



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

# Joint Committee on Health

## Meeting

Wednesday 11<sup>th</sup> November 2020

### Opening Statement

By

Mr. Paul Reid

Chief Executive Officer

Health Service Executive

Chairperson and Members of the Committee, thank you for the invitation to update you on the HSE's Winter Plan.

As this is my first attendance before this Committee of the 33<sup>rd</sup> Dáil I would like, on behalf of the HSE, to wish you Chair, and the members of the Committee well with your important work. I assure you that the HSE will assist you in every way we can.

Colleagues joining me today are:

- Ms Anne O'Connor, Chief Operations Officer;
- Dr Colm Henry, Chief Clinical Officer;
- Mr Liam Woods, National Director, Acute Operations.

On 27 March 2020, just as we were emerging from last year's winter season, a decision was taken by NPHET to postpone all non-essential surgery, health procedures and other non-essential services on account of COVID-19. This necessary decision led to a near standstill of scheduled healthcare activity. Although activity has resumed, there have been enduring consequences for our health services.

In the knowledge that we will be delivering services within a COVID-19 environment until after the development of a vaccine (or cure), we published a Strategic Framework for Service Continuity. The Framework outlines our key objectives including the resumption of services, the retention of surge capacity, and the adoption of new technologies.

Our Winter Plan builds on this Framework and aims to ensure that we are as prepared as possible for the anticipated seasonal pressures, which this year will be more challenging than ever.

We have been entrusted with €600m in order to achieve these objectives; the biggest allocation ever made for a Winter Plan. We are committed to investing this money in the places where it will have maximum impact.

Our core objectives can be succinctly summarised. First, we aim to avoid congestion in our hospitals. Secondly, we will resource community services to deliver more care than ever before. Thirdly, we will ensure that lines of communication between these two “pillars” of our health system (acute and community) are seamless. Integration of services has always been problematic in practice. However, one of the few positive things to emerge from the pandemic is our capacity to operate as a “whole-system” when the circumstances require it.

Additional key priorities include supporting nursing homes, strengthening public health capacity and minimising the impacts of COVID-19 on our cancer services, including screening.

Winter funding will only get us so far. Our success is also heavily predicated on the public continuing to taking the necessary precautions as per public health advice and continuing the downward trend in community transmission of COVID-19.

## **Community Capacity**

A “Community First” approach to the delivery of care will be central to delivering safe, efficient and effective services through winter and beyond. We are making substantial investment in reorienting our services into the community through:

- 4.7million additional home support hours;
- Enhanced home support packages;
- Community Specialist Teams in 11 centres focused on Older Persons and Chronic Disease Care;
- 530 Community Intermediate Care and 631 Enhanced Community Rehabilitation Beds;
- GP Access to more than 79,000 Diagnostic Procedures;
- Enhanced Homelessness Supports;
- Flu Vaccine (for staff and public);

## **Acute Capacity**

At the end of 2019, we had 10,988 inpatient beds including 255 critical care beds. The 2021 Estimates provides funding for the following beds on an ongoing basis:

- 1,146 beds in acute hospitals
- 66 critical care beds
- 135 sub-acute beds

The arrangement with private hospitals will also allow us to augment our existing approaches to COVID and non-COVID pathways, particularly in the event of a surge in COVID-19 hospitalisations. Provision has also been made for additional consultants, the extension of renal dialysis satellite stations and home dialysis projects, and for the use of the new technologies for endoscopy.

Our waiting lists have stabilised, albeit at a higher level. Extra resources for the NTPF will allow for additional insourced and outsourced initiatives to tackle waiting lists. Steady progress is also being made in the resumption of elective activity, and the latest data shows that we are almost in an equivalent position to the corresponding period in 2019.

## **Finance**

I would like to inform the Committee of the financial position. The HSE received its annual letter of determination for 2021 on the 4<sup>th</sup> November and is now engaged in the finalisation of the 2021 National Service Plan. In summary terms, the scale of additional investment in our health services in 2021 is unprecedented when viewed in the context of any previous single year.

Including monies held back initially by DOH, the NSP 2021 revenue net expenditure allocation is up €3,534million, or 21% above the NSP 2020 allocation of €17,099million. The 2021 capital allocation is also more than 20% ahead of the 2020 level.

This investment reflects a strengthened trust and confidence in the HSE and how our staff have mobilised and responded to the many challenges of this pandemic to date. We want to build on this response so far so that it becomes the foundation for a sustained and lasting improvement in our health and social care services that we can all be proud of.

This concludes my opening statement.

**Thank you.**