

Hospital Consultants Association Opening Statement to the Special

Committee on Covid-19 Response on 2nd June 2020.

Good morning Chairman and Committee members.

Thank you for the invitation to join you in your discussions on the use of Private Hospital capacity and the impact of the agreement on the continuity of care and healthcare delivery.

The Irish Hospital Consultants Association (IHCA) is the representative body for over 3,200 hospital consultants practising in public and independent hospitals. The Association represents around 95% of all hospital consultants in Ireland. This submission outlines our views at the time of writing on Friday morning, prior to the outcome on the Cabinet discussions on the Private Hospital Agreement, which was scheduled to take place during the day.

The Association's members have been front and centre in treating Covid-19 infected patients throughout our acute hospitals since early March, in addition to providing emergency, trauma and urgent care to patients with non-COVID illnesses. This includes consultants in essentially all specialties across the full spectrum of acute hospital care. Whole-Time Private Practice (WTPP) consultants have demonstrated their commitment by continuing to treat patients with urgent care needs on a voluntary basis in private hospitals across Ireland in the absence of a suitable contract and in the face of other significant constraints. We have sought agreement on practical and workable contractual arrangements that would properly enable WTPP consultants in treating Covid-19 and non-Covid-19 patients while also continuing to treat their existing and new patients who rely on them for urgent medical and surgical care.

This includes patients across all ages and demographics from the 46% of the population that has maintained health insurance over the years. For a relatively high proportion it includes older people who have maintained health insurance at all costs, going without in other aspects of their life, so that they could afford timely care when needed. This is driven by the access problems which exist in our public health service, a problem which has been caused by the failure of successive Governments to ensure adequate capacity in our public hospitals. This is not the fault of any patient, but it is patients who are now being penalised because of the failings in our health service.

Independent hospitals carry out about 250,000 theatre procedures annually, accounting for about 40% of the total number of procedures requiring anaesthesia in acute hospitals. Consultants in private practice also provide care for medical patients and are responsible for a significant proportion of outpatient consultations.

The IHCA Working Group engaged with the HSE and Department of Health officials in early March and over the past two months on contractual proposals to be offered to WTPP consultants to enable the provision of care to patients in private hospitals and consultant outpatient clinics. The proposals put forward by the health service management is preventing and restricting WTPP consultant continuity of care being provided to their patients. The contract being offered does not provide for the practical workable approach that is required to facilitate the optimum engagement of the maximum number of WTPP consultants. This is despite months of constructive efforts and collaborative engagement by the IHCA Working Group with officials. This has resulted in large numbers of existing and new patients of private practice consultants being deprived the continuity of care that they require urgently. The failure to resolve these matters is seriously impacting the provision of care to patients across private hospitals and in private consultant out-patient clinics. As a consequence, large numbers of patients requiring urgent care are being added to waiting lists unnecessarily. In addition, it is adversely impacting on the effective use of private hospitals and WTPP consultants' capacity.

In March, on a precautionary basis, the State entered into arrangements to have access to the private hospital capacity to cater for an expected very steep surge of infected patients requiring acute hospital care along the lines experienced in Lombardy and Madrid. The steep surge did not occur because of mitigating actions that have been taken and at this time it appears it is unlikely to occur in the months ahead given the success of the public health measures implemented thus far.

The test of time has confirmed that the private hospital agreement, which is costing around €115million per month, represents very poor value for money from patient care and taxpayer perspectives. The experience is that of very low private hospital bed capacity occupancy at around one third on average and low utilisation of theatre and other ancillary facilities. Furthermore, the private hospital contract is prohibiting the provision of urgent care required by patients with non-COVID illnesses. This is leading to the accumulation on waiting lists of a large number of patients who require urgent care. There is now the additional risk that these patients will deteriorate clinically and will increasingly evolve into emergency cases if they are not treated without delay. All patients deserve timely access to high quality care.

Taking account of the experience over the past two months, the original rationale for the private hospital contract thankfully no longer pertains and it should be ended without delay, saving the Exchequer and taxpayers hundreds of millions between now and the end of August. Concluding the arrangement would also facilitate better utilisation of private hospital and consultant out-patient facilities so that they can more fully cater for the increased demand for urgent patient care which has been disrupted and prohibited over the past two months. There is now an urgent and essential need to utilise these capacities to their optimum and prevent a surge of non-Covid emergency cases in the coming months which hospitals will not be in a position to cater for in such volumes due to the delays in care.

The Association is calling on the Government and the Minister for Health to end the agreement with private hospitals because it is not working. This is needed to ensure that patients with non-COVID illnesses who urgently require acute hospital care receive it without further delay or it will result in significant numbers of avoidable deaths. An increasing number of patients with non-COVID illnesses are being prevented from obtaining the urgent hospital care they need and they are at an increased risk from cancer, cardiac and other critical conditions. The contract has been and remains a key contributory factor in this regard. It needs to end.

The existing contract with private hospitals should be ended by the HSE giving 30-days' notice. Failure to do this, is and will increasingly add to waiting lists, adverse outcomes, unnecessary emergency admissions and avoidable deaths. In particular, given that the outbreak has been very well managed thus far due to the agile, collaborative efforts of our excellent healthcare frontline teams and the incidence of Covid-19 cases requiring hospital care is manageable, there is a need to treat patients with non-COVID illnesses that require urgent hospital care before they deteriorate and present as emergencies in acute hospital as we approach the autumn/winter period. The current private hospital agreement is not working for patients and is only adding to their wait times and building pent up pressures in an already overstretched health service.

The fact that patient access to hospital care is deteriorating at a time when the State is now paying €115 million per month for under-utilised private hospitals defies logic. The payment for private hospital capacity does not add any new capacity. On the contrary, it has prevented the effective use of the existing capacity for patients. Instead the hundreds of millions should be invested in additional new acute public hospital capacity that has been needed for over a decade to provide more timely care to patients. What is required is an acceleration of the investment that is needed to open around 4,500 community step-down and rehab beds and 2,600 additional acute hospital beds as provided for in the 2018 Capacity Review and National Development Plan.

We owe it to patients and the public to deliver for them and to ensure they are provided with the acute hospital and step-down care they need. This requires the ending of the contract with private hospitals without delay.

Thank you. 28th May 2020