**High level Brief No 9 To ask the Minister for Health the number of ICU beds currently being sourced from private hospitals; and the monthly cost to the Exchequer of these beds; and if he will make a statement on the matter.**

## Safety Net Arrangement with private hospitals

* A safety net arrangement SN2 with private hospitals is in place which can be triggered depending on any one of the following metrics being met.

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| * Surge Event Indicator | Phase 2 Trigger Metric |
| Clinical Indicator of COVID-19 transmission | 14 day incidence > 200 / 100,000 population,  R value > 1 |
| Hospital beds occupied by COVID-19 patients  (confirmed plus suspected cases) | > 1100 |
| ICU occupancy by COVID-19 Patients  (confirmed plus suspected cases) | 160+ |

* The agreement runs to the end of January 2022.
* The arrangement provides for guaranteed access to between 15% and 30% of the private hospitals' capacity, depending on the metrics, to treat those in need of time dependent urgent care.
* Under SN2, the HSE had to pay a retainer fee for any unused beds.
* A further arrangement along similar lines - SN3 - was put in place in response to the ransomware cyber-attack.
* The essential difference between SN2 and 3 was that the HSE did not obtain guaranteed capacity under SN3. This meant that the public hospitals have only used the capacity they require and that there was no retainer mechanism in place. The HSE has reported that this has led to better working relations with the private hospitals.
* The HSE is currently reviewing the arrangement based on its experience to date, with a view to discussing an amended arrangement with private hospitals to the end of January.
* As there will be ongoing acute hospital capacity issues while the Slaintecare reforms are implemented, it is proposed that a strategic partnership be developed between the HSE, NTPF and the private hospitals to provide additional capacity, over the next few years.
* The figures quoted in the reply relate to payments made and may differ from figures quoted elsewhere in relation to expenditure incurred. Further payments will be made when they are validated.

## Private Hospital Capacity

* The HSE has confirmed that the 18 private hospitals have an overall capacity of 2,146 beds, comprised of 1,600 Inpatient beds and 546 Day Case beds. The volume available to the public sector with access to 15% of private hospital capacity would therefore be 322 beds and 644 beds at 30%.
* It is estimated that there are 47 ICU beds and 54 High Dependency Unit beds in the Private Hospital system.