



# Changes in our public health service

---

Laverne McGuinness

Chief Operating Officer and Deputy Director General

*PMI Educational Business Day*

*Friday 28<sup>th</sup> March 2014*



## What I will cover

---

- Services currently provided and how they are organised
- Focus on Quality and Patient safety
- What is changing



# What we do



# Serving the population

---

- Health Services have a statutory obligation to provide Health and Social Care Services
- Spectrum of services covers everything from care in the community to specialist hospital

## The National Service Plan

Type and volume of health and personal social services to be provided

- Basis on which the Minister evaluates health service performance and annual progress in meeting its legislative obligations
- **€11.781 Billion** budget (overall reduction of close to €4 Billion in 6 years)
- New Investment in critical services of **€178 million**<sub>5</sub>

Health Service

National Service Plan 2014

Health Service  
National Performance  
Assurance Report

NOVEMBER 2013

HEALTH SERVICE EXECUTIVE

HE

Poibhíreannacht na Seirbhíse Sláinte  
Health Service Executive

Health Service Executive  
Annual Report and  
Financial Statements  
2012



# Competing demands for resources

## More cuts at disabled child care organisation

**Gordon Deegan**  
A CARE organisation that provides for disabled children is to make further spending cuts on top of a 15 per cent already slashed this year.

The Brothers of Charity provides services to 6,000 people including 1,000 children with intellectual disabilities across the country. But new accounts from the HSE-supported agency show it shaved into the red last year

and the

## CF drug may cost €230k per patient

by Chris O'Sullivan

Concerns have been raised that a new wonder drug for cystic fibrosis (CF) patients could be prohibitively expensive as manufacturers are willing to charge up to €230,000 per patient for a one year supply of the pills. Kalydeco — the first new drug to treat the sick since 1991 — was approved for sale by the European Medicines Agency in the summer.

Discussions between the health authorities and the drug manufacturer, Vertex, about cost, have been taking place.

the HSE to "play hard ball" with Vertex.

"We need the HSE to negotiate with the drug manufacturer, Vertex, to ensure that the new drug can be purchased at a reasonable price."

"It's important to note that Kalydeco will soon be on the market, but it will only be of real use if it's available to those who need it."

CF is an inherited chronic disease that primarily affects the lungs and digestive system of about 1,700 children and adults in the Ireland.

It is caused by a defective gene and an previous product that prevents cells from properly absorbing and excreting salt and water.

Earlier this year, Vertex executives visited Kalydeco would cost €230,000 for a one year supply, placing it among the most expensive prescription drugs sold in the US. "Speciality Biopharmaceuticals are known to charge €300,000

## Backbenchers row with Reilly over cuts

Michael Brennan

Labour backbenchers are at loggerheads with Deputy Health Minister Denis Flanagan over cuts to the health service.

There are growing concerns that the health service will be hit hard by the cuts. The Health Service Executive (HSE) is expected to cut 1,000 jobs and 100 beds in the next few months. The cuts are expected to be implemented by the end of the year.

Labour backbenchers are at loggerheads with Deputy Health Minister Denis Flanagan over cuts to the health service.

There are growing concerns that the health service will be hit hard by the cuts. The Health Service Executive (HSE) is expected to cut 1,000 jobs and 100 beds in the next few months. The cuts are expected to be implemented by the end of the year.

The Labour benches had not been consulted on the cuts. Deputy Health Minister Denis Flanagan said he had not consulted the Labour benches on the cuts. He said he had consulted the Health Service Executive (HSE) on the cuts.

Labour backbenchers are at loggerheads with Deputy Health Minister Denis Flanagan over cuts to the health service. There are growing concerns that the health service will be hit hard by the cuts. The Health Service Executive (HSE) is expected to cut 1,000 jobs and 100 beds in the next few months. The cuts are expected to be implemented by the end of the year.

Labour backbenchers are at loggerheads with Deputy Health Minister Denis Flanagan over cuts to the health service. There are growing concerns that the health service will be hit hard by the cuts. The Health Service Executive (HSE) is expected to cut 1,000 jobs and 100 beds in the next few months. The cuts are expected to be implemented by the end of the year.

Labour backbenchers are at loggerheads with Deputy Health Minister Denis Flanagan over cuts to the health service. There are growing concerns that the health service will be hit hard by the cuts. The Health Service Executive (HSE) is expected to cut 1,000 jobs and 100 beds in the next few months. The cuts are expected to be implemented by the end of the year.

## "Shocking" number of consultant posts vacant in the north east

A "SHOCKING" number of consultant posts vacant in the HSE North East area, according to figures released in a parliamentary question by Sinn Féin TD Gerry Adams.

Figures released to Deputy Adams in the question reply show that 30 consultant positions across the North East area are currently vacant while 600 posts across the state are empty.

In Louth, 12 consultant posts are vacant in the Louth of Louth Hospital in Droghda including in vital areas such as emergency medicine, paediatrics, child psychiatry and obstetrics/gynaecology at the Louth County Hospital. There is a vacancy for an eye specialist in the Droghda Health Centre and a consultant in the Louth County Hospital in Droghda.

The Sinn Féin leader said: "The vast bulk of vacancies in consultant positions in Louth reflects the efficiency of the health service in the county despite the political cuts, and adds significantly to waiting lists and times.

## Time to fight for our respite care

# LETTERS to the

Dear Editor,

I WOULD like to judge the strongest possible case regarding the HSE's decision to close taking paths to patients in the Respite Care at Droghda Community Hospital.

Local people need to have realistic that the HSE are going ahead with their own agenda despite the HSE's own Respite Care Approval Report and commitment to Public Consultation Process.

Local people need to have realistic that the HSE are going ahead with their own agenda despite the HSE's own Respite Care Approval Report and commitment to Public Consultation Process.

Local people need to have realistic that the HSE are going ahead with their own agenda despite the HSE's own Respite Care Approval Report and commitment to Public Consultation Process.

having to attend the Louth Hospital or other health facilities and not being able to be cared for in the public health system. This type of half thought out plan not only cost so much money in the long term, but it is also a real risk to the health of people who are not being cared for in a residential home.

This is against all the principles of keeping older people in their own homes for as long as is possible with proper supports.

Droghda and its hinterland which includes Kesh already has a full range of Public Health Services for Older People. I am writing all those involved in public life and including HSE management to raise and be

## Children's orthodontic waiting list includes three areas

LEWIS CHILDRIST and colleagues waiting for orthodontic treatment are having to join the queue with their friends and family to get appointments, the HSE has confirmed.

The HSE issued a statement saying that the Orthodontic Service in a regional service delivered to three clinics in the Droghda North East region, Droghda, Droghda and Droghda.

Patients are prioritised by the consultant based on

## Diabetes group says HSE policy a 'failure'

One of the most basic responsibilities is defined during 2010 and 2011 - a 20 per cent increase in the provision of care per patient. The challenge is to see the biggest single cause of long term illness, diabetes, which affects one in ten people, as a "failure".

New HSE statistics show that the number of people with diabetes has increased by 20 per cent since 2005.

## Diabetes group says HSE policy a 'failure'

One of the most basic responsibilities is defined during 2010 and 2011 - a 20 per cent increase in the provision of care per patient. The challenge is to see the biggest single cause of long term illness, diabetes, which affects one in ten people, as a "failure".

New HSE statistics show that the number of people with diabetes has increased by 20 per cent since 2005.

## Diabetes group says HSE policy a 'failure'

One of the most basic responsibilities is defined during 2010 and 2011 - a 20 per cent increase in the provision of care per patient. The challenge is to see the biggest single cause of long term illness, diabetes, which affects one in ten people, as a "failure".

New HSE statistics show that the number of people with diabetes has increased by 20 per cent since 2005.

## Diabetes group says HSE policy a 'failure'

One of the most basic responsibilities is defined during 2010 and 2011 - a 20 per cent increase in the provision of care per patient. The challenge is to see the biggest single cause of long term illness, diabetes, which affects one in ten people, as a "failure".

New HSE statistics show that the number of people with diabetes has increased by 20 per cent since 2005.

# What are these demands?

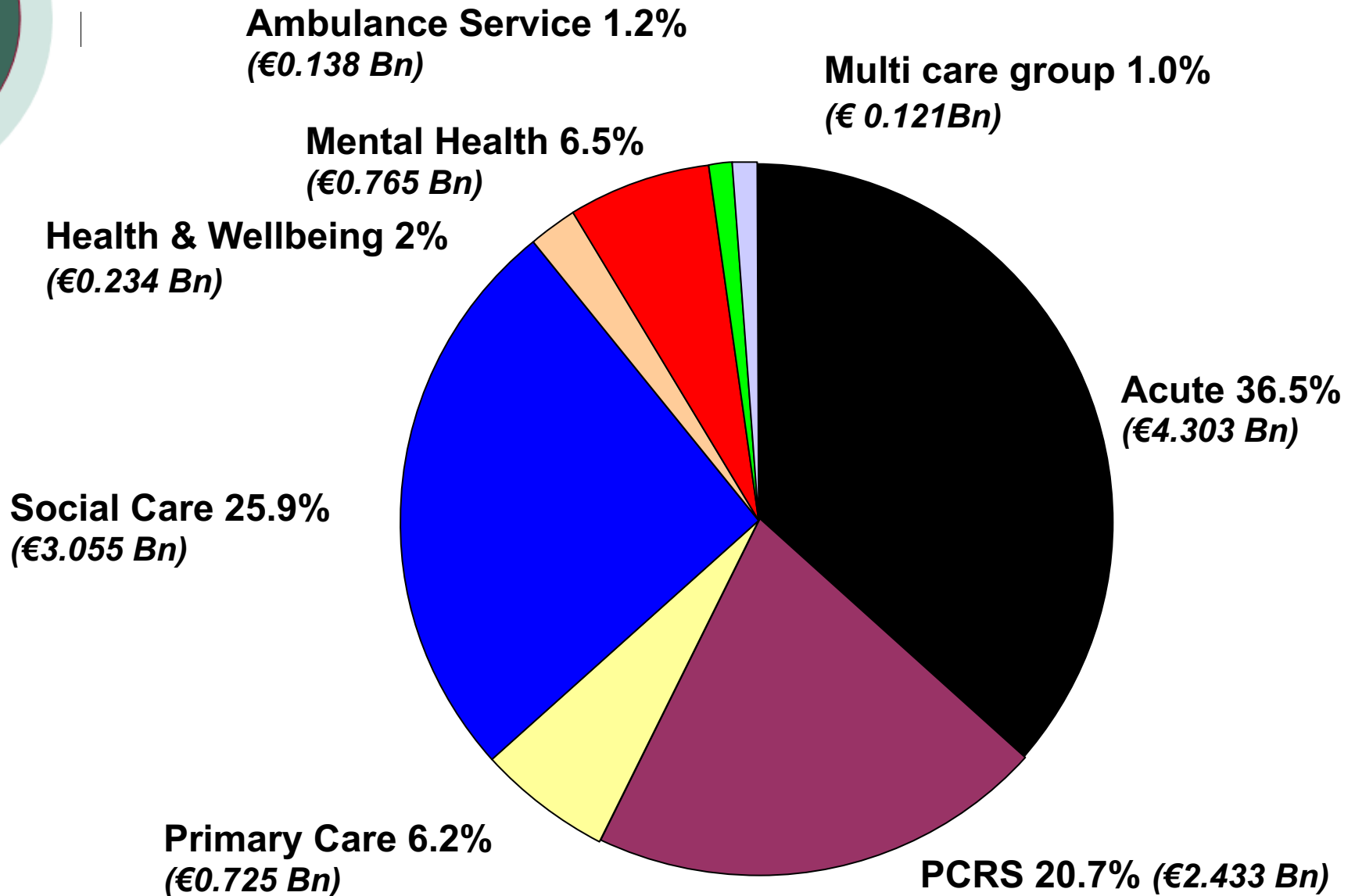
---

- Growing population resulting in increasing levels of activity and demand and growing expectations of public.
- - Population has grown by 8% since 2006
  - Over 65's increased by 21% since 2006

## Chronic Disease

- Growth in chronic disease – expected to increase by 40% by 2020
- 61% of adults are overweight – estimated economic cost of obesity is €1.13bn
- Dealing with consequence and misuse of alcohol which contributes to chronic disease management costs the state €3.7bn annually
- Between €1-€2 billion annually is spent on treating tobacco related disease.

# Where Does the Money Go?





# What does it deliver in hospitals?

---



48

Acute Public Hospitals and **13,576** beds

1.43m

People receive either inpatient or day case treatment

2.5m

Attendances at hospital outpatient departments

68,000

Births

13%

Reduction in number of patients waiting on trolleys against 2012

5.4  
days

Average length of stay, against 5.7 in 2012

144,000

Women screened for breast cancer in 2013

281,000

Emergency calls to the ambulance service

# What does it deliver in the Community?

---

Almost  
1m

Contacts with GP Out of Hours services

9.73m

Home Help hours provided to **46,454** people

22,871

Supported in Nursing Home Support Scheme

9,655

In receipt of methadone maintenance

59,816

People seen in Mental Health Services (**37,736** adult referrals accepted by community teams, **9,761** referrals by psychiatry of old age, and **12,319** child and adolescent referrals)

1.8m

People with medical cards (40% of population)

80m

Annual community schemes transactions to over 7,000 contractors

1.3m

Treatments provided under dental treatment scheme

# What are the benefits to our health?

---

- Life expectancy increased by 4 years since 2000
- Mortality for circulatory system diseases is now virtually the same as for cancer whereas it was 35% higher 10 years ago
- OECD Report 2013 shows that between 1990 and 2011
  - Mortality due to cancer fell by 21%
  - Coronary heart disease fell by 59%
  - Cerebrovascular disease fell by 54%
  - In all three instances, rate of decline greater than OECD average

- More than **20.1 million** GMS prescriptions claimed annually for **62.1 million** items
- *Health (Pricing and Supply of Medical Goods) Act 2013*
  - Generic substitution and reference pricing
- New Medicines Management Programme established in 2013. – Professor Michael Barry
  - Quality of medicines management process
  - Cost effectiveness of overall drug expenditure
  - Access to high cost medicines
  - ‘Preferred drugs’ initiative launched .... Could save €17 million every year

# Who does the work

---

- There are **99,959** staff in the health services includes statutory and voluntary sector (22% are nurses)
- This is down 12,812 since 2007
- HSE funds more than **2,500** separate agencies to the value of **€3.1 Billion** (25% of HSE's total budget)
  - 16 of these are Voluntary Hospitals and account for 51% of this spend
  - The next largest sector is disabilities accounting for €1.1 Billion or 35%

*Enhanced governance controls in place with voluntary agencies from 2014 – Annual Compliance Statement*



# Focus on Quality and Patient Safety



# Patient Safety - We don't get everything right

---

- The quality of our services and patient safety are a priority for the health services and are a major focus of the Service Plan for 2014
- When we get things wrong we need to learn from them:
  - Savita Halappanavar Report
  - Report on Perinatal Deaths at Portlaoise Hospital
  - Learning from other jurisdictions, for example the Mid-Staffordshire NHS Foundation Trust Public Enquiry (Francis Report)
- Quality and patient safety indicators
- Policy on Open Disclosure



# How we are changing



# Future Health: how we are reforming

## The Reform Programme

introduced by Dr James Reilly aims to improve the health and wellbeing of the population by

- Keeping people healthy;
- Providing the healthcare people need
- Delivering high quality services
- Getting best value from health system resources.



# Aim and Principles of Reform

*To help people remain healthy and to provide effective safe high quality healthcare and personal social services to the people of Ireland  
(Future Health, Nov 2012)*

*Keeping People  
Healthy*

*Equity*

*Quality*

*Regulation and  
Patient Safety*

*Empowerment*

*Patient-  
centeredness*

*Efficiency and  
Effectiveness*

# What will change as a result of the reforms?

## Four pillars of Future Health

Health & Wellbeing

Keeping people healthy

Keeping People Well

Integrated Care

Service Reform

Treat more people in the community  
Integrated care coordinated around the patient

Free GP Care

MFTP

Structural Reform

Promote good governance,  
Avoid duplication  
Performance management  
Delivering value for money

Purchaser Provider Split

Reform DOH HSE abolished

Financial Reform

Financing system based on incentives  
Promote fairness/efficiency, while reducing cost, improving control and quality

Reform of Insurance Market

Whole of Govt Approach

## Improving our health and wellbeing

- **Healthy Ireland** Cross government collaboration for health and well being
- Help people protect and improve their health (e.g. screening programmes for Breast, colorectal and other cancers)
- Improve access to diagnostic services such as for endoscope services
- Establishing a Patient Safety Agency
- National Clinical Care Programmes

## Transforming primary care

- Free GP care
- Free GP Care for under 6s in 2014 - **€37m in 2014**
- Introduction of chronic disease management programmes

## **Transforming our hospitals**

- Reducing waiting lists and waiting times target
- 8 month target for inpatients – only 4 patients > than 8 months at end of 2013
- Organising hospitals in to hospital Groups (e.g.2 hospital groups established in 2013 and remaining Groups to be established in 2014)
- Funding through Money Follows the patient

## **Transforming social and continuing care**

- A shift towards providing services in the community
- A move away from “congregated” living settings for people with disabilities

## **Transforming mental health**

- Implementation of A Vision for Change
- Closing old Psychiatric Hospitals, reducing inpatient acute beds and shifting focus to support more community based care (26% or 349 reduction in adult acute inpatient beds between 2006 and 2013)

## **Transforming children and family services**

- Establishment new Child and Family Agency 2014

## **Transforming the way health services are organised and financed**

- Board of HSE abolished and new Directorate established
- New Divisions responsible for Acute Hospitals, Primary Care, Social Care, Mental Health and Health and Wellbeing
- Abolishing the HSE as an Agency and establishment of the Healthcare Commissioning Agency
- Money Follows the Patient on the road to Universal Health Insurance

- Change is constant and a continuous journey
- A lot of work done but even more to do
- Change will never be finished ....
- Constant Pursuit of Improvement

Thank you