

Future of Healthcare Committee Meeting Wednesday 16th November 2016

Opening Statement
By
Ms Colette Cowan Chief Executive Officer
Of
UL Hospitals Group

Good morning Chairman and members of the Committee.

Thank you for the invitation to attend the Committee meeting. I am joined by my colleague Mr Paul Burke Chief Clinical Director UL Hospitals Group.

I will confine my opening remarks to:

- Positives of Groups/Networks of Hospitals
- Governance and Organisational Reform
- Vision
- Integrated Model of Care
- Quality and Safety
- Future of Health

UL Hospitals Group was one of the only two hospital groups to be put in place with a functioning board.

We support a concept of a network of hospitals working together as one virtual delivery model for the population of the Mid West, an arrangement that has worked with increasing success such as:

- Robust governance structures.
- Defined policy on safe care in the correct settings, underpinned by the Smaller Hospitals Framework.
- Close and strong links with the University of Limerick driving Medical, Nursing and Health & Social Care Professionals education as well as a fertile research agenda which will be further enhanced by our new Clinical Education Research Centre on the University Hospital Limerick's site.

For four years we have worked closely with our Board which has brought valuable and enthusiastic expertise, oversight, vision and advice on the UL Hospitals development and plans.

We are coterminous with our Community Health Organisation (CHO) and engage continuously with the CHO to improve patient care and outcomes. The fact that the geographical area is covered identically by CHO and UL Hospitals Group provides an ideal basis for implementing policy and procedure.

The future of Healthcare requires a Governance Model and Leadership approach to deliver collectively on organisational reform. The fundamental question in the hospital service is the optimal numbers and configuration required to develop an efficient and effective service. The Smaller Hospitals Framework has clearly defined Model 2 Services. Model 3 Hospitals would benefit from a similar framework to

ensure the range of services, for acutely presenting patients, is defined and supported.

The Governance Structure at UL Hospitals is unique and developed based on a small management team in four directorates, responsible for all sites rather than Hospital specific managers. This single clinical governance across all sites is key to providing operational expertise and guidance on service delivery and has been shown to be highly satisfactory in increasing efficiency, increasing improvement to individual patients and reducing delays. Performance measured against quality, access, finance and resources is driven via Directorate Structures managing vertically across six sites. Our structure fits neatly with the Department of Health and the HSE's Accountability Framework.

Our vision for future health is articulated in our submission paper and I outline some priority areas hereunder:

- Define funding models to develop Community Health Organisation areas to create hospital avoidance strategies, as community delivered care is more beneficial to patients who do not require expensive hi tech high speciality hospital settings.
- Extend Clinical Care Programmes and tight communication systems to include formal dialogue with GPs on opportunities and protocols.
- Progress the Commissioner Provider Model and base decisions on service delivery relating to demographics and population health.
- Continue to increase IT funding to address the gap.
- Establish Bed Capacity to inform 10 years development plans.

The Hub and spoke structure of the UL hospitals network, along with an identical catchment area for community health services, means the UL Hospitals group is in a unique position to provide the integrated model of care between our acute service and the community. This parallels the continual improvement of our specialist and emergency services at our Model 4 Hospital, University Hospital Limerick (UHL).

Clearly, the relationship with GPs is critical in determining how this integrated model of care continues to develop. We believe our Model 2 Hospitals in Limerick City, Ennis and Nenagh, must provide support to our GPs at a local level, while helping to avoid admissions to UHL for less complex conditions. Increasing professional dialogue and communications with our GP's are among our top priorities.

We are trying to ensure that GPs would have easy access to diagnostics and specialist OPD services in the local hospital, which would link closely with the specialist supports in the community. In this coordinated way, the people can receive the care they need in the most appropriate place – be it at home, in the

community, at the local Model 2 Hospital and hopefully less often at the Model 4 Hospital. This is consistent with the HSE's policy on "Prevention and Management of Chronic Disease within an integrated Care programme".

Using this local model, not only are we avoiding prolonged travel and access difficulties to our larger hospital, but we are also reducing the burden on relatives and others, entrusted with the care of elderly patients. This model has huge social and economic benefits to the community. Additional Medical Speciality development at UHL in areas such as Dermatology, Rheumatology and Neurology has meant more of these services being provided at the local hospitals, something that many would not have envisaged 10 years ago.

Quality and safety was the driving force behind the centralisation of acute surgery, critical care and cardiology services 6 years ago, and all our clinical data is now processed through NOCA. Our Model of Care for Acute Surgery was one of the first recommended by the National Clinical Programmes. Our cardiology service provides one sixth of the national PCI service for acute heart attack and we are also providing an acute stroke service through a newly built Stroke Unit, developed incidentally with the support of a number of voluntary agencies in the region.

Looking to the future, we envisage that with centralisation of our maternity services onto the main University hospital campus, and with our favourable road infrastructure UL Hospitals is likely to find itself serving more of the surrounding North Munster Region. We undoubtedly need urgent expansion of our hospital bed capacity to cope not only with current demand, but with this change in Hospital demographics that is inevitably going to evolve in the surrounding regions over the next decade

Our close relationship with University of Limerick is of huge importance in improving standards of care, fostering education, clinical research and innovation so that the hospital complex is rapidly developing to become a major national centre for high quality as well as a major educational resource for the people of the region that we serve.

This concludes our opening statement and together we will endeavour to answer any questions you may have.

Thank you.

Yours sincerely,



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Group Chief Executive, UL Hospitals Group