



Fw: PAC meeting 14 June 2018 with NTPF

Derek\_Finnegan

to:

PAC

02/10/2018 17:07

Cc:

"Margaret Falsey (Margaret.Falsey@Oireachtas.ie)"

Hide Details

From: Derek\_Finnegan@health.gov.ie

To: "PAC" <PAC@oireachtas.ie>,

Cc: "Margaret Falsey (Margaret.Falsey@Oireachtas.ie)"  
<Margaret.Falsey@Oireachtas.ie>

1 Attachment



Note Health Service Capacity Review Oct 2018.pdf

Hello Margaret,

Further to my email of 28 September, please find attached a note on the Health Service Capacity Review that will answer the query regarding the audit of empty beds in public hospitals -

Kind regards,  
Derek.

—  
**Derek Finnegan**

*Parliamentary Affairs/FOI/Records Management*

—  
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----- Forwarded by Derek Finnegan/SLAINTE on 02/10/2018 17:00 -----

From: Derek Finnegan/SLAINTE

To: "PAC" <PAC@oireachtas.ie>

Cc: "Margaret Falsey (Margaret.Falsey@Oireachtas.ie)" <Margaret.Falsey@Oireachtas.ie>

Date: 28/09/2018 15:24

Subject: Re: PAC meeting 14 June 2018 with NTPF

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Hello Margaret,

I have an answer for you on the Value for Money review on public nursing homes. There were a number of legal issues that are almost completed. The Department hopes to have this work completed by end of Q1 2019.

I am still awaiting an update regarding the audit of empty beds in public hospitals. I will revert again when I have this information.

Kind regards, and have a great weekend.  
Derek.

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**Derek Finnegan**

*Parliamentary Affairs/FOI/Records Management*

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From: "PAC" <PAC@oireachtas.ie>  
To: derek\_finnegan@health.gov.ie  
Cc: Pamela\_Carter@health.gov.ie  
Date: 11/09/2018 15:43  
Subject: PAC meeting 14 June 2018 with NTPF  
Sent by: "Margaret Falsey" <Margaret.Falsey@Oireachtas.ie>

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Hi Derek,

I hope you are keeping well.

The Committee is currently working on its next periodic report on meetings from May to July and having reviewed the transcripts and documentation, I outline below two further queries that we have regarding the Department.

As part of the meeting on 14 June 2018 with the NTPF, transcript [here](#), the Committee noted that the Department were carrying out a Value for Money review of the cost of care in public nursing homes, the Committee would appreciate if you could advise when this review will be completed?

Also, the NTPF stated that it has not conducted an audit of empty beds in public hospitals, as that is not its function. Has the Department of Health or any other public body conducted an audit of the available capacity in public hospitals? [pp. 112-114 transcript]

I would appreciate if this information could be made available in the next ten days.

Kind Regards  
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## **PAC meeting 14 June 2018 with NTPF – query re “audit of the available capacity in public hospitals”**

### **Health Service Capacity Review**

The Health Service Capacity Review was published in January 2018. The Review forecasts future capacity requirements in acute hospitals, primary care and in services for older persons (residential and homecare services) for the period 2016 to 2031. The analysis took account of current levels of demand and capacity, demographic and non-demographic factors that will drive future demand, and the potential impact that key system reforms can have on capacity needs. The report is available here: <https://health.gov.ie/wp-content/uploads/2018/01/Health-Service-Capacity-Review-2018-Executive-Report.pdf>.

The Review also looked at levels of acute bed utilisation, also referred to as bed occupancy rates, in relation to “available beds”.

**Available Beds.** For the purposes of the Capacity Review, acute beds were analysed on the basis of “beds available”, rather than beds occupied or bed capacity. The OECD’s widely-applied definition of bed availability is: “An available bed is a bed which is immediately available to be used by an admitted patient or resident if required. A bed is immediately available for use if it is located in a suitable place for care and where nursing and auxiliary staff are available, either immediately or within a reasonable period.”

[<https://stats.oecd.org/glossary/search.asp> ]

### **Current and future (potential) bed numbers**

The report, uses 2016 as the baseline and identifies that the current number of beds in the Acute Care setting is 13,310, made up of : In-Patient Beds 10,500, Day Case Beds 2,140, Adult Critical Care Beds 240 and AMU (Acute Medical Unit) Beds 430.

The analysis of the future state scenario (taking account of all three reform areas modelled in the Review) shows a potential requirement for the period to 2031 for:

- 2,590 extra hospital beds including 2,100 Inpatient, 300 Day Case and 190 Adult Critical Care Beds
- 48% increase in primary care workforce
- 43% increase in residential care beds (13,000 beds)
- 120% increase in homecare

### **Occupancy rate**

In relation to acute bed occupancy rates, the Review stated that :

- Acute hospital bed occupancy levels have been persistently high for many years and need to be addressed. Bed occupancy is running at around 95% and in a number of cases individual hospitals are running at close to 100%.
- These occupancy levels are far in excess of international norms and compromise patient safety, contribute to the spread of healthcare associated infections, and impede the efficient and effective use of resources and at times of peak demand, such as experienced during winter months, hospitals have extremely limited surge capacity.
- At an operational level, high occupancy restricts efficiency in patient flow. Put simply, it is difficult to be efficient when operating at or near maximum occupancy. This is true for any sector. It can lead to longer lengths of stay and cancelled elective care.

Therefore, reducing average bed occupancy will be a key enabler for the hospital level productivity improvements modelled in Scenarios 2 and 3 of the Review.

- In the Capacity Review, an adjustment to the baseline has been modelled to highlight the immediate and ongoing need for additional hospital capacity to address potentially unsafe occupancy levels and is based on two adjustments:
  - Reducing inpatient bed occupancy levels from 95% to international norm of approx 85%.
  - Reducing adult critical care bed occupancy from 100% to 80%.
- To reach international standards of bed occupancy would see the need for an immediate injection of the equivalent of an additional 1,260 beds in the system. However, on its own, an uplift in bed capacity is unlikely to offer a sustainable improvement in bed occupancy, as additional beds are likely to be filled immediately with unmet demand. There will be a need for a sustained focus on other aspects of the health system affecting patient flow, including hospital level incentives to maximise flow as well as improving capacity outside of hospitals through the type of measures implemented in the winter initiative programme. In practice, short term improvements in bed occupancy rates are likely to be achieved with a mix of additional hospital beds, residential care and homecare packages along with management measures to improve patient flow, and should be phased in over a number of years.

#### **Vehicles for Reform - NDP , Sláintecare**

The analysis of the Capacity Review informed the investment commitments in the National Development Plan (published February 2018). Arising from the findings of the Capacity Review, the Government committed to funding an extra 2,600 acute hospital beds, 4,500 residential care beds and three new elective-only hospitals in major population centres. This commitment is part of a broader programme of reform in the health sector. Investment and reform will go hand in hand, in order to drive change in the delivery of health and social care services in Ireland.

The Sláintecare report has provided a clear direction of travel in regard to health reform, and the recently published Sláintecare implementation Strategy provides the framework for how health service reforms can be realised.