



Health report

HSE CIO Fran Thompson: 'Healthcare is a whole ecosystem that must be digitised'

Ciarán Galway sits down with Health Service Executive (HSE) Chief Information Officer (CIO) Fran Thompson to discuss his vision for digital health in Ireland.

"For modern healthcare to work, in an efficient and effective manner, it needs to be digitised," Thompson says. As such, the HSE is establishing a digital roadmap so that the commercial and innovation spaces can link in with that ambition. "It gives us the opportunity to say to people, this is the direction of travel, this is where we are going, this is the train you need to be on," he adds.

Digital Health and Social Care Strategic Framework

Together, the Digital Health and Social Care Strategic Framework and the Digital Health Strategic Implementation Plan outline the overarching vision ("Better health outcomes enabled by seamless, safe, secure, and connected digital health services which support health and wellbeing for both our patients and providers"), the six principles, more than 40 initiatives, and the roadmap for future of digital health in Ireland. These are also aligned with forthcoming EU obligations.

"Each of the principles of the Digital Health and Social Care Strategic Framework has several projects and programmes associated with it. When you look at them all in their totality, they are aimed at making improvements in tandem within the HSE that have a focus beyond the organisation.

"Take, for example, the digitised radiology service which we integrate to the GPs. It would be great if we were able to use that route to send reports to the patient. For instance, when sending the radiology report to the GP, it can be decided whether to also send that to the patient or wait for several days for the result. That is just one system; one solution."



Six Digital Health and Social Care Strategic Framework Principles

1. Patient as an empowered partner
2. Digitally enabled workplace and workforce
3. Digitally enabled and connected care
4. Data driven service and capacity management
5. Digital health ecosystem and innovation
6. Digitally secure foundations and enablers

Health App

Positioning the Health App within the context of the Digital Health and Social Care Strategic Framework, the HSE CIO emphasises ‘the patient as an empowered partner’ as one of its six principles (see textbox).

Empowering Ireland’s patients, he suggests, means making them “a partner in their own care journey”. This is achieved via “seamless access to real-time information, innovative models of care, and collaborative platforms” which are intended to enhance patient experience and facilitate proactive health management. Ultimately, this relies on having the right information at the right time.

“The Health App is one of the elements aligned with this principle. While version one will be our app, as we iterate it, we will be making APIs [application programming interfaces] available so that people can take data in and out, sharing it. Ultimately, by providing a lot more data, we will cultivate a much richer ecosystem.

“Traditionally, there has been a narrative that once a project was delivered, that was the endpoint. However, the reality in healthcare is that systems and solutions must be optimised. Contexts change, solutions improve, processes evolve, and new standards emerge. This understanding must be applied to the Health App. It is impossible to deliver everything on day one,” Thompson explains.

The focus, therefore, is not solely around whether it is technically possible, rather it is about the process change. “As such, all the relevant people must link together and must have a common goal. Once that is achieved, then the technology is often the easier component,” he observes.

The next step is defined by process optimisation. Using appointments as an example, Thompson suggests that an individual could feasibly cancel an appointment in a clinic and then seek to reschedule it to a time that suits them via the Health App. The question then is, in the

context of existing waiting lists, should somebody with greater need have greater priority. “The tech can play its role, the rest is down to process and people,” he comments.

Vision

Outlining the HSE’s digital vision, Thompson insists that it is no different to other healthcare systems across the western world: a connected, digitised healthcare system from end-to-end. Ultimately, this requires large systems of record – such as the electronic health record – and a focus on the patient.

“We would love to be able to say that we have provided everybody with a digital experience. That is efficient management of the process. We already have a payroll system and one of the largest estates in the State managed digitally. We must digitise everything, piece by piece.

“The ultimate goal is that we have an electronic healthcare record [EHR] that is fully integrated with all the other elements of our hospitals, and that we have corporate solutions that are fully integrated and optimised. This will mean that the EHR can communicate in both directions; out to the GPs and to the patients, and in from the GPs and from the patients. This is end-to-end; linking in with the National Ambulance Service, for instance. Healthcare is not simply the hospitals; it is a whole ecosystem that must be digitised, and the patient must be at the centre.”



Partnership between patients and doctors more critical than ever



(L-R): Pictured at the Medical Council's launch of the ninth edition of its *Guide to Professional Conduct & Ethics for Registered Medical Practitioners* are Jantze Cotter, Executive Director, Regulatory Policy and Standards, Medical Council; Suzanne Crowe, President, Medical Council; and Leo Kearns, CEO, Medical Council.

Medicine has innovated exponentially in recent years. Progress in vaccines for pre-teens to protect against cancer, evolution in artificial intelligence (AI), robot nurses, and organ transplants all stand out as milestones to celebrate, writes Suzanne Crowe, President of the Medical Council.

The way in which doctors care for patients has also had to keep up with the ever-evolving demand for digital services. In Ireland, telemedicine has soared in popularity with those aged under 50, with around one-in-four (24 per cent) of adults accessing these services, including 21 per cent who have used GP services through telemedicine, a marked increase from 2 per cent in 2020. Telemedicine is just one novel way of enhancing access to health and GP services.

Advances in tech, digital tools, and automated services can and do support greater access to healthcare, but with these advances comes a new set of

challenges, which are continuing to emerge with the rise in telemedicine, social media use, and AI.

While communication often is considered a 'soft skill', its value – particularly in the context of providing patient care – cannot be overstated. Medical Council research conducted in August 2023 asked the public what being treated as a partner in healthcare in a medical setting would look like to you. Communication-related themes emerged prominently, with 15 per cent stating communication and clear explanations are most important, while 11 per cent referenced being listened to and taken seriously.

That is why it is critical for patients and doctors to ensure that the basic principle of a healthy partnership remains central to the patient-doctor relationship.

Guidance for medical practitioners

With this in mind, the Medical Council's nine edition of its *Guide to Professional Conduct and Ethics for Medical Practitioners* (the Guide) will launch in January 2024. It reflects the most current, pertinent, and inclusive guidance on a wide range of scenarios that impact doctors and patients.

A partnership is not dependent on perfection, rather, a partnership rests on clear communication, listening to each other's views and respecting those views. In preparing the ninth edition of the Guide when the Medical Council asked the public what kind of interactions they wished to have with their doctors, it was partnership that they asked for. This message is supported by the many contributions we received from patient advocacy groups, who requested respect for patient autonomy and choice.

The Medical Council also took steps this year to identify individual groups of doctors whose voices are not as clearly heard, for example, international medical graduates, doctors seeking refuge from war, and doctors from minorities.

The World Health Organization (WHO) reports that when patients are treated as partners in their care, significant gains are made in safety, patient satisfaction, and health outcomes. By sharing their concerns, expectations and experiences of safe and unsafe care, patients are a vital source of learning and improvement. By becoming active members of the healthcare team, patients can not only contribute to the safety of their own care but also that of the healthcare system as a whole.



The Medical Council office – Kingram House, Dublin 2.

Patients and families should be involved at every level of healthcare, from fully informed consent and shared decision-making at the point of care, to policymaking and planning.

Recommendations for patients

To enhance safety and the overall experience, in their discussions with doctors, patients should ask their doctor questions such as, ‘What do I need to know?’ ‘What do I need to do next?’ ‘What can I expect?’ ‘How will this help me?’

Being an active partner in your healthcare involves taking important steps to improve your own physical and mental wellbeing. Resources and tools are available from Healthy Ireland and various other groups, which can assist you in becoming more active, reducing your alcohol intake, stopping tobacco use, and promoting your own mental wellbeing.

The Medical Council’s *Working in Partnership with Your Doctor* booklet explains the different types of doctors that might treat you, what you can expect from them and how you can work with them to improve your care. If patients equip themselves with this knowledge, they can actively contribute and ensure their voices are heard.

We would also encourage patients to check the medical register for peace of mind as to whether or not the doctor they are going to see is authorised to practise medicine in Ireland, especially if this is a doctor who has not treated you before.

Minority groups such as the elderly, migrants and refugees, and members of the Traveller community can be vulnerable and may face unique healthcare needs. There are many national health action plans in operation to support these communities. Doctors should not only acknowledge that these communities may have unique needs, but also develop empathy and an understanding of the challenges faced and help these patients to feel safe and heard in the healthcare environment.

With the increasing number of doctors registering with the Medical Council year on year, we are also seeing an increase in doctors from diverse backgrounds. This should be celebrated – people from diverse backgrounds have the potential to positively influence the wider healthcare environment and society.

Partnership across all avenues

The principle of partnership is not solely relevant to the patient-doctor relationship.

A framework for medical workforce planning should strategically consider and identify actions that will improve doctors’ working conditions, resulting in a fit-for-purpose medical workforce that ensures high-quality patient care and safety.

Effective and strategic workforce planning can only be achieved through concerted collaborative working amongst policymakers, educators, planners, and employers, including the Department of Health, the HSE, the Forum of Irish Postgraduate Medical Training Bodies and Medical Schools.

Suzanne Crowe is President of the Medical Council, and a consultant in paediatric intensive care in Children’s Health Ireland Crumlin. She is also a board trustee for LGBT Ireland, Cheshire Ireland, and The Down Syndrome Centre.

The Medical Council maintains the Register of Medical Practitioners - the register of all doctors who are legally permitted to undertake medical work in Ireland. The Council also sets the standards for medical education and training in Ireland. It oversees lifelong learning and skills development throughout doctors’ professional careers through its professional competence requirements. It is charged with promoting good medical practice. The Medical Council is also where the public may make a complaint against a doctor.

W: www.medicalcouncil.ie

Budget 2024 delivers real terms funding cut for Irish health sector

Credit: Merrionstreet.ie

In a challenging budget for the health sector, an €808 million increase in total cash terms represents a real-terms cut.

Among the headline figures arising from Budget 2024 from the perspective of the health sector was the decrease in the amount of money made available for new measures. While the vast majority of any health budget is dedicated to the maintenance of existing services, Budget 2024's amount for new measures fell to €100 million from Budget 2023's €250 million; this is despite an €808 million of core funding increase from 2023 *Mid-Year Expenditure Report* (MYER) levels. With Ireland's inflation rate for 2023 predicted to be between 5.3 per cent and 6.4 per cent, this will mean that the 4.2 per cent increase in core funding will represent a cut in real terms.

While this budget is indeed an increase in flat cash terms when compared with the 2023 MYER, it is also a decrease in flat cash terms when compared with Budget 2023. With a total allocation of €22.5 billion, Budget 2024 sees healthcare take on a decrease of almost

€1 billion from Budget 2023's level of €23.4 billion health funding, a 3.8 per cent fall in funding. Core health funding has also seen a fall from €21.533 billion in Budget 2023 to €21.456 billion in Budget 2024, a much smaller decrease of 0.36 per cent.

Details on what this funding would be spent on were scant on Budget day, with Minister for Public Expenditure, NDP Delivery and Reform Pashal Donohoe TD stating the €808 million would be dedicated to addressing "demographic and service pressures" and that €1.23 billion of capital funding was being provided as part of the National Development Plan under its provisions for the delivery of additional health infrastructure.

In a further media briefing the day after the announcement, the Department of Health detailed measures to be provided under Budget 2024 funding, such as the creation of a Health Resilience Fund, which will "support



“Like this year [2023], it is entirely likely that a supplementary budget will be required next year because of healthcare inflation and patient demand.”

Minister for Health Stephen Donnelly TD

service delivery in response to high inflation and increased patient demand among an expanding and ageing population”. Other measures include: €500 million to tackle waiting lists, including the opening of six new surgical hubs; expansions of free contraception to include women aged between 17 and 31; the recruitment of additional staff for child and adolescent mental health services teams; the first full year of the publicly funded IVF services; and a €36.3 million package of surge measures to respond to periods of heightened demand.

In his speech, Donohoe stated that Ireland has seen a level of health spending “without precedent” in the three-and-a-half years from the onset of the Covid-19 pandemic to the October 2023 Budget day. Pointing to the provision of 2,500 additional hospital beds, the recruitment of 22,000 additional health staff, the cutting of costs for patients, and increased GP access, he said that Budget 2024 would continue this high level of investment.

Overspend

2024 will have lower levels of funding in both total cash and real terms when compared with 2023. Despite this, the health budget for 2023 was significantly overspent, with a supplementary budget

necessary at year-end. While estimates at the time of the unveiling of the Budget stated that the supplementary budget would be at least €1.1 billion, the supplementary estimates announced by Donohoe in November 2023 included €960 million of health spending.

In the wake of Budget 2024, Minister for Health Stephen Donnelly TD told *The Irish Times* that he believes that another supplementary budget will be required at the end of 2024: “Like this year [2023], it is entirely likely that a supplementary budget will be required next year because of healthcare inflation and patient demand.”

It is understood that the Department of Health sought extra funding of over €2 billion for the maintenance of the existing level of services from the Department of Public Expenditure, National Development Plan Delivery and Reform during budget negotiations, but this request was rejected, with €708 million made available instead. Department of Health officials were said to have argued that the Department is underfunded rather than overspending.

Reception

Politically, the Budget was criticised by main opposition party Sinn Féin, whose health spokesperson David Cullinane TD stated that Budget 2024 was “lacking

vision and ambition” and that it showed that the Government had “thrown in the towel” on health reform. In its alternative budget, Sinn Féin stated that it would allocate an additional €1.143 billion in health funding, consisting of €688 million in current expenditure and €455 million in capital or one-off spending in 2024.

Reception to the Budget has been negative among healthcare professionals, with the Irish Hospital Consultants’ Association stating that not enough funding had been provided to meet previously promised hospital bed and operating theatre capacities; in its pre-budget submission in July 2023, the association had stated that €4 billion in capital funding was needed to meet previous government commitments.

The Budget was described as “another missed opportunity” by the Irish Medical Organisation, who predicted a “difficult year” for patients. “The additional core funding increase is unlikely to maintain additional services let alone meet increased demand from a rapidly growing and ageing population, and increased complexities,” the organisation said. “It is disingenuous to talk of overspends in healthcare when we consistently fail to provide for the needs of patients.”

Institute of Public Health marks 25 years of shaping public health policy



Professor of European Public Health at the London School of Hygiene and Tropical Medicine, Martin McKee, gave a keynote address, 'Should governments make us healthier? Shifting the focus of public policy', at the Institute of Public Health's 25th anniversary event in October 2023.

2023 was a significant milestone for the Institute of Public Health (IPH), which marked 25 years of shaping public health policy north and south of the border.

Set up in 1998, prior to the signing of the Good Friday/Belfast Agreement, the Institute provides support to the respective departments of health and chief medical officers in both jurisdictions. Its establishment recognised that a geographical border offered no protection against disease or ill-health and that people on both sides of the border faced similar health risks and challenges.

As a north/south agency, IPH conducts research and provides evidence and analysis to inform public health policy development. It works with a wide range of stakeholders at local and national level to make lives better for all by improving health equity and reducing health inequalities.

To mark this milestone anniversary, IPH hosted a special event on 4 October 2023 to bring together policymakers, public health professionals, and community representatives to consider if governments can make us healthier. In a keynote address, Martin McKee made the case for all government departments to invest in health by adopting a Health For All Policies approach.

The Professor of European Public Health at the London School of Hygiene and Tropical Medicine said: "We have long known that policies in other sectors – housing, transport, education and so on – can safeguard and improve population health, but we now recognise how better health is essential if we are to achieve success in other sectors. Healthier people stay longer in the workforce and are more



The 25th anniversary event featured a panel discussion moderated by journalist and commentator, Alison O'Connor. Pictured (L-R) are Alison O'Connor; ESRI health economist Anne Nolan; SDLP MLA Colin McGrath; Empower CEO Adeline O'Brien; Sinn Féin TD David Cullinane; Community Development and Health Network Director Joanne Vance; and Martin McKee.



Pictured (L-R) at the Institute of Public Health's 25th anniversary event in October were Bernie Hannigan, IPH Board Chair; Roger O'Sullivan, IPH Director of Ageing Research and Development; and Breda Smyth, Chief Medical Officer of Ireland.

productive. Healthier children get better educational outcomes. Healthier families invest more in small and medium enterprises.”

In response, a panel of invited guests discussed the potential to shift the focus of health policy and investment and to place greater emphasis on illness prevention and health improvement. The panel included Sinn Féin TD and health spokesperson David Cullinane; SDLP MLA and health and wellbeing spokesperson Colin McGrath; CEO of Empower, Adeline O'Brien; ESRI health economist Anne Nolan; and Director of the Community Development and Health Network, Joanne Vance.

The special gathering also heard contributions from the IPH Board Chair Bernie Hannigan, Chief Medical Officer for Northern Ireland Michael McBride, and Chief Medical Officer of Ireland Breda Smyth. Commenting on the 25th anniversary event, IPH Chief Executive Suzanne Costello said both jurisdictions could mutually benefit through enhanced cooperation, knowledge exchange, and information-sharing on public health.

Costello said: “Faced with mounting challenges that affect our health – widening health inequalities, a cost-of-living crisis, the global climate crisis, and a rise in non-communicable diseases – there is a prime opportunity to reframe our approach to health on the island of Ireland and to harness enhanced cross border cooperation on shared public health challenges, such as alcohol harm, tobacco control, overweight and obesity, and the needs of an ageing population.”

W: www.publichealth.ie

**Institute of
Public Health**





What has happened to Sláintecare?

Sláintecare was launched in 2017 when Simon Harris TD was the Minister for Health.

Although Sláintecare formally remains the Government's flagship health policy, its impetus has increasingly receded over the course of the Government's term.

Sláintecare was first proposed in 2017, during the Fine Gael minority government, following an Oireachtas report which outlined the need to establish a universal, single-tier healthcare system which can be accessed by all Irish citizens. The principles of the programme were supported by all of the major parties in the Dáil.

When Sláintecare was introduced by then Health Minister Simon Harris TD in 2017, the Fine Gael TD stated that it was viable that Ireland will have a fully universal healthcare system by 2030.

Ireland has the 15th most expensive healthcare system in the world, with an average spend on health of €5,547 per capita, ranking Ireland's spending per capita on health higher than that of the United Kingdom in spite of the UK having a fully nationalised health service.

With progress of the implementation of Sláintecare having been curtailed by the natural phenomenon of the Covid-19 pandemic, 2021 saw the programme face further challenges with the resignation of three high-profile figures.

In her resignation, former Sláintecare chief executive Laura Magahy expressed her frustration at the slow pace of the implementation of the programme.

This sentiment was echoed by the resignation of Anthony O'Connor from the council of Sláintecare in late 2021, in which, in a letter to Minister for Health Stephen Donnelly TD, he stated that that the original culture of Sláintecare had been

“bulldozed” and that the Government’s replacements were “incongruous” with the principles of the reforms.

Although the Department of Health published its Sláintecare Action Plan for 2023 in March, the loss of momentum in the implementation of the programme can be exemplified by the fact that Minister Donnelly, as of 14 December 2023, has mentioned Sláintecare to the Dáil on only seven occasions since March 2023 when the action plan was introduced.

Health challenges

In the *Sláintecare Progress Report 2022*, published in March 2023, the Department of Health states that it recognises that acute hospital scheduled care waiting lists are “far too long” and that many patients are waiting an “unacceptably long time” for care.

The report also states that 22 per cent of doctors, 27 per cent of dentists, and 22.5 per cent of pharmacists are aged over 55 and will be approaching retirement, on average, in the next 10 years.

The report asserts: “We need to significantly increase the number of training places available to Irish and EU students to study medicine, nursing and health and social care professional courses, in order to increase the domestic supply of doctors, nurses and health and social care professionals to work in our health service.”

In spite of this, Budget 2024, introduced by Finance Minister Michael McGrath TD on 10 October 2023, introduced a net cut in health spending of just under €1 billion when compared with Budget 2023 and real terms cut when compared with the *Mid-Year Expenditure Report 2023*, with the Sláintecare programme not being mentioned by any of the Government’s ministers.

Instead of sticking to a wider strategy on health reform, Sláintecare has become as a point of reference occasionally mentioned by Government ministers, but as those who have resigned from the Sláintecare council have opined, it has become less of a priority for the Department of Health as it instead seemingly sees the introduction of measures as the key to health success.

Responding to Budget 2024 in the Dáil, Independent TD Matt Shanahan accused the government of overseeing a “slow strangulation” of Sláintecare, adding that the Government was “forgetting that the Irish people were promised universal healthcare in 2011”.

“In 2017, Sláintecare was presented as a genuine, all-party attempt to renew and reform healthcare in Ireland. Yet, even before the pandemic, it looked as though it had been dumped in favour of projects,” Shanahan said.

Secretary General of the Department of Health, Robert Watt, said to the Oireachtas Health Committee on 24 October that there is a need for “better budgetary control, more efficiencies, and savings in the short term while continuing to deliver reforms on our health services”.

The Secretary General stated that Sláintecare “offers a roadmap for achieving this reform and productivity as we need to deliver greater amounts of care closer to home and promising more accessible health services at a lower cost”.

Sláintecare is formally still the overriding health policy of the Government, and it remains a government objective to see universal healthcare in Ireland by 2030. The loss of momentum for the initiative is undoubted given the disconnect between the measures recommended on recruitment in the *Sláintecare Progress Report* and the suite of measures announced in Budget 2024.

Building pharmacy capacity as part of a future integrated healthcare system



Joanne Kissane, Registrar and Chief Officer of the PSI – the Pharmacy Regulator, reflects on her first year in the role and discusses work that is underway, aligned to strategic organisational commitments, to ensure pharmacy is equipped to play a full role as part of a future integrated healthcare system.

Pharmacy in Ireland is constantly evolving, and our work needs to account for the changing nature of pharmacy practice and services provided by pharmacists. We are committed to ensuring the public has access to trusted pharmacy services and that the PSI, as the regulator, makes a clear and demonstrable contribution to the availability and quality of those services.

We have consistently seen an increase in the number of pharmacists registered with the PSI, currently sitting at over

7,300, but there are broader challenges in recruitment and retention. As our population continues to grow, the need to plan for the right care, by the right healthcare professionals, at the right time, becomes more pertinent. Planning for the role that pharmacy will play is vital to ensuring the necessary governance structures and policies are in place. It also reflects the PSI commitment to align with the vision of Sláintecare, as part of a future integrated health system.

Central to this commitment is the need to ensure a sustainable supply of pharmacists for patient-facing settings. In September 2023, we launched the *Workforce Intelligence Report*. Commissioned by the PSI and developed by Grant Thornton, it is the first time a baseline view of the pharmacist workforce has been established. This project was committed to in our corporate strategy covering 2021 to 2024, *Assuring Public Trust in Pharmacy Through Effective Regulation*, and is the culmination of a significant body of work undertaken in collaboration with a range of multi-disciplinary pharmacy and healthcare stakeholders.

Our motivation to examine this issue was multi-factorial and driven by an absence of any previous national strategic workforce planning initiatives for pharmacy in Ireland. Despite the increase in pharmacists registered with the PSI, we have also observed emerging trends relating to difficulties with the retention and recruitment of pharmacists within patient-facing roles. Furthermore, the World Health Organization (WHO) estimates that there will be a shortfall of over 10 million healthcare workers globally by 2030. The WHO attributes the predicted shortfall to retention and recruitment challenges, rising healthcare demands, more complex health conditions and more challenging work environments.

The report identified emerging risks and mitigating actions for the continued supply of pharmacists in patient-facing settings, founded on evidence-based research, combined with data from a workforce survey and focus group conducted with pharmacists and final-year pharmacy students. The development of a national strategic workforce plan for healthcare that incorporates pharmacy, and is informed by relevant and timely data, is a key priority which must be undertaken with involvement from pharmacy and health stakeholders as part of a collaborative approach.

The recent report by the Higher Education Authority on building capacity in the higher education system is therefore timely. We were pleased to participate in this process in the context

of our regulatory role in setting standards for pharmacy education and training at undergraduate and postgraduate levels. If the recommendations are implemented, there is the potential to create an additional 190 undergraduate places for pharmacy students annually which will make an important contribution to a sustainable supply of pharmacists, while lessening pressure on aspiring undergraduate students.

There is a strong ambition among pharmacists to play an expanded role in a future integrated health system. The *Workforce Intelligence Report* findings showed over 90 per cent of pharmacists indicated a willingness and appetite to expand their scope of practice. The establishment of the Expert Taskforce to support the expansion of the role of pharmacists by the Minister for Health in July is significant. The Taskforce, comprised of representatives from across health, pharmacy, and education, is charged with examining ways in which pharmacists can expand upon their present scope of practice.

The PSI's involvement in the Taskforce further aligns with our strategic objective to facilitate evidence-based practice by pharmacists where this is required by patient need and public policy. The first recommendation of the Taskforce to be progressed, announced by the Minister for Health in November 2023, recommends pharmacists in Ireland be enabled to extend the validity period of a given prescription from a period of six months up to a maximum of 12 months if, in their professional judgement, it is safe and appropriate to do so. This new measure will take effect in March 2024, allowing time for the completion of the necessary legislative changes and for relevant guidance and educational supports to be put in place. This recommendation will play a significant role in alleviating pressure in the health system, improving patient access and leading to better patient outcomes. We look forward to continuing to participate in the multi-stakeholder taskforce in 2024.

As the regulatory body charged with overseeing pharmacists and pharmacy services, it is incumbent upon us at PSI to assess the relevance of the current legislative framework that underpins the delivery of pharmacy care. In line with our regulatory remit concerning the



(L-R): Katherine Morrow, President of the PSI Council, Robert Watt, Secretary General, Department of Health and Joanne Kissane, Registrar and Chief Officer, PSI, pictured at the launch of the Workforce Intelligence Report

“Over 90 per cent of pharmacists indicated a willingness and appetite to expand their scope of practice.”

protection of public health and safety, we continue to press for the need to reform the primary legislation by which we are governed – the Pharmacy Act 2007. In 2023, we published a position paper on the need for legislative reform. In 2024, and as part of our next corporate strategy, we will engage with the Department of Health to progress this work so that legislation reflects the changing nature of pharmacy care and its operating environment.

Reflecting on my first year in the role, it is particularly pleasing to see the commitment towards progressing the first Taskforce recommendation, which we are confident will make a clear and demonstrable contribution to the quality of healthcare provided to patients. Equally, the Workforce Intelligence

Report marks a new beginning for pharmacy workforce planning. As I look to the year ahead, I am excited by the significant work underway to address the challenges and capitalise on the opportunities across pharmacy practice in Ireland.

W: www.psi.ie





Significant rollout of Individual Health Identifier

Maria McCann is an organisational psychologist and Director of Health Identity Management Services in Health Service Executive (HSE). With responsibility for the identity management services of the HSE – particularly the delivery of the Individual Health Identifier (IHI) – she sits down with Ciarán Galway to discuss its rollout and the wider Health Identifier Service programme.

Ciarán Galway (CG):

What are your strategic priorities in relation to the Health Identifier Service programme?

Maria McCann (MMC):

Our strategic priority for the Health Identifier Service is to continue the deployment of identity management services within key areas in 2024 including patient administration systems in hospitals, the Primary Care Reimbursement Service (PCRS), the GP practice software management systems, the National Immunisation Office, and many more.

If we can work with the high-level

strategic systems, we can then work for the multiple systems feeding of the patient administration systems can receive the Individual Health Identifier and other associated health identifiers to support enhancement of the data quality for identity within the systems. Ultimately, for patients this will mean more a more efficient system and it will help us to find your records quickly.

It will also deliver:

- improved patient safety: Reducing the risk of medical errors associated with incorrect patient records or treatments;

- continuity of care: In time, the IHI will enable health records to be seamlessly accessible across care continuum; and
- efficient healthcare operations: IHIs on patient records reduces administrative burdens, minimises duplication of efforts, and optimises resources.

Furthermore, it will enable eHealth applications and allow us to link patient records together from different systems.

CG: To what extent is the Health Identifier Service a business change or

governance programme rather than a technical implementation?

MMC: The programme, like all digital health programmes, is very much based on organisational change and people driving digital transformations. When the Health Identifier Service started in the beginning of 2020, the focus was on clear governance and understanding of who could utilise the IHI as an authorised body with a relevant purpose.

Clear governance helps in avoiding fragmentation, ensuring accountability, and maintaining a strategic focus on the desired outcomes of the transformation program. We worked with the Department of Health and the HSE Data Protection Office to revisit at the Health Identifiers Act 2014 and make additions to the data sets named in the Act to futureproof the policy for positive patient impact.

We created clear framework for decision-making and consumer engagement. Change management and communication is crucial, and organisations need to ensure that employees are informed about the changes, understand the benefits, and are motivated to contribute to the transformation journey.

To this end we had strong engagements with the consumers and partnered with them on this journey of learning together. Digital transformation involves a cultural shift within an organisation. It is not just about implementing new technologies; it is about changing the way people work and think. Employees need to adapt to new processes, tools, and ways of collaboration. The success of a digital transformation programme depends heavily on an organisation's ability to foster a culture of innovation, adaptability, and continuous learning. It depends on the people driving the change.

CG: To what extent has the Individual Health Identifier been rolled out?

MMC: The IHI is currently being rolled out to all acute hospitals which use the iPMS as their patient administration system in a phased approach. This phased approach is initially focused on technically enabling services to store the IHI in their systems. The phased technical implementation of the IHI into all instances of iPMS began in late 2022, with significant progress being made since then.

“To date, the integration of the IHI into iPMS has been completed across almost all shared and single iPMS instances, representing 43 acute hospital settings nationally.”

Maria McCann, Director of Health Identity Management Services, Health Service Executive

To date, the integration of the IHI into iPMS has been completed across almost all shared and single iPMS instances, representing 43 acute hospital settings nationally. Future phases of the IHI rollout project will focus on supporting services to increase their IHI match rate, display the IHI in their patient systems, on patient healthcare records and patient related correspondence with other healthcare services. Engagement with acute hospitals, who use patient administration systems other than iPMS, regarding the implementation of the IHI is planned for the near future.

This project is running in parallel to the implementation of the IHI into all GP practice systems nationally. IHI is now live in over 95 per cent of all GP systems nationally and other national systems, such as the PCRS, the National Screening Service, the National Immunisation Office, and all Covid related services.

There have been 66 million direct interface IHI requests – with 43 million IHIs shared and 27.5 million IHIs seeded onto patient systems, as well as supporting the cyberattack response programme to contact affected persons, and research studies such as the HSE Fada Survey.

CG: How has the health landscape changed following the Covid pandemic and the May 2021 ransomware attack on the HSE?

MMC: I think there have been huge changes in the health landscape from a

technology, innovation and most importantly culture perspective. There was an acceleration of implementation and adoption of many health technologies, including our own with the roll out of Health Identity Management Services into many systems. There was an increased focus on supporting staff technically and from an educational perspective to manage teams and work in a hybrid environment.

Personally, I feel from a cultural perspective, staff were more open to change as there was increased urgency to try new processes and technologies to support patients' journeys, with less focus on fear of failure and more on making a difference efficiently and effectively. There has been a renewed focus on resilience both from a health system perspective and preparation for unforeseen challenges, as well as personal and staff resilience to balance unending demands.

I feel the personal and staff resilience is an area that needs increased support and should receive an unwavering and constant focus as our staff are the people behind all HSE transformation and innovation.

Also, collaboration and knowledge sharing across the health system in Ireland and globally, really accelerated as we all recognised the importance of supporting and sharing to increase innovation and transformation in healthcare as a global challenge faced by all.



Ospidéal Naomh Eoin St. John's Hospital

Cúram Gairmiúil agus Atruacha
Professional and Compassionate Care

St. John's: A hospital with rich past, delivering for the future



Assistant Director of Nursing Lorraine Quinn and staff of St. John's Day Ward.

St. John's might be among Limerick's and the Ireland's oldest hospitals, but it very much has a clear plan for a vibrant future at the heart of mid-west healthcare.

That future has been painted in a five-year strategy for St. John's – a member of the UL Hospitals Group (ULHG) – that will enable it to expand the excellent care synonymous with it for many generations and invest in its people and patients, including through a new bed block extension which will bring the total number of beds from 99 to 150.

The Strategy is a roadmap that will enable St. John's to play a key role in addressing capacity requirements in the Mid-West and was developed by the Board following deep consultation with all staff, its partners at the University of Limerick Hospital Group, UL, GPs, St.

John's Hospital Patient Partnership Forum, and wider public.

It is built around the hospital's vision of being a leading provider of healthcare services where innovation and excellence are at the heart of the patient experience. Critically, it addresses the necessary capacity requirement to tackle public waiting lists by accommodating a very significant proportion of the scheduled care work in the region.

Located in Limerick city centre, St. John's is the only Model 2S (overnight surgical stays) hospital in the UHLG under the smaller hospital framework whereby more complex surgeries can be

performed. Building upon its strength of a city centre hospital, St. John's works geographically close to part the Group's Model 4 hospital, with shared pathways operating between the two hospitals.

Among the strategy priorities identified in the consultation process are the development of a new modern facility complete with increased single ensuite rooms, greater access to services, development of services for the management of chronic diseases, and provision of seven-day injury unit services.

The strategy is both patient and people/staff centric but very much contingent on the delivery of the new, state-of-the-art in-patient bed facility that will take the hospital from a 99- to 150-bed hospital.

The new facility, in addition to new beds, will also deliver a safer patient environment, increased in-patient access, and provide an overall improvement in patient experience as well as staff working experience.

To validate the plan, St. John's has, with support from the HSE, undertaken a Strategic Assessment Report and Preliminary Business Case. Work is already underway and, when completed, the reports will be submitted to the national HSE and Department of Health for review.

It is also intended that the reports will be presented at the national capital planning meeting in January 2024 to seek capital funding approval for the much-needed investment for the mid-west.

Furthermore, architects engaged by St. John's are reviewing the current hospital building to see what enhancement works need to be carried out to ensure the new bed-block is supported by current services.

As CEO of the Hospital Emer Martin says: "Our plans emphasise the connections between the high-quality services we provide while working with our HSE partners to achieve better outcomes, more effectively."

The CEO says that the hospital proposes to undertake a programme of building and clinical service developments that will greatly assist in speeding up and enhancing the delivery of care.

"With an emphasis on transformational change at local level, each element of our plan facilitates the upscaling of services to enhance overall service provision in Limerick and the mid-west. Our plan has a particular focus on scheduled care, clinical support and recovery services, and management of patients with chronic illness who require a step-up from community level care.

"There are important levers required to support the progress of each aspect of these developments: the biggest challenge being capital investment."

The condition survey of the hospital commissioned by the HSE in 2018 shows a clear and cogent case for serious capital investment in St. John's Hospital. This five-facet survey report on the existing buildings outlines clearly their physical and functional deficiencies which strengthens the case for a new bed block.

"St. John's has made an incredible contribution to healthcare in Limerick for almost two-and-a-half centuries and to this day delivers outstanding results. However, it has also been long since acknowledged that the facilities here are simply not fit for the purpose or the people; our exceptional people who come to work here every day and the



Bishop Brendan Leahy, Board Chair, Stephen Donnelly TD, Minister for Health, and Emer Martin, CEO.

"With an emphasis on transformational change at local level, each element of our plan facilitates the upscaling of services to enhance overall service provision in Limerick and the mid-west."

patients that they give that exceptional care to. That, essentially, is what this strategy is all about, finding a way to deliver this outstanding care in a modern, high-tech hospital to more people across Limerick and the mid-west.

"So, by any measurement, except of course for the facility itself, St. John's is a model hospital, and it makes absolute sense to not alone address the shortcomings in the existing hospital but, in doing so, give more people access to this standard of care in the mid-west. We have the capacity on the site to do this and in a region that clearly needs key solutions like this to help address pressures on the system. It is a win-win for healthcare in the mid-west, for the UL Hospitals Group and the people of the mid-west."

Key features of St. John's planned integrated service model:

- an elective hospital of choice for acute medicine including specialist areas of respiratory, renal and endocrinology services;
- to increase our medical assessment unit service to a seven-day service;
- continue to operate the busiest Injury Unit service in the mid-west;
- develop rapid access clinics in our key speciality areas;
- continue our role as a regional service provider for our Clinical Recovery and Support Unit (CRSU);
- continue our role as a regional service provider for interventional pain treatments;
- enhance our role as a regional service provider for endoscopy and bowel screening;
- to further develop our elective surgery including extended stay surgery and our role as a key provider of diagnostic work: e.g., radiology;
- enhance our role as an exemplary teaching hospital for multidisciplinary staff in conjunction with the University of Limerick and UL Hospitals; and
- enhance our role as a leading provider of innovative solutions to healthcare problems in conjunction with the University of Limerick and UL Hospitals Group.

W: www.stjohnshospital.ie

Innovation in the Irish health sector



Kevin Kelly, General Manager – eHealth (Digital Workflow and Automation) with the Health Service Executive (HSE), speaks to *eolas Magazine* about the attraction of talent being the greatest barrier to innovation in the health sector and how the Covid-19 pandemic enabled significant change.

“We have the weight of evidence, and we are now trying to bring it to bear in the areas that are causing the most pressure for the organisation.”

Kelly has worked in a variety of technology roles within the HSE since 2004 and currently heads up the Digital Workflow and Automation team within eHealth.

Talent attraction and retention

With many years of management experience, Kelly is in a prime position to identify the challenges facing the public sector today. “Attracting the right talent and then retaining it is a key challenge for the public sector,” he says. “For ourselves, we have a huge recruitment drive underway within eHealth. We are looking to fill 300 posts over the next 12 to 18 months across a range of disciplines such as robotic process automation (RPA), cyber, and data analytics.”

Cognisant of the difficulties that the public sector faces in competing with private sector salaries, Kelly says that public organisations have had to “think more creatively” in order to tackle the challenge. “We are using apprenticeship models and internships very successfully,” he says. “It is about developing that pipeline of talent, but also the HSE is a national organisation which means that we can base people relatively close to where they want to live.

“For example, in my own team we have developers based in Dublin, Donegal, Wexford, Limerick, and Westmeath. That is important for those people and hopefully it will help us to retain them.”

Covid-19

Having worked in the most critically affected sector during the Covid-19 pandemic, and now having the requisite distance to reflect on the lessons learned throughout, Kelly says that they were somewhat fortunate that they had “taken a punt” in the area of digital innovation. “As it transpired, we ended up having the right people in the right place at the right time; we did not know at the time how critical it would be, but that is how it panned out,” he says.

There was also a hint of good fortune about the timing of the demands placed on the HSE’s digital innovation team by the pandemic. “At the end of 2019, we had commenced two pilots in RPA with funding assistance from the Department of Public Expenditure and Reform which were completed at the end of February 2020. Little did we know that one of those was to be instrumental in the pandemic response in the area of Garda vetting,” he explains.

“We automated a process that was being carried out by our HR department; our robots were able to carry out that process 52 times faster. The impact of that was that hiring managers across the HSE were able to put people into post within days of the vetting status coming through from An Garda Síochána, as opposed to the previous waiting time of up to a month, which was hugely important during the Covid-19 response in 2020.”

Following initial success, Kelly’s team turned their attention to further areas within the HSE. “We turned our attention then to the Health Protection Surveillance Centre, who maintain the national register of infectious diseases,” he says. “Again, we were able to take 26 minutes of manual data entry effort for every single positive Covid-19 case away from surveillance scientists and public health staff to free them up to do far more meaningful work. The impact of that was absolutely massive. It was fortuitous given the timing since none of us could have anticipated the pandemic, but we instantly proved the worth of the technology. We did the same again in the aftermath of the cyberattack in 2021, where we were able to clear four-month backlogs of data entry work in just two weeks.

“Hopefully the dust has settled on both of these waves of pressure so we can turn our attention back out to the organisation to address particular problems. Earlier this year, we spent two days walking the corridors of University Hospital Galway, speaking to staff there to find opportunities for automation within referrals, labs, radiology, and so on. We have the weight of evidence, and we are now trying to bring it to bear in the areas that are causing the most pressure for the organisation.”

Kelly states that RPA is not the only area of innovation receiving attention from his teams, with forms digitisation, document understanding, and process mining also central to their work. “We are fortunate to be working in an area that allows us to take measured risks,” he says.

Looking to the future

Kelly states that the “last two or three years” have been “incredibly tough”, but that they have also served as a “reminder of the importance of the work” done in the public sector. “I will never forget walking into Dr Steevens’ Hospital in early March 2020 alongside army personnel being brought in to work in the area of contact tracing; you realised then that something very serious was going down,” he remembers. “Similarly, walking into the situation room in Citywest in the days after the cyberattack in 2021 and it being run militarily. It was all a reminder that we are ultimately working for the benefit of the public and the seriousness of what we do should not be lost on us.”

While the emergency nature may have subsided, the atmosphere is what has endured, Kelly concludes. “The way that we were forced to work, being allowed to take risks, red tape removed and just going for it; some of that has remained while elements of it has slipped back but people are generally keen to retain that working environment. But looking back, there is a different vibe to the way we are working in general, and I see that as a real positive.”

NMBI's *State of the Register 2023*



Louise Kavanagh McBride, President of the Nursing and Midwifery Board of Ireland (NMBI)

Louise Kavanagh McBride, President of the Nursing and Midwifery Board of Ireland (NMBI) writes about its recently published *State of the Register 2023*, which provides valuable insights into the profile, trends, and challenges of our nursing and midwifery workforce.

In January 2023, I was privileged to become President of NMBI. As President, I am dedicated to ensuring that NMBI delivers on our statutory obligations to protect the public and the integrity of the professions, through the promotion of high standards of education, training, and professional conduct.

As the regulator for almost 85,000 nurses and midwives in Ireland, we maintain a Register of Nurses and

Midwives and a Candidate Register for students; set standards for education bodies for nursing and midwifery courses; set professional standards for nurses and midwives; and consider complaints against nurses and midwives who practise in Ireland.

Having served on the Board since 2015, I am proud of the positive changes we have made to ensure NMBI is a modern and progressive regulator.

As a board, we recognise the opportunities and challenges that exist within the nursing and midwifery professions. To support our registrants and colleagues across the health sector, it is important that we have the capability to provide data which assists us in our work to maintain high standards and contribute to strategic workforce planning.

Our *State of the Register 2023*

As part of our digitisation programme, our aim is to ensure that we have modern systems in place to operate efficiently in the best interests of our registrants and the public.

The *State of the Register 2023* provides valuable insights into the profile, trends, and challenges of our nursing and midwifery workforce. The data we gather through the annual renewal process allows us to share emerging trends in health service staffing to assist our stakeholders in future planning. Now in its second year, the *State of the Register 2023* is particularly crucial to NMBI and our healthcare colleagues as we can now provide a comparison to last year and identify areas of growth and potential gaps. The data in this report will assist policy makers and service providers to plan and resource our services in a way that meets the current and future needs of our patients, service users, and communities.

We are delighted to see the nursing and midwifery professions growing. These numbers not only represent statistics but real individuals dedicating their lives to the betterment of healthcare in Ireland. The data in this report is essential for ensuring that we maintain and improve the standards of care and safety that we aspire to as professionals. I encourage all registered nurses and midwives and candidate registered student nurses and midwives to read this report and reflect

Current Registration Numbers

As of 1 June 2023 there are **84,948** registrants on the register

79,489 + **5,459**
are currently practising | not currently practising

Of the **79,489** currently practising, there are **6,257** new registrants



Patient-facing registrants
70,969 | **8,520**
are patient-facing | are not currently patient-facing



Gender breakdown
(of those practising)

71,456

FEMALE

8,030

MALE

3

PREFER NOT TO SAY



on its implications for their practice and profession.

Overview of the data

The report, which is published annually, provides a detailed breakdown of the number of nurses and midwives registered in Ireland. All nurses and midwives who wish to practise in Ireland must be registered with NMBI.

The 2023 report shows that there is total of 79,489 nurses and midwives currently practising in Ireland. The figure represents a 5 per cent increase in the number of practising, compared to 75,871 in 2022.

The report indicates a steady growth in nurses and midwives registered in Ireland, underscoring the resilience of both professions and the sustained interest in critical healthcare roles. The data shows that, as of 1 June 2023, there are 84,948 nurses and midwives registered; a 4 per cent increase on the previous year and the largest number of registrants held by NMBI. There are 70,969 nurses and midwives in patient-facing roles (an increase of 7 per cent).

The 2023 figures show a 27 per cent year-on-year (6,257) increase in new registrants joining the NMBI register. New registrants include nurses and midwives qualified in Ireland, the EU, and non-EU countries. The highest percentage increases in new registrants

are in the General Nurses Division and the Midwives Division.

The majority of new registrants in 2023 came from non-EU countries. In the period of this report, 1,584 new registrants qualified in Ireland (up 2 per cent), 4,542 qualified outside the EU (up 50 per cent) and 131 qualified in EU countries (down 64 per cent). Since 2022, UK registrants are no longer included in EU figures.

Nurses and midwives educated outside Ireland play an essential role in the Irish health system. In 2023, the top overseas countries from which new registrants came were India (3,272), Philippines (560), United Kingdom (232), and Zimbabwe (169). There were 250 new registrants from the UK in 2022 as opposed to 232 in 2023.

From 1 June 2022 to 31 May 2023, NMBI issued 10,679 decision letters to overseas applicants. Getting a decision letter is an essential step in the process of overseas nurses and midwives applying to join the register. For most applicants, it allows them, to fulfil a required compensation measure before applying to join the register.

As we enter the second year of our Statement of Strategy 2023-2025, we will continue to ensure we can adapt to the evolving global healthcare environment.

We will continue to engage with our registrants, the public and our key stakeholders to improve our focus, efficiency, and effectiveness. Together with the data we have from the *State of the Register*, we look forward to reporting on changes in the demographics of registrants.

The full *State of the Register 2023* report provides an in-depth look into the registration data for the nursing and midwifery professions in Ireland. It is available for download on the NMBI website.

W: www.nmbi.ie



**Bord Altranais agus
Cnáimhseachais na hÉireann**
**Nursing and Midwifery
Board of Ireland**

The health and economic cost of antimicrobial resistance

Ireland will be one of the EU/EEA countries most exposed to a fall in labour market output if current antimicrobial resistance trends continue, a report by the OECD has found.

Antimicrobial resistance (AMR), which is essentially the body's ability to reject the medical influence of antimicrobial agents in medicine, is acknowledged as one of the greatest public health threats globally.

AMR is responsible for more than 35,000 deaths per year in the EU/EEA, a figure projected to rise to 79,000 deaths annually moving towards 2050, unless the issue is addressed.

In Ireland, unless resistant infections are eliminated, AMR is estimated to claim the lives of more than 169 people each year.

One in every five infections across the OECD is now caused by superbugs, fuelled by high levels of inappropriate use of antimicrobials. Despite policy efforts to optimise antibiotic consumption, average sales of all

classes of antibiotics have been rising by nearly 2 per cent since 2000.

Current trends suggest that third-line antimicrobials, the last resort drugs against difficult-to-treat infections could be 2.1 times higher by 2035 in the OECD compared to 2005.

Alongside excess deaths, AMR and the failure to properly address it have large economic costs. The OECD estimates that the cost of treating complications due to resistant infections can exceed €26.5 billion every year (adjusted for purchasing parity) across 34 OECD and EU/EEA countries.

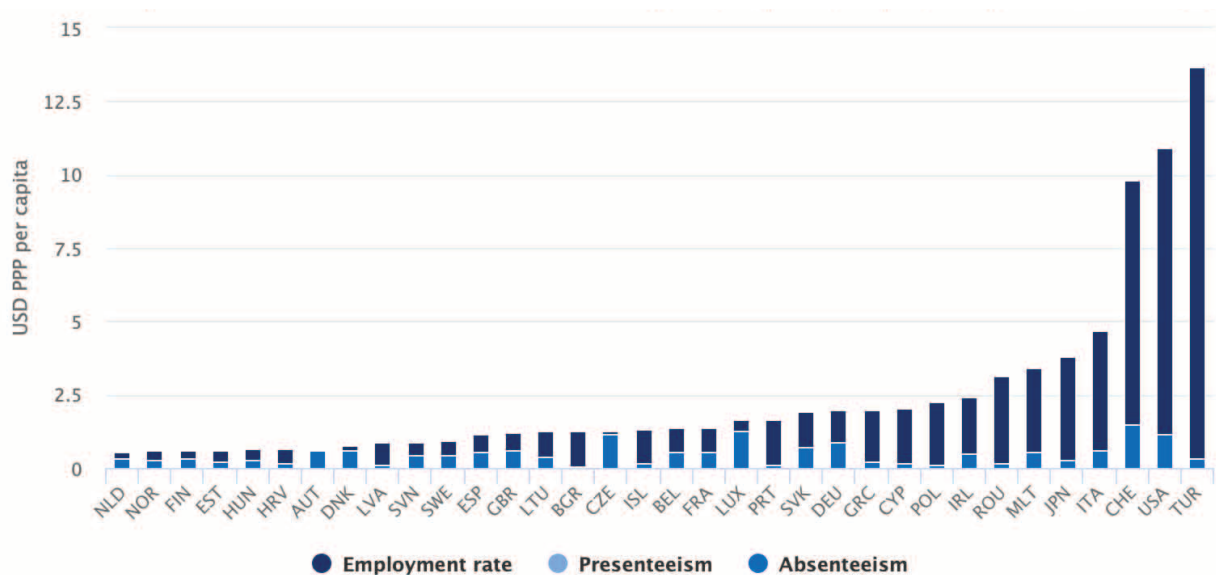
It is estimated that an additional 32.5 million days are spent in hospitals per year to treat the consequences of AMR, while the impact of AMR on workforce participation and productivity is estimated to be

equivalent to €33.8 billion, corresponding roughly to one-fifth of the gross domestic product in Portugal in 2020.

Advocating the One Health framework, a multisectoral approach that promotes coordinated action across human and animal health, agrifood systems, and the environment, the OECD says: "The AMR pandemic is already here. While Covid-19 has led to efforts to prevent and control the spread of infections, there is no room for complacency in the fight against AMR. Results from the OECD analysis demonstrate that policy action that is grounded in a One Health approach is urgently needed to tackle AMR."

Ireland published its first national action plan on antimicrobial resistance in 2017, with a second One Health

Impact of AMR on labour market based on average wages, per capita per year up to 2050



Source: OECD

National Action Plan on Antimicrobial Resistance 2021-2025 currently in delivery.

Some progress has been made. According to the OECD, resistance proportions for 12 antibiotic-bacterium pairs increased from 2015 to 14.9 per cent in 2019, however, this is still significantly below the EU/EEA average (21.3 per cent), and resistance proportions are projected to decline to 14.1 per cent by 2035 in Ireland.

Ireland's average 33.1 defined daily dose (DDD) per 1,000 persons per day in 2025 was above the 24.1 EU/EEA average. While projections are for antibiotic consumption to decrease to 30.8 per day by 2030, they remain above the projected EU/EEA average of 23.2.

Ireland exceeds the World Health Organization's target for access antibiotics to make up at least 60 per cent of national consumption, with first and second-line therapies with lower resistance potential making up nearly 67 per cent of all antibiotics consumed in 2015.

Giving emphasis to the need to address the challenge, the OECD research highlights how estimated declines in workforce productivity translate into considerable financial losses for nations.

AMR is estimated to depress workforce

productivity by around €5.3 billion per year by 2050 in the EU/EEA, and Ireland is second only to Italy in estimations to incur the greatest losses in per capita labour market output across the EU/EEA countries.

The OECD examined the impact of different policies including a mixed policy package that would involve the scaling-up of five policy priorities across sectors such as improving antibiotic stewardship, delayed antimicrobial prescription, and enhancing food safety.

The estimations are that if Ireland was to invest €5 per person annually in a mixed policy package, annual gains would be:

- **6,011 infections prevented;**
- **76 lives saved;**
- **€20 million savings in healthcare costs;**
- **€34 million gained by increased workforce participation and productivity; and**
- **€2.13 return per €1 invested.**

Summarising that the cost of inaction to tackle AMR is high, the OECD says that alongside national action plans, policy priorities for action lie in bolstering nationwide implementation of programmes for infection prevention and control; investment in more robust surveillance systems; ensuring greater compliance with regulatory frameworks; and development of new antibiotics, vaccines and diagnostics.

"By addressing many of the existing policy gaps, all 11 policy interventions modelled by the OECD are estimated to generate substantial health and economic gains. In particular, the following interventions yield the highest gains," the report states.

"Scaling up investments in One Health packages of actions against AMR is affordable, with a return on investment significantly greater than implementation costs... The health and economic benefits of implementing One Health policies as policy packages far exceed the benefits accrued by implementing these policies in isolation."



HSE Data Collaborathon 2.0

In late October 2023, the Guinness Enterprise Centre, Dublin and Portershed, Galway simultaneously played host to the HSE’s Data Collaborathon 2.0. Ciarán Galway spoke with participants.

Organised by Maria McCann, the HSE’s Director of Identity Management Services, the Collaborathon incorporated a series of case study presentations, workshops, and a fireside chat, with a closing keynote delivered by John Ward, Interim Technology Transformation Officer.

Explaining the rationale informing Data Collaborathon 2.0, McCann explains:

“Data is key to many of my programmes of work. We see the impact of good data, we see the impact of good governance, and today is about determining how we share these experiences with our partners across the HSE.

“There are many amazing projects across that Health Service Executive, the Department of Health, the wider

health ecosystem, and across government. Today’s collaborathon is defined by information sharing for the benefit of the citizen or the patient the whole way through their patient journey. It is also about connection.

“Defying some perceptions of the public service, our environment is very fast paced; there are many programmes of work. While there is an appetite to share expertise and learning, we must create a space to do so. Taking time today to connect with others can uncover projects that are relevant to our own. We are trying to connect silos of work and cultivate a genuinely positive culture around data within the health service, allowing people to communicate with colleagues who are in the same or similar positions.”



Anne Quirke, CTO and Deputy to the CIO, Beaumont Hospital

“The key advantage of an event like this Collaborathon is the participation of multidisciplinary teams from across the healthcare system. It is impossible to keep up with all developments across the system and these types of events deliver a summary synopsis of what is happening, and the direction of the strategy moving forward with respect to the HSE, HIQA, and others. This one is definitely hitting the nail on the head from that perspective.”



Ben Cloney, Head of Digital, Health Service Executive

“My team is responsible for the HSE’s public website, social media, customer service, digital marketing, that space. As such, we work very closely with eHealth and the health identifiers, bringing a slightly different lens to the technology side of things, looking at how the human interacts with the technology.

“Data collaborathons like this are very important because it is not just about the data in isolation. Rather, it is about how we present data to the public, how we make it easy to understand, and how we contextualise it. So it is super important for us to be at these kinds of events to get in the room with the ‘harder’ tech people and apply our different lenses collaboratively.”



Fran Thompson, Chief Information Officer, Health Service Executive

“There is no island of knowledge in the HSE. Across the organisation, we all think we are brilliant at what we do; and we are, but for the health service to work, there

is a multidisciplinary requirement across a huge spectrum. Not just in a clinical sense. For instance, while there is a multidisciplinary team looking after an individual’s healthcare, in turn, this team is supported by another multidisciplinary team, or another set of teams, which are delivering several other elements of healthcare.

“For healthcare to work, all the components must work together. Quite often in ICT, we think ‘here is the road things should be on’. However, it is often not the right road, and someone will suggest an alternative. These types of events bring all the right people into a room to add dimensions so that when a platform or a solution is being delivered, it takes into account these perspectives.”



Dermot Burke, HSE Spark Innovation Programme National Fellow for Innovation and Change, Health Service Executive

“The Spark Innovation Programme promotes a culture of innovation within the HSE. We take a broad look at innovation; everything from a different pathway to production of a new technology. The way Spark’s collaboration with the collaborathon kind of came around was fairly

serendipitous. We know Maria [McCann] and John [Ward], having met them at a different conference, a link was made, and we had a chat to determine if there were any synergies in terms of what they aim to achieve and what we are exploring in terms of the support structure. As such, we came on board as a partner.

“We are very much the eyes on the clinical frontline. As such, when Maria and John were developing a questionnaire to gain insight into what people wanted from a collaborathon – as well as knowledge gaps across the system – we connected them to our network to help inform its development.

“There is nothing better than being in the same room as people from across the health service. Consider the event today, there are clinical people, non-clinical people, private industry, and others all in the room. Everyone has a shared goal of ultimately enhancing and improving patient care.”



John Swords, National Director of Procurement, Health Service Executive

“The benefit of participation today is for people to understand that while many people are working on digital, not everybody understands what others around them are

doing. Events like this, enhance awareness of the work being undertaken in parallel to people’s own projects, and foster enhanced cohesion. This is the most important element; getting people to connect with each other.”



Loretto Grogan, Director of Nursing, National Clinical Information Officer for Nursing and Midwifery, Health Service Executive

“A core group of us met in Drogheda after the Covid pandemic to consider the data governance space. We decided that holding a series of collaborathons would be a good idea. I was involved right from the outset, presenting at the previous collaborathon and then again today.

“The value is in a mixture of both networking and content. With digital health, we are absolutely, definitely better together. Digital health is a multifaceted and complex field, and we must work together. The more events which are focused on discussing and sharing information around digital innovation and data, the better.”



Susan Treacy, Chief Executive, HealthTech Ireland Association

“Through our collaboration international colleagues and as a member of MedTech Europe, HealthTech Ireland knows that healthcare trends such as ageing demographics and increased chronic disease management are presenting challenges for healthcare systems both nationally and internationally. The opportunity through digital health transformation to meet these challenges and provide value to the healthcare system, healthcare professionals, and patients is huge.

“Cross sector forums for meaningful collaboration, demonstrated so well here today by the HSE teams are critical both to understand and to identify where we can best support.

“HealthTech Ireland and HSE colleagues collaborate in several ways. At a strategic level, we support strategic development as described, and then at operational level, we listen, understand, and communicate where the HSE is at any given point in

time to ensure that the companies can connect into that. Many organisations who are facing this evolving landscape will also often use HealthTech Ireland as a source of reliable information, with a credible finger on the pulse.

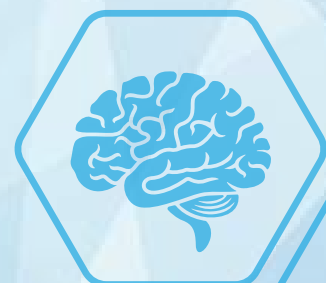
“Today has been a truly collaborative day and it is wonderful to see the passion and drive from individuals and teams across the sector to deliver transformation. This continued open and trusted communication and engagement such as that exists between the HSE and HealthTech Ireland is a critical and valued relationship. HealthTech Ireland with its members are here to understand and support these teams in delivering this vision for patients.”

Waiting lists decreasing but not at required pace

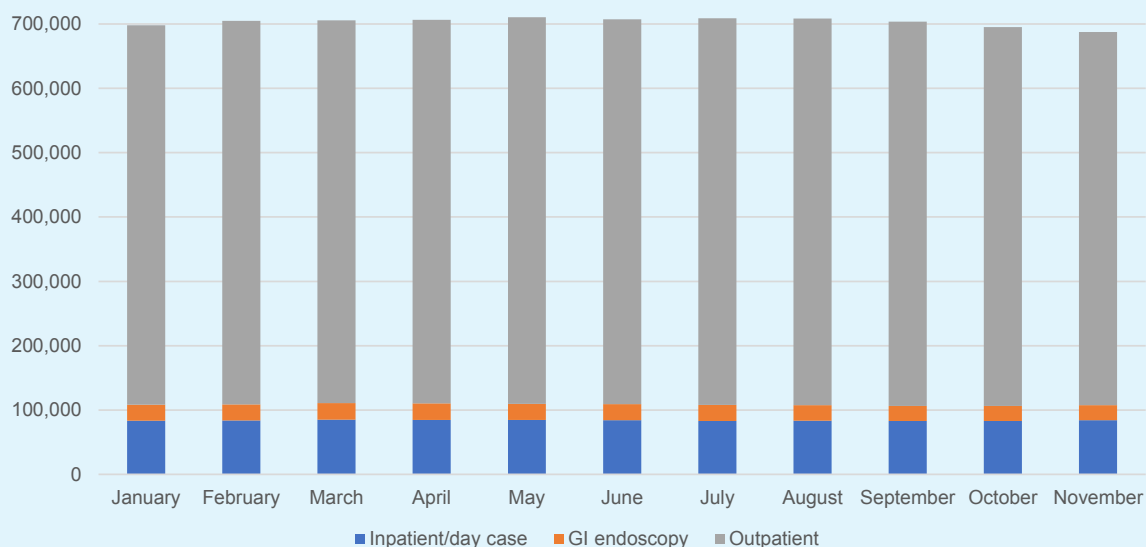
Over 817,000 patients were recorded on the National Treatment Purchase Fund's (NTPF) register of patients on hospital waiting lists in November 2023, showing a decrease throughout 2023. The majority of targets for waiting times, set by the 2017 Sláintecare report, continue to be missed.

Of the total 817,180 patients listed in the NTPF's latest data covering November 2023, 84,287 are inpatient/day cases, 23,279 are on inpatient/day case GI endoscopy waiting lists, and 580,055 are on the outpatient waiting list. The majority in each of these categories have been waiting between zero and six months: 54,988 (65.3 per cent) in of inpatient/day cases; 20,238 (86.9 per cent) in GI endoscopy lists; and 335,308 (57.8 per cent) of outpatients.

Despite these figures, most worrying for government and health officials will be the fact that Sláintecare targets set in 2017 continue to be missed by the healthcare system. The report stated that that there should be maximum wait times of no more than 12 weeks for an inpatient/day case procedure or GI scope, and 10 weeks for a new outpatient appointment. In the case of inpatient/day cases, 57.8 per cent of patients (48,735) on the waiting list as of November 2023 were on the list past the 12-week deadline, a figure which rises to 71 per cent for child patients. 62.6 per cent (14,577) of GI scope patients on the waiting list were still within the 12-week target, making it the only one of the three active lists to not have a majority waiting past its deadline target. It is in the case of outpatients that the health system performs at its worst: of the 588,813 people on outpatients waiting lists, 70.1 per cent of them (406,497) had already surpassed the 10-week deadline by which they should have had their appointment.



Active waiting list numbers in 2023*



(Source: National Treatment Purchase Fund)

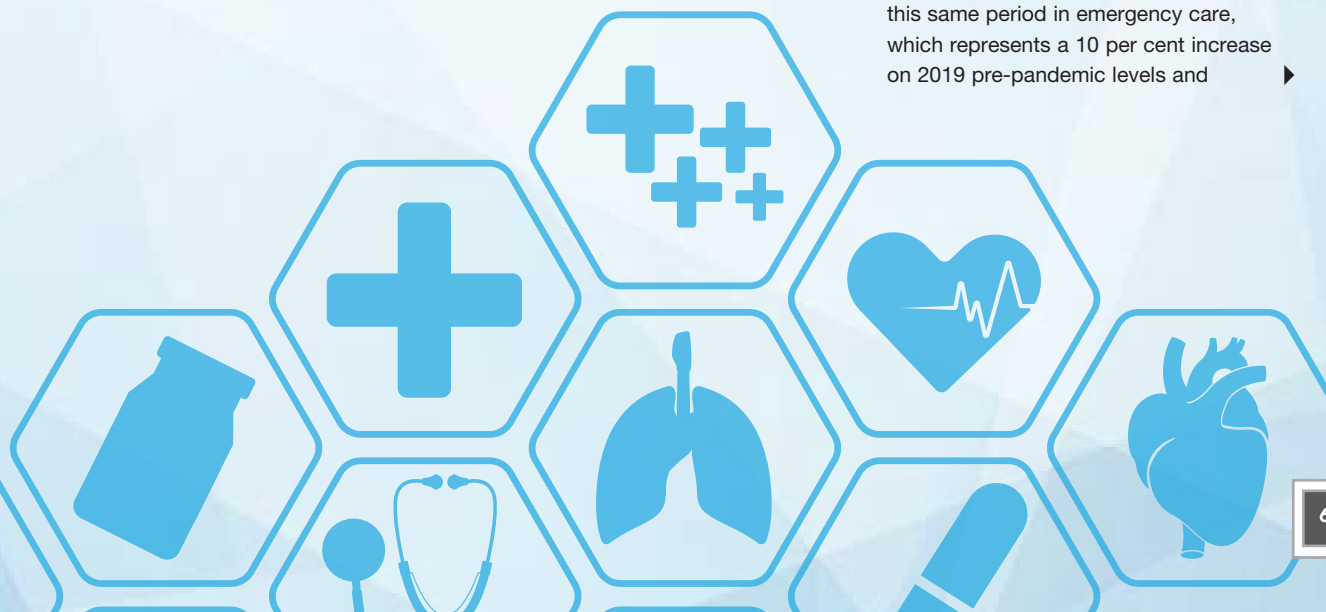
* Correct at time of print

Overall, of the 687,621 patients across the three active waiting lists, 67.5 per cent of them have not been seen within their Sláintecare targeted timeframe. Despite this, the figures do show an improvement over the course of summer and autumn 2023 when compared with the NTPF's data for April 2023, when there were more than 830,000 patients on national waiting lists, including 596,265 waiting for an outpatient appointment. The number of people whose waiting time had surpassed their Sláintecare target times also reduced in the seven months between April and November 2023: the 463,934 in November showed a 5.8 per cent decrease from April's total of 492,639.

Capacity

At the time of the release of the April 2023 NTPF data, the Health Service Executive (HSE) released a statement that said that additions to the waiting lists in 2023 had been "higher than projected": "The HSE attributes this trend to a number of drivers, including post-pandemic pent-up demand, and highlight it is also the case internationally e.g., the NHS in Britain is seeing higher additions compared to previous years."

The Department of Health also stated that there had been 3.4 million outpatient and 1.7 million inpatient/day case attendances in the 12 months leading up to April 2023. "In addition to this planned care, our hospital system also treated 1.6 million patients during this same period in emergency care, which represents a 10 per cent increase on 2019 pre-pandemic levels and





reflects the ongoing pressure on hospitals from flu surges and increased emergency department attendances,” the Department stated.

At the time, president of the Irish Hospital Consultants Association Robert Landers called on the Government to make “significant improvements” and “commit the necessary capital spend... to deliver the additional expedited bed capacity” needed. A March 2023 report published by the Research Services and Policy Unit of the Department of Health, *Hospital Performance: An Analysis of HSE Key Performance Indicators*, attested to the healthcare sector’s ongoing struggles with capacity.

At the hospital level, 23 of 26 hospitals were found to be missing the HSE designated target of 70 per cent admission to emergency departments within six hours; incomplete treatment rates, which are targeted to be at less than 6.5 per cent in emergency departments, were found to be as high as 16.7 per cent in St James’s Hospital and as low as 1.3 per cent in St Luke’s, Kilkenny. Elective day-of-surgery admissions, target at 80 per cent by the HSE, were also found to be as low as 16.5 per cent in St James’s.

In its report, *Inpatient bed capacity requirements in Ireland in 2023: Evidence on the public acute hospital system*, the Economic and Social Research Institute (ESRI) states that population increases, especially at older

ages, will “continue to increase demand for hospital care” in Ireland and that “additional public acute hospital capacity will be required”. The report estimated a shortfall in 2023 of up to “over 900 beds” in acute hospital settings, a shortfall that it stated would increase “the likelihood of overcrowding issues remaining a common feature of the Irish public acute hospital system”. The report also found that while Ireland’s rate of inpatient beds per capita had increased, it remained “among the lowest in the OECD” and that despite the fact that the population aged 65 and over accounts for more than half of all inpatient bed days, the rate of beds per 1,000 population of those aged 65 and over had “decreased considerably in recent years”.

Waiting List Action Plan

The Government’s latest attempt to get to grips with healthcare capacity and thus reduce waiting lists – the *Waiting List Action Plan for 2023* – was published in March 2023, setting out 30 actions focused on “delivering capacity, reforming scheduled care, and enabling scheduled care reform”. The plan allocated €363 million of the €443 million dedicated to tackling waiting lists in Budget 2023 to a multi-annual approach to reducing waiting lists and waiting times.

Speaking upon the launch of the action plan in March 2023, Minister for Health Stephen Donnelly TD said: “While the

Government recognises that acute hospital scheduled care waiting lists are far too long, and that many patients are waiting an unacceptably long time for care, we are beginning to see progress. Last year saw an 11 per cent fall in number waiting over Sláintecare targets (56,000 adults and children). This represents a fall from the Covid peak of 24 per cent.”

The headline target contained within the plan is that the HSE and NTPF will reduce hospital waiting lists by 10 per cent in 2023. Without data for the full year available, it is impossible to determine the success or failure of this aim, but November 2023 shows a decrease from January 2023. November 2023’s total of 817,180 patients on waiting lists represents an decrease of 0.8 per cent since the start of the year.

There has been a decrease in the number of patients on the three active waiting lists: inpatient/day case; GI endoscopy; and outpatient. January 2023 – a month that recorded significant increases from December 2022 – saw a total 697,893 patients waiting across the three lists; this figure fell to 687,621 by November 2023, a decrease of 1.5 per cent.

While data related to Sláintecare targets is unavailable for January 2023, February 2023 data shows that the situation has also improved in this regard throughout 2023. In February 2023, 75.5 per cent of outpatients, 64.3 per cent of inpatient/day cases, and 44.8 per cent of GI endoscopy patients were waiting past their Sláintecare target deadlines; each of these categories shows improvement in the November 2023 figures detailed above.

“With the 2023 Waiting List Action Plan, my department, the HSE, and the NTPF are taking the next steps in the multi-annual approach towards achieving our vision of a world-class public healthcare system in which everyone has timely and transparent access to high-quality scheduled care, where and when they need it, in line with Sláintecare reforms,” Donnelly said in March 2023.

While there has been marginal improvement in some areas, it is unlikely that Donnelly’s targeted 10 per cent reduction will be possible in 2023, meaning much work remains to be done.

IACP calls for increased access to counselling and psychotherapy



Chief Executive Officer Lisa Molloy updates members on the IACP pre-budget submission at the annual general meeting.

As the largest counselling and psychotherapy association in Ireland with 5,000+ members, the Irish Association of Counselling and Psychotherapy (the IACP) is a highly respected professional body.

We are a trusted link between those looking for counselling/psychotherapy and those who provide it. We supply information to members and set and maintain practice and training standards. The IACP has established a comprehensive code of ethics and practice. We represent counselling/psychotherapy at both national and international levels.

As part of our mission, the IACP dedicates itself to promoting and advancing the profession of counselling and psychotherapy. We continue to achieve this through the promotion and provision of high-quality education, training, and professional development,

by raising awareness of the value and benefits of counselling and psychotherapy and by supporting members to work to the highest possible standards, for the service and the protection of individuals seeking therapy.

The **Find a Therapist Tool**, accessible through iacp.ie provides a free comprehensive online directory of all accredited IACP counsellors/psychotherapists nationwide.

Lobbying and pre-budget submission 2024

The IACP proposed three strategies in

our Budget 2024 submission that would help achieve our ultimate aim of establishing universal access to counselling and psychotherapy.

1. School counselling and psychotherapy initiative

In order to address the growing need for timely access to counselling and psychotherapy services for children and young people, it is proposed that funding be provided to expand the pilot Programme of Counselling in Primary Schools to all primary and second level schools.

2. Expansion of tax relief to counselling and psychotherapy

The IACP continues to urge the Government to act swiftly to expand tax relief for counselling and psychotherapy services to be deemed an eligible expense in line with other health expenses. Minding one's mental health is an integral component of a person's general health and the fees for mental health services should be eligible for tax relief in the same way as physical health medical expenses are.

3. VAT exemption

The IACP seeks equity of treatment and parity of esteem as mental health professionals delivering psychotherapy and counselling, with our peers who deliver physical health care, such as GPs and dentists. The IACP's modest and fair proposals would facilitate the equal treatment for those accessing counselling and psychotherapy services in terms of tax relief and fairness, through reform of the VAT system, for mental health professionals.

W: www.iacp.ie



Irish Association for Counselling and Psychotherapy



EU reform prompts medicine shortage

Ireland is set to establish a new national position on the security of supply of medicines in early 2024, following major European reform of pharmaceutical legislation.

On 26 April 2023, the European Commission adopted a proposal for a new directive and a new regulation which revise and replace the existing general pharmaceutical legislation.

Viewed as the flagship action of the Pharmaceutical Strategy for Europe adopted in 2020, the revision of legislation aims to create a single market for medicines and address long-standing issues on medicine access and drug shortages.

In Ireland, and across Europe, medicine supply concerns have been growing for years, with supply challenges becoming even more pronounced during the pandemic and international geopolitical situations.

The EU's dependence on non-EU countries for importing medicines and their active ingredients had led to three-quarters of member states reporting worsening of drugs shortages in 2022.

In July 2023, the European Medicines Agency said Europe is walking a tightrope, and in the same month, the Health Products Regulatory Authority (HPRA) indicated that there were over 300 medicine shortages impacting the Irish market.

The Commission's proposals include the control of drug production in the event of a public health emergency, manufacturers to give early warnings of shortages, and a requirement for stockholders to inform Brussels of supply levels.

In response to the proposals, the Department of Health, the lead government

department tasked with considering the legislative proposals, has held an initial stakeholder event to inform a preliminary Irish position on the proposals, allowing the Pharmaceutical Strategy Working Group (PSWC) to gather views.

Initially set up in 2020 by the Minister for Health to act as a vehicle to assist in ensuring a universal and coherent national approach to the strategy, the PSWC ran a consultation on shortages, and security of supply until 8 December 2023. The Department was seeking to confirm the national position on the policy topic by the beginning of 2024.

Alongside a single market for medicines, the EU's reforms include an innovation-friendly framework for research, development, and production of medicines in Europe. It also aims to "drastically reduce" administrative burdens and speed up the time for medicines reaching patients, while enhancing availability to ensure medicines can always be supplied to patients, regardless of where they live in the EU.

A major focus for the fresh legislation is around tackling antimicrobial resistance (AMR), which is considered one of the top three health threats in the EU.

Overuse and misuse of antimicrobials have led to increasing antimicrobial resistance (AMR), meaning that antimicrobials lose their effectiveness, and it becomes more difficult to treat infections. It is estimated that AMR is responsible for 35,000 deaths per year in the EU/EEA and projections estimate 10 million deaths globally each year, reducing 2 per cent to 3.5 per cent in global gross domestic product.

Commenting on the adoption of the proposal, the European Commission's Stella Kyriakides, Commissioner for Health and Food Safety, says: "Today we add another central pillar to our European Health Union. We are putting forward proposals to ensure that medicines reach patients everywhere in Europe, in a timely and equitable fashion.

"It is a reform which ensures that Europe remains attractive for business, and our pharmaceutical industry a global innovation powerhouse. Building a single market for medicines is a necessity both for our citizens and our companies."





mhc
coimisiun meabhair - shláinte
mental health commission

Mental Health Commission: Driving and supporting change



In a conversation with *eolas Magazine*, John Farrelly, CEO of the Mental Health Commission, which includes Ireland's new Decision Support Service, outlines some of the strategic and systemic issues he encounters and the strides his organisation has made as Ireland transitions to recovery-orientated, human rights-based mental health and decision support services.

In Ireland, inpatient mental health services have improved dramatically over the past five years but, according to John Farrelly, Chief Executive of the Mental Health Commission (MHC), the improvements are mainly due to the expertise and commitment of the people in the system. For change to be embedded, structural and process reform is required, along with adequate financial investment by the State.

The new 2023-2027 MHC strategic plan – entitled *Supporting Change* – focuses on supporting services to move to a human rights-based agenda which is what service users, their families, the public, and clinicians want, according to Farrelly. The overall goal, strategically, is to ensure that mental health services and decision support services are not just accessible, but that they are best-in-class, integrated with other health and

social services, and delivered to all communities in all parts of Ireland.

December 2023 saw the culmination of a joint project with the MHC and the World Health Organisation which will ensure that everybody across Ireland, in the private, public, not-for-profit and NGO sectors, will have access to human rights training based on the United Nations Convention on The Rights of Persons with Disabilities (UNCRPD).

The current remit of the MHC is to regulate inpatient mental health services, which is just 1 per cent of all services provided. At present, 90 per cent of the services are over 90 per cent compliant. Full compliance, says Farrelly, will only be possible on the completion of a national capital investment programme by the State.

“I welcome that the majority of centres have been invested in and it is amazing to see how moving from old, outdated premises to new purpose-built modern facilities empowers both patients and clinicians. Over the next five years, the MHC will continue to work with the HSE and the government to complete a national capital investment programme so that all our inpatient units inspire hope, support healing, and enhance dignity.”

Working in the community

In relation to the human rights-based approach, Farrelly says the MHC and the State, including the HSE as a service provider, need to continue to ensure that there is momentum and investment behind this shift, if it is to be achieved.

“We need to make sure that all this happens, and is supported, at pace. To do this, we need to build high-quality community services so that people can be treated as early as possible in their lives and in their own communities.”

The MHC is aware of the need for significant investment in all community mental health services and the need to build an integrated community infrastructure. Earlier this year, the MHC published the final report of the Inspector of Mental Health Services on the Independent Review of the provision of Child and Adolescent Mental Health Services (CAMHS) in the State.

“The failures in CAMHS have by now been well-documented and the task for the State is to ensure the Inspector’s recommendations for reform and regulation of CAMHS by the MHC are heeded.”

Farrelly is also very conscious of the need for equal-opportunity access to services, saying: “In line with Sláintecare, we share the vision of an integrated community infrastructure where mental health practitioners work together with GPs, so it is essential that we invest in public services including the public mental health system.

“Strategically, Ireland needs to avoid confusing integration with privatisation. At the moment, the playing field is uneven; those with private health insurance or who can afford to pay out of pocket have better care and treatment options than those who do not. People, including children, who may not be able to afford private health insurance, should not have to suffer, or have less access to mental health services. The State must fill this gap. In a republic, we are all equal.

“We witnessed during the recent pandemic that everybody was equal; that everyone was treated equitably and that everyone received the same care. When the medicines and the treatments became available, it was based on risk rather than ability to pay. We should never forget that, even though it is easy to do so. We should learn that lesson and ensure that this equitable approach applies to all our health services in the future,” he says.

The General Scheme to amend the 2001 Mental Health Act, as approved by Cabinet on 13 July 2021, set out the intention of the State to expand the regulation by the MHC of mental health services beyond inpatient services and into the community. Some argue that the



Together with the World Health Organization (WHO), the Mental Health Commission (MHC) recently launched training in a human rights-based model of mental health care in Ireland that they hope will transform how Ireland approaches and cares for people who experience mental illness. Pictured are (L to R) Superintendent Michael McNamara, An Garda Síochána (AGS); Michelle Funk, Head of WHO Policy, Law and Human Rights Unit; Chief Superintendent Ann Markey, AGS human rights section; and Chief Executive of the Mental Health Commission, John Farrelly. Photography: Sasko Lazarov/Photocallireland

process of legislating is too slow.

“It is only when our remit is expanded will we be in a position to set standards so that as services develop over the next 10 years, they are evidence-based, in accordance with the needs of the people, and not sporadic.”

Decision Support Service

When asked about the recent launch of the Decision Support Service (DSS), Farrelly is immensely proud of the progress that he and his team have made up to this point. He explained: “Adults in Ireland can no longer be made wards of court, or subjected to old fashioned or outdated laws which were used on people who were in a vulnerable position. Rather, we now have a service where people’s will, preferences, and their rights are being vindicated. It is unique in Europe; in fact, it might be unique globally. It is something on which we worked hard with other state bodies and the Department of Children, Equality, Disability, Integration and Youth, and it has come to fruition.

“It is so easy for people to get information on the DSS – they can go to www.decisionsupportservice.ie or Citizens’ Information where they can see exactly what is available to them. It is deliberately easy to access and there are no paper barriers, so it is accessible to all.

“At MHC, we have undergone a digital transformation. We have digitalised all processes, internally and externally, so that we can provide a quicker, better

service and one that is environmentally friendly and sustainable,” Farrelly states.

He continues: “Embracing the digital age is part of our agenda to improve our services. Our statistics show that family members, people with disabilities and older persons are embracing this digital agenda, and so far, we have received very positive feedback on this aspect of our work.”

Strategy

Looking forward strategically, Farrelly says that the MHC will continue to play their part with all their stakeholders to ensure services in Ireland are rights-based and accessible, which is, he says, what the public, service users and their families, and professionals want.

In conclusion, Farrelly added: “We have come a long way in Ireland, and we need to make sure that we continue to drive and support change. I think closing large asylums and also replacing the wards of courts legislation shows a desire on behalf of the State to move beyond outdated institutions and create high-quality individualised, integrated community-based services which everybody can access, and which are based on needs rather than ability to pay.”

W: www.mhcirl.ie



Reforming Ireland's health service

The Public Health Reform Expert Advisory Group has reviewed Ireland's approach to health policy and produced a report recommending a suite of measures as to how the State can now strengthen systems to ensure a comprehensive approach to public health.

Published in September 2023, the report is an amalgamation of research carried out by a number of expert groups. The report makes recommendations on different areas of public health policy.

Learning from Covid

On strengthening preparedness for future pandemics and other public health threats, the report recommends that pandemic preparedness and public health emergency preparedness become a stronger part of a strengthened health protection strategy, with formalised cross-government, cross-sectoral and inter-agency links, making full use of national structures for emergency planning and management.

It is further recommended that Ireland fully participates in international

mechanisms and the implementation of international agreements and treaties arising from Covid-19. This activity should include the development of updated plans for known health threats and more general activities to build health system resilience and adaptability.

Furthermore, research into pandemic preparedness should be increased and supported through national and international mechanisms, the advisory group asserts.

Improving mental health

On achieving a comprehensive national public health strategy to guide coordinated delivery of the essential public health functions in order to protect and promote long and healthy lives across Ireland, the most striking

recommendation is that the Department of Health needs to develop a mental health strategy.

“A new national public health strategy, led by the Chief Medical Officer, should be developed by the Department of Health to provide a coherent approach to the full set of essential public health functions,” the report states.

“The Department of Health should engage across government and sectors to develop this strategy. It should also engage with the Health Service Executive (HSE), and other agencies engaged with public health activities. This should bring together, build on and further develop existing strategies across health intelligence; health service improvement; health protection; and health and wellbeing.”

To enable this, a programme of updated and strengthened public health legislation should be developed including full implementation of the International Health Regulations, legislation to underpin new public health roles and functions, and the independence of public health advice.

Benchmarking progress

The report asserts that the new public health strategy should include an agreed public health outcomes framework building on and further developing existing public health outcomes frameworks in place for Healthy Ireland, the Sustainable Development Goals, the Government's Wellbeing Framework, and the Health System Performance Assessment Framework.

An annual progress report on the delivery of the public health strategy monitoring the agreed outcomes, would need to be published by the Department of Health and delivered to the Government.

The proposed national health information authority should be codesigned with those working in public health to support the monitoring of agreed public health outcomes, provide data to give insights on public health priorities, and work in close collaboration with bodies working towards improved public health outcomes.

Alleviating health inequalities

To alleviate health inequalities, there is a need build on the dialogues formed during the pandemic with communities across Ireland to institute a continuous, formal process for listening to their priorities, according to the Public Health Reform Advisory Group.

From this, there is a need to ensure that the public health strategy and all policies within it prioritise better supporting those with the worst public health outcomes.

Making this work across the State will involve the development of a clear, integrated approach at local level to continuous engagement with and support of "the public and vulnerable groups" towards the improvement of their health outcomes and experiences, guided by their priorities.

"A new national public health strategy, led by the Chief Medical Officer, should be developed by the Department of Health to provide a coherent approach to the full set of essential public health functions."

Public Health Reform Expert Advisory Group

Making health policy a cross-government priority

This will require Department of Health to lead cross-sectoral mechanisms to ensure preparedness for future public health emergencies, embed public health in policies across government, address health inequalities, and enhance recognition of population health as a national asset.

Public health impact would have to be considered as part of major new policy developments across government. The report asserts that public health should be embedded in all policies, in a manner analogous to the way the climate crisis is being embedded across policy areas through the Climate Action Plan.

Health leadership

Emphasising the importance of strong leadership, the report states that public health expertise and representation at national, regional, and local levels should be strengthened and embedded in line with the implementation of the Crowe Horwath recommendations, Sláintecare, and the implementation of the regional health areas. It further stipulates that this should include the appointment and alignment of key public health roles at national and regional levels building on recruitment that is already underway.

Lines of management and communication must be clearly drawn as the regional health areas are developed in order to allow the national

leads to support those working regionally, and for those working regionally to learn from each other's challenges and successes through a formal learning and communication process.

Ensuring a coordinated approach

A strategic workforce plan, learning of which can be drawn from the one in the English National Health Service, should be developed to underpin the delivery of the 12 essential public health functions at national, regional, and local levels. This should include planning for surge capacity, including the development of a public health reserve corps.

There is a call for a wider recognition that the impact the pandemic has had on the health workforce and focus on enhancing health service staff's wellbeing and resilience, and on recruitment, training, development, and retention.

The Department of Health and agencies would need to fully engage with the EU, its agencies, and other international bodies including the World Health Organization (WHO) and the Organisation for Economic Co-operation and Development (OECD) to ensure access to international expertise, practical mechanisms, supports for dealing with cross-border health threats, and learning opportunities for the public health workforce.

Benchmarking Ireland's healthcare

Austin Smyth, Sean McKay, and Alan Orme assess how the health service in the Republic of Ireland compares against those of Great Britain and Northern Ireland.

Originally commissioned to produce comparative information on the healthcare systems in the UK's four jurisdictions and Ireland, authors Austin Smyth, Sean McKay, and Alan Orme have compiled the data sets and reviewed relative performance covering five years across the five jurisdictions.

The research used the data collected to answer two basic questions in relation to the health service in Ireland:

1. How healthy are citizens in Ireland compared to those in the other UK regions? and
2. How healthy is the health system in Ireland in comparison to the other jurisdictions?

It proved very difficult to establish a comprehensive system which can provide the basis for a robust evaluation and comparison of UK and Ireland's health services. However, despite the differences, the team developed a framework of comparative indicators that provided some measure of the relative levels of performance of health services in the Republic relative to the UK countries.

In general, the measurement framework developed shows that people in Ireland lead long and healthy lives, however, some problems can still be identified across a range of measures.

Behavioural risk factors, including

smoking, obesity, and abuse of alcohol remain important public health concerns. Alcohol consumption continues to be higher than the OECD average. Quality of health care is generally good, but access to services is constrained by costs and waiting times.

The arrival of Covid-19 in early 2020 delivered a massive shock to all healthcare systems. The research found, on the basis of infection and vaccination profiles, there was higher

levels of infection and lower levels of vaccination in the North than in the Republic, and the former experienced death rates from Covid-19 significantly higher than the Republic.

One way of illustrating the scale of these differences is to assume that if the Republic's rate had applied to the North throughout the Covid-19 pandemic, it would have experienced up to 1,800 fewer deaths.

Cumulative total of deaths equating to an overall death rate of 263 per 100,000 population in the North compared to a rate of 166 per 100,000 population in the Republic.

One way of illustrating the scale of these differences is to assume that if the Republic's rate had applied to the North throughout the Covid-19 pandemic, it would have experienced up to 1,800 fewer deaths.

Evidence gathered during our study demonstrates that as a result of the pandemic, there was a dramatic reduction in the numbers of people presenting to A&E across all jurisdictions. These people are coming forward now, many with advanced illnesses.

Access to GPs has fundamentally changed – there are much less face-to-face appointments. This has resulted in more people presenting to emergency departments. In many cases, these people bypassed primary care. A number of Covid-19 sufferers are now experiencing ‘long Covid’ typified by respiratory and mobility problems persisting for a period of more than 12 weeks.

Driven by the Covid-19 pandemic and associated curtailment of some healthcare services, all jurisdictions have seen a significant increase in the proportion of people waiting more than 12 months for out-patient, day, and inpatient services, with this increase more evident in the North:

- Overall hospital waiting lists are twice as long, per capita, as those in the Republic – while lists of people waiting over a year are over four times as long – in June 2023, over 281,000 people, per million people in the North were on a waiting list for appointments, compared with 138,000 per million in the Republic. For those who had been waiting over 12 months, the disparity is even larger: 140,000 per million in the North, compared with 30,000 per million in the Republic (*Irish Times*, 25 September 2023); and
- by June 2023, 17 per cent of patients waiting for inpatient care in the Republic had been waiting longer than a year just to get an appointment – in England just 5 per cent of patients waited longer than a year for the whole journey from referral to treatment.

Health status

- In 2023, life expectancy in the Republic was 82.4 years, 2.1 years above the OECD average; and
- The Republic’s performance on infant mortality per 100,000 was also lower than all UK countries in 2020 (2.7 deaths per 1,000 live births).

Preventive care

- 70 per cent of women in the Republic were screened for breast cancer in 2022, slightly less than in the North (75 per cent). However, in

Figure 1: Ireland: Percentage of cancer patients undergoing treatment within target

	December 2017 (%)	December 2018 (%)	December 2019 (%)	March 2021 (%)	March 2022 (%)	December 2022 (%)
Urgent breast cancer within 2 weeks (target 95%)	75	76	70	70	56	60
Non-urgent breast within 12 weeks (target 95%)	71	68	71	57	41	49
Lung cancer within 10 working days (target 95%)	83	88	87	87	90	87
Prostate cancer within 20 working days (target 90%)	62	78	67	52	66	75
Radiotherapy treatment within 15 working days	76	82	84	82	75	76

Source: HSE Service Profiles; HSE Management Data Report

Figure 2: HSCNI Trusts: % seen within 14 days – Breast cancer treatment

	2022	2021	2020	2019	2018	2017
Belfast	100	100	100	100	100	99.7
Northern	8.4	11.2	26.8	49.1	100	84.5
South-Eastern	11.2	17.4	98.3	98.6	100	100
Southern	14.5	14.8	100	100	100	18.2
Western	94.4	43.2	100	94.4	100	100

Source: Northern Ireland Waiting Times Statistics: Cancer Waiting Times, NISRA

2022, at 40 per cent per 100,000 population, the Republic had the lowest uptake rate of bowel cancer screening performance compared to its UK peers (average 60 per cent);

- smoking prevalence in 2023, at 16 per cent, was the same as the UK average;
- alcohol consumption was higher than the OECD average; at 9.5 litres per capita versus 8.6; and
- obesity prevalence in the Republic in 2022 was 21.0 per cent, slightly lower than that of the UK countries.

Relatively high cancer morbidity is partly driven by behavioural risk factors, for example, smoking, excessive alcohol consumption, and unhealthy dietary habits. Whilst smoking rates have decreased significantly in recent decades, adult overweight and obesity rates are of growing concern, together with alcohol abuse.

Cancer waiting times and mortality rates

It is difficult to compare waiting times for cancer treatment between Ireland and the UK regions given the differences in the targets applied and how data is collected. Despite these

difficulties, the data gathered would strongly indicate that cancer patients in Ireland continue to wait longer than ever for treatment. The statistics on cancer prevention and care (Figures 1-5) represent priority areas for the Republic going forward.

In the Republic, the almost three quarters (74 per cent) of people who die from cancer are over the age of 65 (NCRI, 2018). In the North, by contrast, 63 per cent of people aged 65 and over die from the disease.

In the authors’ view, the healthcare system in the Republic can be improved if the Health Service Executive focuses its efforts on addressing challenges in the following areas:

Interventions to reduce the time patients spend in the Republic of Ireland’s hospitals will be critical to improving the productivity of its healthcare system

This will require diverting adequate resources to increase access to GPs and the reduction of hospital waiting times across all service areas – out-patients, in-patients, diagnostic testing, ambulances, and emergency departments. It also requires that patients only stay in hospital until they

Figure 3: Republic of Ireland: Five-year survival rates by cancer type – age standardised

	2012-2016 (%)	2014-2018 (%)
Lung	20	24
Breast	84	88
Colorectal	64	66
Urological/Prostate	92	94

Source: National Cancer Registry Ireland (NCRI), Cancer In Ireland 1994-2019, annual reports published December 2020 and 2021.

Figure 4: Northern Ireland: Five-year survival rates by cancer type – age standardised

	2014-2019 (%)
Lung	12.2
Breast	84.2
Colorectal	61.5
Urological/Prostate	87

Source: Cancer Incidence and Survival Statistics for Northern Ireland: 1993-2020, NI Cancer Registry, Published May 2022

Figure 5: England: Trend estimates five-year net survival for adults by cancer type – age standardised

	2013-2017 (%)	2014-2018 (%)	2015-2019 (%)
Lung	15.1	16.5	17.9
Breast			
Colorectal	56.5	56.4	56.6
Urological/Prostate	86.3	87.1	87.3

Source: National Disease Registration Service, NHS Digital, February 2022

are medically fit for discharge to home or another health setting: ‘bed blocking’ like this can have a negative knock-on effect back through the system, which has an adverse impact on waiting lists. The backlog in waiting times cannot be cleared with one big push. It is symptomatic of a system that is struggling to cope – not providing enough care to keep up with people’s needs and managing and prioritising the situation poorly, or both.

Delivering healthcare in the most appropriate setting

We consider it essential that inefficiency within the health service is tackled urgently. This will require buy-in from Health Service Executive senior management, the public, and importantly, politicians in order that the changes needed can be realised.

Historically, a wide range of services have been carried out at many small hospitals. The authors consider that centres of excellence for medical and surgical procedures are more efficient and effective than the current mismatch of services. This may be politically unpopular, but other jurisdictions have benefited from this best practice approach.

Developing more effective performance management

The main work of the report – to benchmark healthcare system performance across UK regions and Ireland – has demonstrated that there is an ongoing need for the relevant health administrations to identify and produce a basic set of comparable health system indicators such as those the authors’ have applied in its project. This

could lead to insightful performance assessment and evaluation of management information.

We strongly believe that greater linkages between independent survey type data collected in the areas of primary care, secondary care, and social services along with quantitative data would enhance the types of analysis that could be undertaken. This would require improved data infrastructure for all jurisdictions.

Conclusion

Overall, the health of the Irish population has improved substantially during recent decades and compares well with its UK counterparts. However, spending is elevated, partly reflecting a system that is strongly based on hospitals. An ageing population is exacerbating spending pressures. In addition, the health sector is dealing with past underspending, particularly in capital outlays in the years following the global financial crisis, that have constrained service delivery, contributing to substantial waiting lists and heavy pressure on staff.

The Government has initiated Sláintecare, with the aim of broadening the coverage of universal care, decentralising provision, and enhancing the integration of primary, community, and hospital care. The reforms are complicated, reflecting a healthcare system that is complex and at times opaque. This is particularly the case with the interaction of the public and private parts of the system in which private patients enjoy easier access to care, leading to concerns about a two-tier healthcare system. The Covid-19 pandemic has diverted policy-making attention just as the reforms got underway, but stepping up the efforts to address legacy issues and move forward on the reforms is now key to meet the coming challenges while using resources effectively.

TAA Ltd was originally commissioned to produce comparative information on the healthcare systems in the UK and Ireland. This information was subsequently used to produce a separate independent review of performance, written by Austin Smyth, Professor Emeritus, University of Hertfordshire and Director of TAA Ltd., Sean McKay, an ex-Director of Value for Money Studies at the NIAO and Alan Orme, a former Audit Manager of Value For Money studies at NIAO and currently a Director of AO Accountancy & Consultancy Services Limited.