

EDITORIAL

Ag teacht go luath

Dara Gantly takes a look at the latest iteration of our structural reform programme

The HSE published a new report last week (October 8) setting out how health services outside of acute hospitals will be organised and managed. While the nine new Community Healthcare Organisations (CHOs) being established are just that – new – there was more than a hint of familiarity around the announcement. Each CHO will comprise 90 primary care networks (PCNs), which will provide services to approximately 50,000 people. The aim, according to HSE Director General Tony O'Brien, is to move towards a more integrated health care system, improving services for the public by providing “better and easier access to services, services that are close to where people live, more local decision making and services in which people can have confidence”. All laudable objectives, but was that not what was to happen with the Integrated Service Areas (ISAs)?

Since its establishment, the HSE has been continually reviewing and refining its structures, right up until the former Minister for Health Dr James Reilly seemed to write its obituary in legislation. After immediately centralising the 10 health boards into one, and splitting up the management of hospitals and primary care, the Executive then established the Integrated Services Directorate to replace the NHO and PCCC pillars, with four regional directors responsible for managing all services. Then we saw the third stage of its Integrated Services Programme, bringing in 17 ISAs responsible for the delivery of both primary and acute hospital care to their defined populations, and were told each ISA would have one person who would be responsible for all hospital and community service. And all this was still under Prof Brendan Drumm's tenure.

Fast forward to October 2014 and the new CHOs will see “for first time ever”, a senior person, working with an identified GP, responsible for ensuring that integrated care is delivered to a population of approximately 50,000 people. The writing was on the wall for the ISAs not long after Dr Reilly arrived at Hawkins House, as he was not in favour of a system that operated by way of “juxtapositions of structures”. The announcement of the establishment of the new hospital Groups on an administrative basis in May, 2013, with Group Chief Executives having budgetary and staff responsibility for both the HSE and voluntary hospitals in their group, represented the end of the structural basis for existing ISAs, and a review was set up to see what should replace them. It was that review – led by Pat Healy, National Director Social Care – that finally reported last week.

Now, the nine areas will look after populations ranging from 365,000 (Area 6 – Wicklow, Dún Laoghaire, Dublin South East) to as many as 675,000 (Area 7, Kildare/ West Wicklow, Dublin West, Dublin South City and Dublin South West). Some 90 PCNs are envisaged, averaging 50,000 population, with each CHO having an average of 10 networks. Clinical staff and GPs will be appointed to CHO management teams, says the HSE, adding: “For the first time ever, an identified accountable person, a primary care network manager, working with a GP lead and a network

team, will be responsible for driving integrated care in each primary care network.”

A team lead will be appointed to each primary care team (PCT), with protected time from the day job, to co-ordinate the daily working arrangements, it is suggested. Is all this yet another example of announcing new policies without proper consultation with general practitioners, you may ask. Well, appendix B clearly includes both the ICGP and IMO among the bodies consulted as part of the review's stakeholder engagement. What the quality of that engagement was, I do not know.

If you recall, the ICGP continued engagement with the HSE Clinical Care Programmes throughout the first half of 2013 and many of them were making progress towards designing care pathways, guidelines and determining how the interface between primary and secondary care could be improved. However, due to the lack of any indication as to how these new programmes would be resourced, the College withdraw the GP leads in July of that year. What has changed since?

The Healy report does accept that an effective management and governance structure for PCTs has not been successfully implemented “in a comprehensive and consistent way”, and that GP involvement is a key requirement, “which must be addressed contractually and in structural terms”. How that is achievable in the current environment is another matter.

Going back to Brendan Drumm's original vision for the ISAs also poses some interesting questions, as there creation was supposed to see the HSE applying funds more fairly into areas based on the size of the population, age profiles, and levels of social deprivation – the famous ‘money follows the patient’ system. Are we there yet?

By setting up the ISAs, Prof Drumm also questioned the continued central employment of health service staff and flagged a future full of competition, which has been followed up in theory by the emerging hospital Groups. On one occasion he even told *IMT* of how in Germany, for example, if Hannover Hospital is short of money at the end of the year because it didn't do enough work on individual patients, it actually loses staff. Of course, if everyone is employed centrally – as in Ireland – you are still left with all the staff working for that hospital, so you have to carry that deficit. Are we to see staff eventually employed by individual CHO, Hospital Groups or Trusts? And have the unions been informed?

Before writing this piece, I went to check the HSE's archive for any statement around the time the ISAs were first set up, just so that I could gauge whether or not we were indeed still looking for the same thing: ‘joined up’ working arrangements that will see all community and acute services working together in a co-ordinated way.

But all HSE releases from 2010 were down from the website and statements from 2011 were missing too. When had the web page last been updated? On October 8 - the day the Executive launched its National Community Healthcare Organisations Report. So instead of accessing the 2010/11 archive, I was kindly told ‘Ag teacht go luath’ - the releases were coming soon, or early! A somewhat ironic way to end a brief commentary on our ever evolving health service reform programme.

Human Rights

'A tweet to jail': Bahrain in 2014



Prof Eoin O'Brien on the recent arrest of Nabeel Rajab on his return to Bahrain

We live in a democracy that permits freedom of speech. In Ireland, we use social networking to converse and exchange views. In fact, there are 600,000 daily users of Twitter in Ireland, and we send, on average, one million tweets each day, making us the 10th highest number of Twitter users per capita in the world. However sceptical some may be of this relatively new way of communicating, we, in Ireland send tweets without fear of reprimand and certainly without the threat of jail. Such is not the case in Bahrain where my friend Nabeel Rajab has been arrested for doing just that.

Let me tell you something about Nabeel and why his fate is relevant to doctors in Ireland, but first a little background.

The wave of pro-democracy protest and revolution in many Arab states – the Arab Spring – reached Bahrain in February, 2011. The protest was soon ruthlessly suppressed with the help of forces from Saudi Arabia. Bahrain's main public hospital, the Salmaniya Medical Complex, was subsequently occupied by the military. Several independent observers recorded the brutality of the clampdown, reports of imprisonment, torture, and extraction of confessions, and the military trials.

More than 70 medical professionals, including 47 doctors, were arrested and more than 150 medical workers were suspended or dismissed from their jobs. Ireland's close medical relation with Bahrain, which extends back many years, took on a new dimension when the RCSI invested almost €100 million to develop the RCSI–Medical University of Bahrain.

In June, 2011, when the RCSI and the RCPI conferred joint degrees in Bahrain, the failure of either College's president to visit the families of the imprisoned doctors, some of whom had trained in Dublin and were fellows of the RCSI, drew strong protest from the medical profession in Ireland.

I resigned my fellowship of the RCPI in protest against the failure of that College to support the imprisoned doctors in Bahrain.

In July 2011, the international human rights organisation Front Line Defenders brought a delegation from Ireland to Bahrain to offer support to these medical personnel and their families. The delegation comprised two doctors, **Prof Damian McCormack** and me; three politicians, Averil Power, Senator of the Irish Parliament, David Andrews, former Minister for Foreign Affairs, and Marian Harkin, Member of the European Parliament; two members of Front Line Defenders, Andrew Anderson and Khalid Ibrahim; and a photojournalist, Conor McCabe.

During a two-day visit we met the administration of the Salmaniya Medical Complex, representatives of the Ministry of Foreign Affairs, and Fatima Al Balushi, Minister of Human Rights and Social Development and acting Minister of Health.

Our delegation went to secret locations to meet members of the families of imprisoned doctors and doctors who had been released pending trial, and to meet ambulance drivers who been taken from their ambulances, imprisoned, and tortured. Perhaps, most memorably, we were welcomed to the home of Nabeel Rajab, President of the Bahrain Centre for Human Rights, whose insistence on peaceful demonstration in support of humanitarian principles had made him a marked man, and he was able to show us the damage inflicted on his home by CS gas canisters fired indiscriminately through the windows at night. During that visit we established a firm friendship that has endured. But he has suffered much since then.

Nabeel Najab

Nabeel was imprisoned in Bahrain for two years shortly after our visit for exercising his right to call for freedom of assembly and for peaceful protests in Manama. He has been prosecuted many times for sending tweets, including one case in which he was sentenced to three months for allegedly defaming a citizen in a Bahraini village, although the court of appeal acquitted him after serving most of that sentence. Nabeel, who is President of the Bahrain Center for Human Rights (BCHR) and Deputy Secretary General of the International Federation for Human Rights (FIDH), has over 239,000 followers on Twitter and his voice online is one of the most prominent in Bahrain, and across the Middle East.

Nabeel's summons and arrest came less than 24 hours after his return to Bahrain from a visit to Europe and attendance at the UN Human Rights Council advocating for greater support to the Bahraini people in their struggle for human rights and democracy.

During his visit to Ireland I met Nabeel for lunch with Andrew Anderson and learned from him that democracy in Bahrain seems even further out of reach than when we visited the island in July 2011.


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Poem

GP dumb!

*Do politicians give a damn
About the plight of their fellow man?
Or is their only thought, let's say,
Get re-elected come what may?*

*Find an issue, sort the sound bite,
Spin it, milk it with all their might,
Then get it on the statute books,
All that matters is how it looks!*

*Kid's referendum what a wheeze
Dotted the Is and crossed the Ts
Pity social workers in short supply
Hush little guy, they'll be there by the by!*

*Free care for the under sixes,
Score the ace of political fixes,
Much cheaper to care for the healthy,
Appeals to all, appeases the wealthy.*

*The old, the poor, the chronically ill,
Sure they can stomach the bitter pill,
Can them, if it's all the same,
And kick that can right down the lane!*

*Those cushy GPs may be up in arms,
Fat cats raising false alarms,
Put out their earnings, although misleading,
In the media battle we'll be succeeding.*

*Mind you for once they seem united
Has a slow fuse been ignited?
Give them time to huff and puff,
Then we'll simply call their bluff.*

*Will it be forever thus?
Forever them and forever us
Those that do and those that know
Lose out to the spinners all for show.*

*Fellow GPs let's stand this ground,
This toxic draft will not be downed
Now is the time to shout and shout
If we fail, all will lose out!*

Dr Cyril Murray,
GP, Waterford.

Breast cancer

Benefits and harms need airing on breast screening

Dear Editor,
Dr Bridget O'Brien's recent letter on mammography (*IMT*, September 26, 2014) reminds one that BreastCheck in its recruiting documentation continues to avoid providing information on risks associated with the procedure.

Dr Dermot Walsh,
Blessington,
Co Wicklow.

Web comment

"I could not agree more with this sentiment. All GPs have their horror stories about medical card reviews. Only today I had the very distressed spouse of a severely ill patient who HAD a card until 2018 who was selected for review in March and is still trying to cope with that process. I hate to think I pay taxes for someone to spend their time doing this to people."

Dr Eileen O'Leary comments on our story 'IMO cites 'elder abuse' on medical cards'.

See www.imt.ie
for more

● Hanley report

A 'No' to an independent review



Reflecting on the narrow IMO vote not to hold an independent review into 'certain aspects of the management of the organisation up to December 2012', **Dr Ruairi Hanley** is saddened by the decision against full transparency, accountability and clarity, regardless of the possible costs

I freely admit that when I sit down to compose this column every week I sometimes find it hard not to be cynical. This is because I live in a country where taxpayers spend more than €12 billion annually on health and get a dysfunctional, inefficient and regularly dangerous service in return.

I live in a country where elderly people scream on trolleys while bungling bureaucrats are given jobs for life and then plot to close more hospitals.

I live in a country where a Government wants to take medical cards off dying elderly citizens and give them to wealthy, healthy children under-six.

I live in a country where a doctor-hating media prefers anti-medical financial propaganda to objective analysis of the real issues affecting patients.

Cynicism

Yes indeed, when I reflect on the reality that surrounds me, it would be almost impossible not to be driven by a certain amount of cynicism. However, when writing about all these issues, I have always clung to one small beacon of hope.



George McNeice

When all around us was degenerating into chaos, when our political leaders failed to accept responsibility and our administrators gibbered, I comforted myself with the knowledge that Irish doctors would consistently rise above mediocrity and demonstrate to the nation the true virtues of accountability, excellence and transparency.

After all, ours is not a profession that would ever fear

to hear the truth, the whole truth and nothing but the truth, even when things have gone badly wrong. I genuinely believed this to be the case, and a part of me will always believe so.

That is why I hoped and prayed that the members of the Irish Medical Organisation (IMO) would vote in favour of holding a full inquiry into its recent controversial affairs.

Let us briefly remind

ourselves of what happened. In late 2012, the IMO announced that its then CEO, who months earlier had officially been described as "inspiring", was retiring with a pension package worth some €9.6 million.

According to media reports, he may have had a legal entitlement to a far greater amount, potentially upwards of €20 million. It also seems that the medical leaders of the organisation, over many years,

were unaware of the situation, given the repeated statements about the "shock" they experienced when the matter reached the public domain.

Meanwhile, most members learned of all this from the newspapers, despite the fact that their subscriptions over many decades were, at least in part, financing the IMO operation.

EGM vote

Amid uproar in early 2013, the union voted at an EGM to hold a full investigation into these events. Over the months that followed, despite having advertised for expressions of interest, no inquiry took place. It never did: a fact that must not be forgotten.

For the record, during this time I believe I was one of the only medical columnists who consistently asked why the investigation was not happening. That in itself speaks volumes.

Eventually, some 21 months after these events first appeared in print, the IMO decided to hold a full vote of members as to whether or not an inquiry would take place. The EGM decision was overruled.

Naturally, the organisation did not tell its members how to vote. Instead, it suggested that an inquiry could cost up to €1 million and that, even then, it might not get to the bottom of the matter. The members in their wisdom decided, by

a narrow margin, to abandon the investigation altogether. Unlike the vote of the EGM in 2013, this verdict apparently is final. It seems the facts will now never be known and that no one will be held to account.

'Distraction'

Meanwhile, there are those who believe we should now forget this 'distraction' and rally to the IMO flag. Let me assure the leadership of the organisation of one thing. Some of us will never, ever forget what happened, and will never, ever cease to remind you of it.

For the record, I would like to say that I am saddened by this outcome, but not surprised. Unlike some other commentators, who rarely if ever criticised the IMO in print, but who are now outraged, I have been consistent on this matter for the past number of years.

Nonetheless, a small part of me hoped that my colleagues who remained in that organisation would vote for transparency, accountability and full clarity, regardless of the possible embarrassment or financial cost. In the end they chose not to. That is their prerogative, but when I heard the result, I felt a sense of deep disappointment unlike any I have ever experienced before.

I can only speak for my own feelings in this matter and perhaps I am too naïve and idealistic. But, for me, a small part of my faith in our entire profession is now gone forever.

● Op-ed

Human Rights

'A tweet to jail': Bahrain in 2014

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The arrest of Nabeel once again contravenes the United Nations Declaration on the Right and Responsibility of Individuals, Groups and Organs of Society to Promote and Protect Universally Recognised Human Rights and Fundamental Freedoms, which states that: "Everyone has the right, individually and in association with others: To study, discuss, form and hold opinions on the observance, both in law and in practice, of all human rights and fundamental freedoms and, through these and other appropriate means, to draw public attention to those matters" and it provides, moreover, that "the State shall take all necessary measures to ensure the protection by the competent authorities of everyone, individually and in association with others, against any violence, threats, retaliation, *de facto* or *de jure* adverse discrimination, pressure or any other arbitrary



Nabeel Rajab, pictured in 2011, showing Prof Damian McCormack and Prof Eoin O'Brien a tear gas canister that he says was thrown at his home

action as a consequence of his or her legitimate exercise of the rights referred to in the present Declaration". All of which is likely to be ignored once again by the Bahraini authorities, which is adamantly (and foolishly) bolstering the rule of the Sunni Royal family and denying the Shia majority the

democratic principles that may not be negotiable by peaceful means for much longer.

Relevance to Ireland

So why is this relevant to Ireland? Shortly, the Irish Medical Council (IMC) will visit RCSI-Bahrain to determine if accreditation should be grant-

ed for medical training to that institution. Surely the imprisonment – once again – of a leading and respected human rights advocate should be evidence enough that medical students in Bahrain cannot work and learn in a social environment that does not tolerate the use of social media.

The same principles of freedom of expression that exist for students in RCSI-Dublin must pertain for students in RCSI-Bahrain. Indeed, an independent body *Ceartas* – Irish Lawyers for Human Rights – has argued forcibly against accreditation not only because of continued allegations of ill-treatment and torture by Bahraini defence forces in hospitals linked to the college, but also because of a repressive regime that prevents freedom of expression.

Gearóid Ó Cuinn, co-Director of *Ceartas*, cites the report as being the first to draw attention to the human rights and other legal challenges of exporting medical education to unstable parts of the world.

The Lancet commented that it was also the first to look comprehensively into the overlap of international human rights and standards in medical education, a trend the World Federation on Medical Education has recently encouraged through the principle of social accountability.

Hence the visit of the IMC to Bahrain has international as well and national implications

that the medical profession in Ireland needs to watch carefully.

IMC visit

Recently (September 19, 2014 – see <http://bit.ly/IMCinBahrain>) I wrote to *Irish Medical Times* stating that it was imperative that the impending visit of the Irish Medical Council to Bahrain should be seen to be impartial in whatever decision it makes on the accreditation of RCSI-Bahrain.

To achieve this I suggested that the IMC should invite a member of the original Irish delegation to Bahrain to join the IMC "committee of experienced assessors" and that it should publish the names of the "experienced assessors" together with a declaration of any potential conflict of interest, such as an association with the RCSI. In the interests of Irish medicine, I call on the IMC once again to respond to these suggestions.

Prof Eoin O'Brien,
Professor of Molecular Pharmacology,
Conway Institute,
University College Dublin.