View from Ireland

Seamus Cowman, lecturer at the School of Nursing, Dublin City University reviews a new health report published by the Department of Health, Dublin "Shaping a healthier future: a strategy for effective healthcare in the 1990s."

Introduction

The report "Shaping a healthier future,"¹ which was published by the Department of Health in Dublin in 1994, outlined broad policy areas which, if implemented, are expected to have far reaching effects on service users and health service providers in Ireland. However, as a health strategy, it is generally considered to be strong on aspiration and weak on specifics, particularly on implementation plans. The strategy is ambitiously aimed at enhancing the health and quality of life and is underpinned by three fundamental principles; equity, quality of services, and accountability. The report also contains a four year action plan, which attempts to map out the detail of what will be achieved.

Irish health service structure

Ireland's health expenditure accounts for about 8.4% of gross domestic product and includes 6.5% public health expenditure and 1.9% private health expenditure.² The amount of money spent on health per person in Ireland is considerably lower than in other countries of the European Union.

The existing organisational structure for health services has its roots in the Health Act 1970. Under this legislation eight regional health boards were created to manage public hospitals and community health services. Alongside and separate to the health board structures there are voluntary public hospitals. Many of these have traditionally been run by religious orders and function as teaching hospitals and these are among the largest hospitals in Ireland. Alternatively, voluntary public hospitals may be incorporated by charter or statute and function under lay boards of governors.

Most mental handicap services are provided through voluntary public services. There are also several exclusively private psychiatric hospitals in Ireland.

The public health services are coordinated through a range of

programmes. Within the current arrangements for the administration of health services, the balance of services between primary and secondary care is unclear. There is, however, a disproportionate allocation of funds to the secondary health care sector (table).

The voluntary health insurance board monopolises the sale of private health insurance in Ireland. A licence is required from the Minister for Health for private health insurance schemes which are not regarded as being in competition on the open market with the board. This issue is now becoming more complicated by the possible effects on health insurance of the internal market of the European Union.

Context of the report

The recent history of the Irish health services has been noted by a drive to extract maximum efficiency so that volume and quality of patient services would be maintained at the greatest level possible at a time of very high financial constraint.

The need has been identified, by the policy makers, for a greater emphasis on primary health care activities and preventative health services. In recent years many sectoral healthcare reports and policies,³⁻⁶ in areas related to public health, general practitioner services, mental handicap, mental illness, elderly people, child care, and nursing have identified the need for change. Such policy statements have been supported by strategies to reorient the educational preparation and professional activities of healthcare staff. New schemes for medical general practitioner services and new approaches to nurse education and training aim to maximise the contributions of professionals during changing health policies.⁷

Therefore the new health strategy has not emerged in a

vacuum and reflects an evolving trend in policy direction which has taken account of the themes and targets of the World Health Organisation's *Health for all* programme.

The report

At the time of publication of the report, the Department of Health provided a major publicity campaign to inform service providers and the public about the report and this built up high expectations. The prevalent perception of the report was a *Pandora's box* which would correct many of the outstanding deficiencies in health services.

The broad policy areas contained in the report are concerned with fundamental healthcare provisions.

- Health promotion and disease prevention. A medium term strategy is included to reduce the death rate from cardiovascular disease in the under 65 age group by 30% in the next two years and, to reduce the death rate from cancer in the under 65 age group by 15% in the next 10 years. The reduction in deaths due to accidents is also a target. Because of the many impacts on health it is considered essential that there is a health dimension to public policies in areas such as industry, agriculture, education, and the environment, therefore highlighting health promotion and disease prevention as a multi-sectoral issue.
- Health development, specially targeting resources towards areas or groups with low health status such as travellers, who have higher death and illness rates than the rest of the population. In services for the mentally handicapped the need for more places for respite and residential care is identified.
- Treatment and continuing care, particularly the pursuance

Non-capital health expenditure by programme²

	IR£million
Community protection (for example, food hygiene, drugs advisory)	32.0
Community health services	303.4
Community welfare (for example, allowance, meals on wheels, preschool)	157.6
Psychiatric	197.2
Handicapped (for example, mental, blind, deaf, rehabilitation)	181.8
General hospitals	993.80
General support (for example, administration, research)	90.4

of quality in health, through new monitoring arrangements such as clinical audit. The introduction of a formal system of assessment of technology and drugs will be introduced to ensure that costs and benefits are systematically assessed before new technology or drugs are introduced.

- The roles and responsibilities of health authorities will also be changed. The country's eight health boards will be reconstituted as health authorities with stricter financial controls. A key role for the department of health will be the evaluation of the services and the financial performance of regional health authorities against national objectives. Although the evaluation will embrace economic and efficiency factors, the focus will concentrate increasingly on effectiveness including the quality of services to patients and clients.
- The general practitioner will fulfil a wider and more integrated role in health services. A comprehensive plan for women's health will be published. Children's health services will also be improved. There will be new initiatives in HIV and AIDS care and strengthening of community care for elderly, mentally ill, and mentally handicapped people.
- Equity in health care aims to ensure uniform rules for eligibility and charges for services. Measures will also be taken to reduce hospital waiting lists.
- Free dental care for children under 14 years.
- User satisfaction and participation is a fundamental issue and health authorities will be required to carry out evaluations of consumer satisfaction with services and report the findings to the Minister for Health. New legislation will be introduced and will include measures to give individual patients a better opportunity of having grievances redressed and to represent the views of users, as a group, in the decision making process.

Principles of the report

The underlying principles, equity, quality of service, and accountability provide a pervasive influence across all areas covered by the report.

EQUITY

The report suggests that access and health care should be determined by actual need for services rather than ability to pay

or geographic location. It is suggested that entitlement is not enough and those needing services should get them within a reasonable period. The pursuit of equity must examine variations in the health status of different groups in society and how these might be assessed. The report states that "equity involves not only ensuring fairness but also being seen to be fair."

QUALITY OF SERVICE

The report suggests that the technical quality of treatment must be such that the best possible outcome is achieved in return for the resources which are committed to it. The report considers that it is insufficient to assess the services in terms of the volume of activity but a more critical evaluation of outcome must be undertaken through techniques such as clinical audit. The role of the consumer in the measurement of quality in health services is important and will be influenced by factors such as the efficiency with which they are organised, the courtesy shown, and the physical surroundings in which they are delivered.

ACCOUNTABILITY

The principal of accountability is perceived as including formal, legal, and financial strands. Accountability also requires that those providing services take responsibility for the achievement of agreed objectives. Healthcare staff with decision making powers must be accountable to the consumers of the services and it is important that mechanisms be put in place that will ensure that accountability is maximised.

It is therefore clear that the underlying principles as expressed in the strategy will have wide ranging consequences both for those who receive services and those who deliver them.

Implications of the report

SERVICE USERS

The strategy represents a move towards greater consumer responsiveness than was the case in conventional health care. The consumer orientation is shown by the recent implementation of a charter of rights for hospital patients and the promise of further charters to cover children, expectant mothers, elderly, mentally ill, and physically or mentally handicapped people. The individual policy areas provide healthcare users with a new deal. The introduction of consumer surveys will provide users with a new role to influence standards and quality of care. Other procedures will ensure that

detailed and accurate information is available when required.

Therefore, if the report is fully implemented service users can expect health services which are equitable and driven by quality, with service providers more sensitive to the rights of patients and clients.

SERVICE PROVIDERS

As a result of the strategy, many healthcare workers are still struggling to identify how their roles and conditions of service will change and much consultation and negotiation is needed to clarify this area.

Internationally, Irish health services are recognised to be of high quality with well qualified, committed, and caring staff trained to the best standards. The implementation of the report requires a reappraisal of functional roles for most of the staff. The report contains assumptions that major obstacles can be sorted out. For example, in the establishment of psychiatric units in general hospitals, there may be a move to integrate psychiatric nursing staff into the general nursing staff. In the newly established psychiatric units in general hospitals this issue has met with some resistance and important issues have not been resolved to date.

To maximise the impact of policy direction expressed in the report a huge investment in human resource evaluation, education, and training is required. A balance must be achieved between the demand for and supply of skills required to deliver health care, so manpower planning is a vital ingredient.

To achieve the ultimate goals, as expressed in the strategy, it may be educationally necessary to engage staff in a process of deskilling and reskilling. This may include a radical overhaul of the education and training of hospital doctors and general practitioners. The recent start of new schemes of training student nurses through universities is supportive of health initiatives expressed in the strategy.

Conclusion

If the objectives of the report are to be realised in any comprehensive way there must be major funding and legislative support. The strategy in principle represents a departure from conventional policy, with potentially a more open and receptive approach geared towards patients and clients. However, a worrying feature is that the strategy is not specific, and clear

channels must be established for the users to be able to express themselves. The report is commendable in many ways, but the effects of full implementation in some areas are unclear. The decision to reduce allowable budgets for advertising tobacco products to 5% per year will have implications for the government's fiscal policy on taxation. This in the past has served to divert successive governments away from excessive curtailment of tobacco advertising.

In the final analysis the real challenges will be firstly, the provision of financial resources; secondly, ensuring that changes do occur; and lastly, that there is a clear and intelligible response and commitment from healthcare

workers. The potential impact of the new health strategy was well described by the Irish Times (22 April 1994) the day after the launch of the report.

If the plan is implemented in its entirety the average citizen will in four years time be drinking less, exercising more, not smoking at all, be registered with a GP who may very well be part of a group practice, and will be treated as if the service existed for the benefit of the citizen. And if he or she is not treated like that, there will be effective ways of complaining about it.

(It is intended that a follow up

report be written in three years to review progress).

- 1 Department of Health. *Shaping a healthier future: a strategy for effective healthcare in the 1990s*. Dublin: Stationery Office, 1994.
- 2 Department of Health. *Health statistics*. Dublin: Stationery Office, 1992.
- 3 Department of Health. *Health, the wider dimensions: a consultative statement on health policy*. Dublin: Stationery Office, 1986.
- 4 Report of the Review Group on Mental Handicap Services. *Needs and abilities: a policy for the intellectually disabled*. Dublin: Stationery Office, 1990.
- 5 Report of the Commission on Health Funding. Dublin: Stationery Office, 1989.
- 6 An Bord Altranais. *The future of nurse education and training in Ireland*. Dublin: An Bord Altranais, 1994.
- 7 World Health Organisation. *Target for health for all by the year 2000*. Copenhagen: WHO, 1985.

Correction

An error occurred in the figure of the effectiveness bulletin *Managing menorrhagia* by Angela Coulter *et al* (September 1995 p 226). The top heading should read % Menstrual blood decrease, and the two extreme left values should be -20 and -10.