



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

# Joint Committee on Health

Meeting

Wednesday 4<sup>th</sup> July, 2018

Opening Statement

by

Mr. Liam Woods

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Health Service Executive

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

- Ms. Colette Cowan, CEO, University of Limerick Hospital Group
- Mr. Bernard Gloster, CHO Area 3 (Community Healthcare Organisation covering Clare, Limerick and North Tipperary)

Each year our emergency departments (EDs) see close to 1.3m patients and on average 25% of these patients are admitted. The total number of ED attendances has increased year on year while bed capacity has remained largely unchanged. This has created significant challenges for hospitals which manifest primarily in emergency departments but it is also creating challenge in terms of elective access.

In the current year alone, ED attendances are up by 2.3% compared to the same period last year. This is on top of an increase in ED attendances of almost 3% during 2017 and 4.3% in 2016. A key additional challenge facing our hospital and GP services is the sustained increase in the number of older patients presenting to ED. During 2017 hospitals reported an increase of almost 6% in the number of older patients attending ED with some EDs experiencing upwards of 10%. This year to date, a further increase in this age group has been observed with the number of presentations up by a further 3.4% compared to the same period last year. Typically patients over 75 years have more complex care requirements and are more likely to need to be admitted to hospital for treatment and will have longer lengths of stay. This means that the available capacity is under increased pressure as we do not have sufficient patient discharges every day.

The numbers waiting on trolleys at 8am fell by 3% during 2017 when compared to the full year 2016. The number of patients on trolleys between October and December was consistently lower than for the same period 2016. These improvements were directly linked to increased capacity in a number of hospitals and sustained focus by Hospital Groups and Community Health Organisations in reducing delayed discharges and improving patient flow. Targeted funding for emergency services in 2017 enabled consistent improvements in the wait time for funding under the Fair Deal Scheme and an increase of up to 300 beds during the year. The trolley improvements were maintained to year end 2017.

The issues of overcrowding and the length of time patients wait in ED are a concern for both patients and staff compromising a safe environment for assessing and treating patients. In 2017, HSE sought to tackle both issues through investment in emergency departments, with UL opening its new emergency department in June 2017 and upgrades were undertaken in St James Hospital and at Mullingar. The major capital development of 80 beds, theatres, and an expanded ED in Our Lady of Lourdes Hospital, Drogheda, is opening on a phased basis in 2018.

The HSE has continued to focus on full compliance of no patient waiting over 24 hours and improvements have been made as compliance with this metric is now 95%. A key challenge for most hospitals is the lack of sufficient isolation facilities or single rooms required to ensure that infection control issues are managed appropriately. As a result patients can wait for significant periods for suitable accommodation.

In 2017, funding of €5m was provided to support the cost of upgrades in EDs and wards aimed at addressing infection control, security and environmental issues.

The first 4 months of 2018 has seen the number of patients on trolleys increase due to increased attendances and the age and acuity of patients presenting. However, there has been a stabilisation from April onwards with May showing an improvement against the same period in 2017 of 2.5%. In 2017/2018 flu season the number of confirmed influenza cases and influenza outbreaks exceeded all previous records in Ireland, including the 2009 pandemic. The impact was particularly severe for those over 65 years, with 2,218 confirmed influenza hospitalised cases and 85 ICU admissions in this age group. A key challenge this year has been the sustained increase in influenza cases, insufficient isolation facilities and delays in discharge of patients to home and other community settings. This year a further challenge is the incidence of influenza in nursing homes which prevented new admissions from hospitals for periods in early 2018.

Funding of €40m was made available in winter 2017/2018 to support surge pressures. Of this, €30m was allocated to support additional home care packages, transitional care and aids and appliances. The remaining €10m was allocated to support the opening of an additional 260 beds during 2018.

Notwithstanding the extraordinary measures taken over the winter period to manage emergency activity there is evidence to suggest that access to elective care is being “crowded out”.

The Chairman and committee members will be well aware of the challenges that the HSE and, more importantly, patients are facing in terms of accessing out-patient and in-patient/day-case services in public hospitals. This is despite the significant volume of activity that is undertaken in Hospitals on annual basis whereby we see 3.3 million patients as outpatients and deliver 1.7 million procedures in Hospitals

Latest waiting list information, at the end of June 2018, shows that there are 511,415 patients on waiting lists for access to a first out-patient appointment and 78,014 patients waiting for access for a surgical procedure. While recognising the significant volumes of patients waiting for access for treatment we have begun to make progress in this area. This is most evident in the numbers of patients waiting for a hospital inpatient or day case procedure where in July 2017 the numbers waiting stood at a high of 86,100. The most recent figures represent a fall of more than 8,000 or 9.4% in less than 12 months. Latest figures also show that 58% of patients who are on the waiting list for an Inpatient or Day case procedure are waiting less than 6 months and 83% are waiting less than 12 months.

The progress in reducing numbers waiting for a hospital procedure is as a result of the investment by Government in this area supported by increased focus and collaboration across HSE, DOH and NTPF. In Budget 2018, €50 million was provided to the NTPF to provide treatment for public patients. The Inpatient and Day Case Action Plan that was published in April is a joint initiative between the DOH, the NTPF and the HSE with the aim of reducing the overall number of patients waiting for treatment. One of the central goals set out in the Action Plan is that by the end of 2018 the number of patients waiting for treatment will fall below 70,000, down from that historic peak of 86,100 in July 2017 and that the number of patients waiting longer than 9 months will fall by 10,000. In the Action Plan the NTPF committed to provide 20,000 procedures for patients through purchasing of additional activity in public or private Hospitals. The HSE working with the NTPF has invited all hospital groups to develop proposals for their consideration to maximise the use of existing facilities and capacity. For example, in the UL Hospital Group, dedicated Cataract theatre capacity is being opened in Nenagh General Hospital and the NTPF will fund treatment for patients there in 2018.

While recognising the progress being made in reducing IPDC waiting lists the Outpatient Waiting List remains a significant challenge, with 511,000 waiting for an Outpatient appointment. As I said, each year, 3.3 million patients attend Hospital Outpatient clinics for appointments.

I think it is important to say that just over 70% of patients wait less than 12 months and just over 60% wait less than 9 months with just under half waiting less than 6 months.

In order to address the issue of growing outpatient waiting list numbers, the HSE and the NTPF are in the process of finalising an Outpatient Action Plan for 2018. This plan will support the HSE's compliance with the National Service Plan targets, reduce the growth in the number of patients waiting for outpatient services, improve the accuracy of the waiting list, and trial a number of NTPF funded interventions, including weekend and out of hour's clinics.

It is worth noting that in 2017 almost half a million (477,000) outpatients did not attend their appointment. Therefore, the validation of waiting lists is an important part of the Outpatient Action Plan and of the successful management of waiting lists and clinics.

Since the end of 2017, the HSE and individual hospitals have undertaken validation of waiting lists. In order to ensure a consistent approach in this area the NTPF, through engagement with the HSE, has developed a proposal to establish a Central Validation Office in the National Treatment Purchase Fund which will centralise the validation of all waiting lists across the HSE. The NTPF has begun to engage with the HSE at national level and individual Hospitals to progress this proposal and envisages being in a position to commence validation of patient files from September of this year.

Key enablers to the development of more sustainable solutions for access to services are the implementation of the Sláintecare Report and to progress the recommendations of the Health Service Capacity Review. The Capacity Review acknowledges that our acute capacity is not sufficient to meet our current demands with hospitals operating at almost 100% capacity. The Report sets out a clear plan for delivery of 2,600 beds as well as sustained investment in primary and social care services.

The HSE is working closely with the Department to agree a robust implementation plan for core recommendations of the Review with clear milestones for delivery of changes in the model of care delivery and investment in additional capacity. The HSE has established a Capacity Steering Group and more recently a Task Finish Sub Group to progress this programme of work.

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

**Thank you.**