



Healthcare Forum Removing Private Activity from Public Hospitals & its Impact on the Healthcare System Society of Actuaries

A blurred photograph of a hospital corridor serves as the background for the middle section. An orange rectangular banner is overlaid on the image, containing the hashtag #CARECANTWAIT in white, bold, sans-serif capital letters.

#CARECANTWAIT



**Mr Martin Varley
Secretary General**

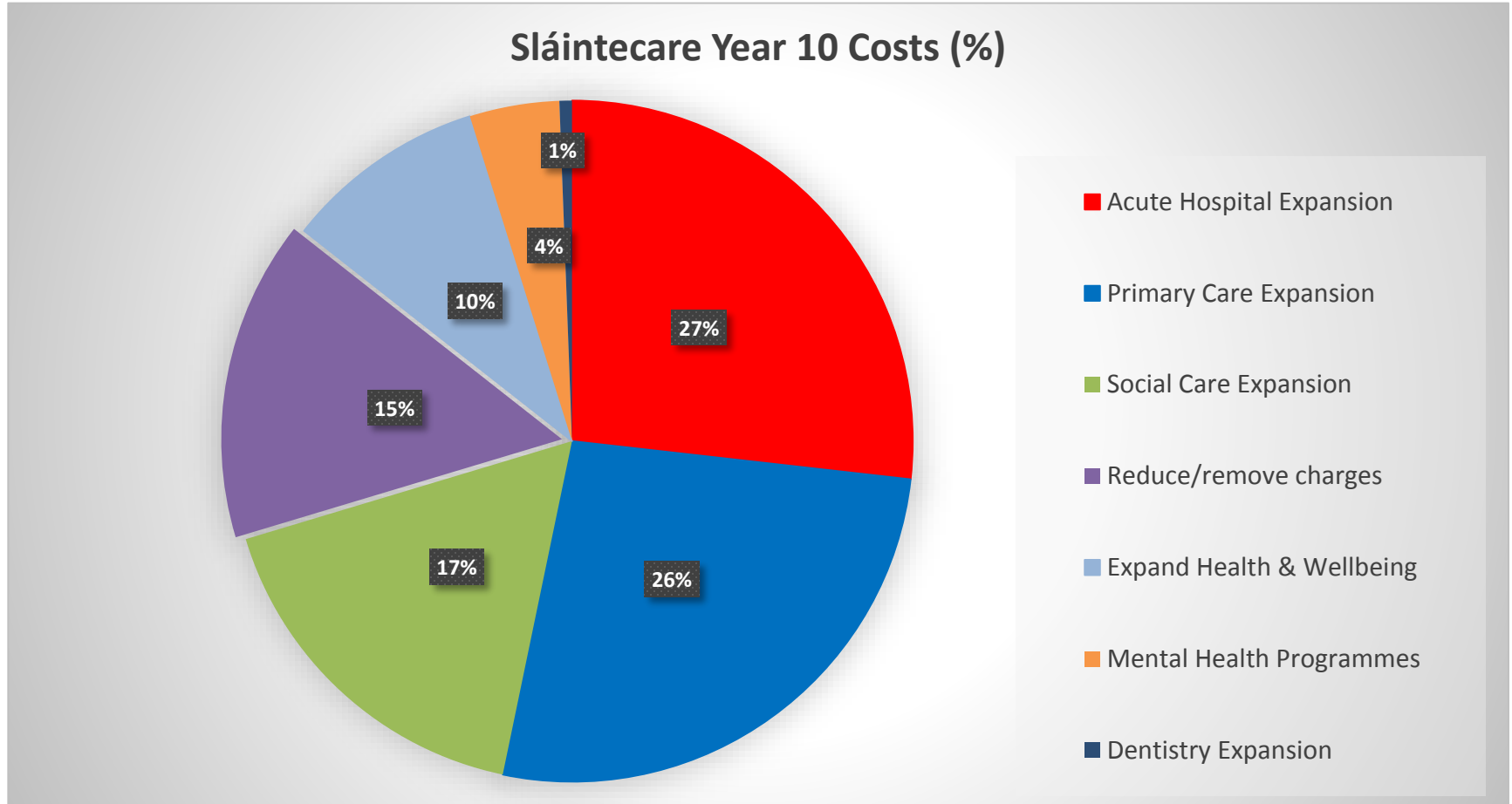
3rd December 2019



History of Health Reform

- Track record: unimplemented reports and strategies
- Fitzgerald (1960s), Hanly (2003), VFC Mental Health (2006)
- Health Boards, HSE, Integrated Areas, Hospital Groups, CHOs, UHI
- Removal/Reinstatement of HSE Board
- Regional Integrated Care Organisations (RICOs): Health Boards revisited
- Rationalisation, colocation, reconfiguration, integration ...
- Strategy, Planning, Management churn
- Indicator of dysfunctionality

2017 Sláintecare Recommendations



- First decade cost: €20bn plus €3bn transitional
- Second decade cost: €28bn + inflation



Sláintecare Qualifications & Unintended Consequences

“The Committee acknowledges that removing private care from public hospitals will be complex. It therefore proposes an independent impact analysis of the separation of private practice from the public system with a **view to identifying any adverse and unintended consequences that may arise for the public system in the separation.** Given the acknowledged need to **increase capacity in the public system,** it is important that any change should not have an adverse impact on the **recruitment and retention of consultants** and other health professionals in public hospitals.”



Sláintecare & Capacity Expansion??

- **Expand Hospital Activity???**
 - Replace private insurance income year 2 – 10: Year 10 cost €649m
 - Increase consultant numbers by 593 (+20%): Year 10 costs €119m



Other Capacity Expansion Needs

Bed Capacity Deficits

- 2,600 additional public hospital beds (€2.6Bn)
- 4,500 Community beds (€4Bn)



ICU Capacity

- Need 330 more ICU beds (€412m)

Equipment & Facilities

- Replace obsolete
- Expand facilities as inadequate
- €3.64bn to replace equipment (2017-2021)

2019-2021 Capital Plan



- HSE to provide 480 new hospital beds between 2019-2021
- This is 100 less beds over each of 3 years

HSE Capital Plan – Investing in Sláintecare
Building Ireland's health & social care service
for today and tomorrow





de Buitleir Recommendations

- Legislation so public hospitals exclusively public patients from conclusion of 10 year Sláintecare implementation period
- New Consultant appointments Sláintecare Consultant Contracts – public only
- Restore pay parity to pre-2012 levels for all Consultants
- Offered “contract change payment”
- All existing contracts 39 hrs
- Declining Salaries $A \rightarrow B \rightarrow B^* \rightarrow C ??$



Consultant Vacancies and the Recruitment and Retention Crisis



**IS SOMEONE
YOU KNOW
WAITING?**

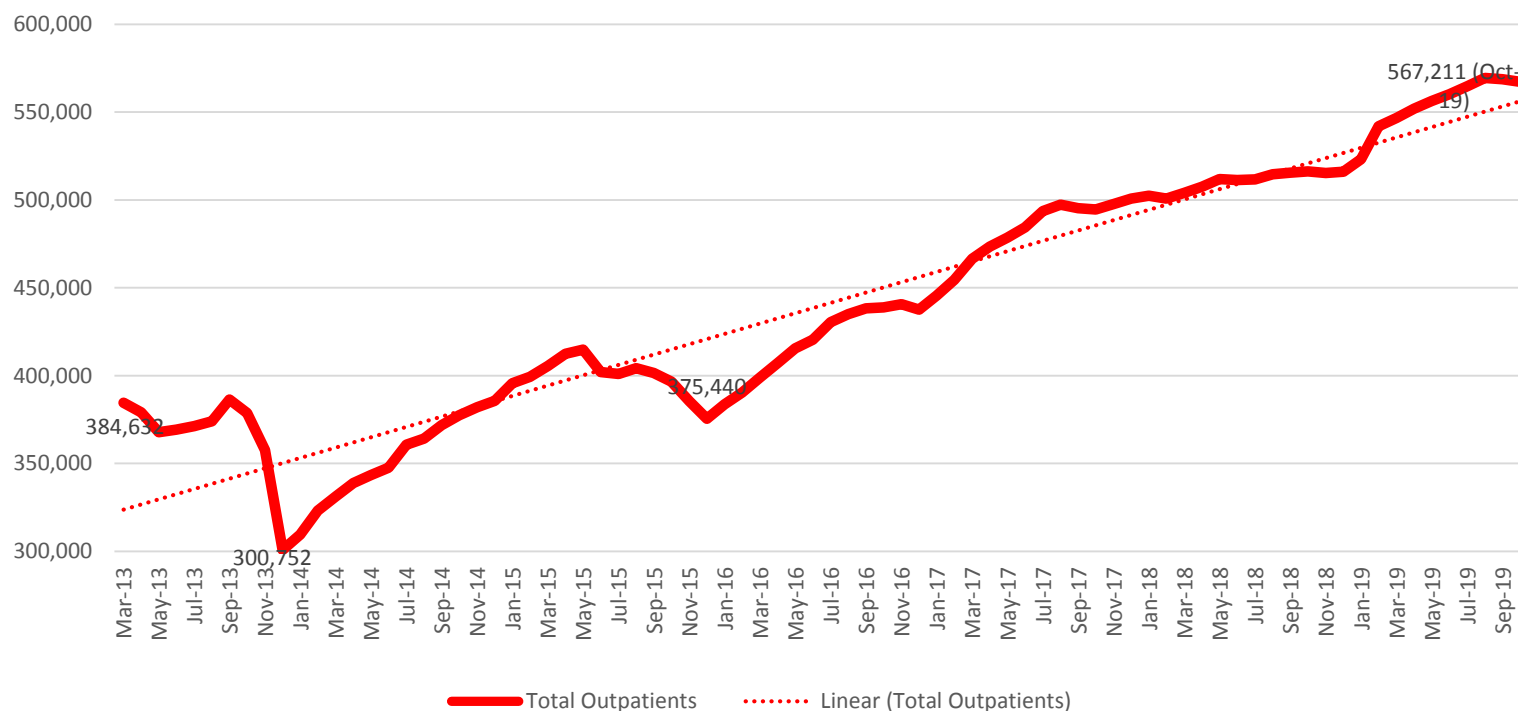
264,561 people
are waiting for
treatment in
Dublin hospitals*

*based on data from the National Treatment Purchase Fund for September 2019

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Outpatient Waiting List (March 2013-Oct 2019) Capacity Deficits

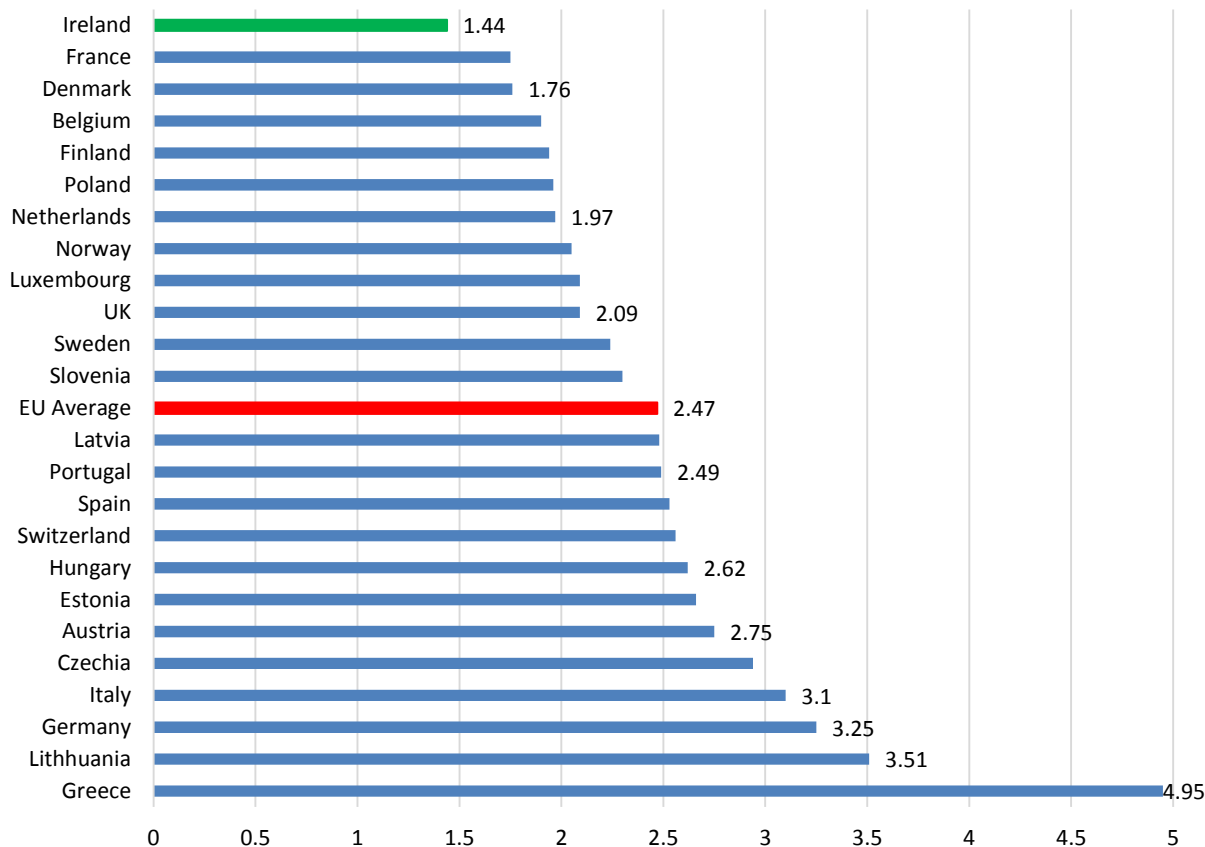


Source: NTPF (2013 - 2019)

- **567,200 in October**
- **↑ 51,059 (9.9%) in 2019**
- **↑ 189,709 (50%) in 5 years**
- **500 Permanent hospital Consultant posts can't be filled**

Consultant Vacancies and the Recruitment and Retention Crisis

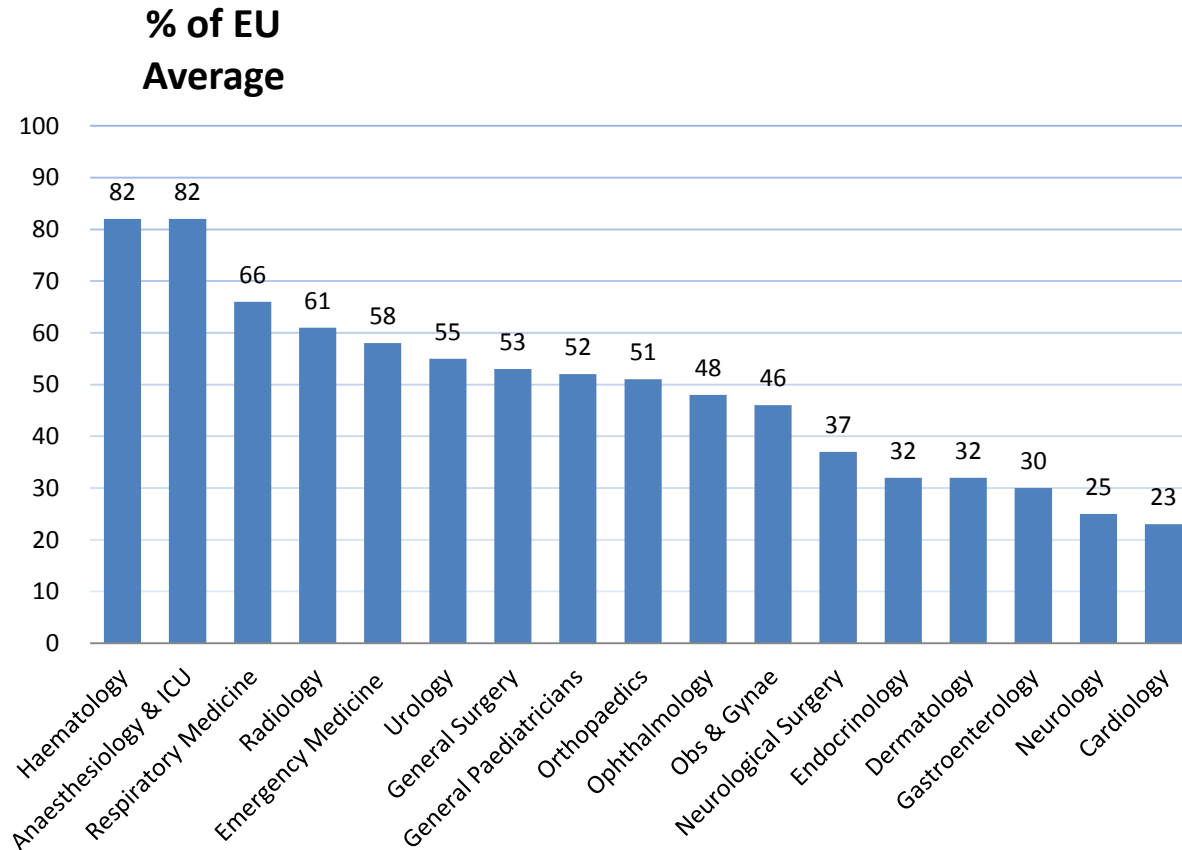
Specialist medical practitioners per 1,000 population in EU in 2018 (or nearest year)



- 42% fewer medical specialists than EU average
- Over 500 posts vacant or filled on a temporary basis

Source: Eurostat

Specialist medical practitioners in Ireland per 100,000 population as a percentage of the EU average (2016 or nearest year)

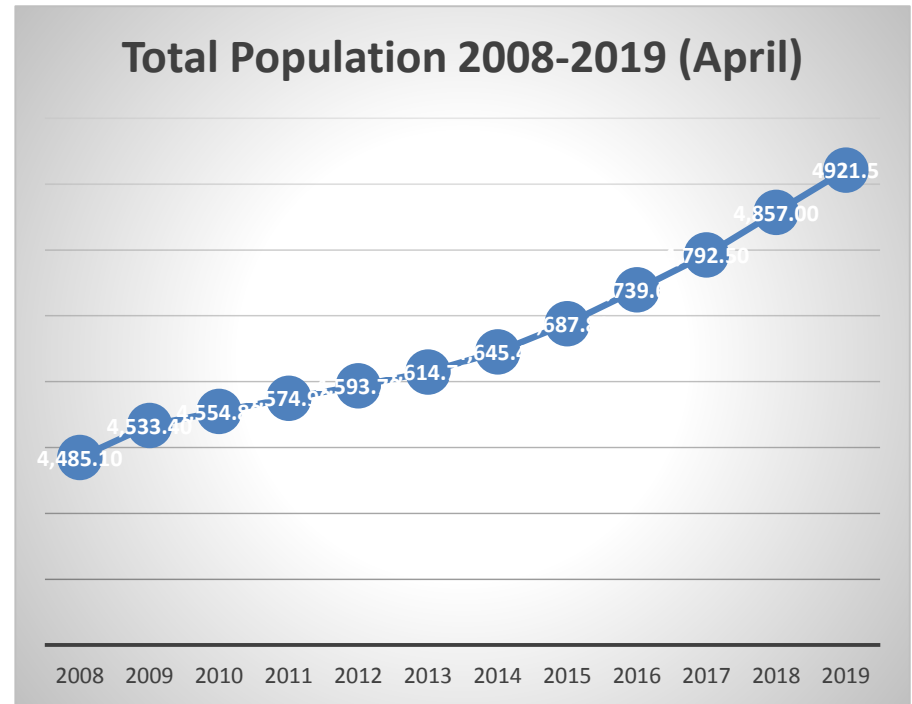
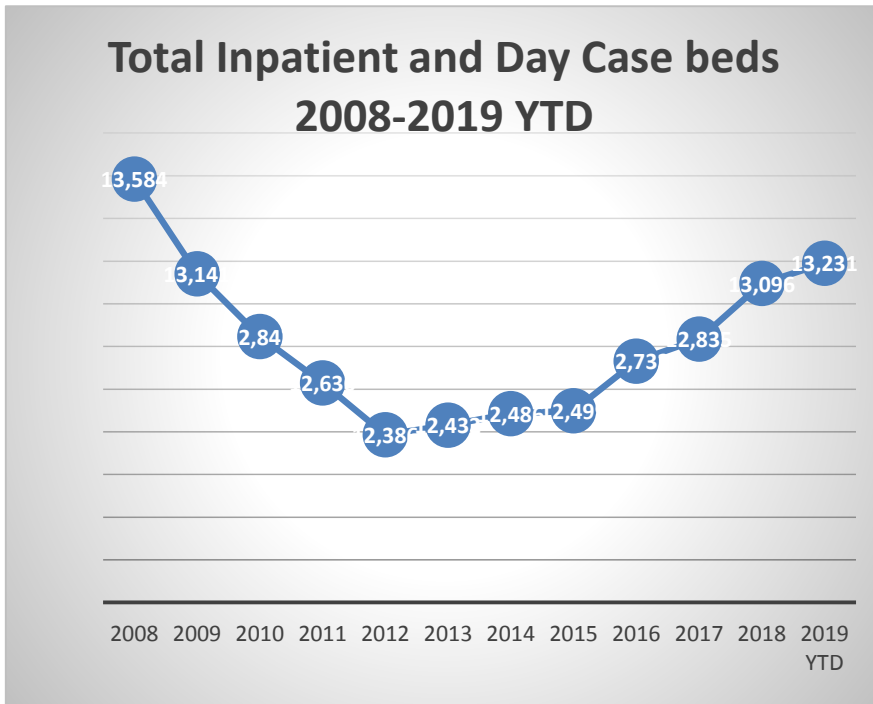


- $\frac{1}{4}$ to $\frac{1}{2}$ in many specialties
- UCC at Connolly Hospital only open for $\frac{1}{3}$ of planned hours

Source: Eurostat

Increased Acute Hospital Capacity Requirements

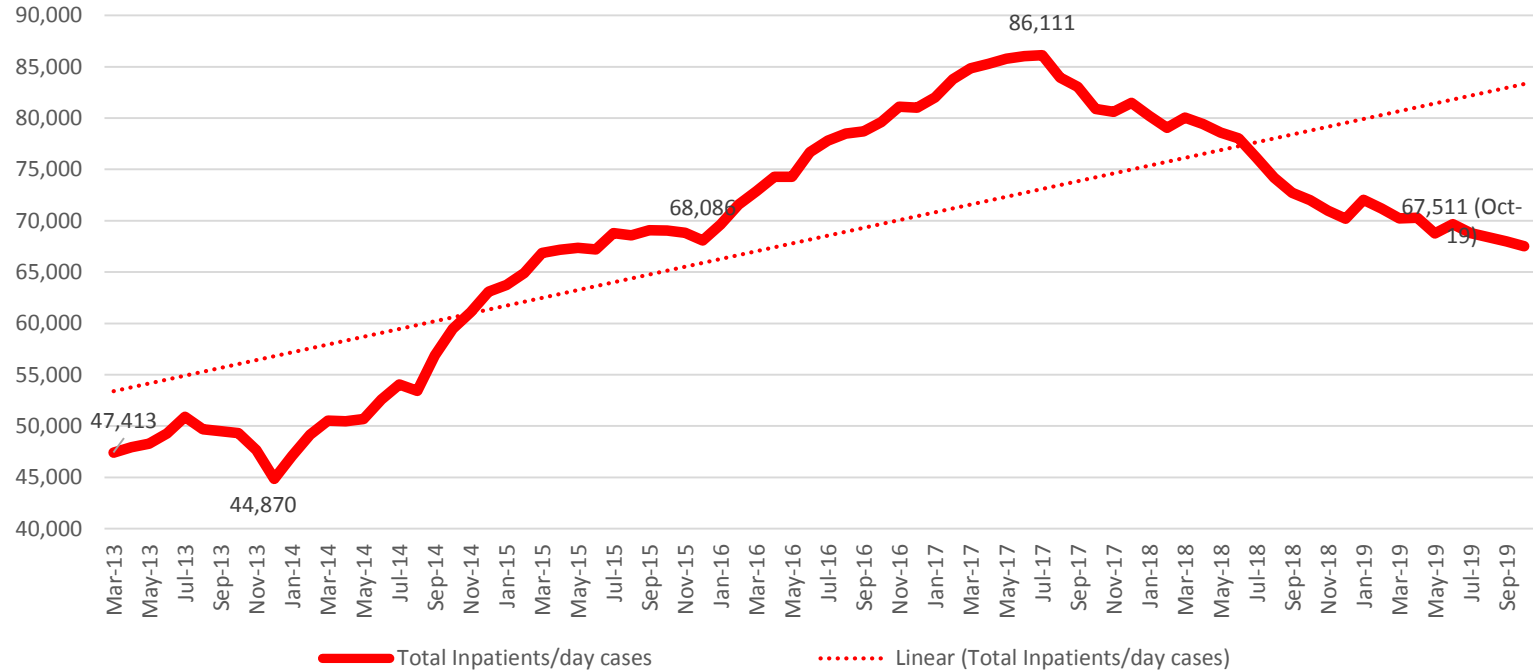
Public Hospital Inpatient and Day Case Beds, and Population Growth 2008 to 2019



Source: Department of Health Open Beds Report Sept 2019; Health in Ireland: Key Trends 2017, DOH; CSO

- **Population ↑ 9.7%**
- **Bed capacity ↓ 2.6%**
- **12.3% increased deficit**
- **22% ↑ (273,433) in inpatient and day cases performed**

Total Inpatient and Day Case Waiting List (March 2013-Oct 2019)



Source: NTPF (2013 - 2019)

- **↑ 24,089 (55%) in 7 years**



You make the choice



COLM BURKE:
Fine Gael



MARTIN CONDON:
Independent



JAMES COUGHLAN:
The Workers' Party

Cork North Central goes to the polls

■ Darragh Bermingham

VOTERS in the Cork North Central constituency go to the polls today to elect a TD to replace Fianna Fáil's Billy Kelleher.

Housing, healthcare and proper northside representation have been the issues encountered by prospective TDs in recent weeks.

Constituents have 12 candidates to choose from, with all the major parties contesting for the seat along with independents.

The constituency started off as a five-seater when it was first established in 1981 but was reduced to four seats in 2007, with Fianna Fáil represented since the beginning.

The constituency itself stretches from parts of Bishopscourt, the city centre island up through inner-city areas out to the suburbs of Glanmire, Bilarney, Glounthaune, and Whitechurch and then into rural areas.

The Cork by-election remained relatively untouched by controversy until recently when rumours emerged that Cork North Central TD Dara Murphy (FG) is to resign before Christmas.

While Fine Gael have refused to confirm this, a number of candidates are annoyed that he did not resign earlier to allow constituents to choose two new TDs instead of one today.

■ See Pages 2 and 3.



THOMAS GOULD:
Sinn Féin



SÍNEAD HALPIN:
Social Democrats



CHARLIE KEDDY:
Independent



THOMAS KIELY:
Independent



JOHN MAHER:
Labour



OLIVER MORAN:
Green Party



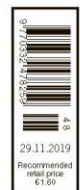
PÁDRAIG O'SULLIVAN:
Fianna Fáil



FIONA RYAN:
Solidarity Party



FINIAN TWOMEY:
Aontú




IS SOMEONE YOU KNOW WAITING?

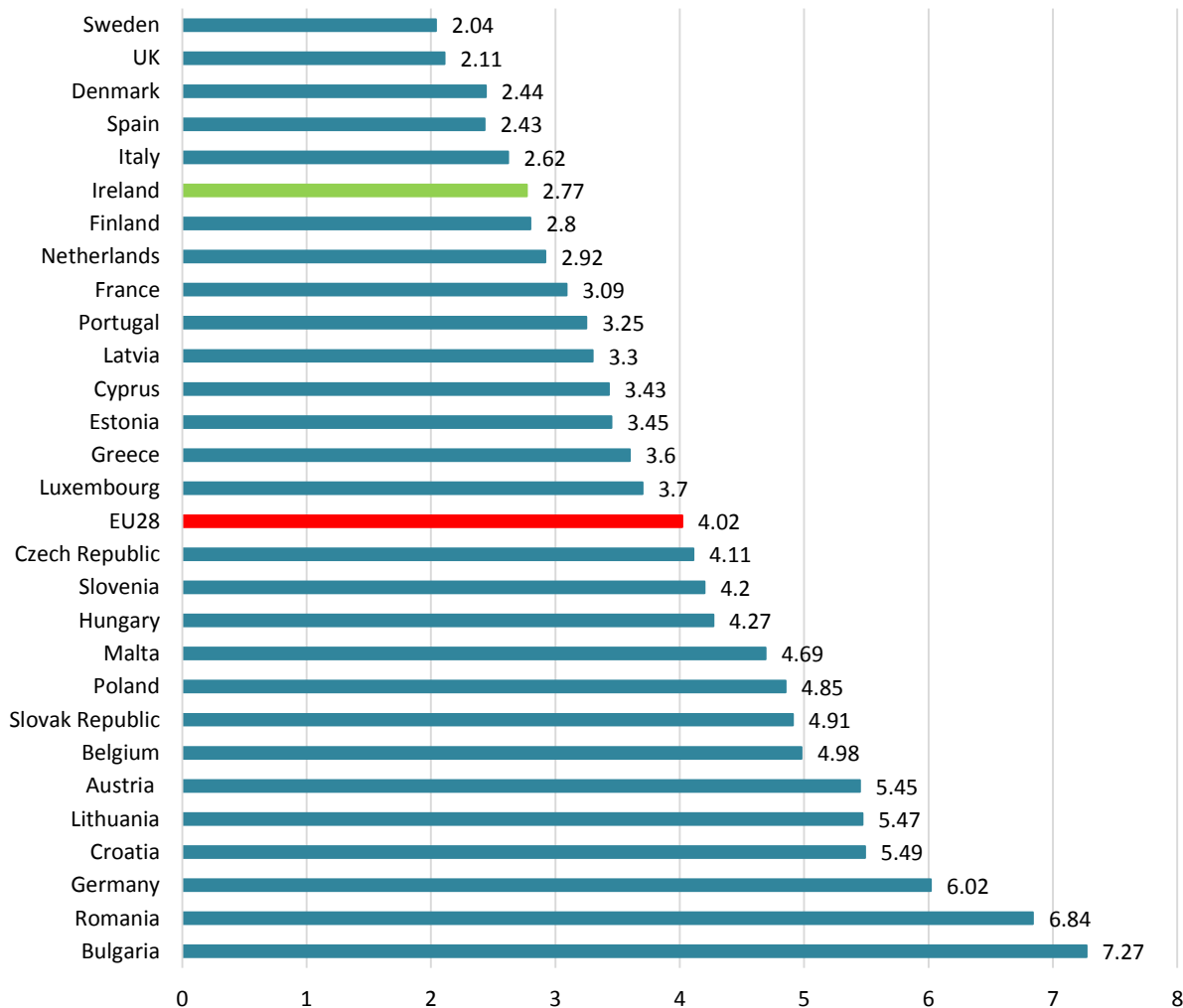
63,970 people are waiting for treatment in Cork hospitals

*based on data from the National Treatment Purchase Fund for September 2019

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Hospital beds per 1,000 of population in EU, 2018 (or nearest year)



Our hospital bed capacity:

- **31% below
EU average**
- **Regular bed
shortages**
- **Rationing
care**
- **Delays**

THE DOCTOR CAN'T SEE YOU NOW.



GOVERNMENT POLICY MAKING WAITING LISTS LONGER

TIME FOR OUR FAMOUS LETTERS TO SANTA!

It's that time again when boys and girls tell Santa what they would like for Christmas.

We're here to help! Email us your Letters to Santa and we'll publish them free of charge in plenty of time for Christmas Day... and send them on to Santa in the North Pole. We'll also print a picture of the child, if mum or dad want to include it in the email.

To have your child's letter and photo published in our 2019 Letters to Santa special, email the text of the letter, with your child's picture (if desired), to

santaletterswexford@peoplenews.ie

Note that if you are sending a picture with your email, it should be a jpeg attachment. We won't publish children's addresses (because Santa is very, very clever!), but please indicate the general area, village or town where you live.

**wexford
PEOPLE**

Letters should arrive no later than Thursday, December 12, 2019. Data will be kept for 28 days after publication, for the purpose of publishing letters in which points to be securely destroyed. Any personal information received will be used solely by us for the purpose of publishing letters and photos and in accordance with applicable Data Protection Legislation. By submitting Santa letters, you are agreeing to these Terms and Conditions and consent to your personal data being managed in accordance with our Privacy Policy.



Probe continues after LATEST INCIDENT BRINGS MEMORIES FLOODING BACK OF TERRIBLE TRAGEDY AT DRINAGH EIGHTEEN YEARS AGO

By MARIA PEPPER

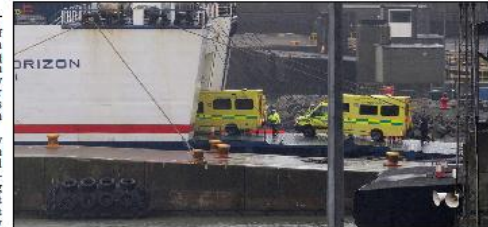
The Wexford-based driver of the articulated lorry in which 16 Kurdish males from Iraq and Iran were discovered on board the Stena Horizon ferry on route to Rosslare Harbour from France last Thursday, was back in work on Saturday, on another European run.

The lorry cab was released by gardai on Friday night although the tractor unit was withheld for further forensic examination, as part of a continuing investigation into the incident which Wexford Superintendent Jim Doyle described as 'very traumatic' for those involved.

At a press conference in the terminal building in Rosslare on Thursday night, the Garda boss said the driver and the Wexford company which owns the truck were co-operating fully with the authorities.

News of the discovery on board the ferry from Cherbourg, emerged around midday on Thursday last and was met with a fearful sense of déjà vu, coming as it did just weeks after the bodies of 39 Vietnamese people were discovered in the back of a lorry in Essex, UK.

On this occasion, the men inside the unit, including a



Ambulances board the Stena Horizon on Thursday to attend to the men found in a truck container.

juvenile, were lucky to be found alive, after reportedly spending 20 days travelling to Cherbourg and then up to 12 hours in the sealed truck which was carrying chemicals bound for a pharmaceutical factory that manufactures medicines.

There was widespread public relief that the hidden passengers were okay but it was mixed with the awful feeling that this could so easily have been another migrant tragedy on Wexford's doorstep.

People will never forget the hellish scene that unfolded

at Drinagh Business Park on December 8, 2001 when eight people from Turkey including four children, were found dead from a lack of oxygen in the back of a lorry which transported a consignment of furniture from Milan in Italy.

Five of the human cargo of 13 people survived after spending five days in the darkened interior of the unit. A memorial to those who died stands in the business park.

The first official Garda statement on the Stena Horizon discovery was made at approx-

imately 3.30 p.m. on Thursday when the press office at Garda headquarters in Dublin said: 'An Garda Síochána at Wexford Garda Station are currently investigating potential breaches of immigration legislation which may have occurred on board a Stena Line ferry travelling from Cherbourg which arrived in Rosslare today at approximately 2.40 p.m.'

At approximately 9.45 a.m. today, the captain of the ferry alerted gardai that a number of people had been discovered in the trailer of an articulated

IS SOMEONE YOU KNOW WAITING?

**50,003 people
are waiting for
treatment in South
East hospitals***

*Based on data on Wexford General Hospital and University Hospital Waterford from the National Treatment Purchase Fund for September 2019

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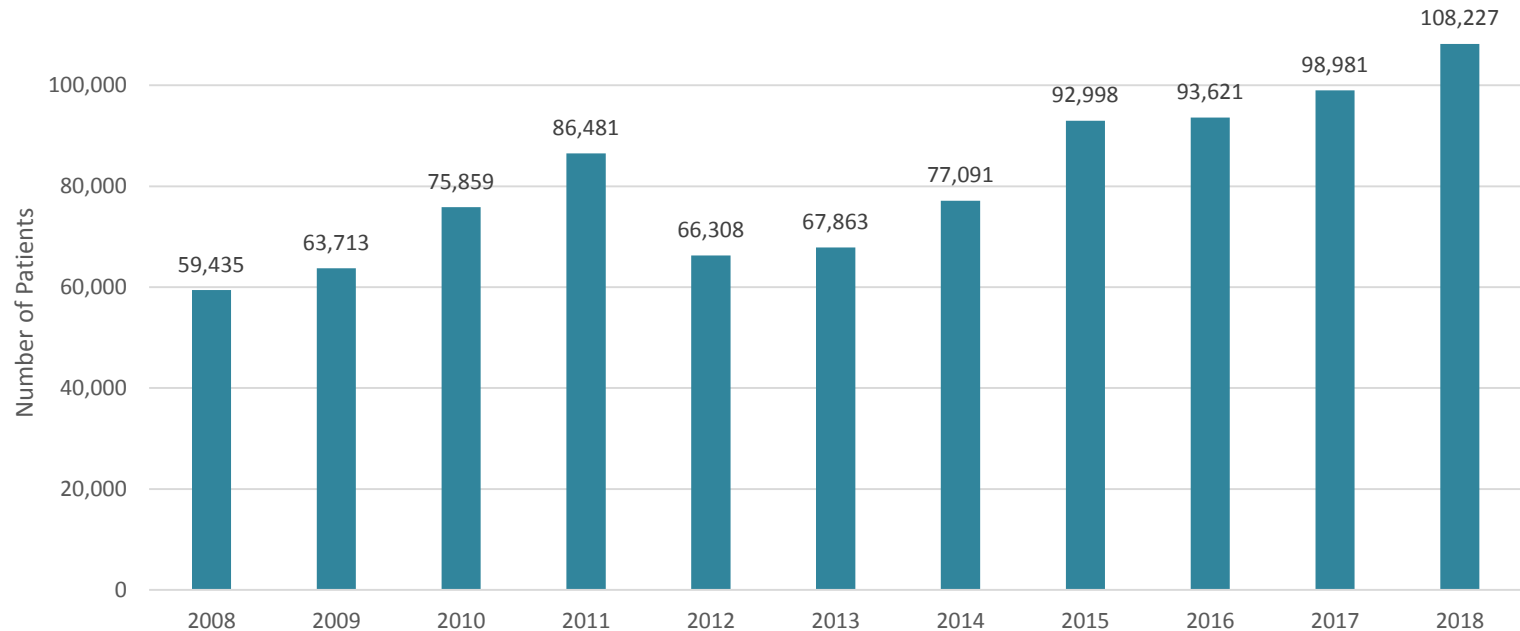


Consultant Vacancies and the Recruitment and Retention Crisis

- Over 500 Vacancies + 108 non-specialists in Consultant posts since 2008
- “Jeopardising patient safety” – Justice Peter Kelly
- Medical agency spend 2012-2018 ↑€57m p.a.
- Agency Consultant costs up to three times New Entrant Permanent Consultant Cost
- New Entrant salary is up to 51% below colleagues
- Failed to fill 38% of posts advertised 2015-2017
- Not competitive – salaries in Australia, Canada and US up to 48% above non-new entrant salary
- Annual Medical Indemnity costs quadrupled between 2013-2018. Increase of €184 million



Number of patients treated on trolleys annually (2008 – 2018)



Source: INMO Trolley Ward/Watch

- **108,000 admitted patients treated on trolleys in 2018**
- **Nearly double ‘national emergency’ level of a decade earlier**

Trolley Analysis January/July 2008-January/July 2019



Source: INMO Trolley Ward/Watch

- Year round problem
- July 2019 (9,439) a record for the month – ↑ 33% on July '18
- August 2019 (9,562) highest ever for the month – ↑ 10% Aug '18
- September 2019 (10,641) – worst Sept on record – ↑ 36% Sept '18
- Oct 2019 (11,452) – worst Oct and 2nd worst month ever – ↑ 26% Oct '18

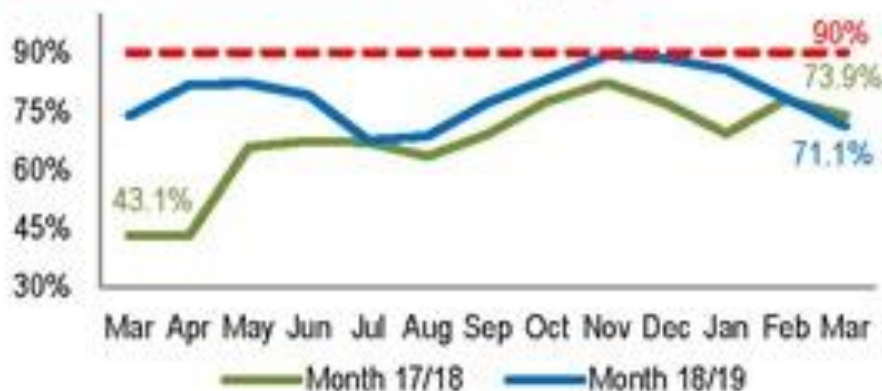
Delays in Accessing Treatment resulting in missed Cancer KPI targets

Breast Cancer within 2 weeks



- Symptomatic Breast Disease Clinics **44%** < target

Prostate Cancer within 20 working days



- Rapid Access Clinics for Prostate Cancer patients **21%** < target



Media Coverage

Waiting lists blamed on 'brain drain' of doctors

PAUL CULLEN

sis, as 700 specialists have left the Irish health services for largest numbers of patients waiting to see a consultant, ac- "One of the most impac and immediate of these is e

IHCA: Consultants' duties unmanageable



By Stephen Rogers
Irish Examiner Reporter

Follow @StepRogers

The Sunday Business Post
January 27, 2019

National Children's Hospital board is worried about shortage of consultants

News 9

Campaign aims to force Government to fill 500 vacant consultant roles



Consultants in 'care can't wait' drive



By Evelyn Ring
Irish Examiner Reporter

Follow @EvelynRing

The Sunday Business Post
June 17, 2018

New consultants to earn €42k less than colleagues

- Consultants employed before 2012 will earn up to €200k in new deal that excludes newer recruits
- Settlement reached last week will add €62m to the consultants' pay bill annually

BY SUSAN MITCHELL

€128,000 to €168,000 early next year After the agreement entrants "were just not competitive" compared to other

'Irrefutable evidence' root causes of delays is unfilled posts

By Valerie Ryan 22nd May 2019

Failure to fill consultant posts root cause of unacceptable delays and growing waiting lists

Fianna Fáil's Michael McGrath wants pay hike for hospital consultants

Public hospital system 'on fire' over consultant shortages

Salary talks will have to include issue of private practice in public hospitals, Dáil hears

Wed, May 15, 2019, 1

Hospital consultants 'seriously considering' resigning over two-tier pay

IHCA says system of consultants delivering services in public hospitals 'on a cliff edge'

comment

IHCA: Patient care in decline



NEWS SPORT SHOWBIZ TV & FILM LIF

NEWS

Lack of qualified consultants having damaging impact on patient care at Irish hospitals, report claims

Experts claimed an excessive workload and unfilled job vacancies for consultants is failing patients

Solving consultant crisis key to improving health service

Dr Gabrielle Colleran outlines the negative impact the consultant recruitment and retention crisis is having across the healthcare system

Dr Gabrielle Colleran

READ MORE from Dr Gabrielle Colleran at www.mindo.ie



By Catherine Shanahan
Health Correspondent

Follow @cathshan

de Buitléir Report Terms of Reference

*“The Review Group will examine and enquire into the effects of the removal of private activity from public hospitals and will specifically **examine potential benefits and potential adverse consequences, including any unintended consequences that may arise, in the removal.***

In particular the group will examine and consider...

- *possible impacts, both direct and indirect, immediate and over time, of removing private practice from public hospitals, including but not limited to **impacts on: access; hospital activity (including specialist services); funding; recruitment and retention of personnel; and any legal or legislative issues that might arise.***

Sláintecare and the de Buitléir Report



- €20bn to implement Sláintecare in first decade (€28bn thereafter)
- Confirms need for more Consultants and beds
- Removing private care from public hospitals to cost €6.5bn over 10 years (€8bn thereafter)
- In reality loss in private health insurance income will not be replaced
- Exacerbate Consultant recruitment and retention crisis & hospital capacity deficits
- Ideology v Pragmatism

Real World Challenges on Hospital Frontline

- **Hospitals crumbling after a decade of cuts (€1.88bn health capital cuts 2009-2019)**
- **Health capital budget in 2019 €667m, including €325m for acute hospitals**
- **Delays in bed capacity ↑ by 2,600 beds before 2027**
- **Delays in community beds ↑ by 4,500 beds by 2027**
- **Rationing of care, growing waiting lists, and trolley crisis**
- **Nearly 50% population with PHI: Capacity & Delays**

Real World Challenges on Hospital Frontline

- **Need separate additional funding for National Children's Hospital (€2Bn vs €0.63Bn estimate)**



- **National Children's Hospital Cost Overrun:**
 - €100m in 2019 (€25m from HSE)
 - €107m in 2020
 - €120m in 2021
 - €150m in 2022
- Ongoing problem
- **Cost of Relocation of 3 Dublin Maternity Hospitals**

Real Strategic & Hospital Needs



- **Fill all approved Consultant posts on a permanent basis**
- **↑ Frontline capacity to treat people awaiting outpatient appointments, and inpatient and day case elective procedures**
- **↑ Public acute hospital bed capacity**
- **↑ Funding to address capacity deficits**
- **Meet KPI targets for cancer care, surgical procedures and key aspects of patient care**

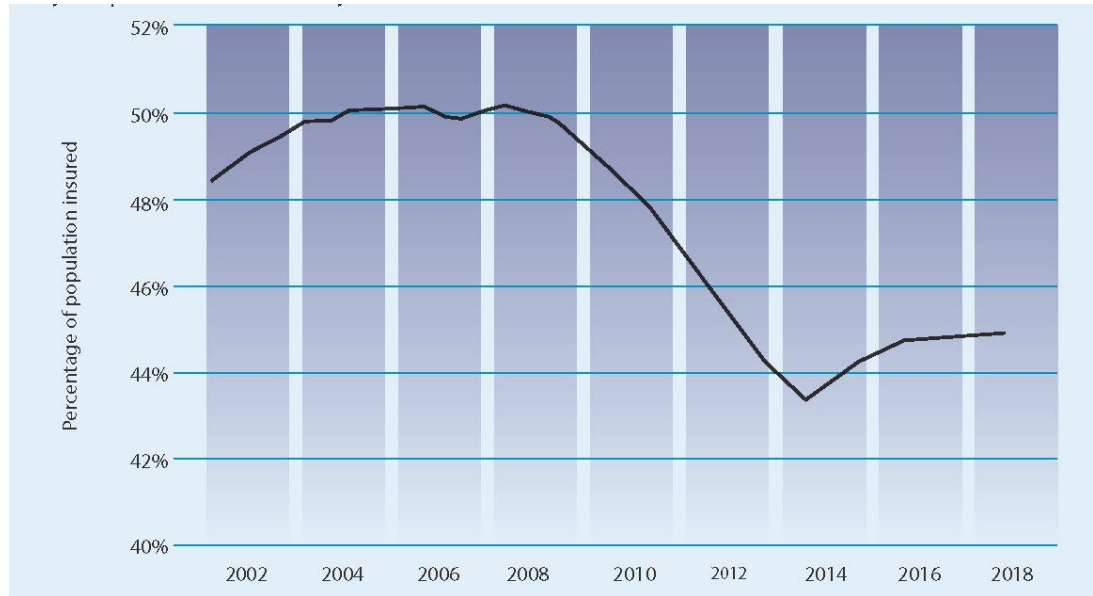
Solutions to Frontline Problems

- **Resolve public hospital access crisis**
- **Insufficient public hospital capacity**
 - **Record waiting lists**
 - **Record numbers on trolleys**
- **All patients in public hospitals are public hospital patients who need care without current delays**

Sláintecare & de Buitléir Reports

- **Unintended consequences**
- **Loss of €6.5Bn PHI per decade**
- **Won't be replaced**
- **Substantial other investment and operating costs**
- **Already lagging behind NDP 2,600 hospital bed timetable**
- **Counter productive – Prolonging Access Crisis**

Sláintecare & de Buitléir Reports



- **2.22m (45%) PHI members**
- **Increased by 64,000 (3%) since May 2017**
- **Market segmentation**
- **10% PHI members with Public Hospital cover only**
- **50:50 reliance Public & Private Hospital care**
- **Little or no capacity freed up in Public Hospitals**

Removal PHI Income

- **Capacity expansion delayed**
- **Unprecedented Consultant Recruitment & Retention Crisis**
 - **Type A tried 2008 & 2011 and failed**
 - **Current Pay Inequality: 500+ vacancies**
 - **Increased exodus & greater recruitment problems**
 - **Deterioration in public hospital care**

Conclusions

- **A strategy or plan which is based on ideology over pragmatism and focuses on the symptoms rather than the root cause problems is damaging and deflects from addressing the real problems.**
- **Capacity deficits need to be addressed.**
- **Let's focus on fixing the real problems.**



Thank You

Support the IHCA campaign at:

#CARECANTWAIT

