Joint Committee on Health

Wednesday, 4th July 2018

Opening Statement

Paul Bolger, Director, Scheduled and Unscheduled Care Performance Unit, Department of Health

Introduction

I thank the Chairman and members of the Committee for the invitation today. I welcome the opportunity to attend. The Scheduled and Unscheduled Care Performance Unit, of which I am the Director, is a new unit established in the Department of Health at the end of last year. My Unit’s core objective is to improve access for patients to acute hospital services and to reduce waiting times for both scheduled and unscheduled care. I am joined here beside me today by Ms. Susan Scally, Principal Officer, Unscheduled Care and Ms. Linda O’Rourke, Assistant Principal Officer, Scheduled Care. Ms. Mary McCarthy, Principal Officer, Scheduled Care, who has recently joined the unit, is also present.

I propose briefly to focus on the current waiting list situation for Inpatient/Daycase procedures and Outpatient procedures, to outline the actions taken to date to improve performance, and the plans for the remainder of 2018. I will also provide a brief overview on the work
underway to increase the number of beds in the system, in response to the Health Service Capacity Review.

From the outset I would state that my team and I fully recognise the impact that long waiting times to access hospital services have on patients and the need to make real improvement.

The health service will treat 3.3 million patients as outpatients this year and deliver 1.7 million hospital operations or procedures outside of the additional work under the NTPF. Of the 1.7 million procedure, an estimated 435,000 are from the waiting lists. While this level of activity is not fully meeting the demand, progress is being made in improving access. The investment in this area of health care is delivering better results for patients. However, to match the increase in demand for services and to reduce waiting times substantially and sustainably, the implementation of the reform programme set out in SláinteCare is required.

The actions outlined below to reduce waiting times, to improve the accuracy of waiting lists and to invest in additional capacity are nonetheless very important and will improve access for patients.

**Scheduled Care Performance**

The Programme for Partnership Government contains specific commitments to improve waiting times for hospital procedures. In total in 2017, €17.5 million was provided to the National Treatment
Purchase Fund (NTPF) to purchase treatment for long waiting patients and in Budget 2018 this investment was increased to €50 million.

NTPF activity recommenced in April 2017 and in July 2017, the number of patients waiting for such a procedure stood at a high of 86,100. By the end of 2017, the numbers waiting had reduced to just under 81,500.

The most recently published NTPF inpatient figures for the end of May confirm that just under 78,600 patients are waiting for a hospital inpatient or day case procedure. This represents a drop of 7,500 or about 9% in just 10 months.

**2018 Activity – Reduce numbers waiting to under 70,000**

In April this year Minister Harris published the Inpatient and Day Case Action Plan 2018, a joint initiative between the Department of Health, NTPF, and HSE. Under this plan, the number of patients waiting for an inpatient or day case treatment is targeted to fall below 70,000.

It is estimated that over the course of 2018 approximately 133,100 patients will be added to the published waiting list. To achieve the target of under 70,000, the IPDC Action plan commits to remove approximately 145,000 patients from the waiting list this year through a combination of HSE and NTPF activity. The NTPF accounts for 20,000 procedures.

Several factors including the cancellation of elective treatment and the increase in emergency procedures due to significant emergency
department pressures, have resulted in fewer procedures for patients on waiting lists taking place in our public hospitals.

However, through the active monitoring of the Action Plan and the close collaboration with, the HSE and the NTPF, it has been agreed that the NTPF will now target an additional 2,300 procedures in 2018 – or a total of 22,300, to ensure that targets are met.

This level of activity represents a significant increase on 2017, where some 8,200 patients were removed from the IPDC list arising from NTPF activity.

**Insourcing Initiatives – maximising use of public facilities**

The NTPF, working closely with the HSE, has invited all hospital groups to develop proposals to maximise the use of existing facilities and capacity.

The NTPF advises it has received 70 different proposals across all hospital groups. Arising from this, from January to May this year, over 3,000 offers for treatment in a public hospital have been accepted and 1,800 patients have been treated.

**Outpatient Waiting list**

The Outpatient Waiting List remains a significant challenge to be addressed in 2018, with 511,000 waiting for an Outpatient appointment at end May.
In order to address the issue of growing outpatient waiting list numbers, the Department of Health, 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 its 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-hours clinics.

**Waiting list validation – centralised validation function**

The validation of waiting lists is an important part 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. To build on this momentum, last month Minister Harris approved the establishment of a central validation function in the National Treatment Purchase Fund in order to centralise the validation of all waiting lists across the HSE. The NTPF envisages being in a position to commence validation of patient files from September of this year.

**Integrated waiting list**

Work on the development of an integrated waiting list solution, tailored specifically to meet the needs of our health system, is being advanced this year. The NTPF has examined the feasibility to progressing to an integrated system. This report is being reviewed by my unit with a view to establishing a high-level governance structure at system level to lead on implementation.
**Increasing capacity**

Ireland is seeing a growing demand for health care services, which is evident in the growing number of patients being added to waiting lists and the increased pressure on our hospital Emergency Departments (EDs). Increasing capacity is therefore central to improve access – both through our ED departments and for scheduled care and waiting lists.

As part of Budget 2018, the Government provided an extra €30m in 2017 and a further €40m in 2018, to alleviate pressure on our EDs last winter.

To the end of May 2018, total attendances were up 3.5% and admissions up 2.2%, compared to the same period in 2017. For those over 75, in the first five months of the year, attendances rose by 5% and admissions by 5.5%, compared to the same period in 2017. This increased demand, has contributed to an 11% increase in the number of patients on trolleys, compared with the same period in 2017. Delayed discharges also remained elevated during the winter period.

The trolley figures during April and May began to stabilise relative to the preceding months in 2018. The national daily average 8am trolley count has been falling since March - 340 in March, 297 in April, 251 in May and 224 in June.

The Health Service Capacity Review indicates that Ireland has among the highest acute bed occupancy rates in the developed world at 94%,
significantly ahead of the OECD average of 77%. The National Development Plan provides for a major increase in capacity across the health system, including the development of new dedicated elective-only hospitals in Dublin, Galway and Cork. The aim of these elective-only hospitals is to both increase capacity and to provide for a better separation of scheduled and unscheduled care.

Increasing capacity alone will not address the challenges faced, but on the basis of significant reform over the next 10-15 years, the report recommends an additional 2,600 acute beds by 2031. The NDP provides for the full complement of beds by 2028 - 3 years ahead of schedule.

As a first step toward implementing the Health Service Capacity Review recommendations, Minister Harris asked the Department to work with the HSE to identify the location and mix of beds which could be frontloaded in 2018 and into 2019 and 2020 to alleviate overcrowding. This proposal will seek to increase capacity in both acute hospitals and community settings. The implementation of this proposal will require a mix of capital investment, including a programme of modular builds. A key element of the proposal is the identification of the workforce requirement and the development of plans to meet these requirement. These proposals are currently under consideration by the Department and the Minister.
I thank the committee for the opportunity to provide a summary of activity underway. My team and I will endeavour to answer, to the best of our knowledge, any questions from the members.