

**Social
Democrats**



Health and Social Care

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Contents

Key Points	1
Introduction	2
Developing Sláintecare	4
Challenging the Privatisation of Healthcare	6
Enhanced Primary Care	8
Preventative Care	10
Workforce Planning	11
The Key Role of GPs	12
Safe Nurse Staffing	13
Health and Social Care Professionals	13
Public Dental Service	14
Outsourcing	18
Access to Hospital Care	19
Homecare	20
eHealth	21
HSE Reform	22
Maternity & Postnatal Care	23
Reproductive and Sexual Health	25
LGBTQI+ Health	26
Health Literacy	27
Other Healthcare Priorities	28

Key Points

In Government, the Social Democrats will:

- Fully implement the Sláintecare programme within the term of the next government – pre-committed funding for this, outside of the budgetary process, will be a **red line** for us in Programme for Government negotiations.
- Establish a National Workforce Task Force to address both the short-term and medium-term needs of our Health and Social Care sector.
- Challenge the creeping privatisation of Ireland's healthcare services.
- Legislate in five key areas:
 - For a legal entitlement to healthcare.
 - For maximum waiting times for treatments, as per the Sláintecare plan.
 - For legal accountability for senior administrative and clinical staff.
 - For a new GP contract.
 - For a statutory right to homecare.
- Focus on the restructuring of the HSE and the establishment of six Regional Health Areas; this will achieve integrated care between hospitals and community care through a single budget and single management team in each region.
- Ensure that the State plays a far greater role in the direct provision of primary care centres, and significantly expand capacity at community level by recruiting the full range of primary care staff.
- Fully fund the eHealth strategy within the next five years to enable the full implementation of Sláintecare and achieve the full benefits of digitalisation.
- Continue the phased rolling out of free GP care to all age groups.
- Set a pathway towards allocating 10 per cent of the total health budget to mental health services by the end of 2030.
- Follow on from the provision of a statutory right to homecare by providing a budget for a person-centred homecare scheme with equality of access and availability, and aim to abolish homecare waiting lists through investment in homecare packages.

Introduction

One of the most basic functions of a republic is to put in place the necessary services to keep people well and treat them when they are sick. It's not too much for people to expect decent healthcare; it is a key part of the social contract.

Instead, Ireland has a dysfunctional two-tier health service which has not been capable of meeting people's needs. Traditionally it has been characterised by an inadequate public health service with long waiting lists on the one hand and, on the other, a large cohort of people feeling they need expensive private health insurance, essentially a health tax, in order to access timely care.

In Ireland there is no legal right to healthcare; people are deemed to be "eligible" for healthcare based on income or age, but eligibility does not confer any right to services. In contrast, social welfare is based on "entitlement" set down in law. In health, there is only eligibility if the services are actually available.

Historically, there has been no consensus on the kind of healthcare system which would best meet people's needs, and no coherence on policy; every time the Minister changed, the policy changed, and the health service was dogged by influential vested interests. That is why the Social Democrats led the way to agreement between all the political parties on the way forward for our health services. In 2017 the Sláintecare roadmap was approved by the Dáil with the intention of bringing the country to a point where we would have a fully functioning universal healthcare system where people could access quality health and social care in a timely manner, based on health need, rather than on ability to pay. Such a system would bring Ireland into line with the kind of accessible healthcare which most citizens across Europe currently enjoy.

Since its publication, progress on Sláintecare has been mixed. Initially, Government merely paid lip service to it but were not serious about implementation. No specific budget was set aside for its implementation. During Covid very few practical steps were taken to progress it in spite of the fact that responding to Covid was actually based on a universal care system where care was provided on a strict need basis. Since then, there has been a certain amount of progress but it has been slow, and lacks the ambition and urgency to bring about the radical system change which we should be seeing at this stage.

In Government, the Social Democrats will:

- Legislate for a legal entitlement to healthcare.
- Fully implement the Sláintecare programme within the term of the next government.
- Pre-commit the necessary funding in the annual Budget process, similar to the NDP and public pay agreements.
- Target an additional 5,000 extra hospital beds by 2030.

The Social Democrats are committed to implementing the Sláintecare plan in its entirety.

Full delivery of the Sláintecare reform programme will be the Social Democrats' primary health policy objective in Government. Unlike other parties, the Social Democrats have shown total commitment to the plan and factored it into budget planning. Fully funded implementation would be an absolute red line for any potential discussions on coalition after the next election.

There must be an acceptance that reform costs money, but this investment will pay significant dividends over the long term.

Developing Sláintecare

The Sláintecare report was agreed by an all-party committee and launched in May 2017, based on proposals from the Social Democrats, for the development of a national public health service, available to everyone.

The Social Democrats are proud to have led the way to agreement between all the political parties on the way forward for our health services. This means that, for the first time, a change of government shouldn't mean changing the vision and direction for the health service, allowing for long term strategic planning for health needs.

Much more needs to be done to fully implement Sláintecare and to feel the full benefits of synergies offered by the plan. Ireland's healthcare system remains fragmented, often difficult to navigate and with long waiting lists. We have seen specialist services turning patients away due to overwhelm, the shutting down of services including mental health services in rural areas, and the continued emigration of health care practitioners (HCPs) seeking better working conditions, pay, and opportunities.

Ordinary people pay a high price for these failures, especially our most vulnerable; children, people who live with disability and chronic illness, and the elderly.

There is no excuse for this, now that a plan exists to change it. Sláintecare sets out a roadmap to move from a crisis-driven approach to one that focuses instead on community care, prevention, and equal access for all.

Sláintecare will mean:

- Free and comprehensive health services in our communities.
- Investment in, and development of, GP and Primary Care.
- Quicker access to public hospitals.
- Community care teams for older people and those with mental health and addiction needs.
- Diagnostics like x-rays and scans provided locally.
- Thousands more healthcare workers including doctors, nurses, and therapists.

- An increase in hospital bed capacity and an end to the trolley crisis.
- A system that champions early intervention and illness prevention.
- Strong systems of collaboration between overlapping departments.
- Addressing weaknesses in the existing systems to support HCPs and protect patients, such as emergency and acute hospital discharge communications and plans.

When Sláintecare is implemented, we will finally have a health system that is comparable to other European countries, based on need and not on ability to pay.

Challenging the Privatisation of Healthcare

Recent decades have seen the increased privatisation of many key public services. This has been particularly notable in the area of healthcare.

While contracting out what are typically public services, or relying on the market to deliver them, is often thought to result in efficiencies, the reality is that the increased outsourcing of services – especially in the health and care sectors – is leading to a growing public capacity-deficit.

The outsourcing of services – formerly provided by state organisations – to private providers and the sale of public assets:

- Makes the coordination of those public services more difficult.
- Results in the increased commodification of basic services.
- Weakens the public sector, reducing the skills and people available to provide high quality service, thereby making further privatisation harder to avoid.
- Is often a form of wealth extraction, making a relatively small number of people and companies very rich.

The Financialisation of Healthcare

The commodification of public services leads to their increased financialisation, so essential services like health and social care become more about achieving a good return on investment, rather than what is in the citizens' best interest.

When this kind of wealth extraction is facilitated, or even encouraged, it is ultimately citizens who lose out. When publicly-funded, -owned and -run services make a profit, that money can be reinvested and services can be expanded and improved. Privatised services extract that money as profit, or pay it as a dividend to shareholders, and citizens often end up paying higher prices for a poorer service in which quality deteriorates over the longer term.

Within those private companies that provide contracted out public services, the drive to maximise profits conflicts with the need to spend time, money and other resources meeting the needs of citizens, and leads to a squeeze on both the quality and quantity of services. This can particularly be the case around social care for elderly or disabled citizens.

The Challenges

This ongoing commodification and wealth extraction is having disastrous consequences across the health sector, resulting in staff shortages, record waiting lists, and crumbling public infrastructure.

The new structures being created under Sláintecare intend to provide for integrated care – so essential in a modern health and social care system – where combined community and hospital care will be provided on a regional basis, under a single management team with, crucially, a single budget. The ability to implement such a system gets more difficult with every further round of outsourcing.

This trend towards commercial, for-profit models in health and care has led to a visible growth of private hospitals and clinics, further privatisation of both homecare and nursing home care, and even the management of general practice, with an increased involvement of multinational chains.

The increased reliance on the National Treatment Purchase Fund to compensate for lack of capacity in the public system further deepens the capacity deficit in the public system, creating a vicious cycle. Across social work, and care for elderly or disabled citizens, contracting out squeezes time and quality of care.

What can be done?

The Social Democrats in government would reverse the trend of increased privatisation. The State needs to take more direct responsibility for the provision of health and social care. The full implementation of Sláintecare (see next section) will mean we will finally have a health system that is comparable to other European countries, based on need and not on ability to pay.

The biggest challenge facing our health and social care services in recent years has been the recruitment and retention of staff, across all disciplines. This in turn is exacerbating the creeping privatisation of our health service. Establishing a National Workforce Task Force to address both the short-term and medium-term needs of our Health and Social Care sector is imperative.

It is also imperative that we build a sustainable homecare service, with a statutory right to homecare, and end the post-code lottery that currently exists.

Enhanced Primary Care

Ireland is experiencing gaps in Primary Care provision, and a Primary Care access crisis. A crisis in GP access is putting pressure on our already overburdened emergency services, with many acutely ill people being left with emergency departments as the last remaining option in the absence of prompt access to GP care.

There has emerged a cohort of the population that have no regular GP nor the continuity and quality of service that comes with it, and are solely reliant on out-of-hours locum services. The overreliance on emergency services to provide care that could be more efficiently provided in another setting delays higher risk emergency cases from swift access.

The Irish health system is also facing a bottleneck in relation to access to specialist services, leaving many people to manage their condition for years while waiting to see a specialist. Again, this over burdens GP services who are not resourced to support these patient groups.

Without timely intervention, disease and chronic illness exacerbate and becomes harder and more complicated to treat when patients do eventually receive care. This not only costs the health service more money; it costs broader society and the economy by removing adults who in a better-run system could contribute more fully to society and the economy, and live fuller lives.

Reorientating services so that people can access most of their healthcare locally through primary care teams is a cornerstone of Sláintecare. Primary healthcare should be provided predominantly in modern primary care centres, developed by the State. Like many aspects of healthcare, the provision of primary care centres has largely been left to the market. This is far from ideal as many of the areas most in need of good primary care services are least likely to get such a centre.

In terms of staffing, multidisciplinary primary care teams are required, and far greater attention needs to be paid to workforce planning to address serious difficulties with recruitment. Cost is also a significant barrier to many people in accessing timely healthcare. Patients often therefore experience a worsening of their condition and need hospital treatment because they couldn't afford to attend a doctor.

In Government, the Social Democrats will:

- Ensure that the State plays a far greater role in the direct provision of primary care centres.
- Significantly expand capacity at community level by recruiting the full range of primary care staff.
- Reduce and remove charges for access to all primary care, including GPs, public health nurses, therapies and medicines. Delivery of these must be accelerated to achieve a genuinely universal healthcare system.
- Focus on the further development of Primary Care Centres in strategic locations to provide basic emergency and out-of-hours urgent care services. This will relieve pressure on larger emergency departments.
- Invest in Primary Care Centres and Urgent Care Centres with diagnostic facilities, to include investment in regional hospital capacity and service range.
- Continue to invest in new primary care staff, including public health nurses, speech and language therapists, physiotherapists, general nursing, dieticians, occupational therapists, GPs, Child and Adolescent Mental Health services, psychology services, neurological services, and case managers for acquired brain injury.
- Invest in laboratory and pathology infrastructure that serves primary care.
- Develop and expand ambulance and paramedic services, starting with the worst served areas.
- Continue with the phased extension of free GP Care, underpinned by a new GP contract and the recruitment of salaried GPs by the health service.
- Invest in existing community infrastructure such as supports for community pharmacists, acknowledging the role they play in primary care, supporting greater health literacy, greater access to safe health advice, and supporting a less fragmented primary care system.

The development of Sláintecare, underpinned by investment in this way, will join the dots of a fragmented health service to allow for better use of resources, alleviation of existing pressures, and provision for future cost saving through more efficient care and disease management, better patient outcomes, increased quality of life, and participation in a healthier society.

Preventative Care

There needs to be a much stronger emphasis on preventative care and the Health and Wellbeing budget needs to be at least doubled.

Life expectancy and years free from limiting conditions is strongly related to socio-economic status. Such status is also heavily influenced by poor access to healthcare due to inadequate provision and cost barriers.

Additionally, the commercial determinants of health are increasingly being recognised as significant factors in health status, especially the high rates of child and adult obesity. Other ministers and departments must play their part in addressing the impact of their policies on health. This includes easy access to government in respect of lobbying, weak planning laws around fast food outlets and taxation policies for food and beverage industries.

In Government, the Social Democrats will:

- Ensure that healthcare is a whole-of-government concern.
- Locate the Sláintecare Implementation Office in the Taoiseach's office, as was originally proposed by the cross-party committee.
- Address the underlying causes of poverty in a deliberate and coherent manner.
- Tackle the commercial determinants of health.

Workforce Planning

One of the biggest challenges facing our health and social care services is the recruitment and retention of staff, across all disciplines. To date, workforce planning has been piecemeal at best and undermined by the absence of a coherent strategy.

This in turn is leading to the creeping privatisation of our health service, delayed recruitment, and an overreliance on agency staff.

Workforce planning for health sector has been piece-meal at best. There are no current projections of training places needed across health and social care, there has been little co-ordination with the Department of Further Education, the number of clinical placements is entirely inadequate, and scant attention has been paid to the conditions and terms of employment which have driven large numbers of highly trained healthcare workers to leave the Irish health service.

Large numbers of highly trained healthcare professionals are leaving the sector, or the country, because of poor conditions and terms of employment, while little attention has been given to the number of training and clinical placements required to address current pressures and changing demographics.

In Government, the Social Democrats will:

- Establish a National Workforce Planning Taskforce to address the short, medium and long-term needs of our Health and Social Care sector.
- Provide funding for a workforce planning function in the Department of Health to lead the integrated healthcare workforce strategy. This includes:
 - Coordination and collaboration across all key stakeholders.
 - A Planning and Advisory Group to implement and plan the workforce strategy.
 - A national consultation to identify key priorities, issues and challenges.
- Mandate HSE management to urgently prioritise the creation of additional placements with appropriate supervision arrangements.

The Key Role of GPs

GPs are essential healthcare professionals who provide vital services in local communities. Their role is even more important as we roll out Sláintecare across the country and reorientate the health system to a predominantly community-based system. But there is a serious shortage of GPs in Ireland at present because of poor forward planning, an outdated GP contract, and a lack of flexibility in working arrangements.

Surveys of young GPs have shown a clear preference for working as part of a multidisciplinary team. There is also a demand for better work/life balance which the traditional single-handed practice does not accommodate.

In Government, the Social Democrats will:

- Update and modernise the GP contract to reflect the role of GPs under Sláintecare.
- Provide for salaried GPs.
- Continue the phased rolling out of free GP care to all age groups.
- Increase the number of GP training places.

Safe Nurse Staffing

The Framework for Safe Nurse Staffing and Skill Mix was published in 2018 but it has still not been fully implemented.

Unsafe staffing has essentially become the norm within the HSE. There should be one nurse for every four patients, but the HSE regularly has ratios of one nurse to 12 or 14 patients. This is putting both patients and staff at very serious risk. The recent recruitment freeze has exacerbated the problem not just in acute settings, but also in the community where there are critical shortages in public health nursing. The newly introduced HSE staff limits are entirely arbitrary, and not based on safe staffing levels. In Government, the Social Democrats will:

- Implement the Framework for Safe Nurse Staffing and Skill Mix in full to ensure the best possible care and working conditions.
- Accelerate implementation of phase 3 of the Framework for Safe Nurse and Skill Mix in general non-acute care settings including nursing homes, to ensure minimum staffing levels are prescribed and adhered to.
- Make safe staffing a key focus of HIQA inspections.

Health and Social Care Professionals

Health and Social Care Professionals (HSCPs) are critical to the success of Sláintecare and its stated aim of “integrated delivery of care in the right place at the right time”. However, for too long this important clinical group has been overlooked. The recent appointment of a HSCP Chief Officer in the Department of Health is welcome, but further steps must be taken to increase their representation at senior management level. Like in so many areas of our health service, recruitment and retention of staff is a major issue. In Government, the Social Democrats will:

- Engage in strategic workforce planning, particularly in primary care and chronic disease management.
- Fund additional clinical tutor posts to increase the availability of training placements.
- Invest in career progression and promotional opportunities.

Public Dental Service

Oral health has been completely neglected by the Minister for Health since he took office.

Repeated calls for reform of public dental services have gone ignored, with services now teetering on the edge of collapse. The number of public-only dentists has fallen by 23 per cent, while more than a quarter of those remaining are nearing retirement age. The strain on the school screening programme is now so severe that some children are not receiving their first dental check until they have reached fourth year of secondary school.

There has also been a mass exodus of dentists from the medical card scheme. The number of participating dentists has dropped from 1,600 in 2016 to 810, of which only 600 dentists are active in the scheme.

The current scheme has failed to keep pace with the cost of care and flies in the face of medical best practice. As a bizarre example, the number of fillings a patient can have is limited but not the number of extractions.

There is a need to address the overreliance of Ireland's dental schools on non-EEA (European Economic Area) students in order to generate income. In 2023, 50 per cent of the 300 students enrolled in dental schools in Cork and Dublin were from overseas. Meanwhile, plans to create a new dental school and hospital have been paused by University College Cork due to funding constraints.

Recent reporting by the RTÉ Investigates programme uncovered serious patient safety concerns which have eroded public confidence in dentistry, including 37 dentists who have worked in Ireland despite having been sanctioned in other jurisdictions, and a case of an individual convicted of sexual assault. The Dental Council does not have the appropriate enforcement powers to take action against people practising dentistry while unregistered, or to enter or inspect a dental practice.

Ultimately, it is patients who bear the brunt of this crisis in oral healthcare and that is reflected in the waiting lists.

In Government, the Social Democrats will:

- Immediately begin engagement with the dental sector to reform the Dental Treatment Service Scheme and increase investment in the HSE public dental service.
- Increase investment in the HSE public dental service and expand the capacity of services for children and special care patients.
- Immediately begin engagement with the dental sector to reform the medical card scheme and put it on a sustainable footing.
- Replace the almost 40-year-old Dentists Act with modern legislation that protects patients, mandates continuing professional development, and strengthens the regulatory framework.
- Give the Dental Council the appropriate enforcement powers to take action against people practising dentistry while unregistered.
- Work with key stakeholders and the Department of Further Education to publish a strategic workforce plan.
- Address funding and capacity issues in dental educational provision and prioritise comprehensive workforce planning to recruit and retain staff.
- Address funding and capacity issues in our dental schools to end the overreliance on international students.

The Mental Health Budget

Mental health funding was to reach 10 per cent of overall health expenditure by 2025 under Sláintecare but over the lifetime of this Government, it has only marginally increased as a percentage of the overall health budget. In 2025, mental health funding will still only represent 5.8 per cent of the total health budget which is a 0.1 per cent increase on 2024.

In Government, the Social Democrats will:

- Set a pathway towards allocating 10 per cent of the total health budget to mental health services by the end of 2030.
- Make multi-annual funding the norm across HSE-funded, and other state-funded, organisations delivering mental health services.

Mental Health Services

Mental healthcare in Ireland is a piecemeal system that allows too many to fall through the cracks. Primary and community care is disorganised and varies greatly across the country, and emergency care is not fit for purpose.

Mental health services have long suffered from chronic underinvestment. Now, the severe adverse impact of Covid-19 on the nation's physical and mental wellbeing has put additional strain on service providers.

This results in unnecessary distress for patients and families, and, too frequently, avoidable tragic outcomes. While the government has launched several initiatives urging people to 'get help', people in distress often find that this help is not forthcoming.

Growing demand for mental health services throughout the system has not been met with proportional increases in staff and resources for mental health services. As we have highlighted many times, there are huge waiting lists for referrals to child and adolescent mental health services.

The Social Democrats aim to create a mental healthcare system that is proactive and community-based, while also overhauling acute and in-patient care to ensure those who do reach a crisis point receive the best standard of care possible.

The biggest challenge facing our health and social care services in recent years is the recruitment and retention of staff, across all disciplines. This has been as true in mental healthcare as in the rest of the public healthcare system. There are no current projections of training places needed, and there has been insufficient coordination with the Department of Further and Higher Education around this issue. Workforce planning must form a key part of any approach.

There is also a need to prioritise prevention measures, early intervention, and community-based care, and ensure adequate resource allocation, including increasing the annual budget allocated to mental health services to 10 per cent of the overall health budget.

The full implementation of Sláintecare is a core part of the Social Democrats' approach to addressing mental health. We will make mental healthcare a high priority within the health system. This would include:

- Delivering more mental healthcare via primary care and community-based mental health teams, and ensuring effective and timely primary and community mental healthcare is accessible to all.
- Fully staffing Child and Adolescent Mental Health Teams, and expanding Adult Community Mental Health Teams.
- Expanding Old Age Psychiatry, services for intellectually disabled people, and the Child and Adolescent Liaison service.
- Reinstating the Mental Health Bill 2024 to Dáil Committee Stage and progress the Bill to completion.
- Provide sufficient funding for the *Sharing the Vision* implementation plan.
- Improving public education on mental health and continuing to pursue evidence-based prevention strategies.
- Providing appropriate funding, and organisation, to acute and in-patient services, so that those in crisis receive immediate and compassionate care.

Integrating mental health services into schools can be highly effective. This includes not just counselling and support for students, but also training for teachers and staff in mental health first aid and awareness.

In Government, the Social Democrats will aim for a situation where, by the end of one term of government, all schools (primary and secondary) have access to at least one specialist emotional counsellor/therapist as a permanent member of the staff. This will begin with a local area team, first, before evolving to one per school.

We will also implement the recommendations of the Inspector of Mental Health Services July 2023 report into CAMHS, including the independent regulation of CAMHS by the Mental Health Commission, and recommendations of Families for Reform of CAMHS.

Further information about our plans for investment in, and improvement of, mental health can be found in our General Election Manifesto and our Mental Health Policy Document on our website.

Outsourcing

Despite the Government's stated commitment to Sláintecare, services are becoming increasingly privatised. This is particularly prevalent in social care for older people, with private companies controlling 80 per cent of all nursing homes, while only 40 per cent of homecare hours are being provided directly by the State.

Contracting out these public services is often thought to result in efficiencies, but the reality is that outsourcing these services is poor value for money and results in inferior terms of employment. Meanwhile the increased reliance on the National Treatment Purchase Fund to compensate for lack of capacity in the health service is deepening the public capacity deficit, creating a vicious cycle.

In Government, the Social Democrats will:

- Reverse the trend of increased privatisation and take more direct responsibility for the provision of health and social care, in line with the principles underpinning Sláintecare.
- Conduct a review of the privatisation of elder care, and the market structure for those already privatised.

Access to Hospital Care

While most health and social care is best provided locally in the community, it is essential that everyone has timely access to specialist care, whether for an outpatient appointment, or as an inpatient for a procedure or for emergency care. Two key enablers of this under Sláintecare – the new public-only consultant contract and the removal of private care from public hospitals – have been progressed and have been making a marked difference. The removal of overnight charges for a hospital stay has also been welcome.

However, additional staff (for safe staffing levels) and improved bed capacity is required to reach the Sláintecare maximum waiting times of 12 weeks for inpatient care, 10 weeks for out-patient care and 12 weeks for G.I. scopes. In Government the Social Democrats will legislate to underpin and maintain targets for maximum waiting times.

Separately, University Hospital Limerick is dangerously overcrowded and has been for more than a decade, since health services in the Mid-West were reconfigured. The Social Democrats will address this through resourcing of additional staff and beds. Further, we will provide for a Model 3 hospital in the Mid-West with an Emergency Department and fast-track the HIQA review of possible locations.

Homecare

Residential care is rarely anyone's first choice. Most older people would prefer to stay in their homes, and the State should support that. Not only is remaining in the home and community associated with better health outcomes, but older people also deserve a meaningful choice in how and where they choose to live.

For too long older people have been funnelled into nursing home care, in the absence of adequate support for them to stay at home. This system does not serve the interests of many older people. Instead, it seems set up to serve the commercial interests of the sector, which is increasingly financed by international investors.

We still have a largely unregulated homecare industry and despite a Programme for Government commitment to address this, only the draft heads of the legislation have been published. Homecare must be a priority to ensure older people are supported to remain in their homes, reduce dependency on family and friends and, crucially, to end the State's overreliance on institutional care.

This Government has settled for just regulating the homecare sector. While this is an important aspect of the broader reform programme, it's a far cry from providing a radically different model of care, promised after Covid.

It's now eight years since the then-Minister for Health, Simon Harris, committed to a statutory right to homecare. Since then, every target for the introduction of this right has been missed. In Government, the Social Democrats will:

- Introduce a statutory right to homecare and provide a budget for a person-centred homecare scheme with equality of access and availability.
- Aim to abolish homecare waiting lists through investment in homecare packages and stepdown facilities.
- Implement the recommendations of the Strategic Workforce Advisory Group on Homecarers and Nursing Home Health Care Assistants in full, and ensure that carers benefit from good pay, adequate terms and conditions, and opportunities for career development.
- Re-examine the Critical Skills list for visas to ensure as much as possible is being done to allow skilled workers for the sector be found.
- Introduce nationally mandated staffing ratios for nursing homes.

eHealth

Progress on implementing an eHealth strategy, including individual health identifiers, has been shockingly slow. This has badly impacted the health service in terms of patient records, safety, accurate data, efficiency, cost-effectiveness and service planning.

The original eHealth strategy was drawn up in 2013 but the necessary implementation funding was blocked by the Department of Public Expenditure and Reform. Instead, it was suggested that a wait-and-see approach be taken to the digital system in the new National Children's Hospital. Since then, the approach has been piecemeal, slow, and disjointed. Different arms of the health service use different systems and often these systems don't 'speak to each other'. Many hospitals records are still paper based.

2024 saw a new framework for the digital health strategy along with underpinning legislation. However, the level of funding provided is wholly inadequate and represents a huge missed opportunity to modernise the health service, improve safety for patients, and achieve significant cost-savings.

In Government the Social Democrats will:

- Fully fund the eHealth strategy within the next five years to enable the full implementation of Sláintecare and achieve the full benefits of digitalisation.

HSE Reform

A key element of the Sláintecare reform programme is the restructuring of the Health Service Executive. As the largest public service organisation, it plays a critical role in our society and our economy, but it has not been fit-for-purpose. It is highly centralised and based on a command-and-control structure. Its processes are cumbersome, time-consuming, and inefficient, and it is not capable of adequately responding to local need. Resources are not allocated appropriately or fairly, and service design does not reflect local need. Local management are both disempowered and lack accountability due to the centralised nature of management and decision making.

That is why Sláintecare recommended a fundamental restructuring of the HSE and the establishment of six Regional Health Areas. The purpose of this major restructuring is:

- To achieve essential integrated care between hospitals and community care through a single budget and single management team in each region.
- To ensure greater accountability of senior administrative and clinical management at regional level (this was to be underpinned by legislation).
- The fairer allocation of resources across the regions based on objective health need, ending the post code service lottery. This must include ensuring all people have equal access to specialist services, particularly cancer and cardiovascular treatments, and are not disadvantaged by distance of travel for such services.
- To achieve better value for money.

While much work has been done on this reform, it still lacks the promised legislation. In Government, the Social Democrats will introduce legislation to provide for accountability at senior management level within each RHA.

Maternity & Postnatal Care

The Social Democrats want to create an Irish maternal health system that values its users and their families and carers, and places them at the centre.

Women and their children need a maternity service that is safe, accessible, and accountable at all points of the maternity journey, namely pre-, peri- and post-natal care.

Decisions that are made should be evidence based, transparent and service user-centric. There is a need to improve post-natal care in Ireland.

In France, the post-natal care for all new mothers includes a full free abdominal check-up six weeks after giving birth, followed by a post-natal rehab programme.

Most post-natal care in Ireland is limited to the health of the baby, breastfeeding issues, or perhaps Caesarean stitch removal and scar recovery.

The abdominal check certifies that all the organs have returned to their correct positions, that the pelvic floor is recovering properly, and other things.

As part of this standard check a 12-week post-natal rehab programme is provided where women are given exercises and advice on how to correct their posture and strengthen their abdominal and pelvic area.

In Government, the Social Democrats will:

- Conduct an independent and external review of maternal deaths that have occurred in Ireland in recent times.
- Engage with and support service users and patient advocacy organisations such as AIMS Ireland, LaLeche League, and Cuidiú.
- Invest in improving staffing and working conditions within the maternity care system, including resourcing and supporting the development of education and research.
- Invest in the diversification of options for service users, particularly investment in home birth services and local and rural services.
- Invest in multi-disciplinary and community infrastructure to align with those available in other EU states, including the stepping up and development of

routine physiotherapy care as part of the maternity journey for better maternal recovery outcomes and quality of life.

- Further develop breastfeeding care, employing additional lactation consultants (IBCLCs) and improving the pathway to the necessary training.
- Pilot a scheme of post-natal care for new mothers that will include a full free abdominal check-up six weeks after giving birth, followed by a post-natal rehab programme.
- Support a more equal system that acknowledges and represents the diverse family structures of Ireland today.
- Publish the National Endometriosis Framework and work to implement it.
- Continue to implement the *Women's Health Action Plan 2024-25*, prioritising improved access to specialist services, enhancing the healthcare experience for women, and providing trusted health information.

Reproductive and Sexual Health

The Social Democrats supported the repeal of the eight amendment and fully support the provision of safe, free and legal abortion in Ireland. However, since 2018, there have been flaws in how the State's new abortion laws have operated in practice.

Some of the problems relate to unequal access for women, with large swathes of GP clinics and some hospitals still not offering full abortion services, and paternalistic provisions such as the three-day wait period still in existence.

A number of operational and legislative changes were recommended in the review of the 2018 Act, chaired by Marie O'Shea, BL. The Social Democrats share the view of the Oireachtas Health Committee, that these recommendations should be implemented as a matter of urgency.

There also needs to be a full sexual health strategy, which includes an expansion of free contraceptives and a period poverty initiative.

In Government, the Social Democrats will:

- Ensure local access to abortion care in all areas of the country.
- Regulate the predatory practices of rogue pregnancy agencies which provide medically inaccurate and distressing information to pregnant people in vulnerable positions.
- Publish a new National Sexual Health Strategy.
- Further expand access to free contraception.
- Increase resources and capacity of regional sexual health services.
- Create a professional body to oversee assisted human reproduction services.
- Continue to expand investment in fertility services, including funding for IVF, Testosterone Replacement Therapy, and increased investment in male fertility services, including provision of sperm DNA fragmentation tests and improved awareness raising on rare fertility conditions.

LGBTQI+ Health

Evidence shows us that health outcomes for LGBTQI+ people are often poorer. This is a result of discrimination, historic underinvestment, a lack of political will, and neglect of the community's needs.

The most damning example of this is the provision of trans healthcare. In November 2022, a Transgender Europe report found that Ireland had the worst trans healthcare among the 27 EU member-states.

We are committed to ending these health inequalities and investing in LGBTQI+ specific services and supports. In Government, the Social Democrats will:

- Improve access to gender-affirming healthcare services based on a model of informed consent in line with international best practice.
- Expand access to free contraception and affordable PrEP.
- Make additional investment in understaffed and under-resourced PrEP services to increase capacity and clear waiting lists.
- Review healthcare provision to intersex people and ensure best practice is rolled out nationwide.
- Create a LGBTQI+ mental health strategy with community addiction services to match.
- Ban the dangerous and discredited practise of conversion therapy.
- Ensure LGBTQI+ Awareness training is available to all healthcare professionals to equip them to deliver LGBTQI+ inclusive care.
- Publish a new National Sexual Health Strategy.
- Develop the strategies and services to end new HIV transmissions, as outlined in the Fast-Track Cities model, including developing and implementing a new National Sexual

This should also include measures to end HIV-related stigma and discrimination.

- Create regional versions of the Gay Men's Health Services in Cork and Galway to address the lack of access to sexual health testing outside of Dublin.
- Provide funding for dedicated lesbian and bi women sexual health support and community outreach.

Health Literacy

Health Literacy is the cornerstone of a society that is both healthy and equitable.

Inadequate health literacy is associated with worse health outcomes, and higher healthcare use and expenditure. Ireland today not only faces healthcare inequalities in who can access care based on who can afford it, but also on who has the resources to self-advocate.

Health Literacy means individuals:

- Have the resources to access and understand knowledge that allows them to make decisions and choices about their health.
- Are supported in acquiring the skills to self-determine in their health, and self-advocate for their health.
- Are empowered to have confidence to apply knowledge and skills.

Comprehensive health literacy prolongs life expectancy. Health Literacy will be prioritised within Sláintecare, and will be woven through all aspects of its development.

In Government, the Social Democrats will:

- Identify at risk socio-economic groups such as the travelling community and those with language barriers.
- Support and seek input from literacy advocacy groups such as NALA, and advocacy groups representing vulnerable cohorts.
- Promote health literacy via different formats encompassing varying age levels.
- Support Digital literacy.
- Develop comprehensive health literacy training for frontline healthcare professionals, such as GPs, nurses and pharmacists.

Other Healthcare Priorities

In Government, the Social Democrats will take other key measures to deliver accessible and affordable healthcare:

- Resource an increase in specialist inpatient bed capacity for eating disorders from the existing 3 beds to the 23 beds pledged in the Model of Care.
- Develop and expand ambulance and paramedic services, starting with the worst served areas. This would include better collaboration and synchronicity between existing services and improvement of paramedic and EMT working conditions.
- Invest in existing community infrastructure such as supports for community pharmacists, acknowledging the role they play in primary care, supporting greater health literacy, greater access to safe health advice, and supporting a less fragmented primary care system.
- Roll-out chronic care programmes such as for asthma, arthritis and EB.
- Cap parking charges for patients undergoing hospital treatment.
- Reduce prescription charges for patients; all prescription charges 50c with a cap of €5 per month.
- Reduce the Drug Payment Scheme maximum payment to €60 per month.
- Increase supports for sufferers of Multiple Sclerosis, including sustainable funding for national physiotherapy services for people with MS and other neurological conditions.
- Set up a Taskforce to develop a 10-Year National Diabetes Strategy to improve access and delivery of diabetes care services that improve quality of life, and invest to improve access to any form of continuous glucose monitoring for people with Type 1 diabetes as recommended by international guidelines.
- Implement the Neurorehabilitation Strategy in full, including fully staffed community neurorehabilitation teams in each CHO.
- Implement the National Dementia Strategy, and provide additional funding for dementia and Alzheimer's services and for palliative care.
- Provide additional funding for hospice care, to increase the capacity to deliver quality end-of-life care in the community, and to support people to plan for their care at end of life.

- Provide a sustainable level of funding for LauraLynn Children's Hospice, and commit to develop, implement and resource a new national policy on Palliative Care for Children with Life limiting Conditions.
- Make multi-annual funding the norm for HSE-funded organisations to put services and projects on a sustainable footing, and provide the certainty required to address staffing issues.
- Begin a process of creating pay parity for Section 39 workers to ensure that they have comparable terms and conditions to their public sector counterparts.
- End the practice of placing people aged under-65 in nursing homes and develop appropriate supportive housing facilities in the community, including ring-fenced annual funding to speed up the transition.
- Adequately resource CORU to accelerate the regulation of the health and social care professions.
- Provide multiannual funding for the National Cancer Strategy.
- Allow for automatic renewal of medical cards for people with terminal and chronic conditions.
- Introduce and enact robust adult safeguarding legislation to protect adults who are at risk of abuse and provide effective powers to investigate potential risk settings.
- Resource and expand drug treatment services, including detox beds.
- Address children's spinal surgery waiting lists and honour the four-month target for scoliosis surgery.
- Develop additional services for Long Covid.
- Include SMA and SCID screening in the newborn bloodspot screening test and endeavour to expand the spectrum of conditions screened for in Ireland, aligning our national screening programmes with best practices across Europe.
- Updating the Foetal Alcohol Spectrum Disorders (FASD) prevention plan, developing FASD diagnostic pathways and informed supports/services, and providing FASD training to relevant bodies.

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