

FUTURE HEALTH: A STRATEGIC FRAMEWORK FOR REFORM OF THE HEALTH SERVICE 2012 – 2015
EXPLANATORY NOTE FOR THE PUBLIC

1. INTRODUCTION

The Government has promised to reform the health system completely. We have now published a document called “*Future Health: A Strategic Framework for Reform of the Health Service 2012-2015*” to explain how we will deliver on this commitment. This note summarises our plans.

2. WHY DO WE NEED TO CHANGE THE SYSTEM?

The existing health system has a number of weaknesses. It is unfair to patients; it often fails to meet their needs fast enough; and it does not deliver value for money.

The system is also facing a number of major challenges including a much reduced budget; long waiting lists; an ageing population; and an increase in the number of people with chronic illnesses such as diabetes and heart disease.

These weaknesses and challenges mean that we cannot ignore the need for change – we must reform the system now.

3. WHAT ARE WE TRYING TO ACHIEVE?

The Government plans to introduce a single-tier health service, supported by Universal Health Insurance (UHI), that is designed in accordance with the principles of social solidarity. This will mean that:

- the population will have equal access to healthcare based on need, not income;
- everyone will be insured for a standard package of health services;
- there will be no difference between “public” and “private” patients;
- we will introduce universal primary care, including GP care without fees for all;
- universal hospital care will include independent, not-for-profit trusts and private hospitals;
- social care services such as services for older people, people with a disability and those who need mental health services, will be outside of the UHI system but coordinated around the user. These services will continue to be funded by general taxation;
- the health system will be based on a multi-payer model, with competing insurers; and
- the service will remain, fundamentally, publicly provided.

“Future Health” sets out the building blocks that are required prior to the introduction of UHI. It maps out the key actions, with timelines, that are required to achieve the Government’s objectives.

4. WHAT WILL CHANGE AS A RESULT OF THE REFORMS?

Our reforms will totally change many aspects of the health service. “Future Health” is built on four key areas or “pillars” as they are referred to in the document.

(i) Health and Wellbeing: There will be a new focus on moving away from simply treating ill people, to a new concentration on keeping people healthy.

(ii) Service Reform: We will move away from the current situation where many people are treated in hospitals when they could have been treated in the community. We will also bring a new focus on “integrated care” so that services are well co-ordinated around the needs of the patient.

(iii) Structural Reform: Health system structures will be changed in order to promote good governance, avoid duplication and ensure a strong regional focus in managing performance and delivering value for money.

(iv) Financial Reform: The financial reforms envisaged are designed to ensure that the financing system is based on incentives that promote fairness and efficiency, while also reducing costs, improving control and improving quality.

5. WHAT WILL THE REFORMS MEAN FOR YOU?

Bringing about the change planned for the system will not be easy. However, the reform programme will bring about real change that will be experienced on the ground by everyone. Examples of the tangible changes that you will experience include:

(i) Improved health and wellbeing: You will be helped to protect and improve your health, and manage any illnesses that affect you. The reforms will also bring a new focus on identifying your illness at an earlier stage.

(ii) Faster, fairer access to hospital care: If you require hospital care, you will not have unacceptable waiting times for access.

(iii) Free Access to GP Care: You will have access to free GP care. This will be introduced on a phased basis to the whole population.

(iv) Better Management of Chronic Illness: If you have a chronic disease, you will have access to new treatment programmes to help better manage your conditions. The first programme to be introduced will focus on diabetes care, with other programmes for cardiac, respiratory and neurological conditions to be introduced from 2013 to 2015.

(v) More People Treated in their Homes: As you get older, we will help you to stay in your home for as long as possible rather than go into residential care.

(vi) Improved Quality and Safety: The services you use will be safer and of a higher quality.

(vii) Affordability: Under UHI, you will be insured for a comprehensive package of curative services. The cost of insurance payments will be related to your ability to pay, with the State subsidising or paying insurance premia for those who qualify for a subsidy.

6. HOW WILL WE DELIVER ON THE REFORM PROGRAMME?

While the changes planned are very significant, we must maintain access and quality during the reform process. For this reason, the reforms will be introduced in a step by step manner. The extent of the reform planned is so large that it makes sense to break it up into separate projects. However, all necessary arrangements will be put in place to ensure that these individual projects are organised and managed so that they all pull together to achieve the overall objective. This will include the establishment of a new Programme Management Office in the Department of Health.

7. CONCLUSION

The reforms planned represent an ambitious and challenging agenda of change, and will require the support of all to achieve real reform. We also intend to work closely with everyone in the health service, including patients, service users, doctors, managers and other health service staff to make sure that our plans are introduced successfully.