

Irish hospitals warn that spending cuts threaten “quality and safety”

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Government health care spending in Ireland has been slashed by 5 percent since 2008, and Health Minister James Reilly has committed to eliminate 8 percent of the health budget between 2012 and 2015. This has included cuts to funding for essential services, a reduction of personnel and wage cuts for health workers.

On November 5, the chief executives of four of Ireland’s largest hospitals wrote to the director general of the Health Service Executive (HSE), Tony O’Brien, warning that government-imposed cuts “had begun to seriously threaten the quality and safety of patient services.”

The letter, which was signed by the heads of Tallaght Hospital, St James’s Hospital, Mater Hospital and Our Lady’s Hospital for Sick Children, cited evidence showing that children had been denied chemotherapy treatment for cancer for four days as a result of budget cuts. This had earlier been brought to public attention by Owen Smith, an oncologist at the Crumlin Hospital in Dublin.

The budgets of the four hospitals have been cut by €206 million since 2009, more than 20 percent of their total budget.

In a separate report, the Irish Medical Organisation pointed to “chaos” in the General Practice service, due to reduced resources and mounting workloads. The report stated that only 2 percent of the health budget was set aside for General Practice services.

The budget unveiled by the coalition government last month is seeking to cut an additional €666 million in health care spending for 2014. To follow through on this pledge, which is being demanded by the troika of the European Union (EU), European Central Bank (ECB) and International Monetary Fund (IMF), Reilly has asked officials in the HSE to prepare a detailed

service plan by November 15 laying out where the axe will fall next year.

Concerns have already been raised that cutting budgets on such a scale will inevitably result in the elimination of some frontline services. The budget abolished more than 35,000 medical cards for those over 70, which granted them free treatment, and increased prescription charges by more than 60 percent from €1.50 per item to €2.50.

Reilly added that the budget could be revisited in the future, implying that the cuts could be intensified if targets were not reached. Last year, an emergency health budget slashed several hundred million euros in additional costs on top of the initial cuts in the 2012 budget.

Following the announcement that the HSE would not make the savings laid out under the Haddington Road pay agreement for 2013, last month’s budget unveiled plans to allow the department of the Taoiseach (prime minister) and the department for public expenditure to carry out an audit of health spending.

Brendan Howlin, the minister for public expenditure, has been one of the leading figures in the government, along with Fine Gael finance minister Michael Noonan, who has driven the imposition of devastating budget cuts under the bailout programme since the coalition came to power in 2011. His assumption of more-direct control over health spending is a sign that deeper cuts are to come.

The troika insists that further cuts are necessary for Ireland to comply with its budget targets. In a statement released as part of Ireland’s final review under its bailout programme, they attacked the high levels of spending on medication. They also called for action to be taken to strengthen financial management by the HSE so that it can keep a tighter control over costs. The

IMF implemented an arrangement with the government earlier this year to have oversight of health spending, requiring the government to provide monthly updates on the state of finances in the health sector.

A “voluntary” redundancy programme has been introduced to cut staff costs. According to Barry O’Brien, the HSE’s head of human resources, “increased action is now required to accelerate the delivery of further reductions in the current overtime and agency costs.”

As well as targets to reduce staff numbers by not replacing those who leave voluntarily, the HSE has abolished an arrangement allowing health workers to opt for shorter workweeks. Instead, everyone will have to work the 40-hour week set out in the Haddington Road deal agreed on between the government and trade unions over the summer.

O’Brien commented bluntly on the previous arrangement, which had required workers to take a pay cut just to maintain their previous working pattern, saying, “This concession is no longer viable and with effect from 1st January 2014 all staff should be working the additional hours required under the agreement. This should facilitate a further reduction in agency and overtime costs.”

The health trade unions have sought to pose as opponents of the latest cuts to health care spending and changes to working arrangements, even though they have played a central role in their imposition. The Services, Industrial, Professional and Technical Union (SIPTU) responded to the voluntary redundancy scheme by telling its members not to cooperate with the government proposal.

The chair of the staff panel of the health sector unions, Phil Ní Sheaghda, called upon the Haddington Road Agreement oversight committee to be convened to look into the government’s proposal, which she labelled a “direct breach of the agreement.”

This committee is a fraudulent attempt to give the appearance of impartial oversight. It is headed by Kevin Foley, a member of the Labour Relations Commission (LRC), a state-created arbitration body that has been critical to the negotiation and implementation of cost-saving agreements in the public sector and at numerous private firms. In the talks on Haddington Road, it was the LRC that brokered the final deal between the government and the trade unions,

which were able to force the agreement through in spite of widespread opposition from workers.

Responding to the redundancy plan, the SIPTU’s health organiser, Paul Bell, declared that it was necessary to “clarify” what the HSE meant by targeted redundancies. “I suppose if we had discussions with the HSE and Department of Health up to this point we would have understood what they meant,” he added. “But what we’re not prepared to accept is that health services that we offer are going to be in any way compromised.”

The unions are not only willing to “compromise” health and other social services, but to participate fully in their destruction. It is not possible to explain the disastrous conditions in the health system today without acknowledging the tireless efforts of the union bureaucracy, first through the Croke Park Agreement and now through Haddington Road, to suppress all opposition from workers to the devastating attacks of the government.

When struggles have broken out, such as the strike by junior doctors at hospitals across the country last month, they have been conducted by the unions on the most restricted basis in order to prevent the anger of the workers from exploding out of their control. Thus, the doctors’ strike was confined to the demand for the implementation of an upper limit of 48 hours per week, and no appeal was made to any other section of health workers even though their working conditions are deteriorating and jobs are at risk.



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