Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

# Joint Committee on Health

## Meeting

## Wednesday 22nd February 2017

Opening Statement

by

Mr. Tony O'Brien

Director General

Health Service Executive

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

- Mr. Liam Woods, Interim National Director, Acute Hospitals Division and
- Ms. Rosarii Mannion, National Director, Human Resources Division

The Committee requested information and replies on a range of specific issues prior to this meeting and you will have received a written response to each of them. I will therefore confine my opening remarks to the following.

**Finance Update:**

The Draft 2016 financial outturn figures for the health service indicate net expenditure of €13.528bn against an available budget of €13.514bn giving rise to a small adverse variance of €14m. The delivery of a €14m or 0.11% in year 2016 variance represents practical financial breakeven given the scale of the health services overall resources and means that HSE is not starting a new financial year in 2017 with a very significant incoming deficit. It clearly shows the benefit of receiving sufficient funding early in the year, including the €500m received mid-year 2016, to set achievable financial targets for health service managers, clinicians and staff. It also demonstrates the health services ability to deliver when set achievable targets and in that regard, I would like to thank all of our management and staff for their hard work and efforts. I also wish to acknowledge the support received from the DOH, including its assistance with meeting excess costs associated with the state claims agency.

**Winter Initiative:**

We have continued to see increased demand on our Emergency Departments during the first months of 2017. Admissions through ED are up 6% on the previous winter period and other services such as GP Out of Hours and the Ambulance Service are seeing similar trends.

In line with our country's demography we are continuing to see an increase in the admission of older people through our Emergency Departments, for example admission of patients over 75 years saw a 14% increase in December 2016 against 2015.

Considerable planning was undertaken through our Winter Initiative to help alleviate some of the impact for patients. Our 2016/2017 winter initiative plan contained a number of key measures in terms of hospital avoidance, timely access, patient flow improvements and earlier discharge. There was particular focus on supporting timely discharge and this reduced the number of patients delayed in hospital, enabling the release of 200 additional acute beds at its peak and 100 on average to our acute hospitals, i.e. what are often called delayed discharges which reduced from 619 to 436. The plan saw €40m invested to alleviate winter pressures but was not intended and will not remove what is now known as the 'winter problem'.

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, investment in hospital infrastructure and models for the delivery of acute services all need to form part of strategic health policy initiatives. The recently announced bed capacity review will be one important piece of information to inform the longer term solution. In addition a more strategic approach is needed for some of our patient groups such as those with chronic illnesses and the more frail elderly patients who have specific needs and who could in many cases if services were enhanced be treated outside of acute hospitals.

**Acute Hospital Waiting List:**

On behalf of the HSE, I apologise to all patients who have had a poor experience either in terms of waiting times or communications with our services.

A key priority for the HSE is tackling long patient waiting times and ensuring timely access to treatment and care. We fully acknowledge that patient waiting times are unacceptably long in certain specialities and this, to some extent, reflects the need for greater capacity and staffing in certain specialties within our services. It is also essential that we fully optimise our public capacity.

Each year in our hospitals over 3.3 million patients attend outpatient services, while 1 million have a planned day case procedure and approximately 100,000 people have an elective inpatient procedure. In 2016, (Jan- Nov) over 1.5million inpatient and day cases were completed in our acute hospitals, representing an increase of almost 30,000 when compared to the same period in 2015.

It is fully acknowledged that waiting lists in certain specialities including Ophthalmology, ENT, Orthopaedics, Urology and General Surgery have seen significant increases in the number of patients waiting for treatment. It must be noted that both the challenge of availability of consultants in these specialities as well as hospital capacity have contributed to this increase.

The key issue for patients is how long they are waiting and based on NTPF figures published in January:

- 36% of patients are waiting less than 3 months for an Inpatient Daycase Procedure (IPDC), 58% are waiting less than 6 months and 2% are waiting over 18 months
- 93% of adult patients were treated within the national target time of 15 months for IPDC,
- 69% of patients were treated within the 8 month national target,
- The proportion of patients waiting over 18 months fell from 4.5% to 2 % at the end of December

A key focus of the HSE Waiting List Action Plan 2016 was to reduce the number of patients waiting the longest length of times for inpatient and day case procedures.

The HSE's target, approved by the Minister, was that we would reduce the number of patients waiting over 18 months by 50% and that there would be no more than 1,800 patients waiting greater than 18 months. We exceeded this target whereby the number of patients was reduced to 1738 due to the treatment/removal of over 11,500 off the waiting list.

An important feature of the 2016 waiting list was optimising our public capacity as well as outsourcing activity. For example 200 cases were undertaken by Cappagh for other hospitals, the Mater undertook 24 spinal and scoliosis cases on behalf of Tallaght. University Hospital Limerick carried out work for the Saolta group and Kilkreene Orthopaedic Hospital carried out work for Tullamore Regional Hospital. We will build on this approach in 2017 with particular reference to orthopaedics, scoliosis, ophthalmology, vascular and ENT services.

In 2017, the HSE is working with NTPF to develop an action plan for Inpatient Day Case and Outpatient waiting lists to deliver on the 2017 target that no patient would be waiting greater than 15 months by the end of October. It will set out specific actions by Groups aiming to optimise existing public capacity within hospitals and Groups and targeted outsourcing for those specialties where there are known capacity challenges. The approach outlined will be underpinned by strong oversight and governance by hospitals, Groups and at National level. With specific reference to scoliosis, the HSE has set a target of 4 months for treatment of scoliosis and is finalising a comprehensive plan in this regard. This will require a range of solutions given the capacity challenges in the Irish public and private system.

**E-Health:**

The eHealth Ireland programme within the HSE has had some success in 2016 creating the first digital hospital in Ireland, delivering the infrastructure for an Individual Health Identifier to be 'turned on', completing the implementation of eReferral into every acute hospital and beginning the implementation of ePrescribing in the community.

The eHealth Ireland programme will, in 2017, continue to move towards an Electronic Health Record (EHR) for Ireland, whilst the full EHR business case is being considered the programme is working to put in place foundations that enable an innovative and yet considered progression to delivering a digital fabric for the way in which healthcare is delivered. The continued implementation of the Maternity and New-born EHR will see at least three more Irish hospitals become digital in 2017. The delivery of the first national digital lab solution in the world will create efficiencies and a safety focus never before possible for all laboratories in Ireland. The delivery of care to patients with Cancer in Ireland will migrate from a largely paper based information system to a single nationwide solution.

As well as these foundational programmes of work the eHealth Ireland team will continue its work in new and innovative arenas, genomic sequencing *(The analysis of a patients DNA to help ascertain the type of disease or illness they have)* for epilepsy patients will continue, the implementation of an artificial intelligence mobile 'friend' for patients with Bipolar disorder will be piloted, digital supply chain management to the door of patients with haemophilia will be delivered.

All of this will be achieved within the current HSE IT budget. If we were to invest even 1% more in this area the team is confident that they could deliver striking benefits to the system, and 1% more would still be 1% less than the average EU country.

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

**Thank you.**