day Care Centre refurbishment	-	€10,000,000	€10,000,000
Increase medical specialist training capacity by 120 places and 85 intern places	€8,731,019	-	€8,731,019
Roll out Safe Staffing Levels in Acute Hospitals in EDs and remaining wards	€8,700,000	-	€8,700,000
Fund the National Clinical Programme for Early Intervention in Psychosis for full rollout over 5 years	€8,000,000	-	€8,000,000
Provide for an additional 5,500 respite care sessions	€6,089,985	-	€6,089,985
Managed clinical rehabilitation network (MCRN) team in each CHO	€5,988,095	-	€5,988,095
Fund recovery-specific housing programmes with wraparound support	€331,497	€5,475,000	€5,806,497
Fund advanced practice training in primary care and general practice nursing	€5,000,000	-	€5,000,000
Investment in public dentistry - 60 dentists and 90 dental nurses and other support staff	€4,778,595	-	€4,778,595
150,000 additional Personal Assistance Hours	€4,050,000	-	€4,050,000

Funding to advance the Mother and Baby Perinatal Mental Health Unit at St Vincent's Hospital	-	€4,000,000	€4,000,000
Provide funding for 100 additional counsellors as we move to universal counselling	€3,372,800	-	€3,372,800
Return funding for local and regional DATFs to 2010 levels with an 11% increase	€3,063,335	-	€3,063,335
Fund 6 additional Adult ADHD Clinic teams	€3,052,140	-	€3,052,140
Rare Diseases and Genetics and Genomics Strategies (including neonatal screening)	€2,800,000	-	€2,800,000
Increase GP training capacity by 20% a year for five years	€2,600,000	-	€2,600,000
125 intensive home support packages	€2,530,000	-	€2,530,000
Provide training for 400 Advanced Nurse/Midwife Practitioners	-	€2,508,000	€2,508,000
Reduce and cap car parking charges	€2,500,000	-	€2,500,000
Ringfenced Funding for the Traveller Health Action Plan	€2,500,000	-	€2,500,000
Funding for Long Covid Clinics (speak to Healthcare Worker Income Support)	€2,500,000	-	€2,500,000
Dementia-specific day care services	€2,500,000	-	€2,500,000
Fund two regional community sector substance-related brain injury rehabilitation teams	€2,316,002	-	€2,316,002
Increase trained security personnel in hospitals for de-escalation and stopping assaults against healthcare workers and patients	€2,000,000	-	€2,000,000
Disabled Persons Organisations Training and Development Fund	€2,000,000	-	€2,000,000
Invest in mental health services for older people	€2,000,000	-	€2,000,000
Invest in Perinatal Mental Health Services and further develop the specialist model of care	€2,000,000	-	€2,000,000
Establish a Climate Change Public Health unit	€2,000,000	-	€2,000,000
Fund an additional family support worker for each taskforce area	€1,758,624	-	€1,758,624
Fund Trainee Counselling and Educational Psychology posts on the same basis as Trainee Clinical Psychologists	€1,715,000	-	€1,715,000
Community Day Care at Home	€1,700,000	-	€1,700,000
Recruit 31 Whole-Time Equivalent Liaison Psychiatrists over 4 years to provide an average of 2 in each emergency department	€1,614,945	-	€1,614,945
Establish 3 multi-agency mental health crisis de-escalation teams to provide 1 in each CHO	€773,149	€735,000	€1,508,149
Funding to taskforces for localised dual diagnosis services alongside HSE programmes	€1,352,156	-	€1,352,156
Increase trainee psychologist posts by 50, including educational supports, across Clinical, Counselling and Educational fields	€1,244,719	-	€1,244,719
Fully fund the National Clinical Programme for Eating Disorders and deliver the 13 remaining eating disorder teams by 2025	€1,139,792	-	€1,139,792
€1m investment in Dementia Research	€1,000,000	-	€1,000,000
BER Review of HSE capital stock	€1,000,000	-	€1,000,000
Funding to Health Research Board for further all-Island climate change research	€1,000,000	-	€1,000,000
Fund 24 community development worker posts and provide for adequate professional supervision of services	€927,312	-	€927,312
Fund a National Psychology Placement Office as per the recommendations of the Report of the National Psychology Project Team	€766,531	€50,000	€816,531
Fund independent advocacy for mental health service users	€810,000	-	€810,000
Train 100 additional specialist neurology nurses for parkinson's etc	-	€600,000	€600,000
Increase HSE Safeguarding and Protection Teams by 10%	€422,620	-	€422,620
Fund research into gambling prevalence and behaviours	€400,000	-	€400,000
4 Community Cafés providing out-of-hours mental health spaces	€340,000	-	€340,000
Fund a women's One-Stop Shop for services	€274,830	€55,000	€329,830
Fund consistent, standardized needle exchange programmes across all taskforces	€216,600	€60,000	€276,600
Fund sports grants for clubs and organisations inclusive of those in recovery	€250,000	-	€250,000
Expand and resource 'Community Action on Alcohol' programmes	€240,000	-	€240,000
Increase funding for recovery education by 10%	€230,000	-	€230,000
Waive addiction and recovery assessment fees	€100,000	-	€100,000
Invest in dual diagnosis training and supports to support a No Wrong Door policy	€50,000	-	€50,000
Achieve a savings of at least €25m p.a. in agency and overtime spending (across HSE services)	-€25,000,000	-	-€25,000,000



FUNDING FAIRER HEALTHCARE



Sinn Féin Alternative Budget for Health 2023



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