Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Joint Committee on Health

Meeting

Wednesday 25th January 2017

Opening Statement

by

Liam Woods

Health Service Executive

National Director Acute Hospitals

Good afternoon Chairman and members of the Committee. Thank you for the invitation to attend the Committee meeting. I am joined today by;

- Damien McCallion, HSE National Director National Ambulance Service & Emergency Management who is responsible for coordinating the HSE Winter Plan
- Dr Colm Henry, Clinical Advisor Acute Hospitals Division

We welcome this opportunity to appear before the Joint Committee and engage with Members.

Our Urgent and Emergency care services operates across the health and social care system comprising of a wide range of services including the national ambulance service, emergency departments, injury units, GP Out of hours services, primary care, acute mental health services and community intervention teams to name but a few of the emergency and urgent care services that make up this system.

In 2016 our urgent and Emergency care system has seen a substantial rise in activity throughout the year including:

- 310,000 emergency ambulance calls [4% rise on 2015]
- 1.155m Emergency Department attendances [4.9% rise on 2015]
- 286,701 Emergency Department admissions [5.3% rise on 2015]

I will now set out some of the key causes of the current pressures on our Urgent and Emergency care system and the actions being taken by the HSE in light of these pressures.

Overcrowding in Hospitals

During the first week of 2017 an unacceptable level of overcrowding was evident in Emergency Departments (EDs). ED overcrowding and long patient waiting times for emergency care are of critical concern within the health service, in terms of providing patients with timely access to necessary care.

In December 2016 and January 2017 there were a number of factors that led to increased pressure on the numbers of patients delayed for admission including:

- Increased demand for emergency care
    - 6% increased ED attendances in December 2016 v 2015
    - 7.2% increased ED admissions in December 2016 v 2015
    - 7% increased GP out-of-hours services in December 2016 v 2015
    - 18% increased ambulance calls in December 2016 v December 2015
- Bed capacity constraints

  As of 24 January 2017 there are c.150 acute beds and 190 community beds closed within our public health system, due to essential refurbishment, infection prevention and control and staffing deficits
- Increase in flu and respiratory related illness
    - Commenced in mid-December, earlier than last year, with the virus influenza A (H3N2) that primarily affects those aged 65 years and older.
    - Highest ever number of respiratory admissions recorded in our hospitals.

It is well recognised that the causes and effects of ED overcrowding are multi-faceted, complex and health service-wide. The causes span a range of complex issues across the health service including: increased demand for acute hospital care; under-development of alternative avenues of access to health services in primary and social care; limited acute bed capacity; challenges in meeting the increasing demands of our ageing population for social care services to facilitate timely discharge of patients from acute hospital settings.

As a result, the response to ED overcrowding cannot be limited to focussing on ED's alone but must be health system-wide. Improving processes and achieving efficiencies in hospitals in order to alleviate ED overcrowding continues to be a priority. Additionally, in order to address the causes and challenges of ED overcrowding, and sustain the solution, a more strategic approach is needed, from both policy and operational perspectives, in the medium and longer term.

Demographic Profile

Our population is ageing, and it is expected that the over-65s will increase by nearly 110,000 in the next five years. The number aged 65 years and over has increased by 30.2% between 2006 and 2015. This trend will continue, with CSO projections showing a **37% increase in the 65+ age group between 2015 and 2026.** This is great news and is due in no small way to significant improvements in treatment and care provided by the health services.

A large proportion of this age group is living with two or more chronic conditions which make many of our older citizens more vulnerable and frail. Emergency Departments have seen evidence of this over the holiday period with over-75s representing 14% of the total ED attendances for December 2016. In turn December 2016 saw a corresponding 12% increase in the over-75s being admitted to hospital through our ED's when compared to December 2015.

Winter Initiative Plan

The aim of the Winter Initiative Plan 2016/ 2017, is to provide a focus on specific measures required to help minimise the surge in activity experienced this time of year across our hospital and community services. One of the key objectives is to reduce the numbers of people waiting to be discharged from hospitals and who require specific supports and pathways to do so. Targeted reduction of delayed discharges freed up the equivalent of an additional 200 beds for the acute system, this was achieved through increased provision of Fair Deal and Homecare capacity.

The plan contains a number of key measures both in terms of hospital avoidance, timely access and discharge. It is being implemented through a specific and detailed planning process required in all hospitals and Community Healthcare Organisations across the country. The detailed actions in the plan are set out in Appendix I. Most of these actions are already implemented bringing tangible benefits to the system and our patients. The plan saw €40m invested to alleviate winter pressures.

Considerable planning was undertaken through our Winter Initiative. However, the system's ability to expand to meet spikes in demand is currently limited by a number of factors that vary from hospital to hospital. These include not having enough beds in the system to deal with a surge, difficulties in recruiting nursing staff, which in turn poses a challenge in opening some of our surge-capacity beds, and a shortage of certain services in some parts of the community such as diagnostics or access to homecare. The early onset of Influenza coupled with a significant rise in respiratory illnesses during the holiday period put further pressure on an already stretched system, particularly in the context of over 75s.

Additional Measures

In light of ongoing pressures on our Emergency Departments on 5 January 2017, the HSE announced a series of additional measures as part of the existing Winter Initiative Plan. These measures focused on augmenting the supports for primary and community care, targeting a small growth in acute capacity, and further strengthening of existing actions, such as our information campaigns on flu vaccines. These additional actions are set out in Appendix I.

Oversight

The HSE has a steering group in place comprising all the key operational divisions that reviews performance of the winter initiative in order to ensure an integrated approach across our hospitals and community services. The HSE's Special Delivery Unit oversees progress across all our services on a daily basis. This is in addition to the normal line management of our hospitals and community healthcare organisations, delivered through the HSE's accountability framework. In addition an oversight group has been put in place by the Department of Health to oversee progress with the Winter Initiative Plan and to agree any revised actions as challenges arise.

Future Direction

A dedicated focus will be needed to progress the development of the acute model of care; structured demand / capacity planning; effective information systems enabling analysis of emergency care demand and utilisation, and facilitating appropriate performance oversight; staffing capacity; bed capacity; as well as continued process improvement in hospitals. The recently announced acute bed review will be one important piece of the long term solution.

In addition, in order to address the causes of ED overcrowding in the longer-term, the enhancement of primary and social care services, the development of integrated patient-centred care for the management of chronic conditions, investment in hospital infrastructure and models for the delivery of acute services all need to form part of strategic health policy initiatives.

Within a more responsive health system, many more people could and should be treated within the community, for example through an enhanced primary care service. Additional investment in the community would mean that many scans and tests could be done without people having to attend acute hospitals, more home supports could allow people to move out of hospital sooner and Community Intervention Teams could treat people in their own homes rather than in a hospital environment. However, this would involve a "decisive" shift away from - the most expensive form of treating and caring for people - the acute hospital system.

The scenes of overcrowding that we witnessed at the start of January were distressing for both patients and staff and for that we apologise. However unless we shift our model of healthcare from its current hospital-centric focus and towards the community, with the associated investment required, we will continue to be challenged in delivering the service we would wish for our patients.

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

Thank you.

Appendix I – Winter Initiative Plan Key Actions

- An additional 55 acute beds are being provided in the Midland Regional Hospital in Tullamore, Beaumont Hospital, Naas General Hospital, University Hospital Waterford and in the Midland Regional Hospital in Mullingar. In addition, 18 step-down beds are being provided for by the Mercy University Hospital.
- Expansion of minor Injury services in Dublin to provide for an additional 100 patients each week, with patients being seen in a more timely way, to include a Saturday service.
- Provision of additional 950 Home Care Packages targeting 10 specific hospitals, (Our Lady of Lourdes, Mullingar, CUH, STGH, UHW, UHL, UHG, Tallaght, & St. James's Hospital).
- Additional 58 Transitional Care bed approvals weekly available to all acute hospitals, (in addition to the funded level of service of 109/week).
- Expansion of Community Intervention Team (CIT) services across 4 sites to support 5 acute hospitals. (Beaumont, Mater, OLOL, GUH, STGH), to benefit 6,643 additional patients.
- Increased funding for Aids & Appliances to support discharge of patients from hospitals as well as facilitating hospital avoidance. (3,070 people to benefit).
- Targeted waiting list programme for orthopaedics, spinal and scoliosis to be implemented in designated sites by year end.
- Increased focus on Flu vaccination for the community at large and health care staff.

In this plan the HSE is building on the additional capacity made available in winter 2015 which saw the provision of an additional 300 acute beds.

Following on from the 24 Acute Hospital site visits undertaken by the Special Delivery Unit, over the period January to July 2016, key improvement actions have been issued to individual hospitals, these include the following:

- Development of older persons pathways
- Improvement in non-admitted PET (Patient Experience Time)
- Development of chronic disease pathways.
- Implementation of 7 day discharging - criteria led discharge planning

In light of ongoing pressures on our Emergency Departments on 5 January 2017, the HSE announced a series of enhanced measures as part of the existing Winter Initiative Plan. These included:

a) Additional hospital beds:

The HSE has committed to opening 63 acute hospital beds in the following locations: 28 beds in Galway University Hospital; 15 beds in the Mater; 8 beds in Kilkenny; and 12 beds in Tullamore[1]. These are in addition to 35 beds already opened this winter (Beaumont and Mercy Hospitals). Furthermore, a discharge lounge has opened in Waterford University Hospital 3 days a week.

b) Additional transitional care beds:

An additional 60 Transitional Care Beds will be made available in the community for 10 selected acute hospitals (Galway, Clonmel, Wexford, St. Vincent's, St. James, Tallaght, Drogheda, Beaumont, Mater, and Connolly) for a 4 week period to enable quicker egress for patients approved for long term care by Geriatrician, i.e. patients approved by a Geriatrician for long term care in the selected 10 sites can be discharged to a transitional care bed whilst their application is being completed for a 4 week period.

c) Private hospital capacity:

Additional capacity in certain private hospitals is being utilised to support the public hospital system in the immediate term (Kilkenny, Mullingar and Cork).

d) Additional diagnostic services for GPs

Additional diagnostic services (i.e. ultra-sound, X-ray) are being made available to GPs, through existing private providers, in the following locations: Wexford, Portlaoise, Waterford, Limerick and Letterkenny.

e) Supporting nursing homes in the management of flu:

Hospital Groups and Community Healthcare Organisations will work with nursing homes in their catchment areas that experience challenges in managing influenza.

[1] Of the original 73 beds promised under the Winter Initiative (55 acute and 18 step-down) 35 have been delivered and a further 12 (Tullamore) will open in February. 26 are no longer progressing due to inability to recruit staff (Naas and Waterford). Instead Winter Initiative funding for these beds is being redirected to open 28 beds in GUH, 15 beds in the Mater Hospital and 8 beds in St. Luke's, Kilkenny.

f) Enhanced discharge processes between hospitals and CHOs:

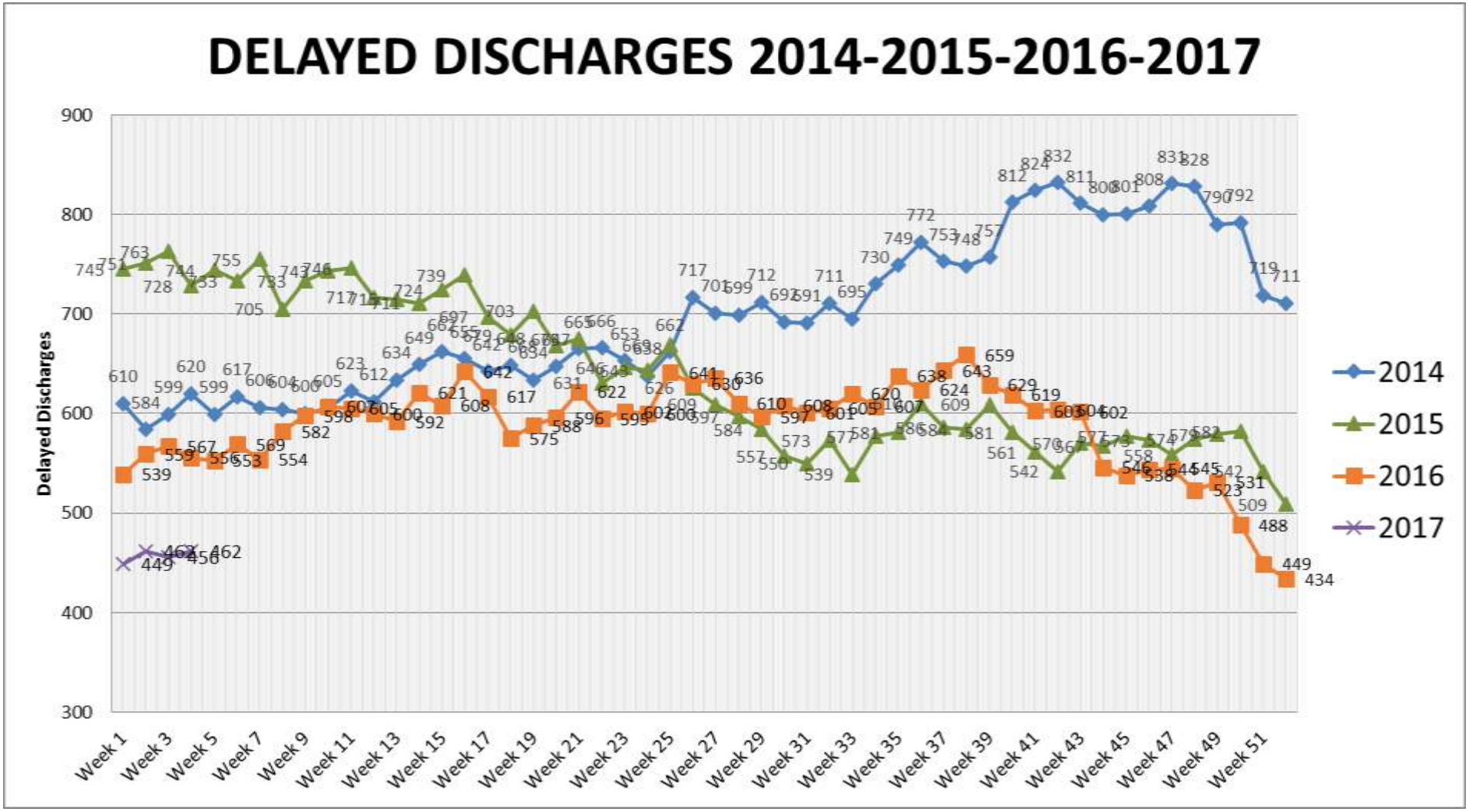
In order to ensure that patients can be discharged as quickly and appropriately as possible over the current high demand period, enhanced discharge processes are being put in place.

g) Information campaigns – Flu Vaccination and "Under the Weather":

A re-run of the Influenza vaccine campaign commenced on 6 January to improve vaccine uptake in the 'at risk' groups. Furthermore, the 'Under-the-Weather' campaign commenced on 9 January, providing information to members of the public on how to manage their health should they feel unwell.

Appendix 2 – 30 DMA 23.01.17

Appendix 3 Delayed Discharges - 2014 – 2015 – 2016 - 2017



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