



A PRESCRIPTION FOR CHANGE



SINN FÉIN'S PLAN TO DELIVER
HEALTHCARE
WHEN YOU NEED IT

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HEALTH AND SOCIAL CARE TEAM



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FOREWORD

Sinn Féin has the plan, vision, and determination to deal with the big challenges in healthcare. Our plan sets out in detail how we will deliver better access to healthcare when you need it, improve access to a GP when you need one, and end the crisis in our Emergency Departments.

Our plan will transform your experience of our health service. It will massively reduce costs, provide rapid and safe access to care, and end wasteful spending. We will not tolerate second best when it comes to the healthcare needs of our people.

As a Sinn Féin Minister for Health and Social Care, I would be a leader of reform who will put the interests of the person who needs care, the worker who is delivering it, and the taxpayer who is paying for it at the core of how I approach this. I would put patient safety, access to mental health, and respect for disabled people front and centre.

We are a prosperous nation, and we should have a first-class public health system where people have access to health and social care when they need it. The failures of the past should not lead us to believe that this is not possible.

This is one of the most ambitious plans ever produced by a political party to demonstrate that the problems are not intractable, can be solved, and will be solved with a change of government. Our plan sets out how we will improve the health service, boost training numbers, and attract our healthcare workers home.

Whether it is hundreds of patients on trolleys every day, children waiting for months in agony, or everyday chaos in our hospitals, the health system is far from where we need it to be. It can no longer guarantee basic things like being able to see a GP or a dentist when you need to. Given the scale of investment and progress in healthcare over the last 20 years, the fact that these basic challenges persist, and have gotten worse, is inexplicable and inexcusable.

Healthcare reform is a core priority for Sinn Féin. Sinn Féin will bring an urgency to fixing healthcare and delivering better services across the island. We would bring healthcare in Ireland into the 21st century with a major investment in digital transformation and replace the out-dated pen-and-paper health service with an effective and secure digital health service. This will be essential for getting value for your money.

The Government have normalised failure in health care. They accept that patients on trolleys, children waiting for treatment in pain or long health waiting lists is now the standard. Their failures leave us with a health service in perpetual crisis.

All the while, private for-profit investment is increasing. Sinn Féin will simply not tolerate failure and waste in our health service. We know that, with the right political will, public healthcare can be accessible, efficient, and high quality.

Our plan spans all care sectors, supports best practice, challenges the worst inefficiencies and inequities, and recognises that investment is needed to deliver reform. It addresses capacity, processes, and workforce planning. We have engaged extensively with healthcare workers and stakeholders to develop a plan that is practical, realistic, deliverable, and ambitious.

Our plan will deliver fairer, safer and more efficient healthcare. It puts tackling waste and delivering better health services at its core. Given the opportunity a Sinn Féin led Government will transform healthcare.

David Cullinane TD
Sinn Féin spokesperson on Health

RÉAMHRÁ

Tá an plean, an fhís agus an díograis ag Sinn Féin déileáil leis na mórdhúshláin i gcúrsaí sláinte. Leagtar amach inár bplean an chaoi a gcuirfimid rochtain níos fearr ar fáil ar chúram sláinte nuair a theastaíonn sé uait, leagtar amach freisin an chaoi a gcuirfimid feabhas ar rochtain ar dhochtúirí ginearálta nuair a theastaíonn dochtúir ginearálta uait, agus an chaoi a gcuirfimid deireadh leis an ngéarchéim inár Rannóga Éigeandála.

Cuirfidh ár bplean feabhas mór ar an eispéireas a bhíonn agat inár seirbhís sláinte. Laghdóidh sé na costais go mór, cuirfidh sé rochtain thapa agus shábháilte ar chúram sláinte agus cuirfidh sé deireadh le caiteachas diomailteach. Ní ghlacfaimid le rud ar bith ach leis an gcaighdeán is airde maidir le riachtanais cúraim sláinte mhuintir na hÉireann.

Mar Aire Sláinte agus Cúraim Shóisialta don pháirtí Sinn Féin, bheinn mar cheannaire athchóirithe agus cuirfidh mé leas an duine a dteastaíonn cúram uaidh, an duine atá ag seachadadh an chúraim agus an t-íocóir cánach atá ag íoc as i gcoílár an mhodha a bheidh agam ina leith. Thabharfainn tús áite do shábháilteacht an othair, do rochtain ar mheabhairshláinte agus do mheas ar dhaoine faoi mhíchumas.

Is náisiún saibhir muid, agus ba cheart go mbeadh córas sláinte poiblí den chéad scoth againn ina bhfuil rochtain ag na daoine ar chúram sláinte agus sóisialta nuair a theastaíonn siad uathu. Níor cheart go dtabharfadh na teipeanna a tharla san am a caitheadh faoi deara dúinn a chreidiúint nach féidir é sin a dhéanamh.

Tá an plean seo, ar cheann de na pleananna is uailmhianaí a chruthaigh páirtí polaitíochta ar bith le taispeáint nach bhfuil na fadhbanna seo doréitithe, gur féidir iad a réiteach, agus réiteofar iad ach rialtas nua a thabhairt isteach. Leagtar amach inár bplean a chaoi a gcuirfimid feabhas ar an tseirbhís sláinte, borradh a chur faoi líon na ndaoine atá faoi oiliúint, agus cuirfidh sé fonn ar ár n-oibríthe cúraim sláinte teacht abhaile.

Bíodh is go bhfuil na céadta othar ar thralaithe gach lá, páistí ag fanacht míonna i bpian, nó rachlas laethúil inár n-ospidéal, tá an córas sláinte i bhfad ón marc. Ní féidir leis rudaí bunúsacha a ghealladh a thuilleadh amhail a bheith in ann coinne a fháil le dochtúir ginearálta nó le fioclóir nuair a theastaíonn é sin uait. Tá sé domhínte agus do-mhaite go bhfuil na dúshláin bhunúsacha ann i gcónaí agus go ndeachaigh siad in olcas i bhfianaise an méid infheistíochta agus an dul chun cinn i gcúram sláinte le 20 bliain anuas.

Is príomhthosaíocht do Shinn Féin é athchóiriú an chúraim sláinte. Déileálfaidh Sinn Féin leis an gcúram sláinte ar bhonn práinne agus seachadfaimid seirbhísí níos fearr ar fud na hÉireann. Thabharfaimis cúram sláinte na hÉireann isteach chuig an 21ú haois ach infheistíocht mhór a chur sa chlaochlú digiteach agus seirbhís sláinte dhigiteach éifeachtach agus shlán a thabhairt isteach i leaba seirbhís sláinte ina bhfuiltear ag plé le pinn agus páipéar. Beidh sé sin riachtanach ionas go bhfaighimid luach ár n-airgid.

Tá gnás déanta ag an Rialtas de theip sa chúram sláinte. Glacann siad gurb é an caighdeán anois ná othair ar thralaithe, páistí ag fanacht le cóir leighis i bpian nó ar liostaí fada feithimh. Fágann na teipeanna seo atá ann dá mbarr go bhfuil géarchéim mhór leanúnach ann sa tseirbhís sláinte.

Agus tá infheistíocht phríobháideach bhrabúsach á méadú i gcaitheamh an ama. Is amhlaidh nach nglacfaidh Sinn Féin le teipeanna ná le cur amú airgid inár seirbhís sláinte. Tá a fhios againn gur féidir le cúram sláinte poiblí a bheith inrochtana, éifeachtúil agus ar ardchaighdeán ach an toil pholaitiúil cheart a bheith ann.

Baineann ár bplean leis na hearnálacha cúraim ar fad, tacaíonn sé le deachleachtas, tugann sé aghaidh ar na mí-éifeachtaí ar fad, agus aithnítear ann go bhfuil infheistíocht ag teastáil chun athchóiriú a thabhairt isteach. Tugann sé aghaidh ar acmhainneacht, ar phróisis agus ar phleanáil d'fhórsa saothair. Bhíomar ag plé go mór le hoibrithe sláinte agus le páirtithe leasmhara chun plean a fhorbairt atá praiticiúil, réadúil, insóláthartha agus uailmhianach.

Cuirfidh ár bplean cúram sláinte ar fáil atá níos cothroime, níos sábháilte agus níos éifeachtúla. Tugann sé tús áite d'aghaidh a thabhairt ar dhramhaíl agus do sheirbhísí sláinte níos fearr a sheachadadh. Athróidh Rialtas á stiúradh ag Sinn Féin an cúram sláinte ó bhonn.

David Cullinane TD
Urlabhraí Sinn Féin maidir le Cúrsaí Sláinte



25 Key Proposals

- 1** Deliver free prescription medicines for all households, abolish prescription charges for medical card holders, and increase medical card entitlements to the median income,
- 2** Enact Healthcare for All legislation to set the path to full public health cover by 2035,
- 3** Deliver 5,000 hospital beds by 2031, including replacing 1,000 unsafe beds, to set the course for eliminating use of hospital trolleys,
- 4** Implement Sinn Féin's €250 million Mental Health Action Plan to deliver comprehensive early intervention, primary, community, and acute mental health services, particularly for young people,
- 5** Develop a No Child Left Behind health waiting list strategy to improve paediatric orthopaedic and urology services, expand dental screening in schools, revolutionise children and youth mental health services, and improve children's disability services,
- 6** Give a job guarantee to Irish health graduates and lead a campaign to engage healthcare workers who left the health service or who left Ireland and implement the changes they need to see,
- 7** Plan to recruit 40,000 healthcare workers over 5 years, and maximise domestic training, attracting Irish workers home, re-activation, and international recruitment to achieve this, as part of a funded multiannual workforce plan,
- 8** Target €1 billion in savings and efficiencies across the health service, including major reductions in agency spending, reliance on overtime, and management consultants,
- 9** Develop a landmark public GP contract, employ 250 public GPs, improve out-of-hours and urgent care, and increase GP training capacity by 60%,
- 10** Pursue a 'home first' approach to care, develop a modern home care scheme, and prioritise public home care delivery of 5 million additional home care hours,
- 11** Double CAO entry places for medicine, nursing, and health and social care courses, and significantly expand access to medicine for domestic students, and expand the Free Fees Initiative to graduate entry medicine,
- 12** Deliver four new elective-only public hospitals and regional surgical centres to tackle waiting lists and implement our Comhliosta integrated waiting list reform,

13 Invest in a model 3 hospital with a second emergency department for the Midwest,

14 Invest €2 billion in digital transformation to bring the health service into the 21st century,

15 Hire public dentists and dental care teams to target school screening for children and medical card holders, and increase dental training places by 32%,

16 Deliver a Pharmacy First model for common conditions and the provision of health information and advice, with an expanded and integrated role for pharmacists in primary care,

17 Deliver 2,000 community beds, including 1,200 short- and long-stay residential care, nursing, and rehabilitation beds, and deliver full regional community neuro-rehabilitation networks,

18 Develop and resource a comprehensive workforce plan to fully staff Children's Disability Network Teams and conduct an evidence-based and independent review of the service delivery model, and end pay disparities for core service providers,

19 Double the number of Personal Assistance hours over a term of Government, provide an additional 1.5 million disability home care hours, provide over 3,000 additional residential places, deliver on de-congregation commitments, significantly expand day services, and double investment in respite services over the term of government,

20 Develop a common, compliant, and efficient process for assessment of need under the Disability Act,

21 Implement an extensive set of policies to support Health Promotion and Prevention, and embed a prevention approach across strategies for cancer, cardiovascular disease, and more,

22 Review the Disability Act 2005 and EPSEN Act 2004, ensure the State is compliant with existing disability and equality legislation, and work systematically towards full compliance with the UNCRPD,

23 Implement our 5-year Community Addiction and Recovery Strategy, return funding to historic-high levels for local and regional drug and alcohol taskforces, and initiate an unprecedented investment in community addiction and recovery inpatient capacity,

24 Develop a life-course structured care programme in women's health to improve screening, primary, community, and acute services that are tailored to every stage of a woman's life, including free access to HRT and contraception,

25 Provide multi-annual funding certainty for the cancer strategy, cardiovascular health, diabetes, rare diseases, and other strategic improvement programmes.

5 First 100 Days Commitments

- 1** Legislate for free prescription medicines for all and the biggest expansion of medical cards in decades.
- 2** Commence negotiations for a public GP contract.
- 3** Publish a revised health bed plan for 5,000 hospital beds out to 2031.
- 4** Task HIQA to recommend a location for a second ED in the Midwest.
- 5** Establish a Rural Health Commission to develop a 10-year rural health strategy.

Measures	Current
Universal Healthcare, including: Free Prescription Medicines for All Median income medical card Abolish prescription charges and car parking charges	€1,020m
Local Health and Social Care Services, including: Public GP Contract Pharmacy First Scheme Major Investment in Home and Community Care	€852m
Hospital Reform, including: 5,000 Hospital Beds including 1000 replacements Improvements to Urgent and Emergency Care Waiting List Reform	€1,584m
Mental Health Action Plan, including: Improvements to CAMHS and new services Access to Jigsaw Universal Counselling	€250m
Disability, including: Personal Assistance and Home Support Children's Disability Services Respite and Day Services	€829m
Strategic Improvement Programmes, including: Cancer Cardiovascular Health Women's Health, and 10+ more	€502m
Supporting Aging and Older People, including: Home Care Residential Care Safeguarding	-*
Addiction and Recovery Strategy, including: Historic funding for taskforces Unprecedented investment in inpatient beds Support communities	€150m
Strategic Workforce Planning, including: More GP trainees Safe Staffing Levels More undergraduate places**	€229m
Accountability and Reform, including: Reduce agency and consultancy spending Improve patient safety and reduce overcrowding Improve efficiency and data systems	-€1,000m
Net Additional Current Expenditure: Subtotal Department of Health Subtotal Department of Disability	€4,416m €3,587m €829m
Total Capital Allocation 2025-2029 for Health Additional Capital Allocation 2025-2029 for Disability	€15,000m €659m

* Measures in this section are funded under other headings.

** Undergraduate places funded through FHERIS.



EXECUTIVE SUMMARY

VISION

Sinn Féin has developed a multi-annual and sustainable plan to deal with overcrowding, reduce waiting lists and wait times, improve patient safety, and deliver free-at-the-point-of-use healthcare. We would work across the 32 counties to develop a first-class, all-Ireland National Health System that learns from the best and worst in both jurisdictions and across Europe. Our vision for an Irish NHS would deliver a publicly funded healthcare system for Ireland which recognises physical and mental health as a human right.

This is the most comprehensive health plan produced since the Sláintecare Report of the Joint Oireachtas Committee on Health, containing more than 350 specific policy commitments. This plan delivers on the core principles of Sláintecare, because while Fine Gael and Fianna Fáil have failed to deliver universal healthcare, Sinn Féin remains committed to that objective. We will deliver the necessary reforms which were promised, and we have outlined a practical and realistic roadmap to universal healthcare in this document. Sinn Féin will finish the job and take the Sláintecare programme into a new decade.

A Sinn Féin Taoiseach would appoint a Minister for Health and Social Care to be the driver of the reforms set out in this manifesto. We would establish Cabinet Committees on Health and on Workforce Planning, which would include a major focus on the health sector. The underpinning principle of reform should be that people can access the right care, in the right place, at the right time, and at the most appropriate, cost-effective level, with a strong emphasis on prevention and public health. We would ensure rights-based access to care for disabled people, and inclusive mainstream services.

We have worked closely with healthcare workers, patients, parents, advocates, researchers, officials, executives, and other key stakeholders and policymakers to develop a plan that is realistic, practical, and deliverable, but which is also ambitious. We consider ambition as a minimum standard when it comes to our health, and the health of the people of Ireland.

The problems of waiting lists, overcrowded emergency departments, runaway spending, difficulties accessing GPs and mental health services, and beyond are not new and are well documented. This manifesto sets out how Sinn Féin would improve the health service to address these problems. Our plan spans all care sectors, supporting best practice, challenging the worst inefficiencies and inequities across the health system, and recognising that deliberate investment is needed to deliver reform. It addresses capacity, processes, workforce planning, and resourcing in a coherent, strategic, and joined up way.

ACCESS TO SERVICES

Sinn Féin's 5 Key Priorities in Health and Social Care are:

- 1. Take Big Bold Steps towards Universal Healthcare,**
- 2. Upgrade and Expand Local Health Services,**
- 3. Drive Major Reform of Hospital Care,**
- 4. Revolutionise Youth Mental Health,**
- 5. Deliver a Rights-Based Approach to Disability Services.**

Sinn Féin would take big bold steps to deliver universal healthcare by providing free prescription medicines for all households, upgrading every GP visit card to a full medical card, providing full medical card cover to all workers up to the median income, and abolishing prescription and car parking charges. In the first 100 days, Sinn Féin would legislate for free prescription medicines and for medical card entitlements for all up to the median income and deliver this over 5 years. We would deliver a Healthcare for All Act to commit the State to full public health cover by 2035. This bundle would cost €1 billion in current expenditure.

A Sinn Féin Government would deliver on the commitment of Sláintecare to deliver the right care in the right place at the right time. This would be achieved by upgrading and expanding local health services with a landmark public GP contract, hiring public dentists, delivering a Pharmacy First model for minor ailments, and ramping up home- and community-based care. Our comprehensive plan covers essential measures to reform home care, expand GP and primary care, deliver community neuro-rehabilitation teams, and reduce pressure on hospitals. This bundle would cost €852 million in current expenditure.

A Sinn Féin Government would set a zero-tolerance approach to hospital trolleys and overcrowding as a target for all hospitals. To achieve this, we would deliver 5,000 hospital beds by 2031, including replacements for 1,000 unsafe beds. We would also invest in diagnostic capacity, theatre space, and aligned discharge capacity in the community, and accelerate the delivery of public only elective hospitals. This would be underpinned with community care reform, including 2,000 community step-down, nursing care, and social inclusion beds, and legislation for safe staffing levels. This bundle would cost €1.584 billion in current expenditure.

A Sinn Féin Government would not tolerate an understaffed and under-resourced mental health service. At the heart of Sinn Féin's plan is a new Child and Youth Mental Health Service to replace CAMHS which would provide integrated early intervention services for children and young people to the age of 25, expand access to Jigsaw and primary care mental health services, deliver universal

counselling, fund the full complement of inpatient and intellectual disability CAMHS teams, and deliver 20 more early intervention in psychosis teams. This bundle would cost €250 million in current expenditure.

A Sinn Féin Government would implement an unprecedented 10-year investment programme to deliver a rights-based approach to disability services. This would provide for unmet and future need, and fund accessible therapies, respite services, residential care and de-congregation, personal assistance services, home support hours, day services, and access to specialist and mainstream community services. For the first five years, this bundle would cost €829 million in current expenditure.

Our ambitious plan for health and social care includes, but is not limited to women's health, children's services, national strategies, all-island planning, public health, social care, disabilities, older people, chronic disease management, gender and sexual health, prevention and health promotion, and climate action in health. This bundle would cost €502 million in current expenditure. We have provided a standalone funding programme for addiction and recovery, which would cost €150 million in current expenditure.

Workforce planning is one of the key enablers of delivering our plan. The Health element of our workforce plan, excluding Higher Education, would cost €229 million in current expenditure. This would increase clinical and specialist training places, and support an expansion of clinical specialist and advanced practice staffing. We would double health undergraduate places and we have accounted for this in our Further and Higher Education budget. We estimate that our plan would need 40,000 full time health and social care workers.

FUNDING AND DELIVERY

The health service needs real reform. We are proposing a total package of new measures valued at €5.4 billion. This is funded through €3.6 billion in additional current expenditure for the Department of Health, €829m in additional current expenditure for the Department of Disability, and €1 billion in savings and efficiencies by 2030, as set out in the Accountability and Reform section. This is exclusive of additional funding for existing levels of service, which must be evidence-based and account for year-to-year cost pressures such as inflation, demographics, and pay increases.

This built-in savings target of at least €1 billion requires a reprofiling of baseline expenditure totalling 4% of the current health budget. We would set rising targets averaging €200 million in savings each year for five years. In the context of significant additional investment, new technology, and more sustainable care systems, we believe these are at the lower end of what can be achieved. A Sinn

Féin Government would seek to achieve the maximum savings possible but for the purposes of our funding plan, we are setting a minimum target of €1 billion to part-fund our additional measures. This is a necessary adjustment to ensure the sustainability of the health budget into the future. No funding plan would be credible without a substantial savings target.

Sinn Féin would deliver a €15-billion health capital investment programme over the next term of Government. We would use €2 billion from the Apple Tax Money as well as an allocation to the National Development Plan to immediately provide funding certainty for 5,000 acute hospital beds. This ambitious and future-focussed capital programme includes estimates for 4 new elective hospitals, the new maternity hospital, surgical and diagnostic hubs, new primary care centres and community facilities, 5,000 hospital beds, theatre capacity, nursing homes, equipment, machinery, ambulance fleet, and other significant and minor infrastructure works. It also includes estimates to maintain existing stock, advance climate action, and meet regulatory standards. We would specifically ringfence €2 billion for a Digital Transformation Fund.

Universal Health and Social Care

A Sinn Féin Government would take big bold steps towards universal health and social care. We would deliver the largest expansion of healthcare entitlements in recent decades.

In the first 100 days, Sinn Féin would legislate for free prescription medicines for all households and for full medical card entitlements for all up to the median income. We would deliver this over 5 years.

We would reduce the maximum monthly prescription costs under the Drug Payment Scheme from €80 to zero with phased reductions every year. We would abolish prescription and car parking charges by 2028.

We would legislate to deliver public healthcare for all. We would introduce a Healthcare for All Act to set out a phased expansion of entitlements to commit the State to full public health cover by 2035.

Sinn Féin's ambition is to deliver a comprehensive national health service, fitted to the Irish context and learning from the best and the worst across Europe. The public health service would operate as the driving force in a universal healthcare ecosystem. Our vision is for a health system that is free at the point of use, with services delivered on the basis of equity and need, and which is as effective as private health insurance for getting the care you need when you need it.

Delivering universal healthcare will take time, and it will not happen without a plan. Some measures can be implemented immediately or over a short period, while others, such as universal GP care, will take time and good planning to build up capacity.

Recognising the need to expand entitlements in a planned way, we would publish a roadmap to universal healthcare. This would set out the capacity benchmarks for further expanding free access entitlements. It would set out the staging posts for reaching our goals over 10 years and involve a long-term public sector arrangement.

As part of our ambitious programme of digital transformation, we would deliver convenient access to information on and claiming health and social care entitlements through a patient app.

The cost of being sick extends beyond the upfront cost of health and social care. The cost of being sick must be further examined to ensure that our social protection and social care systems are sufficiently robust to support families experiencing financial hardship as a result of ill-health.

Sinn Féin Will:

- +** Invest €1 billion in reducing the cost of health care and developing universal coverage,
- +** Legislate for Healthcare for All,
- +** Legislate within 100 days for free prescription medicines for all and the largest expansion of medical cards in decades,
- +** Slash the maximum monthly cost of medicines every year to deliver free prescription medicines for all households,
- +** Increase medical card eligibility to the median income over a term of Government,
- +** Abolish prescription charges for medical card holders and hospital car parking charges,
- +** Deliver a universal pharmacy scheme for women, including HRT and contraception,
- +** Set out a 10-year plan for universal healthcare developed with health and social care workers,
- +** End the two-tier health service and remove private healthcare from public hospitals,
- +** Make all health and social care benefits and entitlements easily accessible through a health app,
- +** Review health-related financial hardship supports.



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Local Health and Social Care Services

HOME FIRST

Sinn Féin would pursue a ‘home first’ approach to care. We would prioritise the development of home support, intensive home care, and advanced home care services. We would fund an increase of at least 5 million hours and would prioritise funding to expand care in the home over early or inappropriate placement in residential care facilities.

Home care is generally referred to in the context of older people. While older people benefit most from home care, home care is also an important part of supporting disabled people, people recovering from injury or surgery, and more. Home care can range from low-level support to “hospital care at home” virtual wards. It plays an essential role in preventing (re-)admission to hospital, supporting timely discharge from hospital, and ensuring maximum recovery and rehabilitation. We would support the development of advanced home care services using cutting edge technology to prevent, predict, or monitor injuries or conditions.

We would legislate for and fund a modern home care scheme. This would initially include a right to assessment for home care. This would place an obligation on the health service to recognise a person’s home care needs. This would ensure that the health service is incentivised and mandated to first, collect proper data, and then deliver home care where needed at the appropriate level. We would expedite the Health (Amendment) (Licensing of Professional Home Support Providers) Bill and new regulations for providers of home support services in advance. We would develop appropriate career pathways and training opportunities for home and social care workers which recognise and incentivise advanced skills. We would legislate to apply the framework for safe staffing and skills mix across the community and residential care sectors. We would ensure appropriate medical oversight of patients by training more GPs, expanding primary care nursing and therapies, and deploying innovative digital solutions.

Sinn Féin would prioritise the development of public home and residential care services. We would invest in 1,200 community nursing and step-down beds to reverse the trend of privatisation. Only 38% of home support and 16% of nursing home care are delivered directly by the HSE. The vast majority of care is provided by the private sector, with some provided by the community sector. Just 14 large private operators provide 40% of all long-term residential care beds.¹ The payment structure and dominance of a small number of operators have been identified as risks to the efficient and cost-effective provision and distribution of services.²

1 [Long-term residential care in Ireland: Developments since the onset of the COVID-19 pandemic | ESRI](#)

2 [Changes and challenges facing the Irish long-term residential care sector since COVID-19 | ESRI](#)

We would ensure continued access to high quality long-term care in a nursing home for those who continue to need it. Supported care homes, sitting between home care and nursing homes, also have an important role. As we expand access to home care, Sinn Féin would repurpose residential care for those with the highest dependency. As a consequence, the type of care delivered in nursing homes will change and the profile of residents will be more complex.

Sinn Féin's plan would prioritise regular scheduled access to care. As part of this commitment, we would ensure more regular and holistic reviews of the health and care needs of people getting home support and people living in nursing homes. This would ensure that people are in receipt of the type, quality, and intensity of care which they need. We would ensure that supports for housing adaptations, healthy age friendly homes and aging in place are increased to support us to retain our independence as we age, and this is detailed further in our Housing Plan.

Sinn Féin would champion the development of technology-assisted "Hospital Care at Home" and other innovations to improve the quality and extent of care in the home where it is clinically appropriate. Hospital care at home is about delivering better, more appropriate, higher quality care closer to home and ensuring that people are not in hospital when they do not need to be. Hospital care at home has the important added benefit of reducing exposure to hospital-acquired illnesses.

Sinn Féin would task the Commission on Care with reviewing the funding model for residential and home care services. The funding mechanism should ensure balanced regional development, affordable local services, viability, and compliance with employment standards for public services. We would link any additional public funding to the portion of services which are provided on behalf of the State and the promotion of better terms and conditions for workers providing a public service. We would task the Commission on Care to recommend an appropriate industrial relations solution, such as an ERO, for the home and residential care sector. Any solution for the sector should take into account the valuable contribution of family carers, and part-time home care workers and health care assistants. Where nursing homes become unviable for reasons other than a shortfall in public funding, we would ensure that the HSE can step in to acquire that capacity where appropriate.

Sinn Féin Will:

- +** Pursue a 'home first' approach to care, develop a modern home care scheme, and prioritise public home care delivery of 5 million additional home support hours,
- +** Legislate for a statutory home care scheme which recognises levels of care,

- + Prioritise the rollout of hospital care at home and the development of advanced, multi-disciplinary home and community-based care,
- + Work with home care workers to improve career development, recruitment, and retention,
- + Deliver 2,000 community beds, including 1,200 short- and long-stay residential nursing beds,
- + Make use of surplus residential care capacity for step-down services where it does not interfere with ordinary access,
- + Enact the Health (Amendment) (Licensing of Professional Home Support Providers) Bill and new regulations for providers of home support,
- + Implement a standardised assessment system for home care needs which ensures a holistic and regularly updated care plan,
- + Mandate the Commission on Care to develop a care strategy and funding model for aging and older people which prioritises independence and care at home,
- + Scale up Healthy Age Friendly Homes,
- + Reform funding of home and residential care to support balanced regional development, affordable local services, viability, and compliance with employment standards for public services.

GP CARE

Sinn Féin recognises the essential role of the local GP as a gateway to care and a foundational pillar of the health system. The personal relationship between a person and their GP is important and allows the building of trust and familiarity. Sinn Féin would protect that relationship and retain it at the heart of primary care.

Waiting times for access to a GP have increased and there is significant concern at the aging profile of GPs. A recent survey revealed a growing urban-rural divide in access to primary care. It found that just 32% of GP practices in rural areas have capacity for new patients and that while most can offer an appointment within a week, waiting times for non-urgent appointments can be up to 2 weeks in parts of the country.³ Separately, the Irish College of General Practitioners has claimed that only 1-in-5 GPs are open to taking new public patients and 1-in-4 are open to taking new private patients. Deprived urban areas are also significantly underserved. There are also significant gaps in out-of-hours GP care, and out-of-hours GP services report being under extreme pressure.

³ [GP crisis investigation: Rural Ireland worst hit as two-thirds unable to take on new patients | Irish Independent](#)

Sinn Féin would modernise the provision of general medical services. We would review the existing independent GP contact to ensure it is fit for purpose. We would develop a landmark public-only employment option to cover service gaps in underserved communities where the existing practice model is not viable. This would initially focus on disadvantaged and marginalised areas. This would give young GPs a choice where they do not want to establish their own independent business. It would also support existing practices with dedicated leave cover and enable consistent out-of-hours services. We would initially develop a pilot scheme for emerging blackspots. We would work with GPs to support them to take on young GPs with a view to partnership. We would increase GP training places by 60%, and support access to further training for GPs and practice nurses.

Sinn Féin would prioritise completing the strategic review of general practice and undertake a wider evaluation of the primary care system in keeping with the recommendations of A Future Together: Building a Better GP and Primary Care Service (2001) and Primary Care: A New Direction (2001). This would be anchored by a Working Group on the Future of Primary Care.

Sinn Féin would expand access to chronic disease management programmes with a view to delivering universal access for anyone with a specified condition. CDM in the community has the potential to create significant improvements in quality of life, hospital avoidance, and cost-effectiveness of care. CDM is currently available for type 2 diabetes, asthma, COPD, and cardiovascular disease.

We would establish multi-disciplinary teams and ensure simultaneous expansion across the range of primary care services. In the immediate term, we propose to fund an expansion of primary care staffing, including nursing and management support, through existing partnerships and primary care centres. We propose to establish a Working Group on the development of Primary Care to establish the immediate and ongoing needs of integrated, multi-disciplinary services.

Sinn Féin Will:

- +** Develop a landmark public GP contract and expand multidisciplinary primary care teams,
- +** Launch a salaried public GP pilot scheme for out-of-hours and locum support and target 250 public GPs over a 5-year period,
- +** Fund an expansion of primary care staffing around GPs, including nursing and administrative support,
- +** Expand access to Chronic Disease Management Programmes on a universal basis to those with specified conditions,
- +** Increase the use of nursing and advanced practice therapy grades across primary care services, and fund access to training opportunities,

- + Establish a Working Group on the Future of Primary Care with relevant stakeholder professions to guide strategic investment and identify areas for deeper collaboration,
- + Increase the number of GP trainee entrants by 60% (210 places), and support the ICGP to expedite training where appropriate,
- + Establish a multi-disciplinary working group on the development of primary care, complete the strategic review of general practice, and develop a permanent solution for out-of-hours services,
- + Integrate GP as a central pillar of digital transformation,
- + Engage with GPs to ensure sufficient incentives are in place to attract, sustain, and retain rural GPs, and work with GPs to support them to take on young GPs with a view to partnership.

PRIMARY AND COMMUNITY CARE

HSE mainstream primary and community care waiting lists have risen by a dramatic 57% under this Government, from 148,000 to 234,000. The vast majority of these people are on waiting lists for physiotherapy, occupational therapy, speech and language therapy. There are acute pressures on ophthalmology, audiology, psychology, and podiatry services as well. Proactive care services such as Public Health Nursing are undervalued. Long wait times impact adults, children, older people, and disabled people. The services needed and accessed by the vast majority of disabled people are provided by mainstream, rather than specialist, community services.

Sinn Féin would double the recruitment target for primary and community care services to tackle waiting lists. We would implement a long-term workforce plan to sustainably reduce waiting lists. We would prioritise reducing community waiting lists equally with hospital waiting lists. Our capital plan would ensure continued delivery of new primary care centres, community radiology services, and clinic space. We would end pay disparities between core service provider Section 39 organisations and the HSE.

In the absence of accessible public services, Sinn Féin propose to fund access to trusted community, voluntary, and private disability and mental health services to ease long waiting times. Funding to private services would be time limited. Private sector outsourcing has never been a sustainable or cost-effective method of reducing wait times and as such building public capacity would be our priority. We recognise the role of the community and voluntary sector in providing dynamic, affordable, and accessible local health services.

Sinn Féin Will:

- + Implement a long-term primary care workforce plan and recruit at least 10,000 community-based medical, nursing, and health and social care professionals,
- + Emphasise community-oriented training places across medical, nursing, and allied health and social care professions,
- + Establish a Working Group on the Future of Primary Care with relevant stakeholder professions to guide strategic investment and identify areas for deeper collaboration,
- + Develop new primary care centres and community health facilities to expand access to public services and improve the quality of care infrastructure,
- + Temporarily fund access to community and voluntary health services and some private services to assist in tackling waiting lists,
- + End pay disparities between core service provider Section 39 organisations and the HSE.

DENTAL AND ORAL HEALTH SERVICES

Sinn Féin would invest in public dental teams, including dentists, hygienists, nurses, and technicians, to deliver care to public patients. These teams would bolster public dental services and get the school dental screening programme back on track. Prevention and early intervention are essential in health care, and the opportunity to save your teeth and prevent oral disease is being denied to low-income households by prohibitive costs. This is far more costly to the household and the State in the long run.

Under Fine Gael and Fianna Fáil, nearly half of dentists providing publicly funded care to medical card holders have withdrawn from the Dental Treatment Services Scheme. There are now just 800 dentists on the scheme, down from 1,500 in 2019.⁴ According to the Irish Dental Association, 80% of dentists who are still on the public Dental Treatment Service Scheme are not taking new public patients and 93% of dentists do not want to participate in the current medical card scheme.⁵ This is hurting low-income households the most, with even basic oral health services being placed beyond their reach by costly out-of-pocket fees.

Similarly, public dental services are regressing. Dental screening in schools and

4 PQ 45853/23.

5 [Dentists vote no confidence in Minister for Health as one in six people now waiting over 3 months for dental appointment](#)

universal oral health services for children have collapsed. Over 100,000 children did not get their school dental screening appointment last year because of a lack of capacity. HSE orthodontic services are also inaccessible, with more than 7,000 of children waiting over a year and more than 2,000 children waiting over 4 years for access to care.

Sinn Féin would develop public dental and oral health services to fulfil the core objectives of the Oral Health Policy *Smile agus Sláinte*.⁶ This would be guided by a working group. We would work with dentists to improve the medical card scheme while expanding public service provision. We would improve access to oral health packages for children through schools and the public health service. This would include general check-ups, screening, self-care skills, and direct access to hygienists. We would engage with dental health care professionals to expand direct access to dental hygienists to improve the availability of preventive care.

Sinn Féin would train, recruit, and retain significantly more health and social care workers to develop public and independent services. We would initially increase dental studies training places by 60 (32%) and implement a multi-annual plan to align training places with service need and future demand for dentists, orthodontists, nurses, hygienists, orthodontic therapists, and technicians.

Both the Dental Council and the Irish Dentists Association have called for legislative reform to improve the powers of the Dental Council to uphold law, regulations, and guidelines.⁷ We would progress amendments to the Dental Act 1985 to improve the powers of the Dental Council to investigate and penalise illegal practices.

Sinn Féin Will:

- +** Hire public dentists and dental care teams to target school screening for children and medical card holders,
- +** Increase the number of dental studies new entrants by 32% (60) from 185 to 245, and develop a dental workforce training plan,
- +** Develop modern general dental services contracts, including a public-only contract, to support the development of public services for public patients,
- +** Establish a multi-disciplinary working group on the development of primary care and develop the public model of dental and oral health service provision,
- +** Promote prevention of oral diseases through extended school screening and direct access to registered dental hygienists with appropriate scope of practice,

6 [39736ac409d94a6194b52bdae5e3d1b0.pdf \(www.gov.ie\)](https://www.gov.ie/publications-and-statements/publication/39736ac409d94a6194b52bdae5e3d1b0.pdf)

7 [Dental Council warns Govt patients are being left 'at risk' \(rte.ie\)](https://www.rte.ie/news/health/2023/02/23/dental-council-warns-govt-patients-are-being-left-at-risk/)

- + Regularly review the scope of dental and oral health services available with public funding to ensure best practice and effective use of preventive and routine care,
- + Reform the Dental Act and empower the Dental Council to:
 - ▶ Take action against unregistered dentists or allied dental healthcare professionals (ADHPs), or registered professionals who are considered a risk to the public due to a serious criminal record or similar,
 - ▶ Investigate and penalise dentists, dental professionals, or dental practices, as and where appropriate, which breach the law or professional standards,
 - ▶ Recognise and regulate allied dental healthcare professionals (ADHPs) as a professional cohort, including but not limited to hygienists, nurses, technicians, and therapists, and support independent practice of ADHPs,
 - ▶ Require appropriate continuous professional development and registration of dentists and allied dental healthcare professionals,
 - ▶ Accredite or remove accreditation of relevant training programmes,
 - ▶ Specify additional registration criteria as appropriate to support data collection on the number and availability of practicing dentists in the State.

PHARMACY FIRST

Community pharmacy can play a much larger role in the provision of health services. Sinn Féin has long supported a greater role for community pharmacists in common conditions, minor illnesses and ailments, chronic disease management, and medicines management. Community pharmacies can take some pressure off general practice through increased service provision within a pharmacists' scope of practice and through smarter ways of working. Community pharmacy can also play a role in preventive healthcare such as screening, blood pressure, diabetes, or cholesterol checks, though this must be balanced against appropriate utilisation.

Sinn Féin would implement a common conditions scheme to enable people to attend their local pharmacist for health information, advice, and care. This would operate on the basis of specified assessments, protocols, and treatments for prescribed ailments. A similar scheme to one which Sinn Féin proposed in 2017 has been introduced across Britain and the north called "Pharmacy First" in a bid to reduce pressure on GPs. We are open to a significant review of the scope, funding, and terms and conditions of community pharmacy to

achieve an integrated universal healthcare system. This work would be steered by a working group on the development of primary care, which would look at workforce development, administrative burden, ICT systems, remuneration, and legislative changes. We propose to appoint a senior official with responsibility for pharmaceutical policy at the Department of Health to coordinate workforce planning, medicines supply and management, and related matters.

We would empower the pharmacy regulator, the Pharmaceutical Society of Ireland, to conduct more extensive no-notice checks and inspections to ensure public and professional confidence in dispensing protocols and in the new common conditions scheme.

Sinn Féin Will:

- +** Expand the scope of practice and service provision of community pharmacies,
- +** Deliver a Pharmacy First model for common conditions and the provision of health information and advice, with an expanded and integrated role for pharmacists in primary care,
- +** Develop targeted health screening programmes including blood and cholesterol testing for at-risk cohorts,
- +** Regulate for substitution protocols and increase the role of pharmacists in medicines management,
- +** Integrate pharmacy into community healthcare networks,
- +** Establish a multi-disciplinary working group on primary care and appoint a senior pharmaceutical policy official at the Department of Health,
- +** Enact legislation to support pharmacist prescribing and therapeutic substitution,
- +** Implement a long-term workforce plan to increase primary care staffing and address deficits in the pharmacy workforce.

RURAL HEALTHCARE

Sinn Féin would establish a Rural Health commission in our first 100 days in Government. This Commission would be mandated to publish a comprehensive 10-year Rural Health strategy in the first year of Government. Our Rural Health Strategy would set the direction for improving the health of rural communities over the next 10 years through health system planning, resourcing, delivery, and workforce development. We would task the Commission to advise on specific measures to support local health services, access to major hospitals, the ambulance service, prevention in rural communities, rural health workers, and better integration between home, community and acute care.

Sinn Féin Will:

- +** Establish a Rural Health Commission within 100 days,
- +** Implement a 10-year strategy for rural health services.

PRE-HOSPITAL CARE AND AMBULANCE SERVICES

The national ambulance service is not performing at the level communities need it to. Annual performance targets for non-cardiac arrest life-threatening callouts were reduced under this Government to hide the fact that they were dangerously off-target. Too many paramedics are working excessive hours. The Ambulance Service has a workforce plan, but it has not been funded by Government.

Sinn Féin would fund the NAS strategic plan to double the paramedical workforce and the ambulance fleet. This includes operational support. More than 2,000 ambulance staff are needed. That will only be met with a radical increase in the number of paramedics in training, and efforts to increase international recruitment of appropriately qualified paramedics.

The role of the NAS is constantly evolving, and community paramedicine is a developing model of supporting hospital avoidance. Paramedicine and the ambulance service will play a key role in delivering alternative care pathways and urgent care in the community, but the development of these services needs to be supported and resourced. Pathfinder has been an important service development to see and care for more people at home, particularly for avoiding hospitalisation of older people.

Rural communities are being left behind and exposed to significantly higher risk of long-term injury and death because of the underfunding of the ambulance service. As an example, people in Kerry could be reliant on an ambulance coming from Fermoy, more than 100 kilometres away, because of the lack of ambulances in rural Ireland. Recently, services were set to be severely curtailed in Cork and Kerry, where regional ambulance sharing is most pronounced. Funding for 2024 was not sufficient to maintain existing levels of service, and the ambulance service faced roster cuts. Funding had to be found from elsewhere within the health budget to prevent a reduction in services. This is unacceptable. Sinn Féin would ensure that the ambulance service is sufficiently resourced to not only maintain existing services, but expand the workforce and fleet to provide a safer service.

There are outstanding concerns regarding the organisation of ambulance services in Dublin. We recognise the role of the Dublin Fire Brigade in providing ambulance services in Dublin. According to the HSE, there is no formal arrangement for the sharing of services in Dublin. Concerns are repeatedly raised regarding the operation

of two control centres for ambulances in the Dublin region which is sub-optimal. The recommendations of the Brady-Flaherty report have not been implemented and we recognise that they are not universally accepted. More recently, a Task and Finish Group was established to break the impasse and recommend a solution to the issues between DFB and the HSE NAS. Sinn Féin would work with NAS and DFB to put in place a permanent, efficient, and above all, the safest possible service which is tailored for the unique needs of the Dublin region.

Sinn Féin Will:

- +** Double road ambulance capacity and conduct a rapid review of air ambulance capacity,
- +** Develop advanced and specialist paramedic grades,
- +** Expand Pathfinder and community paramedicine care pathways that safely support hospital avoidance,
- +** Publish reports on the management and control of ambulance services in the Dublin region and request a set of recommendations from the Joint Oireachtas Committee on Health.

NEUROREHABILITATION

Community neurorehabilitation teams play a vital role in supporting the recovery of patients with neurological conditions or acquired brain injury. They are essential to maximising rehabilitation for people who have experienced brain injury, such as stroke survivors. They provide a range of clinical services, from physiotherapy to neuropsychology, and include speech and language therapy, occupational therapy, and social work. According to the Neurological Alliance of Ireland, only 15% of neurological patients have access to these teams as only two teams are providing full services. Sinn Féin would fully resource specialist neuro-rehabilitation teams to provide a full service in each Health Region.

The benefits of this programme are clear. It is estimated that up to 42,000 hospital bed days could be saved annually if patients can be discharged to a community neurorehabilitation team. This investment is essential for improving patient outcomes, reducing reliance on hospitals, and meeting the objectives of several strategies such as the Stroke Strategy and the Neurorehabilitation Strategy.

We are conscious that access to a hospital-based neurology services is unequal across the State. Recruitment into several hospitals has been difficult. Sinn Féin would support the development of full and safe neurology services in all of our regional model 3 hospitals, in line with the model of care for neurology services, including sufficient consultant and nursing posts. We would work with clinicians to identify service plans for areas where services have reduced in recent years such as Letterkenny, Wexford, Portlaoise, Mayo, and Bantry.

Sinn Féin Will:

- +** Fund the full delivery of all regional neuro-rehabilitation teams and complementary community sector services, and invest in 50 rehabilitation acute inpatient beds,
- +** Develop a service plan for safely staffing all neurology departments and training neurology specialist nurses,
- +** Further develop neuro-rehabilitation services such as residential houses, transitional units, community and day services, vocational rehabilitation, and family services.

TRANSITIONAL AND STEP-DOWN CARE

There are thousands of delayed discharges from hospital every year due to a failure to plan and align community services with hospital need. This is a significant contributor to the trolley crisis. Along with increasing hospital capacity, we must also ensure optimal use of bed space.

Shifting care out of acute hospitals and towards community-based short-term sub-acute inpatient care facilities is an essential component of Sláintecare reforms. A functioning network of hospitals and community facilities, planned to prioritise care closer to home, will enable higher quality care while also improving the performance of our hospitals. Such facilities would provide rehabilitation and reablement care and time for recovery until a person can be cared for in the home.

Our preference is to build public capacity. While we build public capacity, we propose to resource the HSE to lease appropriate surplus capacity in the private sector, such as in nursing homes. We would reduce funding for outsourcing in this area as public capacity is developed.

Sinn Féin Will:

- +** Deliver 2,000 community beds, including 1,200 short- and long-stay residential nursing beds,
- +** Review the scope for model 1 and 2 district, community, and general hospitals to play a greater role in supporting model 3 acute hospitals.

EYE CARE

It is estimated that 1-in-5 children will have an eye problem. Access to services is highly variable and many children missed the school screening due to COVID. This means that there is a significant cohort of school children whose vision difficulties may be undiagnosed. State support for access to eye care for children aged 8 to 16 is patchy. Some Community Health Organisations have introduced an 'Over-8's community ophthalmic scheme.' This unstandardised approach has resulted in a postcode lottery for services.

Sinn Féin would establish a functional and standardised eye care programme to cover children and to improve the availability of care through optometrists. We would invest in early intervention through primary care optometry for the benefit of children's lifelong development. We would leverage all ready capacity to reorient care and reduce waiting lists.

The HSE has recognised that a significant amount of eye care which is currently delivered in hospitals could be delivered in the community and in primary care. Sinn Féin would implement a new model of care for ophthalmology and primary care eye services to achieve this. We would invest in our public hospitals to counter the need for people to travel abroad for urgent and much needed eye care.

Sinn Féin Will:

- +** Improve access to eye care for children including a standardised 0-16 eye care scheme,
- +** Expand access to community eye care services for qualifying public patients, and support the decanting of services from hospitals into community services,
- +** Support the development of specialist Eye and Ear elective capacity to reduce outsourcing.

A NATIONAL HEARING PLAN

There are more than 300,000 adults in Ireland with acquired hearing loss.⁸ The Irish Longitudinal Study on Ageing (TILDA) has found as few as only one-in-five older people with hearing loss have hearing aids while it has been reported that we prescribe hearing aids at less than half the rate of the UK per head of population.⁹ Untreated hearing loss is a contributor to dementia and depression, with as many as 50,000 older people affected by hearing loss-related depression. It can also contribute to physical injury and avoidable ill-health.

The HSE provides approximately 20% of hearing aids to children and adults while 80% is provided through the private sector. Approximately 50% of people avail of the PRSI hearing aid grant while 30% pay the full cost of hearing aids.

We are proposing to develop a national hearing plan to ensure that people receive appropriate hearing supports throughout their lives. This is part of our commitment to taking practical and cost-effective measures which can improve people's quality of lives and reduce accidents and hospitalisations.

Sinn Féin Will:

- +** Implement a national hearing plan to ensure that people receive appropriate hearing supports throughout their lives, improve access to hearing aids, and reduce audiology waiting lists,
- +** Support the development of specialist Eye and Ear elective capacity to reduce outsourcing.

⁸ Chime, (2022), Hearing Loss Survey (chime.ie).

⁹ Chime, (2020), A Fair Deal for Deaf and Hard of Hearing People (chime.ie).



SIPTU
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SERVICES

INMO
Irish Nurses and Midwives Organisation
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Irish Nurses and Midwives Organisation
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Hospital Reform

OVERCROWDING AND CAPACITY

Overcrowding is not a new phenomenon and nor are the solutions: bed capacity, better hospital management and efficiency, and enhanced primary and community care. Sinn Féin would expand hospital capacity, reform waiting list management, and hold public hospitals and management to account to reduce pressure on emergency departments, reduce patient waiting times, speed up the return home, and reduce re-admission rates. Our comprehensive health plan would deliver earlier intervention and reduced waiting times, reducing the complexity of care needed and improving quality of life. Investment now will pay off for decades to come.

The health service is shifting the burden of overcrowded emergency departments onto waiting lists by cancelling scans and procedures on a regular basis. The consequences are longer waiting times and delays to patient care, driving a vicious cycle of long waits, overcrowding, and cancellations. This has severe consequences for waiting lists and is preventing any significant reduction in the totality of hospital waiting lists. This is exacerbated by delays on the other end of hospital stays which result in people staying in hospital longer than is necessary.

Sinn Féin would deliver 5,000 new hospital beds out to 2031, including replacements for 1,000 unsafe beds. Our bed plan would aim to eliminate hospital overcrowding by 2032. It would be supported by 2,000 community beds. We would continually develop capacity to meet expanding need on the basis of expected population increases and demographic shifts, ranging from 300 to 500 additional beds every year. We would make full use of existing planning mechanisms to fast track the delivery of beds, including emergency planning powers as has been done for other infrastructure projects in the past. The situation in hospitals is an emergency and needs to be treated as one, and planning priorities must be aligned across the HSE and local authorities.

Sinn Féin would champion common sense and quality-of-life enhancing innovations to provide hospital care at home. As part of our investment in a modern and digital health service, we would fund extensive use of technology-assisted “Hospital Care at Home” beds, known as virtual wards, to provide more options for care at home where it is clinically appropriate. This is about delivering better, more appropriate, higher quality care closer to home and ensuring that people are not in hospital when they do not need to be. This is not a replacement for physical space in hospitals. Hospital care at home has the important added benefit of reducing exposure to hospital-acquired illnesses, particularly among older people.

Sinn Féin's Health Bed Plan	
2025 to 2028 2028 to 2031	1855 2100
	3955*
Hospital Beds in Development	1015*
Community Beds incl. Step-Down, Nursing Home, Social Inclusion	2000
Palliative Care	50
Hospital Care at Home	400
CAMHS beds to meet need	41
Total	7461

* = Includes specialist rehabilitation beds and a total of 1,000 replacement beds and 100 critical care beds.

Sinn Féin's capital plan would bring the health service into the 21st century. We would invest in a dynamic and innovative digital health service. We would make full use of technological solutions to prevent hospital admission and manage a person's care in their home or local community. We would ensure that remote monitoring is properly supported by local community-based teams.

Sinn Féin would take a zero-tolerance approach to hospital trolleys. We would mandate best practice across emergency departments and hold regional executives and hospital managers to account for improvements in EDs and waiting lists. Hospital occupancy levels should not exceed 85% during routine hours and outside of surges or emergencies. EDs need more senior decision makers on site to improve discharge rates, but those decisions need to be supported and implemented by management. We would ensure that the totality of healthcare resources in hospitals and in the community are being used efficiently and effectively to improve patient flow and tackle hospital mismanagement and overcrowding. We support the delegation of appropriate discharge decisions to senior nurses. It must be the responsibility of a designated person to ensure a discharge plan is in place for every patient.

Delayed access to diagnostics is a major issue for people in emergency departments and on waiting lists. Understaffing of radiology departments and laboratories are major problems that have not received the political attention they deserve. Past attempts at extending radiology operating hours fell through

because of understaffing and the lack of a proper workforce plan. Medical scientists have been exploited for years. Insufficient or outdated equipment have also been cited as hindering the performance of the health service. Sinn Féin's capital plan would fund an upgrade of equipment to improve productivity.

The biggest barrier to improving access to care and diagnostics is staffing. MRIs need radiographers, and radiation therapy needs radiation therapists, which is why Sinn Féin would implement a strategic workforce plan to train, recruit, re-activate, and retain health care workers. We would fund a major workforce plan and a doubling of undergraduate places to ensure a sustainable supply of workers to safely staff the health service. We would legislate for safe staffing levels to place a legal obligation on the State to deliver on minimum staffing levels. We would work to achieve a 7-day health service to make full use of available capacity.

Sinn Féin would deliver more urgent care through local primary care networks and local hospitals. Both have a major role to play in reducing ED admissions, delays, and improving discharge rates. There are thousands of delayed discharges from hospital every year due to a failure to plan and align community services with hospital need. This is a significant contributor to the trolley crisis. Along with increasing hospital capacity, we must also ensure optimal use of bed space.

We would develop adequate home support and step-down capacity in each region to reduce delayed discharges. Regional management will be expected to improve the availability of discharge-aligned home and community supports. We would provide time-limited funding for hospitals and local managers to access step-down care, such as in nursing homes, where it is available and appropriate from community and voluntary sector and private providers. We would immediately fund the construction of 1,200 community step-down and nursing beds to build public capacity and reduce reliance on non-public providers. Our local health services plan details the investments we would make across rehabilitation, transitional care, and home-based care, supported by links to GPs and wider primary and community services.

Local communities have been let down by the stripping of services from county hospitals. Not every hospital can provide a safe emergency care service, but far more services – such as routine appointments, outpatient or day case appointments, urgent care, diagnostics and testing, elective care, and step-down care – can be provided closer to home. As part of our commitment to population-based planning, we would review the role of model 1, 2, and 3 community, district, and general hospitals to improve the availability of services in local communities.

Sinn Féin is committed to developing a second model 3 hospital with an emergency department in the Midwest. We recognise that there is a need for a second emergency department in the region, particularly given population changes and continuing population growth. There is significant evidence from 15 years of preventable tragedies that a single-point-of-failure can be devastating,

and that a single emergency department for the region has not worked. We would mandate the ongoing HIQA review of urgent and emergency care services to determine the best location and resource need, based on clinical advice and population. We would ensure comprehensive urgent and out-of-hours primary and secondary care utilising public GPs and by upgrading Ennis, Nenagh and St John's Hospitals to 24/7 urgent care centres. This is an opportunity for the Midwest to be a model of best practice, and no less is demanded by the legacy of those who have been failed at University Hospital Limerick.

Sinn Féin Will:

- +** Deliver 5,000 hospital beds by 2031, including replacing 1,000 unsafe beds, to set the course for eliminating use of hospital trolleys,
- +** Take a zero-tolerance approach to hospital trolleys and mandate best practice across emergency departments,
- +** Publish a funded multi-annual health bed plan within 100 days,
- +** Invest in 100 more critical care beds,
- +** Deliver 400 Hospital Care at Home virtual ward beds,
- +** Deliver more 24/7 urgent care through local primary care networks linked with local hospitals,
- +** Invest in a model 3 hospital with a second emergency department for the Midwest,
- +** Make full use of existing emergency planning powers to accelerate infrastructure delivery,
- +** Use pre-ED assessments to triage appropriate care to timelier treatment options, and develop pilot schemes to improve triage at and before arrival,
- +** Deliver a digital health service that operates in the 21st century, with integrated care management, financial, and data systems,
- +** Invest in public community radiology services,
- +** Invest in community-based intermediate care to reduce re-admission to hospital and streamline discharge,
- +** Work with healthcare workers to deliver a 7-day health service,
- +** Implement multi-annual funding frameworks to accelerate delivery of essential service improvements such as the trauma strategy 'A Trauma System for Ireland,'
- +** Mandate adequate discharge planning for each patient, with discharge-aligned home support or step-down care where needed,

- + Hold regional executives and hospital managers to account for hospital performance,
- + Time-limit funding for hospitals and local managers to access step-down care outside of the public sector,
- + Legislate for safe staffing levels and engage with workers to improve retention,
- + Implement the recommendations of the National Taskforce on the NCHD Workforce,
- + Publish and implement the evaluation of emergency and urgent care services in the Midwest and future-proof access to urgent and emergency care in the region, including recommendations on extending emergency department capacity,
- + Review the role of model 1, 2, and 3 community, district, and county hospitals to improve the availability of services in local communities,
- + Mandate each health region to develop a population-based care and capacity plan to inform strategic investment and workforce planning,
- + Conduct a root-and-branch review of emergency and urgent care provision on the basis of population and geographic spread in each region,
- + Underpin service expansion with strategic workforce planning and substantially increase training places,
- + Commit €15 billion in capital investment to address infrastructure deficits across the health service, including digital systems, beds, clinic and theatre space, retrofitting, and equipment.

WAITING LIST REFORM

Sinn Féin's strategy to reduce waiting lists is to fundamentally reform the State's approach to scheduled care and put transparency at the fore.

We would reform the National Treatment Purchase Fund to play a larger role as a commissioner of care from the public sector to hold public hospitals to account for efficiency. This body would be responsible for implementing our Comhliosta policy (2017) on an integrated hospital waiting list system. It would work with regional referral offices to manage and cut waiting lists. Its mandate would include transparency and value-for-money. We would mandate this body to optimise use of public assets, leverage all available capacity in the State and across the island, and reduce reliance on outsourcing as public capacity is developed. We would work to implement multi-annual funding in this area to facilitate better medium-term strategic planning. This would assist in getting strategic and value

for money use of existing private sector capacity while building public capacity.

This body would be fully accountable to the Oireachtas and responsible for the publication of all health and social care waiting lists. We have already published some legislation to underpin this reform, the Health (Waiting Lists) Bill 2023, which would also give legal effect to target waiting list times.

Our Comhliosta system would improve transparency around the performance of individual hospitals on different waiting lists. It would integrate lists on regional and national level. It would give an honest reflection of the state of hospital capacity across the State. Our system would give patients the choice to move, or not, from one hospital to another where their local or regional hospital breaches waiting times set by the Minister. Data on breaches of waiting time targets would be published annually for each hospital.

Sinn Féin supports the development of regional elective centres which can separate scheduled care from emergency care and tackle waiting lists. Sites have been identified for four centres, but plans are years behind schedule. We would prioritise the development of 6 rapid-build surgical hubs adjacent to major regional hospitals. Depending on regional need, surgical hubs could be retained or repurposed when the major elective centres are opened. Protected capacity for scheduled care is needed to reduce waiting lists and cut down our reliance on the private sector.

Sinn Féin Will:

- +** Implement our Comhliosta policy on an integrated hospital waiting list system,
- +** Integrate waiting lists on a regional and national level,
- +** Legally underpin waiting time targets,
- +** Reform the National Treatment Purchase Fund to hold public hospitals to account for efficiency,
- +** Give patients the choice to move lists where their hospital breaches waiting time targets,
- +** Publish data on breaches of waiting time targets annually for each hospital,
- +** Develop regional elective centres and surgical hubs,
- +** Control funding on the basis of reform delivery, rewarding best practice and progress against waiting time targets.



Mental Health

Sinn Féin's Mental Health Action Plan would transform how we deliver mental health services across the country. It sets out our absolute commitment to delivering widespread and significant change and a fresh start in mental health care. Sinn Féin would ensure that access to services is based on need and not where you live or your ability to pay privately. Our plan is based on fairness, access to high quality local services, early intervention, prevention, and suicide reduction. We would ensure parity of esteem between mental and physical health, and that mental health is seen as an all of government priority.

Sinn Féin's €250 million, 5-year Mental Health Action Plan is the biggest proposed investment in mental health in the history of the State. This is equivalent to three times the level of new development funding for mental health in the five budgets under Fine Gael and Fianna Fáil. This represents a core funding increase of 20% for new services only, before counting funding for future requirements to maintain the same level of service accounting for demographic changes, inflation, and other cost pressures. We acknowledge the 10% funding target as an ambition, but we do not use this as a benchmark in the context of runaway spending. There is the additional challenge of workforce availability. Additional funding will be needed over the next decade as well as a rebalancing of spending within the existing health budget.

We would develop universal access to community-based therapy, counselling, and support, alongside addressing the crisis in emergency, urgent, and acute services. We want better care and outcomes for children and young people up to the age of 25, an end to the cliff edge faced by many young adults, and to break down barriers that disadvantage disabled people.

Sinn Féin's plan would move away from decades of crisis management and underinvestment to community-based, proactive care. This would be backed up by multi-annual funding, long-term planning, and workforce planning. Fianna Fáil and Fine Gael have paid lip service to mental health and wellbeing but have failed to deliver on the promises of Vision for Change and Sharing the Vision. The result is that mental health services are in a state of emergency. Funding has been stagnant, reform has been stalled, and waiting lists have reached crisis point.

The community and voluntary sector provides vital services for people that otherwise would not be seen in the public system. The sector is essential for providing cost-effective, wide-reaching community services. Our priority is to develop public services and we would work with core service partners to develop an efficient, sustainable mental health ecosystem.

Investment in mental health and wellbeing is a no-brainer. The social and economic benefits of a healthy and happy society are numerous. The impact on young people's development, and our own growth as we age, cannot be overstated.

MENTAL HEALTH REFORM

The Mental Health Act, 2001 is outdated and there have been calls for reform since 2015. Government have delayed the publishing of this Bill until July 2024, leaving little time for it to progress through the Houses of the Oireachtas. Sinn Féin in Government would prioritise the reform of the Mental Health Act to ensure robust and comprehensive person-centric mental health legislation that will protect the rights of people with mental health difficulties in the decades ahead.

In advance of the passage and enactment of the full reform Bill, we would pass urgent legislation to regulate CAMHS and ban any routine admission of children to adult inpatient psychiatric wards in the interim.

Sinn Féin Will:

- +** Reform the Mental Health Act,
- +** Legislate to regulate CAMHS and the admission of children into adult psychiatric wards in the interim.

PRIMARY CARE, COUNSELLING, AND WELLBEING

Primary care should be the first port of call for people who are experiencing periods of mental health difficulties, and the vast majority of mental health or psychosocial needs can be met through community services.

Primary care psychology waiting lists have more than doubled since this Government took office in 2020, from 10,466 to 21,707. Over 19,000 of these are under the age of 18. There are no counselling services for children in primary care.

Sinn Féin would deliver an accessible mental health service which is rooted in local communities. We would build up primary care wellbeing, counselling, psychotherapy services and fund equitable, universal access. We would ensure consistent relationships between GP medical services, core community partners such as Jigsaw, and secondary and acute care services.

Sinn Féin Will:

- +** Deliver universal counselling in primary care,
- +** Fund statewide access to Jigsaw and integrated mental health and wellbeing community services.

CHILD AND YOUTH MENTAL HEALTH

Youth mental health services are at breaking point. Waiting lists for Child and Adolescent Mental Health Services are up by 80% since this Government took office, with the number waiting over a year up 140%. Early intervention is key to reducing the chance of lifelong ill-health, but that chance is passing young people by. 75% of mental health conditions are established by the age of 25, but young people aged 18-25 are not specifically targeted for early intervention.

To develop a robust and practical policy for improving youth mental health services, Sinn Féin engaged with key stakeholders in Ireland and internationally, facilitated by Orygen, the leading Australian centre of excellence in youth mental health. We published this policy, *Priorities for Change in Child and Youth Mental Health*, in full in 2023.

We are proposing to develop child and youth mental health and wellbeing services which provides care for young people up to the age of 25 before transitioning to general adult services. This service would be multi-disciplinary and integrated across care sectors, with strong links to relevant mainstream and disability services. Part of this expansion would include state-wide coverage of Jigsaw's dynamic services, as well as the full complement of HSE services including community-teams, inpatient places, intellectual disability teams, and specialist early intervention in psychosis services.

A major shortfall in the current system is the cliff-edge for people at the age of 18. Young people with moderate to severe mental ill-health are discharged to adult services (GAMHS) at 18 years of age. This is contrary to international best practice and evidence which indicates that mental health services for young people should span the period from 0 to 12 and 12 to 25 years of age. In most cases recently reviewed by the Mental Health Commission, there is no transition or handover support happening for people aging into adult services. This would be resolved in the long term by a 0-to-25 Child and Youth Mental Health Service. In the interim, we would mandate a six-month transition period for young people moving from CAMHS to GAMHS.

The Mental Health Commission has recommended that community CAMHS be regulated under the Mental Health Act, 2001, to give oversight to the Commission and the statutory powers to implement change. Sinn Féin has introduced legislation to do this, and we would include this in legislation to reform the Mental Health Act, 2001.

Sinn Féin Will:

- +** Deliver a new Child and Youth Mental Health Service framework to replace CAMHS and provide integrated early intervention services for children and young people to the age of 25,

- + Mandate a six-month transition period for young people moving from CAMHS to GAMHS,
- + Expand access to Jigsaw and primary care mental health services to deliver equitable access across the state, and deliver universal counselling in primary care,
- + Deliver 47 additional community CAMHS teams, 17 CAMHS-ID teams, 41 inpatient CAMHS beds, and 20 Early Intervention in Psychosis teams,
- + Reform the Mental Health Act to include the regulation of community CAMHS.

CLINICAL IMPROVEMENT PROGRAMMES FOR MENTAL HEALTH

There are four HSE National Clinical Programmes in Mental Health: Eating Disorders, Self-Harm and Suicide Reduction, Early Intervention in Psychosis, and ADHD in Adults. People in need cannot access these services in much of the country because they do not exist. People cannot be referred to another catchment area, leading to a postcode lottery.

Eating disorders have the highest mortality rate of any mental health difficulty. However, there are only 3 public adult inpatient eating disorder beds in the state, all located in one catchment area. People in need of emergency care are often admitted to A&E due to the lack of alternatives. The self-harm and suicide reduction programme is only available in 26/29 emergency departments in the state. Only 5 Early Intervention in Psychosis teams have been established, out of 25, and 4 Adult ADHD teams are still needed.

Sinn Féin Will:

- + Provide multi-annual funding certainty to these clinical programmes,
- + Fund 20 additional eating disorder inpatient beds and community-based services,
- + Full Emergency Department rollout of the Self Harm and Suicide Reduction programme and embed across primary care and everyday clinical practice,
- + Fund the medium-term development of all EIP and ADHD teams, integrated with child and youth, and adult mental health services as appropriate.

LONELINESS, ISOLATION, AND INCLUSION

Many people experience loneliness and isolation at different stages in their lives. Most of us were impacted by the Covid-19 pandemic, and we are all challenged as we become a more and-more technology dependent society. People with physical and psychosocial disabilities, people from minority backgrounds, and older people can face particular isolation. Sinn Féin would fund an action plan to support inclusion and wellbeing, supporting those most at risk of isolation.

Sinn Féin Will:

- + **Develop and implement an Action Plan to Combat Loneliness and Isolation,**
- + **Embed mental health and wellbeing in community services for minority groups, marginalised people, and older people.**

NO WRONG DOOR

People who present for help for dual diagnosis often fall between the gaps that exist in addiction and mental health services. An addiction may lead to the onset of mental health difficulties or a mental health difficulty can lead to people using substances as a coping mechanism. Sinn Féin would urgently implement a fit-for-purpose model of care for people presenting with dual diagnosis as laid out in Sharing the Vision. Mark Ward TD and Thomas Gould TD introduced the Dual Diagnosis: No Wrong Door Bill. This bill will ensure that no matter what door the person knocks on for help for addiction and mental health difficulties, that they are treated with dignity. A joint care plan between addiction and mental health services needs to be developed to make sure people get the care they need, when they need it and where they need it. There can be No Wrong Door for dual diagnosis treatment.

Keltoi, a trauma-informed, state-run residential facility treating addiction and mental health dual diagnosis was closed in March 2020 during Covid Restrictions and has not re-opened since. The HSE has a comprehensive, credible plan to reopen Keltoi as a dual diagnosis Centre of Excellence, but this has not been funded by the Government. Sinn Féin would re-open this vital rehabilitation service to help people to fully recover from dual diagnosis and to learn new coping skills.

Similar challenges face people who are neurodiverse or who have physical disabilities when accessing mental health services. Sinn Féin would embed clear and accountable care pathways to deliver access to mainstream and specialist services as appropriate.

Sinn Féin Will:

- + Legislate to obligate any Government to uphold No Wrong Door policies,
- + Support health and social care services to implement No Wrong Door policies,
- + Re-opening of Keltoi, the residential dual diagnosis facility,
- + Ensure joined care planning between services and appropriate training for inclusion.

CRISIS INTERVENTION

Mental health difficulties do not just occur between the hours of 9-5, Monday to Friday. A&E is often not the most appropriate place for people in a crisis.

Sinn Féin would develop a mix of 24/7, community-based multidisciplinary services to provide rapid assessment and varying degrees of support to people who are in a mental health crisis. Access to services from call lines to Crisis Resolution Teams is essential. There is a role for new Solace or Crisis Cafés within the community.

When a person is a danger to themselves or others, crisis de-escalation teams can be deployed to assist the Gardaí where necessary and appropriate. These teams would comprise of mental health professionals and a paramedic. These can make the most appropriate interventions and referrals where necessary. A pilot programme in Limerick has been promised for the previous two years but has not been delivered. We have seen the successes of this service where a pilot was rolled out in Belfast.

Sinn Féin Will:

- + Develop regional crisis resolution and de-escalation teams,
- + Fund 2 WTE Consultant Liaison Psychiatrists at every Emergency Department,
- + Fund Suicide Crisis Assessment Nurses in Emergency Departments and in Primary Care in line with the National Clinical Programme on Self Harm and Suicide Reduction,
- + Roll out Crisis Cafés in every city,
- + Support access to urgent mental health support and advice.

PERINATAL MENTAL HEALTH CARE

There is currently no dedicated mother and baby perinatal mental health unit on the island of Ireland. This means that mothers who need to be admitted for inpatient care are separated from their newborns. Sinn Féin would provide funding to advance the Mother and Baby Perinatal Mental Health Unit at Elm Park, which will host the new National Maternity Hospital. This would be an all-island service for all those who need it.

Sinn Féin Will:

- + Develop all-island mother and baby perinatal mental health unit.

WORKFORCE DEVELOPMENT AND PROFESSIONAL REGULATION

Ambitious plans cannot be delivered without equally ambitious workforce planning. Government after Government has expected mental health professionals to appear out of thin air. Sinn Féin would deliver a new, multi-annual approach to workforce planning. We would ensure joined up thinking across Further and Higher Education and Health.

We would place an obligation on the HSE to work with students in their final years to ensure timely entry to the workforce. The HSE spent €35 million training approximately 150 clinical psychologists between 2017 and 2021 and not a single one of these were given a job at the end of their training despite the huge demand for psychologists across the health service.

Professional regulation of allied health and social care professionals remains an ongoing saga. Regulation of Counsellors and Psychotherapists began in 2018 and has yet to be completed. Professional regulation is essential to protect patients and professionals and guarantee the highest quality of care. This process must be supported so that certainty can be given to professionals and people seeking supports. Sinn Féin would also fund trainee counselling and educational psychologists in line with their trainee clinical psychologist colleagues.

Sinn Féin Will:

- + Implement a multi-annual strategic workforce plan across the health service and higher education institutes to address short-, medium-, and long-term workforce challenges,
- + Advance professional regulation with CORU,

- + Fund all trainee counselling and educational psychology positions in line with their clinical counterparts,
- + Review regional and national leadership structures for mental health.



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Delivering on Rights for Disabled People

DELIVERING ON RIGHTS FOR DISABLED PEOPLE

Sinn Féin are determined to strengthen rights for disabled people. Upholding the rights of disabled people means ensuring that human rights to independent living and good health and social care supports, as well as adequate housing and other public services. A Sinn Féin Government would work to ensure that the State is fully compliant with the UNCRPD.

By significantly raising the effective qualifying threshold for a medical card to the median income, Sinn Féin would ensure that part-time employment does not pose a threat to medical cover for people on Disability Allowance. We would also cut the maximum monthly cost of prescription medicines from €80 to zero through a phased reduction in the Drug Payment Scheme threshold every year, and abolish prescription charges for medical card holders.

Certain rights of disabled people were set out in the Disability Act 2005. This Act has provided some legal entitlements, such as the right to an assessment of need, but these rights are not being vindicated due to underinvestment in services. Sinn Féin would review the Disability Act with a view to modernising it and strengthening legal rights for disabled people in the State are compliant with the UNCRPD. We would implement a disability workforce plan to underpin service improvements.

The services needed and accessed by the vast majority of disabled people are provided by mainstream, rather than specialist, community services. This includes therapies, psychology, public health nursing, social work, and other primary care services. This section details proposals on independent living supports, empowering people to live in the community, early intervention children's services, home care, residential care and de-congregation, day services, and respite services.

To improve access to services and deliver on our commitment to strengthen rights for disabled people, Sinn Féin would, over a five-year government term, commit €829 million in additional current expenditure and €659 million in additional capital expenditure to improve disability services.

Sinn Féin Will:

- +** Work systematically towards full compliance with the UN Convention on the Rights of Persons with Disabilities,
- +** Review the Disability Act 2005 and ensure the State is compliant with existing disability and equality legislation,
- +** Develop mainstream services which are accessible to all, and implement a workforce plan to reduce waiting lists,

- + Deliver free prescription medicines for all households, abolish prescription charges for medical card holders, and deliver median income medical cards,
- + Provide for a senior policy official with responsibility for disability in the Department of Health to improve access in mainstream services and improve coordination with the Department of Disability.

INCLUSION AND PARTICIPATION

Personal Assistance Services (PAS) provide people with the opportunity to exercise control and choice in their lives. In so doing, it enables people to be active participants within their families, communities, employment and society and therefore results in an overall improved quality of life.

According to the 2021 Disability Capacity Review, there is a 'substantial' unmet need for PAS. The review informed us that about 2,500 people get a PAS, averaging around 12 hours a week. Many people do not have any access to a PAS while many more who do have access have it only on a very limited basis.

The Disability Capacity Review recommended that by 2032, an additional investment of €5 million would be needed to accommodate demographic changes and a further €8 million to begin tackling unmet need for PA services – currently equivalent to over 400,000 hours.

However, as with Home Support services, the Review acknowledged due to the lack of data on the exact level of unmet need, the investment needed to accommodate is likely to be a multiple of existing provision.

In 2023, there were 1.77 million PA hours provided. This represents an increase of just 70,000 hours from 2020, much lower than the modest targets under the Capacity Review and a far cry from the real levels of unmet need.

The Disability Action Plan provided a much more substantial target for additional PA hours after years of underinvestment in services by government. The Action Plan estimated that an additional 800,000 PA hours would be required from 2024 to 2026 – an average of 267,000 PA hours a year.

In government, Sinn Féin would double the number of PAS hours to better address the substantial unmet need for these services while accommodating demographic changes. This would see an additional 354,000 hours delivered per annum.

Disabled Persons Representative Organisations are led, run, directed, staffed, and mostly membered by disabled people and are distinct bodies separate from Disability Service Providers. The UNCRPD states that DPROs are the bodies which

should be consulted with regarding matters relating to disability. However, these groups are mostly small with little or no resources. Sinn Féin would support DPROs and ensure that public bodies, such as the HSE, meet their obligations to engage with disabled people on matters which affect them.

Sinn Féin Will:

- +** Double the number of Personal Assistance hours over a term of Government by increasing the number of PA hours by 354,000 every year,
- +** Provide funding to DPROs for training and development,
- +** Implement the Autism Innovation Strategy and develop further policies that support neurodiversity.

CHILDREN'S DISABILITY SERVICES

Children deserve timely assessment and intervention to give them the best chance at success. Early and ongoing assessment and intervention is key.

In August 2023 there were nearly 15,000 children on Children's Disability Network Team waiting lists. More than 10,000 of these children are waiting over a year for their first contact with their team. At the end of Q1 2024, there were 9,924 children whose assessment of need was overdue, of whom 8,141 were overdue by more than 3 months, and possibly more than 12,000 overall outstanding assessments due to previous illegal assessments. Staff vacancy levels for CDNTs are extremely high, with over 700 vacancies reported in the December 2022 CDNT staffing census report.

Sinn Féin would develop a comprehensive workforce plan to fully staff CDNTs. We would streamline the recruitment process, double the number of undergraduate training places, and provide a job guarantee to health and social care graduates. In the absence of accessible public services, we would temporarily fund access to trusted community and private psychology and therapy services until CDNTs are staffed appropriately to be able to carry these out.

CDNTs have been rolled out under the Progressing Disability Services model, which has been heavily criticised by professional organisations including the Irish Association of Speech and Language Therapists, the Irish Society of Chartered Physiotherapists, the Irish Association of Social Workers, the Association of Occupational Therapists of Ireland, the Psychological Society, and the Irish Nutrition and Dietetic Institute. These organisations have backed parents and disability rights campaigners in walking away from the Government's policy steering group. The Government has since reversed its policy to withdraw therapies from special schools, but neither decision was evidence-based.

Sinn Féin is committed to pursuing an evidence-based independent review of the service-delivery model, and to implementing a fit-for-purpose approach that works best for the children in need of services. It is essential that, under whichever model, services are properly staffed and that there are workforce plans in place to deliver safe services.

Sinn Féin Will:

- +** Develop a common, compliant, and efficient process for assessment of need under the Disability Act,
- +** Conduct an evidence-based and independent review of the service delivery model for children's disability services,
- +** Develop and resource a comprehensive workforce plan to fully staff Children's Disability Network Teams linked with community care and schools as appropriate,
- +** Temporarily fund access to trusted community and private psychology and therapy services, particularly for those waiting longest for assessments and intervention, with a view to phasing out reliance on private providers as we build public capacity,
- +** End pay disparities between core service provider Section 39 organisations and the HSE.

CARE IN THE HOME AND LIVING IN THE COMMUNITY

Sinn Féin recognise the importance of home care for disabled people. We have set out significant policy commitments to overhaul home care in the Local Health and Social Care section, including a statutory scheme, a Home First approach to care, and recognition of levels of care.

Sinn Féin is fully committed to fully acting on the Ombudsman's Wasted Lives (2021) report. In the latest update, the Ombudsman noted:

"[I]t is clear that progress has been slow for those affected and for their family and friends who often contact my Office. I am delighted that 81 people have been able to access the support they need to transition out of a nursing home but there are many more, over 1,200 in July 2024, who currently have not had that opportunity."¹⁰

Home care and support provide essential personal care services for disabled people to support independent living in the community. It is an essential component, along with other services and supports, of facilitating younger

¹⁰ Deering, G., (2024), [Ombudsman Update on 'Wasted Lives'](#).

people who are inappropriately placed in nursing homes to be moved into a home of their own. We are committed to ending the practice of inappropriately admitting younger disabled people to nursing homes.

The 2021 Disability Capacity Review noted that around 8,000 people were in receipt of home support hours averaging around 7 hours a week. The Review noted that the level of home support provision catered for just a fraction of the disabled people who experience difficulties with activities of everyday living. In addition, those who are provided with services often receive fewer hours than they need.

The Disability Capacity Review recommended that by 2032, an additional investment of €10 million would be needed to accommodate demographic changes and a further €23 million to begin tackling unmet need for Home Support services – equivalent to over 1 million hours. It was estimated that this investment in unmet need would expand recipients by 20% and increase the hours of existing recipients by 10%. Although the Review acknowledged that, due to the insufficient data on the exact level of unmet need, the investment needed to accommodate it is likely substantially higher than outlined in the Review.

Yet, the Disability Action Plan 2024-2026 only commits to delivering an additional 110,000 hours for home support from 2024 to 2026, an average of just 37,000 additional hours per year. This is insufficient. Just 400,000 additional disability home support hours were provided for in the HSE Service Plan between 2019 and 2024.

Sinn Féin would address the substantial levels of unmet need by delivering an additional 296,000 home care hours per annum. Over a government term, we would expand disability home care hours by 40% on 2023 levels to adequately address the substantial levels of unmet need for these services. We would further support care in the home by expanding the provision of intensive home support packages on the basis of need, which provide vital assistance for disabled people with complex and high support needs.

Sinn Féin Will:

- Provide an additional 1.5 million disability home care hours including needs-based access to intensive home care packages.

RESIDENTIAL PLACES AND DE-CONGREGATION

Disabled people should have the right to live in accommodation that is appropriate to their needs. Sinn Féin would deliver an expansion of needs-appropriate residential places for people whose care needs cannot be adequately met at home or in a nursing home.

The Disability Capacity Review – published in 2021 – forecasted that 4,000 or more additional residential places would be needed by 2032 to both clear the backlog of need and respond to demographic change. This translated into approximately 330-500 additional places required per year.

Yet, the current government have delivered only 700 additional places over 4 years, leaving a substantial shortfall. Sinn Féin would reverse the underfunding of residential places and fund the development of services in line with need.

As stated in the previous section, we are committed to acting on the Ombudsman's Wasted Lives report. Sinn Féin is fully committed to fully implement the Time to Move on from Congregating Settings (2011) policy.

Sinn Féin would increase the availability of appropriate residential care places, progress de-congregation to support independent living, and prioritise the transfer of younger disabled people who have been inappropriately placed in nursing homes.

Sinn Féin Will:

- + Provide over 3,000 additional residential places,
- + Deliver on de-congregation commitments.

ADULT DAY SERVICES

Day Services offer support to disabled people on weekdays. The vast majority of service users have intellectual disabilities. These services are vital to them and to their families.

The 2021 Disability Capacity review had noted that 600 people were without a day service and likewise many more were in receipt of just a partial service. In addition, to meet rising demographic demand it was estimated that an additional 2,500 to 10,200 additional day service places may be needed over the period 2020 to 2032. This would require 200 to 775 additional places per annum over the period 2025 to 2029 depending on the rate of exits.

Children with special needs should not reach the age of 18 and have nowhere to go. Sinn Féin would provide the necessary investment to meet the existing unmet need for adult day service places and future demographic need for these vital services.

Sinn Féin Will:

- + Expand the number of day services places by 4,000.

RESPIRE SERVICES

Respite plays a key role in supporting family carers and improving quality of life for a disabled person. It can help prevent or delay full-time residential placements, preserving the family unit and supporting family stability.

However, many families get no respite at all. There is a significant level of unmet need. The Disability Capacity Review noted that in 2017, fewer than one in four people with a so-called intellectual disability that live in the family home got access to any form of respite.

The Action plan for Disability Services 2024-2026 forecasts that overall respite provision would need to increase by about one third including through daytime and overnight services by 2026. In 2023, €106 million was allocated for respite services.

Sinn Féin would double investment in respite services and capacity to address the substantial levels of unmet need and to meet rising need over a government term.

Sinn Féin Will:

- + Double investment in respite services over the term of government to deliver a range of additional in-home, afterschool, day and overnight respite services.

Strategic Improvement Programmes

Sinn Féin would implement strategic improvement programmes to deliver targeted improvements across services. These would support existing National Strategies and Action Plans, and new programmes would be developed where strategies do not exist or are out-of-date.

We would back these programmes with multi-annual funding frameworks to provide funding certainty and improve accountability, planning, and transparency. Funding would be released for specific measures on the basis of clear implementation and delivery plans underpinned by definitive metrics and timelines.

Sinn Féin would realise the potential of a truly national approach to healthcare through all-island planning and workforce development across maternity, cancer, diabetes, trauma and emergency care, rare diseases, respiratory health, and cardiovascular health, and more. We will ensure that strategies are cognisant of health inequality across population groups, such as for disabilities or marginalised communities.

The Department of Health has many national strategies which are not consistently or properly funded. Many strategies never achieve their objectives within their lifetime, if at all. For example, the Government launched a new stroke strategy in 2023, and did not fund it. The National Cancer Strategy has only been properly funded in 2 of the last 5 years.

NO CHILD LEFT BEHIND

Our children are the nation's future yet many of the most vulnerable children and young people in the State are being let down. Children with scoliosis and spina bifida must wait years for life-changing surgery, and many are left waiting for so long that they cannot be operated on. There are more than 200,000 children on healthcare waiting lists, with more than 15,000 waiting just for initial contact with a specialist disability team. More than 4,000 children and young people are waiting for specialist mental health services. As many as 1-in-4 of children are overweight and more than 175,000 children live in poverty, yet there are fewer and fewer public health nurses to support them every year. Thousands of children are left waiting months and years for assessments of need for educational or health supports, and then placed on waiting lists for access to services. Every child deserves a care plan. No child should be left behind.

Sinn Féin would prioritise investment in our children. Sinn Féin is committed to improving healthcare for children. Our plan addresses access to assessments and therapies, spinal or limb surgery, cancer care, dental and orthodontic care, child and youth mental health services, and GP and hospital care.

Sinn Féin would set waiting time targets for access to care. We would support

the health service to meet those targets with strategic workforce planning, investment in capacity, and reform. To assist in accountability and planning, we would oblige the HSE to explain failures to meet waiting time targets, and outline any failures in care and the precise needs for meeting targets.

We would specifically target an expansion in public health programmes and supports for children and parents to improve health from a young age. Sinn Féin would introduce a €130 activity card to support families in being active. We would expand public dental teams to deliver extensive school screening to prevent dental decay. We would introduce specific measures, such as a Public Health (Obesity) Bill, to challenge negative influences on development and to support healthy behaviours.

The agonising waits faced by children with scoliosis and spina bifida are unacceptable, and these children are not alone. Thousands more are languishing on waiting lists with untreated complex conditions. Sinn Féin has developed an action plan for paediatric orthopaedic and urology services to end the calamity of mismanagement, mandate transparent care pathways for all children, ensure funded training for more specialist surgeons, and expand protected surgical and recovery capacity. Every child should have the opportunity for early intervention and wrap-around supports to manage their health. We would ensure that, where domestic services cannot treat a child on time, children who can travel have access to treatment abroad. We would ensure that children are treated on the basis of need, not the ability to pay, and reduce reliance on private clinics.

The new Children's Hospital is essential for improving access to life-changing care for children. Sinn Féin would hold the developer to account for completing the hospital and ensure a seamless transition plan is in place to move services on-site.

There are several ongoing and extremely serious reviews and investigations involving Children's Health Ireland. We would ensure the full independence of each review and that there are no barriers to completing the reviews in full. We would be willing to implement a statutory inquiry to ensure accountability and transparency if the review format is unable to produce definitive conclusions.

Sinn Féin Will:

- +** Develop a No Child Left Behind health waiting list strategy,
- +** Increase the number of public health nurses and practitioners and expand public health programmes and supports for children and parents,
- +** Expand public dental teams to deliver extensive school screening,
- +** Implement an action plan for paediatric orthopaedic and urology services,
- +** Fully fund Children's Disability Network Teams and end pay disparities between core service provider Section 39 organisations,

- + Revolutionise Child and Youth mental health services with a major investment in primary care, community-based services, and multi-disciplinary care,
- + Support service delivery with strategic workforce planning,
- + Review supports for the non-medical cost of caring for a sick child,
- + Mandate maximum waiting time targets for children for appointments, scans, and surgeries,
- + Implement a comprehensive preventive care plan, including a Public Health (Obesity) Bill,
- + Revise and extend the Breastfeeding Action Plan and support the development of an All-Island Infant and Young Child Feeding in Emergencies Preparedness Plan,
- + Ensure a seamless transition plan is in place for moving to the new Children's Hospital to ensure it is open as soon as possible.

WOMEN'S HEALTH

Sinn Féin published a comprehensive vision for women's health and wellbeing in 2018, which was expanded on in 2021 and 2023. In Government, Sinn Féin would build on the important steps which have been taken in recent years to improve access to care and advice for menopause, endometriosis, and maternity-related services from fertility to breastfeeding.

Sinn Féin would establish a structured care programme in women's health to deliver a high-quality, life course approach to women and girls' health and wellbeing in primary care. It would cover childhood and adolescence to and through menopause. It would centre on improving the quality and regularity of advice, support, and care available through GPs and community services. It would promote services such as women's health clinics, and awareness and supports for conditions such as endometriosis and pre-eclampsia. It would cover physical and mental health and wellbeing, gynaecological and menstrual healthcare, contraception, menopause, fertility, pregnancy, chronic disease management and cervical and cancer screening. It would include access to medications, screening, and diagnostic tests as appropriate, such as staged health checks for peri/menopause, high blood pressure, high cholesterol, prediabetes, bone density, and more.

Sinn Féin would extend universal access for contraception and HRT. We would legislate for direct access to contraception from appropriately qualified pharmacists. We would permit access for adolescents to the scheme through their GPs using appropriate safeguards.

Ireland should aim to be the best country to have a child in, and to become a parent in. The current maternity strategy was compiled 7 years ago and runs to 2026. Sinn Féin would review and update the National Maternity Strategy. We would support the implementation of outstanding measures and a renewed strategy with multi-annual funding. We would promote the highest standards of care and governance to prevent avoidable deaths and birth injuries of babies and mothers.

Sinn Féin would work across Government to combat violence against women and girls. Sinn Féin would work to eliminate female genital mutilation in Ireland. This extremely harmful practice has been illegal since 2012, but it is estimated that potentially hundreds of girls are at risk. There are several thousand women living in Ireland have been subjected to FGM, whether in Ireland or elsewhere, and their specific health needs are not being identified and met. Sinn Féin would support health and child protection professionals to understand, identify, prevent, and respond to FGM. We would expand access to expert clinics through primary care, improve awareness and education among GPs, and improve access to psychological supports for FGM survivors.

The Independent Review of abortion services has provided a series of recommendations for improving the operation of and access to those services in accordance with the 2018 Act. Its many complex recommendations must be worked through in a sensitive manner. Sinn Féin welcomes the work of the Independent Review of the Operation of the Health (Termination of Pregnancy) Act 2018. We would conduct a geospatial analysis of access to abortion services, invest in local and regional women's health hubs, improve access in primary care, fully commission hospital services, decriminalise medical professionals, and repeal the three-day wait.

With the passage of the Assisted Human Reproduction Act, 2024, the legislative framework is in place for the development of public and funded access to assisted reproduction services, such as IVF and altruistic surrogacy. Sinn Féin would fund the establishment of the Assisted Human Reproduction Regulatory Authority, implement the legislation, and develop public access to services.

Sinn Féin Will:

- +** Develop a comprehensive structured care programme for women's healthcare in primary care,
- +** Resource the full expansion of the universal contraception scheme,
- +** Implement a free HRT scheme,
- +** Revise the Maternity Strategy to make Ireland the best place to have a child and set new targets to drive improvements in maternity care,
- +** Improve community midwifery services and home-based care,

- + Advance development of the new National Maternity Hospital,
- + Improve knowledge and awareness of female-specific symptoms and conditions, improve care pathways for secondary and tertiary gynaecological services, and invest in community-based gynaecology services,
- + Reduce inequalities in access to reproductive healthcare, decriminalise medical professionals, and repeal the three-day wait,
- + Improve access to publicly funded IVF and establish the Assisted Human Reproduction Regulatory Authority,
- + Implement an improvement plan for endometriosis that encompasses education, diagnosis, treatment, and research,
- + Work across Government to implement an updated Women and Girls Strategy,
- + Invest in health and social care supports for survivors of abuse and domestic violence, including treatment services for FGM,
- + Invest in cancer screening to improve early diagnosis rates among at-risk groups, and expand age-based access to screening following evidence-based clinical advice.

PREVENT TODAY, PROSPER TOMORROW

Prevention is better than cure, for the individual and the wider health system. Health systems are demand-led, and reorienting care to the community will only go so far towards reducing pressure on acute hospitals. While early intervention is essential, prevention and demand reduction is as if not more important. Responsibility for public health and prevention is shared across the individual and their primary care clinicians, wider society, and the regulatory state.

The state plays a pivotal role in creating an enabling environment for healthy living. The state is responsible for access to sports and exercise facilities, physical and nutrition education, air quality, healthy eating, public health monitoring and planning, immunisation and awareness, food regulations, advertising rules, public transport and active travel, housing and environment standards, and screening services. Our environment has a significant impact on our health, with air pollution and dampness being significant causes of childhood illnesses. It is not a coincidence that asthma and obesity rates are higher among children from lower income backgrounds. Public health policy, and the level of Government commitment to enabling healthy living conditions and tackling health inequalities, has a significant effect on health outcomes across all ages.

According to the HSE, Ireland has one of the highest levels of obesity in Europe, with 60% of adults and over 1-in-5 children and young people living with overweight and obesity. This rises to 1-in-4 children in less affluent and disadvantaged areas. In a striking commentary on modern lifestyles, Dr Aileen McGloin of Safefood Ireland recently told the Joint Oireachtas Committee on Health that “we know from Irish research that many pre-school children recognise unhealthy food brands before they learn to read or write.”¹¹

Cancer and cardiovascular diseases are the leading causes of mortality in Ireland. They are, to a great extent, diseases of the modern lifestyle. While these diseases have always existed, there is a strong and established body of research which clearly demonstrates that our diet and exercise habits are a leading contributor to ill-health. Unhealthy lifestyles, diets, and behaviours carry significant long-term health risks ranging from diabetes to depression to cancer and cardiovascular disease and premature death.

Structural and socio-economic inequalities are well known drivers of health inequality, but more than that, intensive working hours, time poverty, mental or physical ill-health, and/or a desire to spend free time with family can lead to consumption habits and inactivity which are not conducive with a healthy lifestyle, and which radically increase the chances of ill-health and disease. We cannot expect people to lead healthy lives, at additional personal cost, when they live in a structurally unhealthy environment.

Sinn Féin would support people to lead healthier lives. That will not be achieved by scolding but, in the short-term, by incentivising behavioural changes in the least disruptive ways possible, and in the medium- and long-term through education, expanding access to sports and recreation, instilling healthy habits from a young age, and ensuring that healthy eating is accessible and that the cost of convenience is appropriately factored into the production and retail of processed foods.

These efforts would be led by an office for consumption-related harm reduction, which would drive development, implementation, and research of policy related to healthy living, alcohol, vaping, smoking, and food content and reformulation. This would be led at a senior-level from within the Department of Health with clear responsibility and accountability for each policy area.

We would target measures to support new parents, healthy childhoods, and reduce the level of childhood obesity, which has grown rapidly in recent decades. Policy should, for example and where it is appropriate to women's personal circumstances, support breastfeeding over milk substitutes, which has several important benefits for children, not least a reduction in the likelihood of obesity.

11 Joint Committee on Health, Childhood Obesity, 10 July 2024 [https://www.oireachtas.ie/en/debates/debate/joint_committee_on_health/2024-07-10/3/]

Sinn Féin would review the Sugar Sweetened Drink Tax to inform the development and implementation of a potential extended levy, and to inform options related to sodium and fat content in processed foods which target producers rather than consumers. We would introduce a system of mandatory reformulation targeting a reduction in sodium contents to provide a level-playing field for producers and reduce excessive sodium consumption.

Sinn Féin Will:

- +** Establish an office within the Department of Health for consumption-related harm reduction to drive coherent cross-Government development, implementation, and research of policy and fiscal measures related to healthy living, alcohol, vaping, smoking, and food content and reformulation, and the alignment of climate action and public health policies,
- +** Develop robust structures for health promotion, preventive health, and public health in the Department of Health with clear responsibility and accountability for each policy area,
- +** Introduce a Public Health (Obesity) Act to tighten rules around marketing, packaging, advertising, including online, of unhealthy food and drink products; formulation of such products; empower local authorities to implement no-fry zones; and prevent advertising of high fat, sodium, and sugar products near schools or on public transport, buildings, and other public infrastructure,
- +** Introduce maximum sodium limits in processed foods and bread with a 3-year lead in time, and examine mandatory reformulation of additional food products,
- +** Evaluate the performance and impact of the Sugar Sweetened Drink Tax to inform development and implementation of a potential extended levy, and inform options related to sodium and fat content in processed foods which target producers rather than consumers,
- +** Legislate to regulate marketing, packaging, contents, and flavouring of nicotine-inhaling products, and to ban disposable vapes,
- +** Review tobacco cessation supports, smoking prevention measures, and the potential of 'de-nicotinisation' to reduce smoking rates and nicotine addiction,
- +** Review the Healthy Ireland framework and associated policy initiatives, care models, and action plans to address structural and socioeconomic drivers of chronic disease and ill-health, support cross-sectoral actions to tackle the root causes of ill-health and health inequality, and support the development of skills and knowledge of healthy foods,
- +** Implement Sinn Féin's Activity Card (2024) policy to support children's participation in sport and physical activities,

- + Examine pricing, economic, and structural incentives and disincentives related to healthy and sustainable foods to inform future policy development and develop synergies in the use of taxation and subsidies in maximising public health benefit,
- + Ensure that healthy Ireland, cardiovascular health, respiratory health, healthy weight, and other activity- and lifestyle-related action plans and strategies are sufficiently resourced on a multi-annual basis to deliver tangible improvements,
- + Work across Departments and on an all-Ireland basis to implement clean air, sustainable foods and agricultural practices, age friendly, healthy living, and disease prevention-related strategies, and school-based meals, food skills, and exercise programmes,
- + Conduct further research into the commercial determinants of health to inform public health policy related to marketing, advertising, food content, and habit formation,
- + Develop and implement a new Public Health Strategy incorporating the recommendations of the Public Health Reform Expert Advisory Group, bringing all public health policy together in a single, coherent, and ambitious programme of reform,
- + Expand the network of public health nurses and primary care health services to provide access to information, awareness, appropriate screening and testing services for at risk groups, and early intervention-focussed care,
- + Develop proactive clinical networks for improving allergy management, treatment, awareness, and where possible prevention,
- + Implement a public health campaign to inform people about vaccine safety and increase uptake,
- + Continue access to HPV catch-up vaccination programmes and implement the strategy to eliminate cervical cancer by 2040,
- + Develop and implement a comprehensive adult and older person vaccination programme including targeted RSV and shingles immunisation programmes,
- + Support the delivery of the Healthy Childhood Programme and essential vaccination and educational programmes.

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CANCER

Survival rates for cancer have increased dramatically over the last 30 years. Today, more than 60% of people survive at least 5 years after treatment and most do not die from cancer. Cancer does, however, remain the leading cause of death ahead of circulatory diseases. In 2023, 29% of deaths in Ireland were attributable to cancer. The burden of cancer across the population is likely to double by 2045, and half of us get cancer at some point in our lives. Early diagnosis is essential for improving survival rates.

According to analysis conducted by the Irish Cancer Society, only 4 National Cancer Strategy Key Performance Indicators were met in 2021, and only 28% of patients did not access radiotherapy in the recommended timeframe, 25% of patients were unable to access rapid access clinics in the recommended timeframe, and half of lung and prostate cancer patients did not access surgery in the recommended timeframe.¹² Radiation therapy is facing significant staff burnout and low morale. Four radiation therapy machines are closed due to staffing shortages and as many as 120 cancer cases a day are not being treated.

Sinn Féin would deliver sustained improvements in cancer services by ringfencing funding for the Cancer Strategy. We would enable multi-annual funding to improve access to cancer services, screening, workforce development, and supports. Sinn Féin would support rapid access clinics to deliver timely care and widen the age limit for breast cancer screening to 45 – 74 and for bowel cancer to 50 – 74. We would establish pilot programmes to test lung, prostate, and gastric cancer screening programmes in line with the European Council Recommendation on cancer screening. We would ensure core funding certainty for community cancer support centres through a standardised funding arrangement via the National Cancer Control Programme. Sinn Féin would ensure a continuous supply of new medicines to ensure that all patients have access to the most appropriate care and treatment. We would fund awareness, education, and outreach on early cancer symptoms and eligibility for screening.

Sinn Féin would fund a cancer catch-up programme to tackle missed or delayed scans and treatment. Significant delays in radiology pre-dated Covid-19 but the pandemic had a sizable impact on cancer services. We know that several thousand cancers went undetected due to the Covid-19 pandemic. Cancer screening, treatment, and trials were disrupted by viral outbreaks, and capacity was constrained by infection prevention and control.

Waiting lists for diagnostic scans are months long and even urgent scans for potential cancers can take too long. Patients with potential cancers are left waiting by the public system and many families must go private to be seen urgently. This compounds health inequalities which already disproportionately impact lower income households and communities. Sinn Féin would support cancer services

¹² Irish Cancer Society, (2023), Pre Budget Submission 2024 (cancer.ie).

to ensure all eligible people avail of screening and manage increased pressure on treatment services. Sinn Féin's community care reforms would ensure direct GP access to community radiology, and we would use community diagnostic facilities to reduce waiting lists and hospital-related delays.

Sinn Féin would publish the independent review of the radiation therapy profession and act on its urgent recommendations to improve training, recruitment, and retention. Radiotherapy centres are significantly short staffed, with staff deficits running from 20-40% across sites. As a result of vacancies, new machinery is sitting idle, including in some instances for several years. Many radiation therapists have agreed to facilitate longer working days to make up for staff shortages, but burnout, over-work, and lack of career incentives are proving to be a major deterrent and retention issue.

Preventing cancer is as important as identifying, responding, and treating it. Preventive healthcare has often been paid naught but lip service. Sinn Féin would include a specific focus on preventing cancer in the implementation of a comprehensive preventive healthcare strategy. Re-orienting care to the home and community is a major priority for Sinn Féin, and our multi-annual funding plan would enable the provision of adequate home care, night nursing, and digitally assisted care.

Sinn Féin Will:

- +** Deliver multi-annual funding of the Cancer Strategy to improve access to cancer services, screening, workforce development, and supports,
- +** Fund a cancer catch-up programme to tackle missed or delayed scans and treatment,
- +** Support cancer services to ensure all eligible people avail of screening, and fund awareness, education, and outreach on early cancer symptoms and eligibility for screening,
- +** Deliver direct GP access to community radiology and diagnostic services,
- +** Invest in diagnostic equipment and the radiography workforce to protect and expand diagnostic pathways, and ensure access to diagnostic tests within recommended timeframes,
- +** Review and develop the appropriate cancer services workforce to meet the needs of cancer patients and survivors,
- +** Provide funding certainty to cancer care and support centres through a standardised funding arrangement via the National Cancer Control Programme,
- +** Fund the model of care for psycho-oncology services for patients aged 0-24 years and their families,

- + Widen the age limit for breast cancer screening to 45 – 74 and for bowel cancer to 50 – 74,
- + Establish pilot programmes to test lung, prostate, and gastric cancer screening programmes in line with the European Council Recommendation on cancer screening,
- + Ensure protected time for clinicians and adequate research and support staff,
- + Ringfence funding for access to clinical trials and ensure a continuous supply of new medicines,
- + Resolve inequities in allowances for hairpieces and post-mastectomy products,
- + Introduce legal protections for cancer survivors to exercise a right to be forgotten in the context of financial products and services,
- + Publish the independent review of the radiation therapy profession and develop the radiotherapy workforce to make full use of available machines,
- + Include a specific focus on preventing cancer in the implementation of a comprehensive preventive healthcare strategy,
- + Enable the provision of adequate home care, night nursing, and digitally assisted care.

CARDIOVASCULAR HEALTH

Cardiovascular diseases are a leading cause of death alongside cancers, yet Governments have not given it the same priority. The responsive focus on acute care is not sustainable and misses the opportunity which early intervention and prevention provide for improved quality of life and more cost-effective services. In 2023, 28% of deaths in Ireland were attributable to circulatory diseases. As many as 1-in-3 heart failure patients are readmitted to hospital within 90-days, often for the lack of basic information and support. GPs, nurses, pharmacists, and physiotherapists can do a lot more to provide care and support for patients, but access is not structured to support those who need it.

Sinn Féin would develop, publish, and implement a comprehensive cardiovascular health plan. This would include a mix of population-wide and high-risk focussed measures covering prevention, early detection, timely diagnosis, and access to care and rehabilitation. This plan would integrate the important measures included in the Stroke Strategy, but go much further to place a focus on reducing incidence of stroke and cardiovascular diseases as well as increasing access to quality care. It would build on the expired Building Healthier Hearts and Changing Cardiovascular Health policies, and a renewed Healthy Ireland framework. We

would support delivery of this plan with ringfenced multi-annual funding and the development of a cardiovascular imaging services.

Sinn Féin would work with clinicians to develop a targeted community-based 'Heart Health Check' programme to improve awareness and detection of conditions such as hypertension/high blood pressure, atrial fibrillation, heart valve disease, and high cholesterol. This would be a first step towards implementing a structured, prevention-focussed approach to cardiovascular diseases. We would work to include all high-risk cardiovascular conditions in the chronic disease management programme. We would develop a role for community pharmacy in cardiovascular health screening and management as part of broader pharmacy reforms. We would expand community radiology services including imaging services such as echocardiograms and angiograms.

Many people feel abandoned once discharged from hospital or being handed a diagnosis due to the lack of community services. Stroke and heart patients suffer high levels of psychological distress and symptoms consistent with post-traumatic stress disorder, but just 1-in-5 stroke units and 1-in-9 hospitals treating heart failure have any access to psychological services. Sinn Féin would improve access to community-based mental health and psychosocial supports as well as services for rehabilitation and primary care needs.

There are more than 3,800 patients on cardiology procedure waiting lists and nearly 40,000 waiting on a consultation with a cardiologist. Sinn Féin would support the development of acute and emergency cardiology services to tackle waiting lists and reduce regional disparities in access to care. We would complete and publish the review of specialist cardiac services along with an implementation plan. We would ensure that it is genuinely national in scope, taking into account all capacity across the island. The northwest and the southeast are particularly underserved in emergency cardiac care due to deficits in PPCI cover. For example, there is no 24/7 cover at all for the southeast region at University Hospital Waterford. Access to emergency cardiac care in Donegal is provided at Altnagelvin in Derry, and it is unclear to what extent this was considered as part of the review of cardiac services. We would ensure that every region of our island has safe and rapid access to regional emergency and specialist cardiology services.

Sinn Féin Will:

- +** Develop and implement a comprehensive cardiovascular health plan including both population-wide and high-risk focussed measures covering prevention, early detection, timely diagnosis, psychosocial supports, and access to care and rehabilitation, supported with ringfenced multi-annual funding,
- +** Develop a targeted community-based 'Heart Health Check' programme to improve awareness and detection of conditions such as hypertension/high

blood pressure, atrial fibrillation, heart valve disease, and high cholesterol,

- + Fund a multi-annual high blood pressure awareness campaign,
- + Work to include all high-risk cardiovascular conditions in the chronic disease management programme,
- + Develop a role for community pharmacy in cardiovascular health screening and management as part of broader pharmacy reforms,
- + Expand community radiology services including imaging services such as echocardiograms and angiograms,
- + Complete and publish the review of specialist cardiac services along with an implementation plan,
- + Ensure that every region of our island has safe and rapid access to regional emergency and specialist cardiology services,
- + Establish the number of stroke survivors in Ireland, conduct a comprehensive assessment of their needs, and implement a plan to meet those needs,
- + Fully implement the 2023 model of care for cardiac rehabilitation,
- + Establish clear responsibility and accountability for cardiovascular health policy and delivery within the Department of Health and the HSE,
- + Provide funding certainty to community heart failure and stroke support services that reduce hospital admission rates and the need for long-term care through standardised funding arrangements with the HSE.

DIABETES

It is estimated that more than 300,000 people have diabetes in this State, which is more than 5% of the population. Diabetes is expected to grow in prevalence due to modern lifestyles. Disabled people are at a much higher risk of angina, cardiovascular disease, stroke, or heart attack than otherwise. It is also associated with blindness, amputation, cancer, obesity, and depression. Structured access to information, advice, care, and medication is essential for condition management and prevention. The chronic disease management programme is an important development, but it is widely acknowledged that a wider, new approach is needed.

Sinn Féin would implement a new strategy for diabetes prevention and care. This strategy would optimise the use and coherence of existing resources and would receive additional multi-annual funding to drive implementation forward. This strategy would follow a review of state- and island-wide diabetes services with a view to reducing incidence, better using existing resources, improving care, and improving people's quality of life.

Sinn Féin Will:

- + Complete a review of state- and island-wide diabetes services to inform a Diabetes Strategy,
- + Review eligibility for subsidised and free access for glucose monitoring devices,
- + Support the development of chronic disease management teams in primary care,
- + Ensure equitable and sensible access to appropriate diabetes equipment to improve prevention and management,
- + Develop and implement a new model of care for diabetes.

RESPIRATORY HEALTH

In 2023, 12% of all deaths were attributable to respiratory diseases. Respiratory illnesses, such as COPD and pneumonia, are a major driver of emergency hospital admissions, particularly during winter. Chronic respiratory conditions present significant additional risk, especially when unmanaged. A significant proportion of chronic diseases are preventable, and respiratory conditions are no different. Smoking is one of the largest contributors to chronic diseases and chronic disease deaths, particularly respiratory conditions, along with socio-economic status, physical inactivity and other factors.

Sinn Féin would develop a respiratory health action plan targeting the most common respiratory conditions. The Scottish Government recently published a plan targeting the 5 most common conditions which make up 90% of their respiratory disease burden. Our action plan would pull together immediate, medium-term, and long-term measures to support prevention, diagnosis, care management, self-management, and workforce development. This would include targeted prevention campaigns such as for healthy and warm homes, clean air, vaccinations, and smoking cessation. It would ensure that services are accessible for people with respiratory conditions, such as structured GP access, diagnostic tests, pulmonary rehabilitation, and psychosocial supports. Structured access to GP and pharmacy care is essential for monitoring conditions and ensuring appropriate medication use, such as the right inhaler, dosages, and sufficient oxygen provision. Pulmonary rehabilitation is essential for improving quality of life and health for patients with many respiratory conditions, including incurable conditions such as pulmonary fibrosis.

The chronic disease management programme has begun to address preventable hospitalisation and deaths by improving condition management for those who qualify. The programme currently covers asthma and COPD.

Sinn Féin Will:

- + Develop a 5-year respiratory health action plan to improve prevention, primary, community, and acute respiratory health services,
- + Work across Government to improve clear air quality,
- + Establish a dedicated vaping and smoking cessation service to support adolescents and young adults to quit,
- + Legislate to regulate marketing, packaging, contents, and flavouring of nicotine inhaling products, and to ban disposable vapes,
- + Review tobacco cessation supports, smoking prevention measures, and the potential of 'de-nicotinisation' to reduce smoking rates and nicotine addiction.

HEALTH AND LIFE SCIENCES AND ACCESS TO MEDICINES

Ireland can be a world leader in health and life sciences. The level of innovation coming in the next decade, from genomics and personalised medicine to AI, will be unprecedented. Sinn Féin would ensure that Ireland can be at the cutting edge of health and life sciences. We would work across Government to implement a life sciences strategy to build on the strong research and manufacturing base that exists in Ireland today. We would aim to make Ireland a world leader in clinical trials by establishing a streamlined set-up process for regulatory compliant clinical trials. We would support an innovation ecosystem that can attract new investment in quality jobs, quality research, and quality care. We would increase funding for research available through the Health Research Board. We would work across Departments, and particularly with Enterprise and Research, Innovation and Science, to cover R&D, trials, manufacturing, patient access, and supporting infrastructure.

Sinn Féin would implement a multi-annual funding framework to ensure timely access to new medicines and therapies, and increase staffing to speed up approval and reimbursement evaluations. We would introduce a voice for doctors in the prioritisation of new medicines, to be considered when allocating funding. It is widely recognised that it takes too long for new medicines and treatments to be approved for reimbursement or become available through the public system, and there is a gap with private health insurance. Irish patients wait longer than the EU average for new medicines to become available to them through the public system. Increasingly, novel therapies are becoming available through private insurance only and are not available in the public system. Medicine shortages are occurring due to policy shortcomings as well as due to global challenges. Expenditure on pharmaceuticals is expected to rise significantly in the coming years as our population ages. This must be managed while ensuring a continued flow of new medicines.

Sinn Féin would appoint a senior official in the Department of Health with responsibility for pharmaceutical policy. Their remit would be to improve access to new medicines, orphan drugs, clinical trials, and high-tech products, develop an early access pilot scheme, boost the supply and use of generic and low-margin products, and inform strategic policy development.

Sinn Féin Will:

- + Aim to make Ireland a world leader in clinical trials and the development of new medicines and therapies,
- + Develop an interdepartmental life sciences strategy to ensure Ireland succeeds in research, development, and application of new technology in health and life sciences,
- + Provide multi-annual funding certainty to improve access to new medicines and orphan drugs,
- + Appoint a senior official with responsibility for pharmaceutical policy in the Department of Health,
- + Maximise use of generics to ensure cost-effective management and supply of medicines,
- + Enable a voice for doctors in deciding the prioritisation of new medicines for funding,
- + Improve staffing levels and productivity across the various bodies involved in approving new medicines for reimbursement,
- + Review pricing arrangements for commonly out-of-stock medicine and ensure that a rapid licensing process for substitute products is in place,
- + Identify critical supply shortages, introduce an essential medicine list, and work with industry to boost manufacturing and diversify supply,
- + Examine options for procurement partnerships with similar sized countries,
- + Review the Medical Cannabis Access Programme and legal classifications to support access to appropriate treatments, clinical trials, and further research.

RARE DISEASES

Up to 6% of people in Ireland have a rare disease. People with rare diseases face significant difficulties in accessing diagnoses, treatment and care due to the rarity of their conditions, limited availability of specialists, delayed diagnosis, disjointed and uncoordinated care, lack of care in the community, inability to access psychological supports, delays in approval of new medicines, and, in many cases, a lack of basic knowledge and understanding of the lives of those living with rare diseases.

Sinn Féin would work with the Rare Disease Steering Group to urgently complete and publish a new Rare Disease Strategy and Implementation Plan. The new Plan must outline capacity requirements, timeframes, and funding requirements.

Community and social care supports are essential, particularly for people whose conditions need to be managed. Cutting edge technologies, including genomics, AI, and advanced therapy medicinal products offer significant opportunities to advance diagnosis and care for people with rare disease across the island. An all-island approach is particularly important due to the extremely small number of people with some conditions and the lack of available expertise.

Sinn Féin Will:

- + Urgently complete and publish a new Rare Disease Strategy and Implementation Plan,
- + Establish a Rare Disease Plan Implementation Oversight Group,
- + Improve and expand care pathways rooted in coordinated care and community services,
- + Implement a multi-annual funding framework for the rare disease plan,
- + Fund specialist home care and support for those who need it, such as people with EB,
- + Develop a Rare Disease Register which is integrated with electronic health records systems across health sectors,
- + Review approval, pricing, and reimbursement arrangements for orphan medicines,
- + Target access to new medicines within 14 months of regulatory approval,
- + Expand the Newborn Bloodspot Screening Programme and work with European partners to standardise and further develop services for newborns across Ireland and Europe, and ensure prompt implementation of SMA screening,
- + Work with European partners to integrate rare disease care, research, and

training through established European Reference Networks,

- + Work to improve awareness among healthcare professionals and the public of rare diseases and care pathways,
- + Promote participation in national and international research, and enrolment in clinical trials.

GENETICS AND GENOMICS

Sinn Féin supported the development of a strategy for genetics and genomics. Genomic medicine promises to enable a more dynamic care that is personalised, predictive, preventative, data-driven, and cost-effective. We would support the implementation of the strategy for accelerating genetic and genomic medicine in Ireland with funding. This investment would benefit many groups of patients in understanding their health and treatment options.

Sinn Féin Will:

- + Fund development of genetics and genomic medicine,
- + Develop laboratory capacity to support the national strategy.

GENDER AND SEXUAL HEALTH

Equality and human rights are core values of Sinn Féin. We believe that healthcare is a fundamental human right, and should be accessible to everyone regardless of their gender or sexual identity. We believe that transgender people have a right to gender recognition and the best support and care possible. Sinn Féin recognises that healthcare should be driven by appropriately qualified and regulated clinical professionals, not politicians or criminal law, and that care should be made available to transgender people based on clinical evidence, including access to gender affirming treatment for adults.

There is a clinical review of the model of care for gender identity underway. The new model of care must be based on a complete review. Clinical pathways and treatment options must be determined by clinicians, and the type of care a person receives is a private matter for them and their family or support network as appropriate. Domestic services should put informed consent and care in the community at the heart of service delivery.

Sinn Féin would extend and update the national sexual health strategy. This process would include the voices of people who use sexual health services, healthcare professionals, service providers, and community organisations.

Sinn Féin Will:

- + Implement a new and holistic model of care for gender identity services,
- + Extend and update the national sexual health strategy to address long waiting lists for PrEP and reduce rates of STIs and HIV.

END OF LIFE CARE

Sinn Féin would resource a national approach to end-of-life care, including palliative care and bereavement. This would focus on equity of access across palliative care in the home, nursing homes, and primary care settings, including out-of-hours and night supports. We would work to ensure that more people can spend the rest of their time in the best care setting for them in a way that is planned with them, regardless of their wealth. End-of-life care would be an important part of a statutory home care scheme. Sinn Féin is committed to supporting family carers, including the abolition of the means-test for Carers Allowance.

Bereavement and grief can be exceptionally difficult. Sinn Féin would implement a consistent approach to bereavement care with links to HSE primary care and counselling.

The Assisted Decision Making (Capacity) Act legislation must be considered and incorporated into the new policy. End of life care planning is a critical aspect of the care trajectory, and this legislation holds a key role for informing this work.

Sinn Féin acknowledges the final report of the Joint Committee on Assisted Dying. The Committee recommended to legislate for assisted dying only in certain restricted circumstances, with very clear definitions and a review after three years. It called for an updated palliative care strategy to be published to deliver accessible and equitable services across the State in advance of assisted dying. This has since been published. It called for an independent national body for assisted dying, responsible for assisted dying services with full oversight. The Committee set out a number of recommended safeguards, including assessing decision-making capacity, protecting against coercion, and far greater end-of-life care and supports.

Sinn Féin is in favour of legislating for limited access to assisted dying conditional on proper investment in palliative care, mental health services, and disability services. We support limited grounds for access only for people who are nearing end of life as outlined in the final report of the Joint Committee on Assisted Dying, with access only available in limited and defined circumstances. We do not support mental health conditions or disability as grounds for assisted dying. Appropriate supports for carers, coupled with investment in mental health

services and palliative care are critical in ensuring all people are fully supported in achieving a dignified and high quality of life, including end of life care, and that assisted dying is not a replacement for palliative care.

Recognising the sensitivity of the issues related to assisted dying, that any legislation that may be introduced to provide for assisted dying must be thoroughly and carefully considered with appropriate safeguards in place to ensure that there are no unintended consequences, and considering the divergent views of patients, advocates, international experts, representative groups, and people generally, we would advance legislation on this matter only following extensive scrutiny and only once we have properly resourced palliative care services.

Sinn Féin Will:

- + Fund the development of 50 more palliative care beds,
- + Implement the new adult palliative care policy,
- + Resource a national approach to palliative, end-of-life and bereavement care,
- + Increase the capacity to deliver quality end-of-life care in the community,
- + Invest in and resource community bereavement supports,
- + Commence pre-legislative scrutiny of a legal framework for assisted dying following the publication of a multi-annual, funded palliative care policy implementation plan.

SEPSIS

Sepsis is largely preventable, yet it continues to be a major source of mortality. Adequate infection prevention and symptom awareness are essential for reducing sepsis deaths. There were more than 3,000 sepsis deaths in 2022, from nearly 15,000 detected cases. Significant advances have been made in Ireland in sepsis awareness and monitoring. The latest annual outcome report, the National Sepsis Report 2022 (2024), has identified public awareness, clinical education, mandatory refresh training, antimicrobial stewardship, and research as key areas for action to reduce sepsis deaths.

Sinn Féin Will:

- + Implement a 5-year Sepsis Strategic Action Plan, including awareness, prevention, care, and dedicated research capacity,
- + Fund research nurses in every emergency department.

CLIMATE AND HEALTH

Sinn Féin would fund a €1 billion multi-annual climate action plan for the health service to improve energy efficiency and achieve sectoral emissions reductions. As a major organisation with a large footprint, and as the largest employer in the State, the HSE has significant obligations to deliver on. Despite this, data and record keeping on building energy ratings has been poor. The HSE has not maintained full records on energy ratings, delaying implementation of a climate action plan.

Sinn Féin would support public health departments to equip the public and the health service for the health consequences of climate change.

Sinn Féin Will:

- + Ringfence €1 billion for retrofitting, energy efficiency, and climate action across the health service,
- + Complete an energy review of HSE capital stock to inform a programme of retrofitting,
- + Mandate all Health Regions to develop Health and Climate Change Action Plans and ensure adequate climate-related resourcing of Public Health units,
- + Implement a multiannual funding framework for the HSE Climate Action Strategy, including retrofitting and use of solar panels on suitable buildings,
- + Increase funding for research and development for climate action and research,
- + Ensure that new builds in the health sector are built to high energy standards.

SOCIAL INCLUSION AND EQUALITY

There are many marginalised groups in need of targeted healthcare and supports, including new Irish, Irish Traveller communities, migrant communities, and deprived working-class communities. Sinn Féin would support sustained investment in social inclusion and tailored services for marginalised groups to reduce health inequalities across gender, age, and background. These inequalities are most stark in mental health and suicide prevention but carry across mainstream health services.

Sinn Féin Will:

- + Ringfence funding for the Traveller Health Action Plan,
- + Fund and implement a Social Inclusion and Equality Strategy.

GAEILGE, GAELTACHT, CULTURE, AND ARTS

Sinn Féin recognises the important of supporting access to care through Gaeilge. We would work with the HSE and education institutes to train and recruit sufficient number of clinicians to provide Irish language services for Gaeltacht communities in medical centres, hospitals, and nursing homes.

Sinn Féin Will:

- + Plan for Irish language health and social care services to support Gaeltacht communities,
- + Develop a plan to incorporate culture and art into life in care homes, assisted living institutions, and healthcare settings, and to explore options for using art as therapy.

OTHER STRATEGIES

There are many other strategies and clinical programmes competing for funding. Sinn Féin would ensure fair, independent, and transparent investment across strategies and clinical programmes based on cost effectiveness and outcomes for patients. One important example of this is the Trauma Strategy, which is covered in the hospital reform section.



Aging and Older Persons Care

Sinn Féin is committed to empowering older people to live independently and building a health service that cares for us as we age. We would implement a comprehensive social care policy to support independent living for people and groups with identified additional needs, including targeted funding to tackle loneliness and isolation, particularly among older people and people living alone.

We believe that people deserve to live in their own homes for as long as they can. We have expanded on our 'home first' approach to care in the Local Health and Social Care Services section, which includes the funding for all related measures.

We would ensure that there are options for remaining at home, downsizing, or living in a community setting. The state should support older people to 'age in place' through home support and adaptation grants to ensure healthy age friendly homes. Long-term residential care should be available for those who want or need it, but it should not be the default option. We would seek to reduce reliance on nursing homes and reorient care to support this.

We mandate the Commission on Care to future-proof the model of care for aging. We would support family carers, as outlined in our Charter for Carers, and invest in day services for older people. We would support specific programmes for people with dementia, Parkinson's, MS, motor neuron disease, and progressive disorders which recognise the complexity of care, respect the dignity of the individual, and support the family to ensure their loved ones are cared for.

Sinn Féin would enact adult safeguarding legislation. This would provide a legal framework to support safeguarding, additional powers for social workers and relevant social care professionals, and an agency, separate from the HSE, which is empowered to oversee safeguarding policy and practice across the public and private sector and in the home. We would legislate to provide a legal right of entry to any designated care centre for relevant social workers and social care professionals.

We would legislate for a Care Partner scheme similar to that which operates in the north of Ireland. This scheme was highly successful at reducing isolation and improving health outcomes during the pandemic. It gives a right to a family or friends acting as care partners to combat isolation and, during public health emergencies, assist in care giving in residential care facilities.

Sinn Féin Will:

- +** Develop and implement a comprehensive social care policy to support independent living,
- +** Implement a Home First approach to care and a statutory home care scheme,
- +** Mandate the Commission on Care to future-proof the model of care for aging,
- +** Enact adult safeguarding legislation and establish a safeguarding authority,

- + Enact care partner legislation,
- + Continue the development of the integrated care programme for older people and local teams,
- + Develop and implement a comprehensive adult and older person vaccination programme including targeted RSV and shingles immunisation programmes,
- + Invest in day services for older people,
- + Develop and implement an Action Plan to Combat Loneliness and Isolation,
- + Embed mental health and wellbeing in the integrated care programme for older people,
- + Provide for a legal right of entry to any designated care centre for relevant social workers and social care professionals.



Tackling Addiction, Empowering Recovery

Sinn Féin recognises that addiction can affect anyone. Sinn Féin's guiding principle in our approach to addiction and recovery is that we must reduce the harmful impacts of addiction while empowering communities. We have set out comprehensive policy in our 5 Year Community Addiction and Recovery Strategy (2021) and in our policy consultation document Priorities for Change in Health and Social Care (2023).

Those working on the ground in the addiction and recovery sector are best placed to identify and resource programmes and initiatives that will benefit individuals and families in their local communities. Local community initiatives are the backbone of addiction and recovery services. This localised expertise must be allowed, and funded, to respond proactively to emerging trends within communities.

Sinn Féin would end the criminalisation of addiction. We would not seek to penalise minor possession for personal use. Consumption of drugs in a public place and sale and supply would remain illegal. We would ensure that anyone found in possession of drugs would be afforded extensive opportunities to engage with health-led services where necessary.

Sinn Féin would return funding for local and regional Drug and Alcohol Taskforces to pre-recession levels and ensure sustained and appropriate funding increases every year to continue service development. We would fund additional family support and community development workers in each taskforce area. For many people, alcohol poses no risk, but supports and signposting must be available for those who need it. Sinn Féin would support community-based services along with clinical responses to Alcohol-Related Brain Injuries.

We are proposing to further support recovery services through an unprecedented investment in publicly owned, community operated rehabilitation and detoxification inpatient capacity. We would fund an expansion of capacity equivalent to 700 residential recovery, medical detoxification, and step-down beds over a term of Government. We would ensure that people are not isolated from support by a prison sentence.

Sinn Féin would offset assessment fees for addiction and recovery services through improvements to capitation funding.

We would support people in recovery through a recovery-specific housing programme, inclusive of wraparound supports. The programme would start as a pilot scheme with 3 initial bases across the regions. Each person utilising these services would have access to an addiction counsellor and support worker.

Addiction often overlaps with mental health challenges and conditions, both as a cause and a consequence of addiction. Lip service has been paid to the need for services equipped to care for people with dual diagnoses, but this has never materialised. Sinn Féin would implement a "No Wrong Door" policy for people

with a dual diagnosis and enable addiction and mental health services to deliver the care a person needs when they present to a service they trust.

Sinn Féin recognises that staff in addiction services are often overlooked and under supported. We note reports finding that those working in addiction have some of the highest work-related stress across health services. We recognise that supervision is a key aspect in social work and social care in mental health fields, yet it is often overlooked in addiction services. We would support frontline workers with supervision and counselling services to reduce burnout and the mental burden of managing trauma on a daily basis.

Sinn Féin recognises that families are disproportionately and often unfairly placed with the burden of caring for and supporting an individual in active addiction and early recovery. This can have profound and often long-lasting impacts on family members from economic hardship to violence and without support, this can increase the likelihood of addiction amongst children especially. Sinn Féin would work with existing Family Support Networks to ensure fair processes, increase funding through DATFs to ensure that a whole-family approach can be taken to addiction across the State, and ensure that families are given a secure position on consultation bodies such as the National Oversight Council.

Sinn Féin also recognises the large proportion of individuals impacted by gambling-based harm in this state. We would implement strong, evidence-based gambling regulations to ensure that the Gambling Regulator can be a proactive force to reduce harm in this state. We would ensure that the Social Fund receives contributions on a 'harm pays' basis, similar to the approach in New Zealand, to provide the necessary treatment supports for those who need them.

We recognise the potentially life-saving intervention that Naloxone offers to those in addiction, those utilising Opioid Substitute Treatments and those who are legally prescribed opioids. We would explore evidence-based approaches to the expansion of the availability of Naloxone to ensure that every person whose life could be saved by this drug can access it.

Sinn Féin recognises that significant barriers exist to those in recovery and that we need to work at all levels of government, across this island, to remove these barriers. We believe that across the island, those on a recovery journey have rights and these rights must be respected. To this end, we would implement an All-Island Charter of Rights for those in Recovery.

Sinn Féin Will:

- +** Return funding to 2010 levels for local and regional drug and alcohol taskforces, and increase funding further by 2% every year,
- +** Initiate an unprecedented investment in community addiction and recovery inpatient capacity, delivering 700 residential recovery, medical detoxification, and step-down beds over a term of Government,

- + Waive assessment fees for access to addiction services,
- + Implement a “No Wrong Door” policy for dual diagnosis,
- + End the criminalisation of addiction and pursue a comprehensive health-led approach,
- + Employ additional community development and family support workers in each taskforce area,
- + Deliver multidisciplinary community neuro-rehabilitation teams which will work with community sector services to ensure state-wide coverage for substance-related brain injury,
- + Fund further research into gambling prevalence and behaviours and fully implement a Gambling Regulation Bill,
- + Work across Government to support drug and alcohol misuse educational programmes in schools, recovery-inclusive programmes in sport, social inclusion and Traveller community-specific projects, and equip frontline services and the Gardaí to focus on harm reduction in communities,
- + Establish a Consultatory Working Group of people with lived experience of addiction to consult on, and influence, relevant policy,
- + Support a whole-family approach to addiction services and work to end the postcode lottery delivery of family support services.





Safe Staffing for Safer Healthcare

Sinn Féin would plan for 40,000 additional health and social care workers by 2030. They are needed to safely staff services, deliver reform, fill vacancies, reduce pressure on existing staff, and improve services. To achieve this, a Sinn Féin Minister for Health and Social Care would lead a campaign to engage healthcare workers who left the health service or who left Ireland, listen to their experiences, and implement the changes they need to see across the health service. We would mandate conversion of 34% of agency hours into direct employment, which equates to approximately 3,000 full-time posts. We would work across Government to address the social crises in housing and the cost of living that are preventing ordinary workers and young people from establishing security.

Sinn Féin would double undergraduate places and give a job guarantee to all health and social care graduates. We would deliver a fair deal for students and increase supports for those who are training and working in frontline posts. This bursary would be in recognition of the work that they do, their need to be supported economically while they train, and that this burden falls unfairly on hard pressed families. We would ensure a seamless transition to work in the public sector for those who want it. It makes no sense to be investing in educating thousands of young people, only for them to emigrate because of housing costs or arbitrary recruitment embargoes.

We would significantly increase specialist training places and undergraduate places to increase opportunities for domestic students in line with health needs. We recognise that graduate entry to medicine and health and social care professions is increasingly common. We would initially extend the Free Fees Initiative to cover Graduate Entry Medicine and review coverage of other entry points to the health and social care workforce.

Sinn Féin would establish a cabinet committee on workforce planning with a sub-group on health to implement a health workforce strategy. We would work with workers to move as much of the health service as we can to extended working days and, ultimately, a 7-day health service. This will require a substantial scaling up of staff, but would achieve far greater value-for-money and output from existing and planned infrastructure and machinery. To put this in context, a normal 9-to-5, 5-days a week roster equates to 40 hours, and 8-to-8, 7-days a week is 84 hours. Efforts have been made in the past to extend work hours for radiographers, but these have failed due to insufficient staff resources throughout radiology departments. When a doubling of staffing is required, we cannot expect already understaffed radiology departments to perform 100% more work with just 1% more staffing. Every department should have an established evidence-based staffing level to meet the care demands expected of them.

The Government's Pay and Numbers Strategy for the Health Service is a recruitment embargo by another name. Staffing levels have been determined by historical budgets and piecemeal service development, not through a calculated determination of need. The Government has increased patient and staff safety risks in frontline services to make up for financial mismanagement. For example, according to the INMO approximately 2,000 nursing and midwifery posts were abolished because they were vacant on 31 December 2023 – not because they were not needed by frontline services, but because of arbitrary recruitment caps on the HSE imposed by a Government unable to control spending. Fórsa have said that dysfunctional spending in the HSE is diverting funding to expensive agency staffing while at the same time removing vacant posts from frontline services. According to SIPTU, there is a 30% shortage in radiation therapists, leading to an estimated 120 less cancer cases being treated a day because cancer treatment machines idle and underutilised. There are 84 less HSE Home Support Care Assistants despite growing demand for home care. The abolition of vacant posts means that other staff must take up additional responsibilities on a permanent basis without recognition for that work. The HSE has not shared data, with trade unions or the Dáil, on the number of previously funded and approved posts which have been essentially deleted from the workforce because of the Pay and Numbers Strategy. This has led to major trade unions representing most healthcare workers to ballot for industrial action over unsafe staffing. Sinn Féin would not implement dangerous, reckless, and irresponsible recruitment embargoes.

Many professions feel they have more to offer. Sinn Féin would enable health and social care professionals to practice at the top of their licence. We would make greater use of specialist and advanced practice grades, provide opportunities for upskilling, and increase interprofessional collaboration. Many allied health and social care professions, such as psychologists, are still unregulated by CORU despite the legislative basis having been provided in the Health and Social Care Professionals Act 2005. There are several professions which are unregulated or seeking changes to regulation. There are many outstanding labour disputes, including long-running disputes such as for medical scientists, which we would address through a cooperative approach and by honouring commitments.

Immigration and emigration can play positive roles in our health service. International recruitment is essential for filling skills gaps, and many Irish healthcare workers benefit from training or working abroad. The issue is that many Irish emigrants are now driven abroad by the housing crisis or see little prospect or purpose in moving home. The cost of housing and living in Ireland are major barriers to Irish people who want to stay or return, and international professionals looking to work and live in Ireland.

Sinn Féin would enact the Patient Safety (Licensing) Bill to apply improved safety regulations of hospitals including safe staffing levels. Occupational health and wellbeing are major concerns for many workers. The high level of assaults against healthcare workers, the brunt of which is borne by nurses, is an unacceptable risk. Similarly, complaints regarding wellbeing, harassment, and bullying need to be addressed robustly. All unions report significant negative mental and physical health impacts on workers from their working arrangements. The Health and Safety Authority will need to be properly resourced to tackle issues within the HSE. The HSE needs to be held accountable for improving standards. Workplace culture is often cited as an issue. Ensuring that healthcare workers are better supported has been a consistent priority for Sinn Féin.

Sinn Féin Will:

- + Plan to recruit 40,000 healthcare workers over 5 years, and maximise domestic training, attracting Irish workers home, re-activation, and international recruitment to achieve this,
- + Give a job guarantee to health graduates and deliver a bursary scheme which recognises work done on clinical placements,
- + Lead a campaign to engage healthcare workers who left the health service or who left Ireland and implement the changes they need to see,
- + Mandate a 34% reduction in agency staffing and increase direct employment,
- + Legislate for safe staffing levels and enact the Patient Safety (Licensing) Bill,
- + Establish a safe staffing framework that applies across all appropriate grades,
- + Establish staffing and capacity requirements for a 7-day health service,
- + Double CAO entry places for medicine, nursing, and health and social care courses, significantly expand access to medicine for domestic students, and extend the free fees initiative to Graduate Entry Medicine,
- + Fund a 50% increase in specialist medical training places and more in GP training places,
- + Significantly increase clinical, counselling, and educational psychologist training posts,
- + End pay disparities between core service providing Section 39 organisations and the HSE,
- + Increase advanced nursing practitioners to 5% of the nursing workforce, and fund 500 more clinical nurse specialist posts,
- + Enable professions to practice at the top of their licence and make greater use of specialist and advanced practice grades across professions,

- + Establish a cabinet committee on workforce planning with a sub-group on health to oversee a multi-annual health workforce strategy,
- + Implement the recommendations of the Taskforce on the NCHD workforce,
- + Publish the independent review of the radiation therapy profession,
- + Complete Health and Social Care Professional regulation with CORU,
- + Develop career progression for healthcare assistants,
- + Increase use of reciprocal recognition of professional registration North-South and facilitate easier transfer of qualification and professional registration,
- + Engage with healthcare professionals at home and abroad to improve working conditions and retention,
- + Increase security in hospitals in line with capacity pressures,
- + Fund the establishment of a Health and Social Care Unit in the Health and Safety Authority,
- + Hold the HSE accountable for improving workplace standards and culture, increase occupational welfare supports, and ensure that healthcare workers are properly supported in dealing with stress, burnout, and harm.



Accountability and Reform

MULTI-ANNUAL FUNDING

Funding and reform must go hand-in-hand. Sinn Féin would implement multi-annual funding frameworks to provide funding certainty and improve accountability. We would first apply these to improvement strategies, infrastructure delivery, digital transformation, and medicines, with a view to widening application to current expenditure programmes. These would control spending by limiting use of funds to specified new developments.

Multi-annual funding frameworks will enable more effective public service delivery once Health Regions have assessed their population-based care and capacity needs. We would mandate each health region to develop a population-based care and capacity plan to inform strategic investment and workforce planning. This would enable multi-annual funding for services to invest where they need it most, and drive community care and digital investments which are suited to different population needs.

Sinn Féin Will:

- + Implement multi-annual funding frameworks for improvement strategies, infrastructure delivery, digital transformation, and medicines,
- + Develop population-based budgets,
- + Control funding on the basis of reform delivery, rewarding best practice and progress against waiting time targets.

EFFICIENCY & SAVINGS

No funding plan would be credible without a substantial savings target. Sinn Féin would set a savings and efficiencies target of at least €1 billion, equating to 4% of the current health budget.

We would set a target of €200 million a year in savings for five years. In the context of significant additional investment, new technology, and more sustainable care systems, we believe these are at the lower end of what can be achieved. More than €450 million is paid out through the State Claims Agency in health-related claims, and this has more than doubled in recent years. Long waiting times on lists and in emergency departments is a contributing factor.

A Sinn Féin Government would seek to achieve the maximum savings possible but for the purposes of our funding plan, we are setting a minimum target of €1 billion to part-fund our additional measures. This is a necessary target to ensure the sustainability of the health budget into the future.

Health spending has increased by 51% since 2019. It is widely recognised that

much of the increased spending has not been allocated efficiently, and there is widespread waste across the health service. Additional costs are being added to the health service by legacy constraints: the HSE is chronically burdened by paper, pen, and postage-based record systems; acute hospitals are the primary but most expensive method of providing care; and long waiting lists lead to more complex care needs, further driving costs. Wide-ranging measures, from improved primary care, a focus on prevention, and swifter action on waiting lists, are needed to improve the efficiency of health spending, in addition to direct cost-cutting measures.

More than €2 billion has been spent on agency staff by the HSE in the last 5 years. Annual spending has risen from €330 million in 2018 to €647 million in 2023. There is a significant premium estimated for agency hours, approximately 20%, which could be saved by direct employment. Spending on consultancy services, excluding IT consultancy, amounted to €44.7 million in 2020, and rose to €92.25 million in 2022. The cost of these contracts is estimated at three times higher than if the people were employed directly.¹³ More than €380 million was spent by the HSE outside of procurement rules in just three years from 2020 to 2023. Hundreds of millions are being incurred annually in medical negligence claims, with more than €2 billion paid out over a five-year period.¹⁴

Sinn Féin would mandate the HSE to prioritise directly hired staff and in-house expertise, insofar as possible. We would require whole-time staffing equivalent data reporting for agency spending and consider this within the health service's approved workforce to incentivise conversion of agency posts. This is essential for achieving value for money and building up expertise and experience in delivering on strategic priorities within the health service. We would require stronger appraisal and justification of external consultancy, and maximise insourcing within the Department of Health, the HSE, and the wider public service to conduct this work.

Significant efficiencies can be achieved by improving utilisation of existing resources such as theatres, outpatient clinics, and diagnostic and treatment equipment and machinery. This requires an alignment of staffing, work hours, and training places to facilitate improved productivity. Use of new technology and digitally assisted work practices can also be applied to drive day-to-day productivity increases.

Sinn Féin's health plan, including investments in digital transformation, primary care, and targeted measures to support preventive and ongoing care in the community, would foster a most cost-effective health service. Significant savings can be extracted by clamping down on outsourcing, agency staffing, suboptimal medicine management, and by improving procurement compliance. We believe that savings on medicines should be re-invested in new products and innovative treatments.

¹³ [HSE awarded €500m worth of tenders to external companies in past eight years, figures show – The Irish Times](#)

¹⁴ [HSE paid out over €2bn in medical negligence claims in five years \(irishexaminer.com\)](#)

Sinn Féin Will:

- + Target €1 billion in savings and efficiencies across the health service, including major reductions in agency spending, reliance on overtime, and management consultants,
- + Implement tighter control on use of outsourcing and management consultancy with more robust appraisal requiring justification for external procurement and accountability for in-sourcing and productivity,
- + Enable greater accountability using an integrated financial management system, population-based budgets, and activity-based funding.

DIGITAL TRANSFORMATION

Sinn Féin would deliver an unprecedented investment in digital transformation to bring the health service into the 21st century. We would fund a radical modernisation of the health service to provide rapid access to records, improve health and spending data, and deliver digitally integrated care. This would significantly improve patient experience and cost efficiency.

We would provide for a ringfenced €2 billion health digital transformation fund. This fund would cover fundamental reform programmes such as integrated referral and waiting list systems, shared care records and developing a full digital health record, a patient app, and remote clinical services. It would also cover an integrated financial management system to improve spending accountability. This fund would provide space for innovation, research, and development within health regions.

Our digital health strategy would empower patients and clinicians with greater access to health information. We would fund the development of new infrastructure, ensure robust identity management, and enhance the collection, use, and sharing of health information for care and treatment. We would develop a digital portal to allow people to see exactly where they stand on waiting lists and manage their affairs.

We would prioritise the development of secure data sharing across primary care and hospital providers. The digital health service would be built gradually but consistently as trust is proven in complex health information systems. Fundamental performance and financial management systems must first be fully implemented and functioning. We would ensure that GP integration is covered from within this fund.

Sinn Féin Will:

- + Establish a digital transformation fund which is ringfenced from the health capital budget worth €2 billion,
- + Implement a multi-annual funding framework for digital transformation to deliver digital care records, a patient app, and improved waiting list and financial systems,
- + Invest in digital technology to support care at home and for remote communities,
- + Enact the Health Information Bill and health data space regulations,
- + Develop a one-stop-shop to concentrate expertise and drive innovation across the health system.

ALL ISLAND PLANNING

Sinn Féin would work to maximise the potential of the all-island population to plan and develop specialist health services. Ireland has a population of just 7 million people, of whom 1.8 million live in the north. The island's population is larger than Scotland, Norway, and Denmark, and compares to 10 million in Sweden and 18 million in Netherlands. We would work to increase all-island collaboration and maximise use of all-island healthcare capacity to tackle waiting lists and increase educational capacity to train healthcare workers.

Sinn Féin would maximise all-island cooperation to enable an appropriate flow of patient in both directions across the border according to local need and service provision.

The benefits of all-island planning in highly specialist areas have already been demonstrated in a number of important fields. Joint projects have been developed across radiotherapy, paediatric cardiac services, and cancer research. The all-island congenital heart disease network, based out of Dublin, Belfast, and regional clinics, has been highly successful and was implemented along with DUP Ministers of Health.

Partition disrupts health planning across Ulster. A 2011 report, commissioned by the Centre for Cross-Border Studies, entitled *Unlocking the Potential of Cross-Border Hospital Planning on the Island of Ireland*, identified several further areas for cooperation such as cross-border services at the South West Acute Hospital in Enniskillen, and potential for further collaboration across paediatric cardiac services, acute mental health services, orthopaedic services, otolaryngology (Ear, Nose and Throat), and Cystic Fibrosis services. This report focussed solely on hospital-based care and is now more than 10 years old.

Sinn Féin would commission a new report to examine progress since 2011 and identify areas for collaboration across a wider range of health and social care services, including the development of truly national centres of excellence based on the model provided by the all-island congenital health disease network. We would commission further research into cross-border and all-island collaboration across paediatric, cardiac, cancer, and genomic services.

Sinn Féin Will:

- +** Enable all-island collaboration, research, and specialist service development,
- +** Maximise use of all-island and cross-border healthcare capacity,
- +** Revise national strategies to ensure all-island planning,
- +** Increase cross-border education and workforce planning to train more healthcare workers, and align professional regulation and registration,
- +** Ensure cross-border engagement when considering the best local care options for border counties,
- +** Commission research to advance all-island and cross-border service provision,
- +** Work with the Executive to establish an all-island public health emergency framework.

HEALTH REGIONS AND INTEGRATED MANAGEMENT

HSE Health Regions would be drivers of reform under Sinn Féin. They must be more than a rearranging of the deck chairs. It must involve real integration of care as well as management responsibilities. Regionalisation reforms must cut through the layers of bureaucracy and deliver streamlined, accountable management. There must be a clear delineation of responsibility for defined areas across minimal layers of management. Health Regions would play a significant role in collaboration with educational institutions in implementing our workforce plan and expanding training capacity.

Regional management would be held accountable for improvements and performance would be monitored. We would judge performance on indicators such as improved coordination across acute and community services, delayed discharges, out-of-hour primary care activity, home care, and ED wait times. Progress would be expected at de-leveraging hospitals, improving efficiency, and managing spending.

We would mandate each health region to develop a population-based care and capacity plan to inform strategic investment and workforce planning. We would develop a population-based budgeting system, aiming to provide each region with

current and capital funding proportional to the population they serve and balanced against legacy capacity deficits. We would develop an activity-based funding model for hospitals and other service providers to hold management properly accountable.

Our plan would enable a model of accountable autonomy for regional management to allow them to move quickly to address deficits across service divisions and create a framework for performance comparison between regions. Regional executives would be accountable for delivering efficiency improvements and value-for-money.

Sinn Féin Will:

- + Streamline management through Health Regions and hold executives to account for performance,
- + Mandate each health region to develop a population-based care and capacity plan to inform strategic investment and workforce planning,
- + Hold regions accountable for planning and delivering strategic infrastructure through investment frameworks,
- + Strengthen governance, oversight, and accountability by flattening layers of management,
- + Ensure diverse professional representation at regional management level.

INFRASTRUCTURE DELIVERY

We would give Health Regions multi-annual funding certainty to speed up the delivery of capital projects and address deficits in strategic infrastructure. We would ramp up the use of standardised designs, reduce decision gates, and require a multi-annual capital plan for each health region. Sinn Féin would ensure that past performance is taken into account in the awarding of public works contracts. We would review public works contracts to eliminate the weaknesses which are clear to see in the new Children's Hospital project. We have discussed this further in our Report on Stakeholder Engagement: Understanding the Causes of Hospital Waiting Lists (2021).

We would make full use of existing planning mechanisms to fast track the delivery of beds, including emergency planning powers as has been done for other infrastructure projects in the past. The situation in hospitals is an emergency and needs to be treated as one, and planning priorities must be aligned across the HSE and local authorities.

Sinn Féin Will:

- + Make full use of existing emergency planning powers to accelerate infrastructure delivery,

- + Mandate multi-annual infrastructure planning to reduce planning delays,
- + Implement multi-annual infrastructure funding frameworks to enable steady delivery,
- + Maximise use of standardised designs and rapid-build technology to address capacity deficits.

PATIENT SAFETY, ADVOCACY, AND COMPLAINTS

Sinn Féin is committed to a culture of patient safety. We would put patient safety front and centre in accountability and reform.

Patient rights are at the centre of our approach to healthcare. Patients have rights to preventative measures, timely access to care and information, to give and withdraw consent, quality standards, privacy and dignity, respect, confidentiality, and, when things go wrong, the right to complain and, where appropriate, compensation.

There are many instances where patients and healthcare workers have felt unheard, dismissed, let down, or pushed away when making complaints about quality of care or conditions at work. Bias, whether real or perceived, is a major issue for the HSE. While the quality of care is generally quite high, trust in the HSE is quite low due to a lack of accountability and transparency.

Sinn Féin would prioritise independent complaints processes to improve trust in the handling of complaints. We would work with the HSE and across oversight authorities to deliver trust in the outcome of investigations. We would hold the HSE to account for cultural change to improve the working environment. Complaints should be user friendly and seen through the lens of a learning opportunity.

Patient advocates play a vital role in ensuring transparency, inclusivity, and patient-centred decision-making. We would ensure the availability of professional patient advocacy. We would ensure that patient voices are central to delivering healthcare reform.

We would review the implementation of new Patient Safety and related legislation, such as rules governing organ retention and disposal policies, to ensure they are working as intended and that there is consistent implementation.

Sinn Féin Will:

- + Support professional patient advocacy and complete the Patient Voice Partner Voice Policy,
- + Publish a framework for engagement with and supporting patient advocates

which includes decision-making, a complaints procedure, and a formalised role for patient advocates,

- + Develop an independent body responsible for health service complaints and patient safety,
- + Review the role and effectiveness of the National Patient Safety Office,
- + Review the operation of the Patient Safety (Notifiable Incidents and Open Disclosure) Act 2023,
- + Review the operation of the Human Tissue (Transplantation, Post-Mortem, Anatomical Examination and Public Display) Act 2024.

SAFEGUARDING

Sinn Féin would enact adult safeguarding legislation. This would provide a legal framework to support safeguarding, additional powers for social workers and relevant social care professionals, and an agency, separate from the HSE, which is empowered to oversee safeguarding policy and practice across the public and private sector and in the home. We would increase resources and powers for safeguarding teams. We would legislate to provide a legal right of entry to any designated care centre for relevant social workers and social care professionals. We would legislate for a Care Partner scheme similar to that which operates in the north of Ireland. This scheme was highly successful at reducing isolation and improving health outcomes.

Sinn Féin Will:

- + Enact adult safeguarding legislation,
- + Introduce mandatory reporting of suspected abuse or neglect,
- + Provide a legal right of entry for relevant social workers,
- + Enact care partner legislation.

COVID REVIEW

Sinn Féin supports a transparent review into the handling of Covid-19 in public and private residential care homes. Access to records, closure for affected families, and the unnecessary isolation and substandard care experienced in some care homes must be definitively addressed.

In future public health emergencies, access to family support and social care practitioners must always be supported. We would legislate for a Care Partner

scheme similar to that which operates in the north of Ireland. This scheme was highly successful at reducing isolation and improving health outcomes.

Sinn Féin Will:

- + Advance a transparent review into the handling of Covid-19, with a specific module on residential care homes that provides closure and accountability.

PUBLIC INVESTIGATIONS

- + Oversee the completion of the Farrelly Commission of Investigation,
- + Establish a Commission of Investigation into abuse perpetrated by former surgeon Michael Shine and publish the 2009 review,
- + Deliver a State apology to Thalidomide Survivors and ensure access to the necessary lifelong health and social care supports,
- + Progress the sodium valproate inquiry and ensure access to supports for FVS-affected survivors,
- + Publish the Report of the National Vaginal Mesh Implant Oversight Group and ensure the availability of full mesh injury care, removal, aftercare and ongoing health and social care supports.



5-YEAR FUNDING AND CAPITAL PLAN

The health service needs real reform. We are proposing a total package of new measures valued at €5.4 billion. This is funded through €3.6 billion in additional current expenditure for the Department of Health, €829m in additional current expenditure for the Department of Disability, and €1 billion in savings and efficiencies by 2030, as set out in the Accountability and Reform section. This is exclusive of additional funding for existing levels of service, which must be evidence-based and account for year-to-year cost pressures such as inflation, demographics, and pay increases.

This built-in savings target of at least €1 billion requires a reprofiling of baseline expenditure totalling 4% of the current health budget. We would set a target of €200 million in savings each year for five years. In the context of significant additional investment, new technology, and more sustainable care systems, we believe these are at the lower end of what can be achieved. A Sinn Féin Government would seek to achieve the maximum savings possible but for the purposes of our funding plan, we are setting a minimum target of €1 billion to part-fund our additional measures. This is a necessary adjustment to ensure the sustainability of the health budget into the future. No funding plan would be credible without a substantial savings target.

Sinn Féin would deliver a €15-billion health capital investment programme over the next term of Government. We would use €2 billion from the Apple Tax Money as well as an allocation to the National Development Plan to immediately provide funding certainty for 5,000 acute hospital beds. This ambitious and future-focussed capital programme includes estimates for 4 new elective hospitals, completing the new children's hospital, the new maternity hospital, surgical and diagnostic hubs, new primary care centres and community facilities, 5,000 hospital beds, theatre capacity, nursing homes, equipment, machinery, ambulance fleet, and other significant and minor infrastructure works. It also includes estimates to maintain existing stock, advance climate action, and meet regulatory standards. We would specifically ringfence €2 billion for a Digital Transformation Fund. We would also ringfence €1 billion for energy efficiency and climate action measure across the health service.

PRIORITY LEGISLATION

- * Health (Healthcare for All) Bill, to provide for step-by-step increases towards universal healthcare,
- * Health (Waiting Lists) Bill, to set maximum wait times and to improve transparency and accountability of waiting lists,
- * Patient Safety (Licensing) Bill, to improve statutory patient safety standards for licensed healthcare providers and to legislate for safe staffing levels,
- * Mental Health Reform Bill, to modernise mental health legislation and properly regulate providers and access to care,
- * Health Information Bill, to provide a statutory underpinning for secure and accountable health data systems,
- * Public Health (Nicotine Inhaling Products) Bill, to regulate marketing, packaging, contents, and flavouring of nicotine-inhaling products, and to ban disposable vapes,
- * Health (Licensing of Professional Home Support Providers) Bill, to regulate home care providers,
- * Adult Safeguarding Bill, to provide for rights and regulations to support the safety of adults who are at risk of coercion, neglect, and physical or other harm,
- * Care Partner Bill, to provide legal protection for access for family and friends to care facilities and nursing homes during of public health emergencies,
- * Dental Reform Act, to empower the Dental Council to take action against unregistered dental professionals,
- * No Wrong Door Bill, to place an obligation on the HSE to ensure access to care for people with a dual diagnosis,
- * Public Health (Obesity) Act, to regulate sale and marketing of unhealthy food and drinks, to provide for no-fry zones around schools, and prevent advertising of unhealthy food and drinks on public infrastructure,
- * Health (Termination of Pregnancy) (Amendment) Bill to remove the 3-day wait and decriminalise doctors providing genuine advice and support,
- * Miscellaneous legislative changes to support professional development, such as pharmacy prescribers and advanced practice physiotherapy, among others.

KEY FIGURES

- €3.6 billion additional current expenditure (Health).
- €1 billion in savings and reprofiling of current expenditure (Health).
- €829 million additional current expenditure (Disability).
- €5.4 billion value of additional measures (Health and Disability).
- €15 billion total capital expenditure (Health), including €2 billion Apple Tax.
- €659 million additional capital expenditure (Disability).
- €2 billion Digital Transformation Fund.
- €1 billion Energy Efficiency and Climate Action Fund.
- 25 key measures, 350+ total measures.
- 5 First 100 Days Commitments.
- 40,000 healthcare workers.
- 7,461 additional health beds including 5,000 hospital beds including critical care beds, 2,000 community beds including nursing beds and recovery beds, 50 palliative care beds, 41 CAMHS beds to meet population need, and 400 technology-assisted “hospital care at home” virtual ward beds.
- Landmark public GP contract and 250 public GPs.
- 14 proposed Bills.

PUBLISHED POLICY IN HEALTH AND SOCIAL CARE SINCE 2020

- + Alternative Health Budgets for 2024, 2023, 2022, and 2021.
- + Mental Health Action Plan (2024).
- + Sinn Féin's Plan to Fix Midwest Health Services (2024).
- + Caring for Communities: Sinn Féin's Plan to Improve Local Health Services (2024).
- + Priorities for Change: Child and Youth Mental Health Service (2023).
- + Priorities for Change in Health and Social Care: Consultation Document (2023).
- + Report on stakeholder engagement: Understanding the causes of waiting lists (2022).
- + Women's Voices in Menopause (2022).
- + Tackling Hospital Waiting Lists (2021).
- + Waiting List Experience Survey (2021).
- + Quality Care for All: Standards and Accountability in Social Care (2021).
- + Advancing Women's Healthcare (2021).
- + Mental Health Emergency Policy (2021).
- + Community Addiction & Recovery Strategy (2021).
- + 26 County Gambling Strategy (2021).
- + A Fresh Start for Cancer Care (2020).
- + Protecting Ireland's Health (2020).





OIDEAS DON ATHRÚ



PLEAN SHINN FÉIN CHUN CÚRAM
SLÁINTE A SHEACHADADH NUAIR
A THEASTAÍONN SÉ UAIT