

An Roinn Sláinte
Department of Health
Secretary General



Ms Éilis Fallon
Committee Secretariat
Committee of Public Accounts
Leinster House
Dublin 2

7 January 2020

Our Ref: QC2019/22389

Your Ref: PAC32-I-1572

Dear Ms Fallon,

I refer to your correspondence of 4 October regarding issues raised at a meeting of the Public Accounts Committee held on 26 September 2019, where the Committee requested further information about the compliance framework regarding private work by consultants at University Hospital Limerick.

A briefing note was requested from the HSE and I am attaching the briefing note prepared by the HSE's UL Hospital Group at Appendix 1.

I trust that this satisfies the Secretariat's requirements.

Yours sincerely,

Jim Breslin
Secretary General

**Appendix I - Report to the Public Accounts Committee on
Consultant Contract Compliance - UL Hospitals Group.**

December 2019.

UL Hospitals Group expects all consultants to adhere to the requirements of their contract. Compliance with the public/private ratio¹ is managed on a continuous basis via the Clinical Director structure. The complexity of managing and reporting on contract compliance are outlined in the Department's briefing paper to the PAC.

It is important to note that the Mid West is unique in the country with the lack of private hospital alternatives within the region for patients wishing to avail of their private health insurance. This situation means that the majority of consultants remain on site and fulfil both their public and private commitments within the public hospitals in the Mid West whereas in other regions consultants leave the public hospitals and carry out the majority of their private work in private hospitals.

The region is also unique as there is only one ED in the region catering for all patients. UL Hospitals has implemented a number of alternative services to ED² for patients including projects with our Community Healthcare partners. These ensure patients are cared for in the most appropriate setting as near to their own home as possible with appropriate supports.

However, this does still mean that patients who self-refer or are referred by their GP to the ED regardless of their health insurance status must present to the ED at UHL.

Table 1 shows total Emergency presentations in the Group for 2018 and 2019 YTD. The data includes all ED attendances, Injury Unit attendances and other emergency presentations.

¹ The contract compliance for private practice is measured in weighted units not discharged patients. This means that it is not a count of private patients discharged under the care of the consultant and where patients have complex care needs the value of this in weighted units is higher than the actual number of patients.

² Injury Units, Medical Assessment Units, Acute Medical Assessment Unit; Acute Surgical Assessment Unit; ED pathways for frail elderly etc.

Inpatient & Day Case Profiles (Public / Private)	Total Inpatient Discharges Cumulative September YTD		Emergency Inpatient Discharges as % total inpatient discharges		Day Case Cumulative September YTD	
	% Public 2018	% Public 2019	% Emergency 2018	% Emergency 2019	% Public 2018	% Public 2019
National Total	83.7%	84.2%	82.7%	82.7%	86.6%	87.2%
Children's Health Ireland	80.8%	82.1%	71.7%	71.3%	85.4%	87.0%
Dublin Midlands Hospital Group	82.3%	83.4%	82.6%	82.2%	84.9%	84.9%
Ireland East Hospital Group	84.6%	85.5%	83.4%	84.5%	91.9%	92.4%
RCSI Hospitals Group	88.2%	88.1%	86.2%	85.1%	91.9%	92.4%
Saolta University Health Care Group	87.3%	87.5%	83.6%	84.5%	88.6%	88.8%
South/South West Hospital Group	80.3%	80.1%	79.6%	79.4%	81.6%	82.0%
UL Hospitals Group	76.1%	77.5%	85.1%	84.4%	74.2%	77.5%

UL Hospitals figures show that 85.1% of all inpatient discharges in 2018 were public patients and 74.2% of Day Cases were public patients.

In 2019 Year to date Sept 2019 shows that 84.4% of all emergency inpatient discharges are public patients whilst this is 77.5% in 2019 YTD September for all discharges. These figures directly reflect the lack of alternative private health care in the region.

Despite the challenges identified nationally and locally in managing consultant contract compliance UL Hospitals has placed significant effort into developing an in-house system to manage and report on consultant contract compliance to match its Clinical Directorate governance structure of one hospital across six sites. This system was externally evaluated in 2018 by the HSE Internal Audit Function the findings of which are outlined below.

This system includes a central repository for work schedules and reporting schedule by consultant, directorate and hospital group for inpatient and daycase activity in line with recommended practice. This reporting system has led the way nationally resulting in the Hospital Pricing Office developing new reports to monitor contract compliance for all hospital groups.

UL Hospitals has collaborated with the Acute Hospitals Division in developing the national guidance for management of consultant contract compliance over the past 12 months. This document is awaiting national approval and sign off by key stakeholders.

UL Hospitals management are actively engaging with clinicians to continue improvements in this area.

The HSE Internal Audit conducted in 2018 focused on ensuring that the responsibilities at local directorate management / hospital group level (in UL Hospitals) are discharged in line with relevant legislation and contractual provisions of Consultant Contract 2008. The audit focussed on:

- Management of Consultants' contracts;

- Evidence of agreed work practice plans in place which clearly identify activities appropriate to specialty;
- Methods for measurement and verification of public/private activity;
- Reporting process for directorate management, executive and consultants;
- Processes in place for non-compliance with agreed private practice ratios.

The report concluded that systems and processes are broadly in place to address compliance with public/private monitoring and reporting. It did note that in order to wholly address national HSE requirements, internal controls need to be enhanced in specific areas. The report acknowledged that controls for continued assurances, including revision of standard operating procedures, revised reporting formats, documentation etc. were in the process of development/implementation by ULHG but that this would inevitably take time to embed. The auditors made ten recommendations at the time in 2018.

In November 2019 Internal Audit conducted a follow up audit on consultant contract compliance. Eight of the 10 recommendations are now closed, with the remaining 2 recommendations expected to be closed in 2020. The status of implementation of the recommendations has been confirmed in the Internal Audit Report November of 2019.

The recommendations and their status are as follows:

Rec. #	Finding Ranking Priority:	Recommendation:	Current Status:
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OPEN INTERNAL AUDIT RECOMMENDATIONS

6	High	To strengthen controls for transparency and accountability and to fulfil requirements of 2008 contract, comprehensive work practice plans, signed and endorsed, need to be obtained from all Consultants on an annual basis. Work schedules also require updating on change of contract type.	In Progress
7	Medium	To provide assurance for accurate and true representation of activity, factors which may affect quality and timeliness of data need to be identified and managed accordingly.	In Progress

CLOSED INTERNAL AUDIT RECOMMENDATIONS

1	Medium	To fulfil requirements of contract 2008 and compliance with revised HSE arrangements, the circulation of standard workload reports to encompass all Consultants needs to be implemented to complete the process.	Implemented or Alternative
2	Medium	The process for notification of Consultants whose work practice has exceeded personal contract limits for private practice needs to be incorporated into the overall process for contract compliance.	Implemented or Alternative
8	Medium	Review and analysis of current hospital information systems' capabilities to provide effective measurement of diagnostic services for public/private activity needs to be actively pursued with relevant departments and decisions taken as to best course of action to satisfaction of management.	Unable or Superseded
3	Low	For transparency, documentation which pertains to the change of contract request/ approval should be incorporated with employees' original contract/personnel file.	Implemented or Alternative
4	Low	To ensure that a change of contract is implemented in a timely manner, the requirement to make contact with HR Manpower in order to activate changes, in addition to submitting a signed acknowledgement, needs to be communicated to the Consultant.	Implemented or Alternative
5	Low	To provide assurance for data quality/reliability, the procedure for change of contract type should include notification of appropriate departments in order to update hospital information systems with specific contract data.	Implemented or Alternative
9	Low	Standard practice for employment of locums should ensure that appropriate contract details are relayed to relevant departments to update information database.	Implemented or Alternative
10	Low	An initial data clean up exercise should be considered in addition to a system of quality checks undertaken periodically to verify accuracy of data on information systems.	Implemented or Alternative

With regards to concerns about waiting lists, the UL Hospitals Group continues to have the lowest inpatient and day case waiting lists in the country as set out in the table below:

Row Labels	Column Labels	0-3 Mths	3-6 Mths	6-9 Mths	9-12 Mths	12-15 Mths	15-18 Mths	18-24 Mths	24-36 Mths	36-48 Mths	48+ Mths	Grand Tot
Dublin Midlands Hospital Group												
Latest		5638	3243	2030	1093	699	505	478	389	71	1	14147
Last Year		5689	3202	1765	1126	805	608	767	547	28	4	14541
Ireland East Hospital Group												
Latest		8982	4068	2025	1022	630	307	302	248	94	19	17697
Last Year		8149	4355	2086	872	528	382	486	371	58	23	17310
RCSI Hospitals Group												
Latest		6077	2122	1193	542	330	170	72	26	8	0	10540
Last Year		5716	2048	1008	632	194	93	125	108	0	0	9924
Saolta University Health Care Group												
Latest		8393	4541	2755	1790	1099	671	702	790	180	30	20951
Last Year		8091	4986	2751	1521	1216	780	847	742	134	20	21088
South/South West Hospital Group												
Latest		6611	2473	1186	728	505	306	438	354	34	0	12635
Last Year		6272	2802	1635	746	565	370	568	270	18	2	13248
University of Limerick Hospital Group												
Latest		3422	1676	1228	856	422	203	131	76	3		8017
Last Year		3709	1841	1216	834	447	184	157	50	4		8442
Children's Health Ireland												
Latest		1653	1018	651	443	301	158	244	263	25	0	4756
Last Year		1445	838	617	355	306	221	311	181	16	0	4290
Total Latest		40776	19141	11068	6474	3986	2320	2367	2146	415	50	88743
Total Last Year		39071	20072	11078	6086	4061	2638	3261	2269	258	49	88843

UL Hospitals outpatient waiting times are also well below other counterparts.

Row Labels	Values	0-3Months	3-6Months	6-9 Months	9-12 Months	12-15 Months	15-18 Months	18-21 Months	21-24 Months	24-36 Months	36-48 Months	48+ Months (blank)	Grand Total
Dublin Midlands Hospital Group													
Current		25621	15631	11674	8030	6431	5143	3753	2723	8102	3404	1142	91654
Last Year		24209	14363	9992	6815	5968	4666	3289	2885	6599	2080	197	81063
Ireland East Hospital Group													
Current		34879	18624	14137	9393	6969	5563	4467	2943	8325	2671	724	108695
Last Year		32831	17634	12601	7811	6221	5261	4562	3035	6138	1732	127	97953
RCSI Hospitals Group													
Current		24158	14305	9053	5657	3341	1481	646	280	408	78	0	59407
Last Year		23977	12669	7393	4113	2772	1959	1310	708	1439	195	5	56540
Saolta University Health Care Group													
Current		29388	15290	12065	7990	6835	5076	4400	2967	7097	2842	539	94489
Last Year		27913	14547	10312	7053	5807	4570	3951	2866	5935	1156	230	84340
South/South West Hospital Group													
Current		31655	17414	13917	10502	8541	6813	5659	4389	11645	3122	448	114106
Last Year		32492	18134	13649	9703	8016	6130	5258	4030	9513	1938	143	109006
University of Limerick Hospital Group													
Current		10718	6867	5266	4756	3950	3535	2936	1648	4752	1644	463	46535
Last Year		11156	7068	5520	4015	3017	2274	2067	1803	3882	884	38	41724
Children's Health Ireland													
Current		10581	7011	5807	4351	3704	2824	2472	1613	3914	1416	471	44164
Last Year		10885	6768	5740	4107	3695	3048	2865	2126	5210	956	48	45448
Total Current		167000	95142	71919	50679	39771	30435	24333	16563	44243	15177	3787	559050
Total Last Year		163463	91183	65207	43617	35496	27908	23302	17453	38716	8941	788	516074

Notwithstanding the good work to date on management of contract compliance at UL Hospitals, a number of challenges remain in respect of the following:

- **Inaccurate reports due to staffing deficits in HIPE office resulting in delayed coding of activity.** This significantly affects the quality of the data reported. A plan has been implemented to address this, however there is a significant gap in the activity conducted versus the activity coded, and hence reported.

UNCODED %	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
TOTAL	3%	4%	4%	4%	7%	11%	15%	21%	25%

- **Known inaccuracies due to clerical errors** (activity recorded against consultants that have retired/resigned) Process in place to address however as data is quarterly in arrears there are historical errors in the data which will not be addressed. It will take a number of months for the new process to make a difference.
- **Visiting Consultants/Dentists** whose contracts do not lie with UL Hospitals but whose activity is included in the HIPE reports.
- **Single Emergency Department for the region.**
- **Emergency admissions account for most of the inpatient workload.** The consultant on call is assigned the patient irrespective of the patient insurance status and therefore it is outside of the consultant's control.
- In relation to **tertiary and specialist services** e.g. Cancer & Cardiology these patients are managed from a regional perspective with patients from outside the Mid West also attending UL Hospitals - this may result in a **higher proportion of private patients for consultants than their contract limit.**
- The current **methodology for measuring consultant compliance is based on weighted units (case mix index) rather than volume.** As complex patients will attract a higher weighted unit this will have a skewing effect on the overall compliance of individual consultants.
- **Recruitment and retention of highly skilled professionals** – UL Hospitals is challenged in recruitment and retention of new consultants as most will naturally gravitate towards the Dublin hospitals where there are greater staffing numbers, workloads are less onerous and there are separate private facilities in which they may conduct their private practice.

Such factors are taken into consideration in determining whether intervention and escalation is required.

The overall public private mix in the group, in any given quarter, given the circumstances outlined is deemed reasonable within the local constraints outlined.

Other system wide challenges include:

- a. **Challenges in assessing compliance for those consultants who are contracted in multiple sites when reporting is required by site.** UL Hospitals developed group reporting system, which requires ongoing validation as errors in the Health Pricing Office (HPO programming have been noted).
- b. **Treatment of locum consultants in assessing overall compliance,** particularly those with short-term contracts who cannot claim private practice.
- c. **Completeness of HIPE coding within 30 days on a number of sites** to enable monthly reporting to meet the agreed reporting deadlines. The relevant Groups have identified improvement plans with individual hospitals to enable compliance with reporting deadlines. It is expected that these issues will be resolved over the coming months
- d. **Mechanisms are required to include outpatient and diagnostic activity** so that overall compliance can be measured more effectively. No effective mechanism has been identified to date.