

# **Joint Committee on Health**

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## **OPENING STATEMENT**

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Mr Liam Woods,  
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Lead

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## **Introduction**

Good morning Chairman and members. Thank you for the invitation to meet with the Joint Committee on Health to discuss Sláintecare and in particular the specific issues regarding Elective Hospitals, Consultants Contract and Individual Health Identifier.

The Chief Executive Officer extends his apologies to the Committee for not being able to attend today.

I am joined by my colleague(s):

- Mr Damien McCallion, Chief Operations Officer
- Ms Anne Marie Hoey, National Director Human Resources
- Mr Fran Thompson, Chief Information Officer

Chair and members I will confine my opening statement this morning to the three specific topics on the agenda.

## **Sláintecare**

The Sláintecare Implementation Strategy and Action Plan 2021-2023, approved by Government in May 2021, set out the priorities and actions for the current time period and is grounded in key reform strategies, policies and initiatives. Significant developments in line with Sláintecare priorities have continued in 2023 including:

- The establishment of 96 Community Health Networks and 24 dedicated clinical teams for Older Persons and those with Chronic Diseases which are operational since 31 October 2023.
- Progressing plans to address waiting lists for scheduled care including targeted initiatives in each hospital (€363 million was allocated to the HSE and NTPF), the development of the new Elective Hospitals in Cork, Galway and Dublin and the development of Surgical Hubs in Cork, Galway, Limerick, Waterford, and Dublin.

- An increase of bed capacity through the delivery of new and replacement acute and critical care beds, with funded critical care beds due to increase to 331 by year-end.
- The development of six Health Regions with the recruitment of the REO posts nearing completion. Options for both the Health Region EMT and the Integrated Healthcare Area structure have been developed and are under review.
- The reform of scheduled care through the implementation of modernised care pathways that transition care from the acute setting into the community. Seven priority pathways are currently operational across a number of sites in specialties such as Ophthalmology, Urology and Orthopedics as part of a detailed implementation plan.
- The roll out of Sláintecare Integrated Innovation Funded projects in conjunction with the DOH and Pobal continues, SIIF Round 3 is at an advanced stage with award offers made to successful projects.

A new Sláintecare Strategic Framework 2024-2027 is currently in development with an advanced draft to be presented for discussion at the next meeting of the Sláintecare Programme Board scheduled for 11 December.

### **Elective Hospitals**

The Elective Hospitals Programme has been progressed in 2023 following the Department's conclusion of the Gate 1 Business Case process in December 2022. This includes work to further define the shape and scale of the hospitals and how they will operate and the initiation of procurement, ICT and workforce planning. To advance the Elective Hospital projects in Cork and Galway, the HSE is preparing to develop detailed project briefs, design proposals, related business cases and other material, for submission to DPER, in accordance with Decision Gate 2 “Pre-tender Approval” of the PSC, prior to approval to proceed to tender in due course.

The preferred site recommended to be brought forward in Cork is St Stephen's Hospital and in Galway is Merlin Park, University Hospital.

The HSE is progressing the procurement of a Design Team which will be appointed to provide the full scope of design services for the proposed Elective Hospitals in Cork and Galway, and the provision of services required to support HSE with the preliminary business case for the Elective Hospital(s) in Dublin. The first stage of appointing the Design Team, which is a preliminary qualification stage, was recently published on The Governments E-tenders website. Market response to date has been positive with broad market interest in this competition. Responding to initial feedback, and to encourage optimal interest in participating in the Stage 2 Tender process, the closing date has been extended to January 2024. This extension will result in the appointment of the successful Architect Led Design Team in April/early May 2024. The appointment of the complementary Project Control team will be coordinated around this timeframe.

In relation to the Elective Hospital(s) in Dublin, we are continuing to work with the Department and I note that it is intended to update Government on progress in Dublin and on the overall electives programme in the near future.

Timelines will be refined as the projects develop and evolve, but the overall programme targets for the Elective Hospitals remain as previously advised, with the hospitals in Cork and Galway planned to receive their first patients in 2027 and to be fully commissioned from 2028 onwards.

## **Consultant Contract**

Since the introduction of the Public Only Consultant Contract on the 8th of March this year, 1129 consultants have taken up the new contract (at 23.11.23) including 255 new consultant contracts and 874 who have transitioned from a previous contract.

The Sláintecare Consultant contract will enable the removal of private practice from the public system on a phased basis, a core recommendation in Sláintecare.

The Consultant contract provides for an extension of consultant core working hours to 10pm Monday to Friday, including Saturdays 8am-6pm. This doubles the hours when consultant-delivered services will be available across many areas of the health service, including EDs, leading to a significant improvement in the delivery of care.

In line with the Government commitment to growing consultant numbers substantially the HSE can report an increase of 914 additional consultants in place since the beginning of 2020.

## **Individual Health identifier**

The IHI legislation was enacted in 2014. During that year the HSE implemented the technical infrastructure required to create the IHI register in parallel with undertaking a public consultation for a Data Protection Impact Assessment which was published in February 2015. In May 2015, a data sharing agreement was signed with the Department of Social Protection for the provision of the PPSN (PSI) dataset which was required to populate the IHI register.

In June 2015, a Ministerial Commencement Order allowed for the population of the IHI register for 4.5 million people using the PPSN data set provided by the Dept. of Social Protection to commence and the creation of 4.5 million IHIs. The system went live in September 2015 initially providing IHI's for all electronic referrals from GPs and then extended to all electronic messages from GPs using HealthLink. In 2018 and 2019 significant work was undertaken with various national systems including the population of the IHI into PCRS for all their schemes including for Medical Cards and Drug Payments.

During 2020 to 2022 the IHI infrastructure was deployed to support the pandemic response. The PPSN was utilised as part of the primary identification process where it was available. It enabled an IHI to be assigned within various pandemic solutions across the Covid care pathway including Referrals, Test Results, Tracking and Contact Tracing and for Covid Vaccinations. The availability of the IHI (in conjunction with Eircodes) across the Covid Care pathway was absolutely vital in providing critical up to date information to public health and to the government needing to make decisions in relation to their response to the prevalence of Covid within age cohorts and geographical regions.

### ***Progress in 2023***

While during the pandemic work was suspended for deploying the IHI into non-Covid health systems, planning commenced for the 2023 schedule of work to resume rolling out the IHI to more health systems. In 2023 substantial progress has been made.

All General Practice systems are now populated with the IHI which is embedded in all messaging between GP's and Hospitals. In addition, all the statutory hospitals with two exceptions have embedded the IHI into their patient administration systems.

National Screening Services (Cervical, Breast, Bowel and Retinal) have also been populated with the IHI. All new patient focused systems have the IHI populated from the start including the EHR in the National Forensic hospital, the National Rehabilitation hospital and patient billing as part of the new Finance system.

Finally, all Healthlink messages now have the IHI embedded into them.

During 2023 the IHI was provided or validated successfully 88m times across multiple systems within the Health Service. This resulted in the IHI's for 5.6m people being provided to multiple health systems in multiple health settings.

### ***Plan for 2024***

During 2024 the IHI will be extended to the last of the statutory hospitals and several of the Voluntary Hospitals, the National Treatment Purchase Fund, and a number of key clinical systems such as the National Integrated Medical Imaging System, the National Cancer System, the new Nursing home support System, the National Renal System, the Children's Disability Network information system and the Hospital Medicines Management System. The IHI team will also engage with Pharmacies and out of hours GP's services so they can avail of the IHI.

The continued extension and use of IHI is critical for the Health Service. It is required to bring patient data records together from various disparate systems. It is critical for the success of the new Health App due in 2024 and the implementation of the Shared Care/Summary Care record which will complete its procurement process in 2024.

This concludes my Opening Statement.

Thank you.