DISABLE INEQUALITY
VOTE to end discrimination for people living with disability

Disability and Wider Health Services

Austerity has resulted in more people relying on the public health system, combined with fewer staff and resources, and more expensive healthcare costs

Meanwhile there has been a shifting policy landscape in terms of the government's intent on universal access to healthcare. There was the promise of a universal single tier health service in 2011, which would guarantee access based on need and not income[1].

Universal primary care has been provided for the youngest and the oldest, which is welcomed. However, people with disabilities outside these groups have had to continue to bear these costs. It seems the goal of universal healthcare is becoming more and more elusive.

People living with chronic conditions and disabilities have had to endure a greater burden of cost of healthcare during the recession[2]

A person living with a disability or chronic illness has medical costs that are recurring. The medical card is a vital health support which provides access to primary care and a range of community services. It not only keeps people with disabilities and chronic illnesses, and their families, out of poverty and deprivation, it also supports people to take up employment opportunities.

Discretionary medical cards were withdrawn as a cost cutting measure

Some people with acute medical conditions or lifelong conditions including intellectual disabilities lost their medical card as an outcome of a review which took place between 2012 and May 2014.[3]

The discretionary medical card covers the extra costs faced by the person and his/her children that are directly related to their disability. This support equalises the playing field for that person with a disability. While there were two reviews carried out on medical card eligibility in 2014, it is now clear that the government does not intend to give access to medical cards based on specific conditions.[4]

The impact over the austerity period of the reduction in staff numbers in the health services must be addressed

This reduction in staff directly impacts on people with disabilities' access to mainstream basic services. A consequence of this depletion in human resources is that the capacity does not exist to implement government policy as outlined in 'Future Health'. This has resulted in a severely damaged social and health infrastructure.

Irish neurology services are critically understaffed

The recommended ratio for neurologists to the general population is 1:70,000. However this ratio increases to 1:200,000 in the Mid-West[5]. Other critical issues include waiting lists for MRI scanning of over 12 months, lack of dedicated neurology beds, and high waiting lists for an outpatient appointment.[6]

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[1] 2011 Programme for Government

[2] 26% of men and 29% of women report suffering from a chronic illness or health problem. These figures increase with age, with 33% and 35% respectively in the 45-64 age group, and 52% and 55% for those over 65.

[3] In 2014 and arising from a huge negative reaction by the public, the Government stalled the review of those medical cards that were allocated on a discretionary basis.

[4] It was announced in July 2015 that those under 18 years with a diagnosis of cancer will be granted medical cards.

[5] Neurological Alliance of Ireland (2015) The Neurological Alliance of Ireland (NAI) Pre Budget Submission 2016 Immediate Priority Investment in Services for Ireland's 700,000 people living with neurological conditions

[6] A total of 13,555 people were awaiting an outpatient appointment for neurology, 2,327 waiting for longer than twelve months in June 2015. National Waiting List Data (June 2015) National Treatment Purchase Fund http://www.ntpf.ie/home/outpatient.htm

Accessible Health Services for all

There are three essential pillars in the development of policy and practice in health and social care: social inclusion, quality, and health inequalities.

People with disabilities, and chronic illnesses should have access to a medical card based on need and not on their income

People with disabilities need a combination of disability specific services and mainstream health and personal social services

An effective mix depends on a supportive infrastructure and culture across the health system, including primary care teams, acute and chronic care services.

If mainstreaming is to be successful, the various parts of the health system need to work collaboratively in a person centred manner. This has not been the experience of people with disabilities to date, as mainstream services are often ill equipped in terms of capacity, in numbers, and may lack links to relevant expertise and facilities.[7]

Person centred disability services should focus not just on addressing waiting lists for existing services, but also the requirement to develop services in response to unmet need.

Invest in prevention interventions and policies tailored to the specific needs of different groups of people with disabilities as part of the implementation plan for the Healthy Ireland strategy

One of Healthy Ireland's high-level goals is to reduce health inequalities; preventable and unjust differences in health status experienced by certain population groups.

Self-management support helps to reduce the number of emergency hospital admissions and unscheduled use of GP services[8]

This is a person centred approach that is recognised both nationally and internationally as key to meeting the growing challenge of long term conditions and what a person can do to manage their condition as well as their general health and well-being in general.

Increase investment in GP staff and services, and primary care centre staff

'Future Health' committed to moving to care in the community and a system where money follows the patient. To make this a reality, there needs to be an increase in the number of GPs and primary care centre staff, along with proper resourcing of GP services to allow work relating to primary care teams, community intervention teams, and clinical care programmes (chronic disease) to occur.

Target investment in hospital based neurology services

Develop a network of nine community based neurorehabilitation teams

That is, one in each of the Community Health Organisation (CHO) Areas as committed to in the National Neurorehabilitation Strategy launched in 2011. Not one team has been put in place since the strategy was published and the envisaged three year implementation period for the strategy comes to an end in 2015[9].

Accessible Healthcare for all: Key Benefits

- ✓ Removal of stress and undue hardship for people with disabilities and those living with chronic illnesses, and their families
- ✓ Prevention through better management of their condition by individuals
- ✓ Better access to coordinated and quality driven services

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[7] E.g. Primary care services often do not offer the therapy services required by a person with a neurological condition.

[8] Philips et al, (2010) EPP Expert Patients Programme Self Care reduces costs and improves health: The evidence: www.dh.gov.uk/expertpatients/publications
Challis D., Hughes J. et al. (2010) Self-care and case management in longer-term conditions: the effective management of critical interfaces. London. HMSO. Accessed via www.sdo.nihr.ac.uk/files/project

[9] Neurological Alliance of Ireland (2015) The Neurological Alliance of Ireland (NAI) Pre Budget Submission 2016 Immediate Priority Investment in Services for Ireland's 700,000 people living with neurological conditions