Irish Medical Organisation Response to the Public Consultation on the

Public Service Development and Innovation Framework

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Delivering for Our Public

Without adequate capacity for patients, the public health service cannot be readily accessed by those who need it in a timely manner. Waiting lists are at an all-time high, with close to 18,000 patients waiting more than twelve months for an in-patient or day case treatment, and close to 125,000 patients waiting more than twelve months for an out-patient treatment. This is creating an unacceptable barrier between patients and necessary care.

General practice is experiencing severe capacity constraints. It is estimated that in excess of 24 million consultations occur in Irish general practice every year, while 90% to 95% of patients are managed in general practice. This places a considerable burden on the some 3,000 GPs working in Ireland, who are fewer in number, per capita, than the OECD average.[1] At present the majority of patients in Ireland can obtain GP care the same day or next day on their attempt to schedule an appointment. However the rapid expansion of the population over aged 65 years and over, the worsening recruitment and retention crisis amongst the Irish medical workforce, and the chronic underfunding and under-resourcing of general practice have severely hampered the ability of general practice to provide care to patients in recent years, and will continue to do so until these problems are comprehensively addressed.

To provide capacity within the Irish hospital system, significant additional bed capacity is required. Ireland possesses 276 inpatient and day-case beds per 100,000 population, which compares to a Western European average of 449 per 100,000. In terms of inpatient beds alone Ireland needs an additional 3,500 to bring us up to the West European average. Bed occupancy rates published in 2016 found that bed occupancy in Ireland had risen to 97%, and sat an average of 104% in Model 4 hospitals.[2] This far exceeds the recommended 85% bed occupancy, and is well above the identified 92.5% tipping point that has been shown to result in significantly higher patient mortality, due to rationing of resources and elevated stress levels.[3]

Additionally, this winter has been the worst yet in terms of emergency department over-crowding. A record average of 511 patients a day were cared for in beds, trolleys or chairs, on inpatient wards or units above the stated complement of that ward or unit in January 2017, an all-time high. Just 10,643 public in-patient beds currently exist within the Irish health system,[4] 1,480 less than a decade ago, when in-patient bed numbers stood at 12,123.[5] While there has been some increase in the number of day-case beds since 2007 (1,545 to 2,150), this does not compensate for overall loss of beds to the system over the past ten years.[6] All of this has occurred while the number of persons aged 65 years of age and older has increased by close to 158,000 people, or just over one-third.[7] Patients in this age cohort represent the majority of users of in-patient beds, yet the HSE's Acute Services Operational Plan for 2017 only contains a proposal in increase current in-patient bed numbers by a mere 38 in 2017, with no proposal to increase the number of day-case beds during the year.[8]

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[1] Organisation for Economic Co-operation and Development, Health Statistics 2017, available at: http://www.oecd.org/els/health-systems/health-data.htm.

[2] Department of Health, *Interim Report and Recommendations by the Taskforce on Staffing and Skill Mix for Nursing*, Dublin, February 2016, p. 27.

[3] L. Kuntz, R. Mennicken, and S. Scholtes, 'Stress on the ward: evidence of safety tipping points in hospitals', *Management Science*, Vol. 61, pp. 754-771.

[4] Health Service Executive, *Acute Services Operational Plan 2017*, Dublin, 2017, p. 21.

[5] Department of Health, *Health in Ireland: Key Trends 2016*, Dublin, 2016, p. 36.

[6] Ibid.

[7] Ibid, p. 6.

[8] Health Service Executive, *Acute Services Operational Plan 2017*, Dublin, 2017, p. 21.

Failure to engage in an immediate increase in bed capacity within the health system, and to improve the capability of general practice to deal with growing pressures, will lead to further increases in waiting lists and hospital overcrowding, and thus restriction to patient access to care. Capacity constraints can create inequalities of access to services. The same level of service should be available throughout the country, however, twelve years after founding of the HSE, there are differences between areas in relation to availability of and access to services.

Additionally, effective health service planning, that provides equal services to all based on need and within the available resources, requires public health medicine expertise and capacity to: (i) assess the health needs of the population in the short, medium and long term using available health data, and an epidemiological approach taking into account population distribution, including age profile and socioeconomic profile; (ii) develop a comprehensive evidence-base for individual services and wider programmes; (iii) provide health economic support to the HSE; and (iv) give evidence-based advice to policymakers, including advice on the options available and the benefits and risks of each. Public health doctors have expertise in epidemiology, health economics, health information and planning, health protection and health improvement. They have an essential role in health surveillance, in protecting the public from infectious disease and environmental threats, and ensuring Ireland meets its commitments under national and international health regulations. If properly resourced, public health doctors could play a pivotal role in commissioning services, analysing health data, conducting needs assessments, assembling the evidence base for interventions, monitoring services and quality assuring parts of the health service such as screening.

Online or tele public services are often incomplete. Many public services (and other businesses) are trying to encourage people to do business online, but it is not always easy to actually use the online services, particularly if the query is unusual. All public information websites must be kept up to date and out of date information must be removed. Use of “helpline” numbers should make things easier for the public as there are dedicated people whose job it is to deal with telephone queries. In practice, many people report that those working on helplines do not have the detailed knowledge of the service required to deal with the query. Helpline numbers for individual services should employ experienced staff working and should have capacity to continue to deal with the same person for one problem, to avoid repetition and thus inefficiency.

Innovating for Our Future

Demographic Changes and Resourcing

Ireland’s population is both growing and ageing. Based on a number of different scenarios, the CSO estimates that Ireland’s population will grow from 4.758 million to between 4.85 and 5.3 million by 2026, with the population aged 65 and over growing from 586,600 people (2014 figures) to between 850,000 and 860,000 by 2026. While the majority of people are healthy, an expanding and ageing population places significant demands on the healthcare system with the prevalence of chronic disease expected to increase by 4% - 5% per annum during this period.

General practice in Ireland has been chronically underfunded, thus depriving it of the resourcing required to deal with these demographic challenges. FEMPI cuts of up to 38% to General Practice has had a significant impact on GP morale and their ability to recruit additional staff. A recent survey by the Irish College of General Practitioners highlights a number of causes of general practitioners’ dissatisfaction with their working conditions. Roughly half of all general practitioners rate their morale as either poor or very poor, three-quarters report their stress levels to be either high or very high, and more than half of those who tried to recruit a sessional doctor or assistant during the past

year were unable to do so.[9] Additionally, the most recent national system of health accounts released, those for 2015, demonstrate that just 3.5% of public current expenditure on health is spent in general practice.[10] By contrast, the United Kingdom's National Health Services spends 8.1% of its budget on general practice, and has committed to increasing this proportion to 11% of its budget.[11] In Australia this figure sits at approximately 6.4% of public current expenditure.[12] Ireland is bleeding newly qualified GPs to countries where the value of GP care is recognised and where governments apportion a greater percentage of public spending to GP care.

Unless long-term plans are developed that adequately address these challenges, Irish healthcare will continue to slump into an ever-deepening capacity crisis.

Ehealth

Information and communications technology (ICT) is widely considered a key tool for supporting integrated health care systems, facilitating the "seamless" transfer of patients between clinical settings and enhancing patient safety and quality of care, by reducing repetition and errors in diagnostics and treatments. The collection of data also allows for the advancement of medical knowledge, management of disease and health service planning. Plans are currently underway to introduce individual health identifiers for patients in Ireland by 2018, and to develop electronic health records for all patients in Ireland. *Sláintecare* recognises the need for investment in electronic health records, however, the HSE has identified a lack of finance as the most significant barrier to eHealth.[13] Initiatives such as these can aid the provision of integrated care for patients, but are fraught with data collection and privacy challenges. A cost of between €647m and €875m has been estimated for the roll-out of Electronic Health Records over a five year period, and budgetary provision and commitment must be made to ensuring the timely implementation of this initiative, in the interest of improving integrated patient care.[14]

Issues relating to patient confidentiality, security and the secondary use of information need to be addressed through legislation, where necessary, and supported by adequate funding to ensure the accuracy and confidentiality of patients' data are secured. Challenges can also arise if new systems are not capable of capturing clinically relevant information, cannot be easily embedded into existing ICT systems and add to the administrative workload of physicians. Investment is required to ensure that electronic Health Records and critical IT infrastructure in healthcare are adequately protected, including from cyber-attacks with may come from within or outside the jurisdiction, as was the case during the recent cyber-attacks levelled against the United Kingdom's National Health Service.

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[9] C. Collins and M. O'Riordan, *The Future of General Practice: ICGP Member Survey 2015*, Irish College of General Practitioners, Dublin, 2015, p. 3.

[10] Central Statistics Office, *Ireland's System of Health Accounts, Annual Results 2015*, Cork, 2017; Health Service Executive, *Primary Care Reimbursement Service: Statistical Analysis of Claims and Payments 2015*, Dublin, 2016, p. 62.

[11] N. Roberts, 'GP funding rising but still just 8.1% of NHS spend, official data show', *GP Online*, 21 September 2016; D. Millett, 'GP share of NHS funding will rise to 11% by 2020, RCGP says', *GP Online*, 19 October 2016; NHS England, *General Practice Forward View*, London, April 2016, p. 12.

[12] Productivity Commission for the Steering Committee for the Review of Government Service Provision, *Report on Government Services 2015, Volume E: Health*, 2015, pp. e8 and 10.7.

[13] Health Service Executive, *EHR Strategic Business Case*, Office of the Chief Information Officer, Dublin, February 2016, at [25].

[14] S. Harris, Dáil Éireann Written Answers, Department of Health - Electronic Health Records, 31 May 2017.

Developing Our People and Organisations

Strategic human resource management within the public health service must attempt to address chronic medical understaffing. In contrast to its international comparators, Ireland possess a low number of medical and surgical specialists, employing just 0.59 medical specialists and 0.46 surgical specialists per 1,000 populations. This compares to an EU average of 1.1 and 0.7 specialists per 1,000 population respectively, with Ireland employing the lowest number of medical specialists per capita and the third lowest number of surgical specialists per capita in the EU, as per statistics compiled by the OECD.[15] The *Report of the National Task Force on Medical Staffing*, often referred to as the Hanly Report, set out ratios of consultant to population that would need to be met to provide a consultant-delivered health service. Based on current population, Ireland would require approximately 4,400 consultants working in the public health service to meet these recommendations, however at present only about 2,600 are employed. Many specialties are experiencing a severe shortage of consultants, a large number of which employ less than half the number of consultants recommended in the Hanly Report. Overall, the State employs only about two-thirds the number of consultants required to provide an adequately staffed, consultant-delivered service, and significant difficulty is encountered in attempting to attract suitably qualified personnel to fill consultant vacancies due to superior pay and working conditions being available in other English-speaking jurisdictions.

Improved data is required to manage health service capacity, particular workforce planning. Workforce planning must be informed by a qualitative understanding of the system from service-level inputs, developed through a structured dialogue with health professionals. This is necessary to correctly inform and contextualise all data and modelling employed in workforce planning. To better provide for workforce planning, systems for regular structured dialogue of this nature must be emplaced, in addition to a commitment to collect and retain a quantitative data set, including, but not limited to, the supply, demand, and geographical flow of patients, treatment complexity, health professional immigration and emigration patterns, as well as graduate availability and workforce attrition.

Significant workforce planning challenges also exist with respect to the GP workforce, which is ill-equipped to deal with future demographic changes. Currently there are 666 GPs over the age of 60 who will be retiring in the next five to seven years, of which 244 GPs over the age of 65 are likely to retire in the next two years. With current difficulties in recruiting GPs, rural areas are likely to be most affected. Based on conservative estimates by the HSE National Doctors Training and Planning Office, by 2025 Ireland will need and an additional 1,380 GPs to meet current demand while an additional 2,055 GPs will be needed to expand free GP care to the entire population.[16] Unless workforce planning can provide solutions to bridge this shortfall, Ireland will be simply unable to provide universal access to care in general practice. In this context an increased focus on performance management without properly resourcing a service with staff, accommodation, equipment and support services would prove counterproductive. Effective performance management can only take place where staff are appropriately resourced to perform their jobs to the high standard necessary.

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[15] Organisation for Economic Co-operation and Development, Health Statistics 2017, Health Care Resources, Physicians by Category, (available at: http://stats.oecd.org/index.aspx?DataSetCode=HEALTH_STAT).

[16] HSE, *Medical Workforce Planning: Future Demand for General Practitioners 2015-2025*, September 2015, pp. 31 and 47.