Ag teach 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 6th setting out how health services outside of acute hospitals will be organised and managed. While the report is welcome, the lack of any indication as to how these new programmes would be resourced, or how the interface between primary and secondary care could be improved. However, due to the inherent nature of what is being proposed, it is impossible to make any definitive statement at this stage. The report is, however, informative in that it provides some insight into what is to come.

The core of the report is the establishment of the new Community Healthcare Organisations (CHO). The HSE states that the public sector will be divided into 18 Community Healthcare Organisations: 13 clinical networks and 5 acute hospital groups. Each clinical network will incorporate acute and post-acute services, while acute hospital groups will incorporate acute and community services. Each CHO will have an average of 10 networks. Clinical staff and GPs will be appointed to CHO management teams, and there will be an identified accountable person for delivering integrated care in each clinical network.

Brendan Drumm, Chief Executive of the HSE, adds: “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.”

One lead will be appointed to each primary care team (PCT). It is hoped that these leads will be trusted to develop strategies to deliver integrated care services to the population served by their PCTs.

At the time of writing, the report is still being prepared and the HSE has not yet announced whether it will be published when it is complete. It is hoped that this will be soon so that those involved in the development of the new CHOs can begin to work on the implementation of the new structure.

More than 70 medical professionals, including 47 doctors, were arrested and more than 10 medical workers were suspended or dismissed from their jobs. Bahrain’s close medical relations with Bahrain, which extend back many years, took on a new dimension when the new CHOs were established.

The Bahraini authorities have sought to downplay the new CHOs, stating that they are merely a reorganization of existing structures, right up to the former Minister for Health Dr. Jamil bin Ahmed, who has recently been appointed as Secretary General of the new CHOs. The Bahraini authorities have also been quick to highlight the fact that the new CHOs are not a threat to the existing structures, as this is a full participating member of the International Federation for Human Rights (FIDH), has over 5000 members, and is a full participating member of the European Centre for Human Rights.

Given the recent history of political unrest in Bahrain, it is unlikely that the new CHOs will be met with anything other than international condemnation. It is also unlikely that any meaningful change will be brought about by the new CHOs, as the Bahraini authorities have shown a clear disregard for human rights over the past decade.

In the report, the HSE states that the new CHOs will be responsible for delivering integrated care services to the population served by their PCTs. However, the lack of any indication as to how these new programmes would be resourced, or how the interface between primary and secondary care could be improved, is a cause for concern. It is important that the new CHOs are developed in consultation with all stakeholders, and that the HSE provides a clear plan for the implementation of the new structure.

The report is welcome in that it provides some insight into what is to come, but it is important that the new CHOs are developed in consultation with all stakeholders, and that the HSE provides a clear plan for the implementation of the new structure.
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 €7 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 bungle. I live in a country where Government wants to withhold 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 you are dealing with these issues, I have always strived to one small beacon of hope.

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 having 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 €6.6 million.

According to media reports, he may have had a legal entitlement to a far greater amount, potentially upwards of €9 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 came to light.

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 operations.

EGM vote

Amazingly, 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 argued 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 overturned.

Naturally, the organisation did not tell its members how to vote, nor did it suggest that an inquiry could cost up to €1 million and that, even then, it might not get to the bottom of the matter.

Be that as it may, in our 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 IMO will never now be known and that no one will be held accountable.

'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 organis

Hanley report

The arrest of Nabeel once again contravenes the United Nations Declaration on the Right and Responsibility of Individuals, Groups and Organisations 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 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 adamently (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 granted for medical training to that institution. Surely the imprimatur – 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.

Ceartas’s 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 report continued that it was also the first to look comprehensively into the standards of 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 to state 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 IMO should invite a member of the original Irish delegation to Bahrain to join the IMO “committee of experienced assessors” so that it should publish the names of the “experienced assessors” on the roll of the potential conflict of interest, such as an association with the IMC. In the interests of Irish medicine, I call on the IMO once again to respond to these suggestions.

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