



PAC-R-723

Correspondence 3A.2
Meeting – 08/11/2012

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6th November 2012

Ms. Niamh Maguire,
Committee Secretariat,
Committee of Public Accounts,
Leinster House,
Dublin 2

Dear Ms. Maguire,

I refer to your correspondence of 15th October 2012 regarding our attendance at the recent Public Accounts Committee meeting and your request for information on a number of follow up issues that arose during the course of the meeting.

Please find here under for the attention of the Committee the HSE responses to issues 1, 2, 6 & 7. Responses to issues 3, 4 & 5 will issue to you shortly.

I trust this information is of assistance.

Yours Sincerely,

Ray Mitchell
Assistant National Director
Parliamentary & Regulatory Affairs



HSE response to issues for follow up following meeting of PAC held on 9th October 2012

1. The most up-to-date data on bed-day utilisation by consultants for private patients in public hospitals.

Response:

The total number of inpatient bed days used by private patients in Irish public acute hospitals from 1st January 2012 to the end of August 2012 was 508,422 which represents approximately 20% of the total number (2,560,249) of bed days used during that period. Of these 508,422 bed days, 194,237 were in beds which are designated as public beds which represents approximately 8% of the total bed day usage for the period.

The total number of elective day cases carried out on private patients in Irish public acute hospitals from 1st January 2012 to the end of August 2012 was 94,728 which represents approximately 15% of the total number (634,689) of elective day cases carried out during that period. Of these 94,728 elective day cases, 46,746 were in beds which are designated as public beds which represents approximately 7% of the total elective day cases for the period.

In the above inpatient and daycase figures public bed days includes ICU bed days.

These figures are based on coded hospitals returns to the Hospital Inpatient Enquiry (HIPE) system and from the uncoded data returns from the hospital Patient Administration Systems (PAS) as of the end of August 2012. As these data are still subject to audit and review, the figures quoted above should be regarded as being provisional.

The HIPE data identifies patients who chose to be treated as private patients. The system then asks the hospital to identify the number of days each patient spent in a private/semi private/public bed. This makes it possible to identify the number of bed days used by private patients and the breakdown of that bed day number into those spent in a private, semi-private or public bed.

2. The percentage of medical cards that are surrendered due to a loss of eligibility.

Response:

Of the medical card applications and reviews processed during the period January to September 2012 (i.e. 747,283), 122,866 related to circumstances where eligibility was not confirmed, for example; an eligible person passed away or cardholders failed to respond to a number of review request reminders. Included in this figure are approximately 10,000 cards which the HSE removed from the register in respect of persons who are no longer living in this jurisdiction. Additionally, 81 medical card holders voluntarily surrendered their cards. It is important to note that the rate of attrition (i.e. 'churn') is dynamic and arises from eligibility being removed at the renewal date but being subsequently restored retrospectively when eligibility is reassessed and confirmed by the HSE.

The processing of medical card during this period resulted in an overall increase in the medical card register of 144,540 from 1,694,063 on 1 January 2012 to 1,838,603 on 30 September 2012

6. Information on the number of home help hours in the HSE and the number of home help staff employed directly by the HSE compared to the number of home help staff employed by private contractors.

Response:

Number of home help hours:

The home help service as delivered by, or on behalf of the HSE, is a community based service that enables people who otherwise might need to be cared for in long-term residential care to remain at home, where appropriate. It is also a critical support to older people in facilitating their early discharge from, and in preventing inappropriate admission to, acute hospitals.

In 2011 a total of 11,092,436 home help hours were provided to 50,986 clients. In relation to 2012, at the end of July in excess of 6 million home help hours were provided to 50,139 clients.

The majority of these hours (approximately 70%) are provided by home help staff directly employed by the HSE. The remaining 30% is provided by indirect service providers on behalf of the HSE (both 'not for profit' and 'for profit') with the majority being provided by voluntary ('not for profit') service providers who have traditionally been grant aided by the HSE to provide this service. The percentage of direct provision is lower in the Dublin area – approximately 33% in Dublin North East and 44% in Dublin Mid-Leinster.

The turnover rate for home help each month is approximately 1.9% which means that 1,000 clients no longer require or do not avail of this service each month and these hours are then 'recycled' and allocated to new clients. An estimated 6,000 new clients received 'recycled' home help hours for the first 6 months of the year.

In addition to mainstream home help service, a range of supports including enhanced home help hours (for example nights, evenings, weekends etc); extra nursing care, respite, therapies etc may be funded as part of the Home Care package scheme (this is the main area of involvement from Private providers (for profit) of home help services). At the end of July 11,119 people were in receipt of a Home Care Package

Number of home help staff employed by the HSE both directly and indirectly:

At the end of August 2012 there were 14,182 (headcount) home help staff employed by the HSE both directly and indirectly. Of these:

- 9,457 (headcount) were employed directly by the HSE (4,210 WTEs).
- 4,725 (headcount) home helps were employed by voluntary providers receiving a grant aid from the HSE to provide a home help service (data supplied by voluntary providers).

7. The terms and conditions of the contract awarded to a person directly employed by the HSE and working in the home help service.

Response:

The HSE is currently in discussions with staff organisations regarding contractual issues for home helps, in particular their hours of attendance. This process is being assisted by the Labour Relations Commission and a meeting is due to take place shortly. Upon completion of this process the finalised contract will be forwarded to the Committee.