

## **Opening Statement**

**Mr. Muiris O'Connor**

**Assistant Secretary General, Department of Health**

**Joint Committee on Health**

**Wednesday 6<sup>th</sup> December 2022**

### **Introduction**

Good morning, Chairperson, and members.

Thank you for the invitation to meet with you to update you on our progress in implementing the Sláintecare reform programme this year.

I am joined today by my colleagues: Bob Patterson Principal Officer, Niall Sinnott Principal Officer and Sarah O'Hanlon Assistant Principal Officer.

### **Activity**

2023 has seen a large growth in demand for health services, a challenge that the HSE and our staff are working hard to meet. We are projecting total acute attendances at 6.85 million for 2023, a 7.5% increase on 2019, the last comparable year. Despite this we are seeing a sustained improvement in both scheduled and unscheduled care performance.

From July to the end of November this year, trolleys numbers at 8am were approximately 20% lower than the same period in 2022. While this improvement is welcome, persistent problems remain in the EDs of some of our larger hospitals, requiring continued focus and support.

Ireland was one of the few countries to see a reduction in Waiting Lists in 2022, and despite unprecedented increases in demand for care we have seen continued progress this year. 48,000 people (3.9%) more than targeted were removed from waiting lists during the first nine months of the year, 134,000 (11.8%) more than in the same period last year. We are seeing higher than expected additions with 'ons' 11.8% higher than the same period in 2022 and 21.2% higher than the same period in 2019. While we hope that this post - Covid surge dissipates, healthcare need will continue to increase as our population grows and ages.

We will need to find new and better ways of working in order to manage this demand. As my Secretary General has said here before, there is no prospect of continuing to treat ever increasing numbers of sick patients in acute hospitals under our existing structures and pathways. While we have had significant investment in our hospitals since 2016, the increase in activity has not matched the increase in resources. Next year will offer us an opportunity to consider further how we address this 'productivity puzzle'.

Sláintecare offers a roadmap for achieving reform, integrating care and improving productivity as we seek to deliver greater amounts of care closer to home, and provide more accessible health services at a lower cost.

## **Elective Hospitals**

Sláintecare identified the separation of elective care as crucial to ensuring permanent reduction in waiting lists and improving access for public patients.

Projections predict an overall increase in demand of more than 30% across the public hospital network by 2035, with many major hospitals projected to experience an increase in demand for elective services of over 40%.

Therefore, we need new ways of delivering elective care.

Government has agreed the National Elective Ambulatory Care Strategy, which aims to ensure greater capacity and help to reduce waiting times.

We will have dedicated, standalone Elective Hospitals in Cork at St Stephen's Hospital, Galway at Merlin Park and Dublin at locations to be confirmed soon.

Additional capacity will be focused on day cases, GI Endoscopy, minor operations, outpatient treatment and outpatient diagnostics services, delivering an additional 977,700 procedures annually.

The Elective Hospitals programme will ring-fence capacity, allow for scale and efficient models of care and provide opportunities for reconfiguration of the public hospital network.

The process is underway to procure a design team to prepare planning applications and designs for tender in respect of Cork and Galway. In Dublin, a site identification and assessment process is expected to be concluded shortly. The Department and the HSE are continuing to work on the Business Case for Dublin and a Memo updating the Government on progress on this and the overall Electives programme will be submitted soon.

I am conscious of the strong support for these new facilities and the desire expressed by many, including members here, for them to be developed as quickly as possible. I can assure Members that the Department and HSE are working to ensure their delivery as soon as possible, within the public spending code for such a significant strategic development.

Given the long lead times of such large-scale projects the Minister has asked us, as an interim measure, to develop 'Surgical Hubs', styled on the Reeves Day Surgery Unit in Tallaght, to address current waiting lists/times for day procedures.

The locations in Cork, Limerick, Waterford, Galway and North and South Dublin will be a mix of refurbishment, modular build, and turnkey fitout. Each will have a standardised, uniform schedule of accommodation with 2 operating theatres, 2 minor operating theatres, up to 10 pre- and post-operative assessment rooms, 12 recovery bays and 22 stage 2 recovery bays.

The new South Dublin hub is expected to be operational in the near future with the remaining five to be delivered over the course of 2024.

## **Consultants**

Sláintecare quite rightly identified a new consultant contract as a critical enabler in reforming our health service. Since its launch in March 1,193 consultants have signed up to the Public Only Consultant Contract. 272 of these are new entrants while 921 consultants have to date switched from their previous contract. Hundreds more applicants are also being processed by the HSE.

A key objective of the POCC is to extend the hours that consultants are on duty across the health services. This will enable the health service to maintain efficient and timely patient flow outside of typical office hours and at weekends. The objective is to reduce waiting times for people in need of healthcare by maximising capacity in our hospitals.

We also need to continue to grow consultant numbers to increase service provision in the public system. As of 31st October, there are 3,895 filled consultant posts in the health service, compared to 2,592 in 2019. This is made

up of 3,454 posts filled permanently and 441 temporarily. There are currently 464 approved vacant posts.

Consultant recruitment continues with 184 candidates invited for interview as of November 9<sup>th</sup> last, with a further 390 at different stages of the process.

## **Digital Health**

The level of digitisation across the health service is less mature than many of our EU partners and we rank poorly in our ability to 'join up' systems and provide healthcare professionals and patients with a singular view of patient digital health records.

Digital and data sharing capabilities are needed to provide integrated care. Investment in our healthcare technology systems must address both legacy infrastructure and a reliance on paper-based records and ensure a greater level of integration between health providers and the community.

We also need to urgently invest in innovative digital technologies to better support our clinicians delivering front line services and to offer increased access.

## **Looking to the Future**

Work is underway by my Department to develop a new national Digital Health Strategic Framework 2023-2030 Framework. This framework will inform, guide, and enable the HSE to develop a corresponding Digital Health Strategic Implementation plan. Collectively these will outline ambitions and targets for Digital Health and guide necessary policy choices. They will also inform funding decisions for consideration by Government.

Clearly the level of funding in Digital Health is a key determinant in the pace of roll-out of digital health capabilities.

Digital Health funding in 2024 and in future years will be used to develop more patient focused solutions. We will focus on modernising and equipping the workforce with digital tools, building core clinical and corporate system capacity, data analytics capability, innovation, cyber resilience and foundational infrastructure. For instance, through the delivery of a patient app and using virtual technology to widen care models in 2024, we will make the benefits of existing digital health systems more visible and accessible to the public.

Throughout all investment in digital, our core aim is to enable efficiency, productivity and reform, to widen access to and support integrated care for our patients and equip staff with modern capabilities to provide a better service to the public.

### **The Health Information Bill**

The Committee will be aware of the Health Information Bill and we, in the Department, very much appreciate the engagement and support of the Committee with this bill in pre-legislative scrutiny earlier this year. This bill will help create a fit-for-purpose, modern, health information system in Ireland, supporting the care and treatment of patients by ensuring their health information is available to doctors, as well as allowing for better overall planning for health services.

The Bill will be a key enabler of the new Digital Health & Social Care Strategic Framework in supporting the development of an integrated health information system. The Bill is now being formally drafted and Health officials are working closely with the HSE and other stakeholders to support this work and is expected to be published in Q1 next year.

## **Conclusion**

That concludes my opening statement, I would be very happy to take any questions members might have.