



Trinity College Dublin
Coláiste na Tríonóide, Baile Átha Cliath
The University of Dublin

Health reform in Ireland: Delivering better health for Ireland?

Analysing Sláintecare through a policy analysis lens

Prof Sara Burke, Prof Steve Thomas, Dr Sarah Barry, Dr Sarah Parker, Dr Rikke Siersbaek, Dr Padraic Fleming , Dr Bridget Johnston, Luisne MacConghail

Dublin Economic Workshop, Wexford, 17 September 2022

In this session, I will

1

Foundations' research assessing how COVID-19 health system response informs Sláintecare's implementation

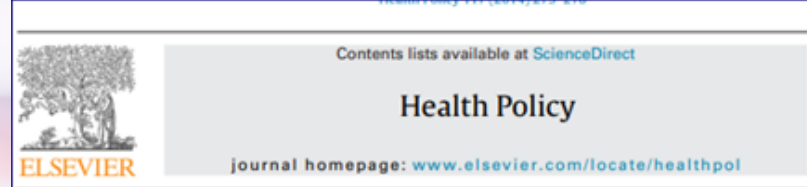
2

Present on our policy analysis strand :
Documentary analysis 2016 – 2022
Key informant interviews

3

Specific focus on implementation through a universal lens

Drawing on a range of research papers



HRB Open Research

HRB Open Research 2021, 4:106 Last updated: 13 DEC 2021



RESEARCH ARTICLE

Understanding service reorganisation in the Irish health & social care system from 1998 to 2020: lessons for reform and transformation [version 1; peer review: 1 approved with reservations]

Sarah Barry , Malgorzata Stach , Steve Thomas , Sara Burke

Centre for Health Policy and Management, Trinity College Dublin, Dublin 2, Dublin, 0000, Ireland

Health Policy 125 (2021) 277–283



ELSEVIER

Contents lists available at ScienceDirect

Health Policy

journal homepage: www.elsevier.com/locate/healthpol



Sláintecare implementation status in 2020: Limited progress with entitlement expansion[☆]



The Lancet Regional Health - Europe 9 (2021) 100223



ELSEVIER

Contents lists available at ScienceDirect

The Lancet Regional Health - Europe

journal homepage: www.elsevier.com/locate/lanere



Series Health Policy

Building health system resilience through policy development in response to COVID-19 in Ireland: From shock to reform

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Health Policy 122 (2018) 1278–1282

Contents lists available at ScienceDirect

Health Policy

journal homepage: www.elsevier.com/locate/healthpol



monitor

e – A ten-year plan to achieve universal healthcare in



Sarah Barry, Rikke Siersbaek, Bridget Johnston, Maebh Ní Fhallúin, S

ty and Management, School of Medicine, Trinity College, Dublin, Ireland

Declaring my interests

Presented to
Oireachtas
Committee in
October 2016

Worked with
Committee
November 2016
to April 2017

Workshops
technical
support, report
drafting

Really
interesting to
be inside the
policy process

Laura Magahy:
lead
knowledge
user

DoH & HSE
co-funding,
now HRB/HEA
funded



Sláintecare through a policy analysis lens – Pre-COVID-19

POLITICS: 2016 elections: health no 1 issue, all parties except 1 promised universal healthcare

2016 election centre right party re-elected in minority government, new minister, May 2016, new Programme for Government

PROBLEM

Major system challenges. Previous reform not delivered.

POLICY SOLUTION

First time ever there was political consensus on the problems & a blueprint on whole system reform to deliver universal health care – Report of the Committee on the Future of Healthcare, Sláintecare, 2017 devised with policy consensus



Sláintecare Terms of Reference

– problems articulated



The severe pressures on the Irish health service, the unacceptable waiting times that arise for public patients, and the poor outcomes relative to cost

The need for consensus at political level on the health service funding model based on population health needs

The need to establish a universal single tier service where patients are treated on the basis of health need rather than on ability to pay

That to maintain health and wellbeing and build a better health service, we need to examine some of the operating assumptions on which health policy and health services are based

That the best health outcomes and value for money can be achieved by re-orientating the model of care towards primary and community care where the majority of people's health needs can be met locally and

The Oireachtas intention to develop and adopt a 10 year plan for our health services, based on political consensus, that can deliver these changes

Sláintecare through a policy analysis lens – Pre-COVID-19

PROGRAMME/IMPLEMENTATION 2018-2019

Sláintecare Implementation Programme Office in Dept of Health, Laura Magahy as SIPO director

Sláintecare Advisory Council established

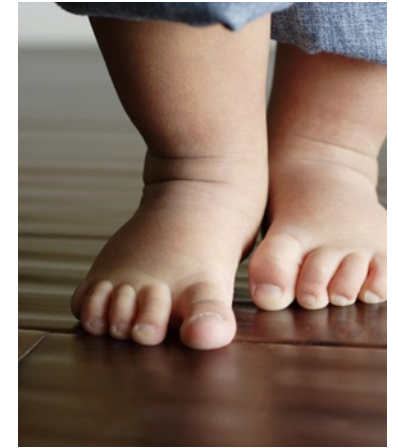
Sláintecare Integration Fund €20 million

GP Agreement 2019

Cuts to drug charges, medical cards for Children DCA & over 70's.. (56k v 500k low income)

De Buitelir report published

PROCESS By end of 2019, political (budget, capital plan) & health system processes in place to drive momentum of reform, stakeholder & citizens engagement begun



Sláintecare through a policy analysis pre COVID-19

POLITICS (POWER & MONEY)

- Insufficient budget allocated for 2019/20, no transition fund (1,000 extra staff in Budget 2020 & other parts of SC)
- Second ‘Sláintecare’ government to determine Sláintecare implementation or not
- New government, new minister June 2020
- Extent of commitment in new 2020 government to break path dependency & deliver Sláintecare reform?
- COVID-19 changed everything



Sláintecare through a policy analysis lens. February 2020 - August 2021:

POLITICS

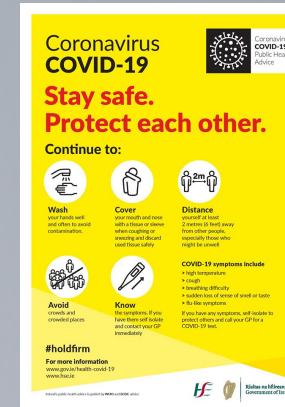
Caretaker government in place til new government June 2020

PROBLEM

Singular focus on COVID-19 need to provide non-COVID care

POLICY SOLUTION

- Public health as a lynchpin
- Building up COVID infrastructure
- Universal nature of health system + response
- Focus on freeing up hospital space for surge capacity – driving community response
- All in this together: 'green jersey', civil society
- Strong cross-governmental approach (NPHE)



Sláintecare through a policy analysis lens: Feb 20 – August 2021

PROGRAMME/IMPLEMENTATION

Significant extra money for health & economic supports

Building up public health system capacity

Community first, public health consultant contracts

Delivering long promised reform eg eprescribing, IHIs

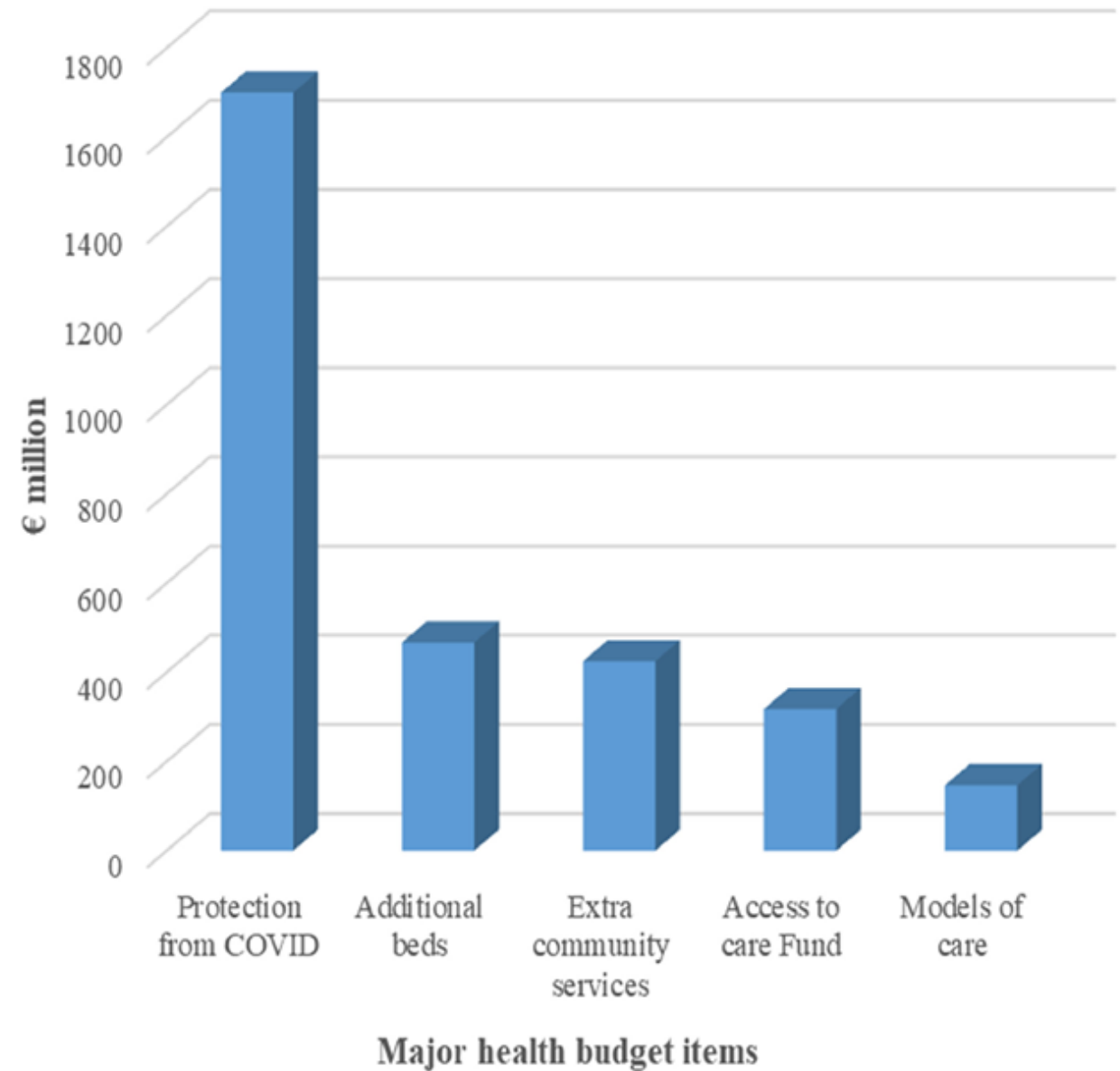
Agile innovative responses & new care pathways

PROCESS

Early focus on COVID19, Sláintecare stalled

Sláintecare prioritised since mid-2020, yet biggest ever allocation to Sláintecare 2021/2022?

Strong alignment between political (PfG), government policy responses, health system & Sláintecare



Strong alignment between government, Dept of Health & health system response in Q1/2 2021



Sláintecare director resigns as report shows 'significant challenge' in tackling waiting lists



The executive director of Sláintecare, Laura Magahy, has announced her resignation, and will leave along



Minutes of Meetings



Sláintecare Programme Board Meeting Minutes 29 March 2022

[Download](#)



Sláintecare Programme Board Meeting Minutes 14 February 2022

[Download](#)

<https://www.gov.ie/en/publication/4c7594-delivering-slaintecare/>

[gov.ie](https://www.gov.ie) - [Sláintecare Progress Report 2021](https://www.gov.ie)
(www.gov.ie)

Sláintecare.
Right Care. Right Place. Right Time.

Improving Safe, Timely Access to Care,
and Promoting Health & Wellbeing

Implement the Health Service Capacity Review (2018) including
Healthy Living, Enhanced Community Care and Hospital Productivity

- Healthy Campus and Healthy Workplace Frameworks launched
- Healthy Age Friendly Homes - 800 referrals, 630 home assessment visits, 1,295 interventions for older people
- GP Chronic Disease Management (CDM) Programme - over 85% of GPs in Ireland registered and 219,752 consultations
- GP Access to Diagnostics - Over 138,000 radiology tests delivered in the community
- 49 Community Healthcare Networks (CHNs), 15 specialist teams for Older Persons and 2 CDM teams established
- Home Support - 20.5 million hours delivered
- Staffing - 6,150 WTE recruited across all service areas
- Beds - 42 new Critical Care Beds, 813 new acute beds, 73 new sub-acute beds in 2020/2021

For more information visit:
[gov.ie/Sláintecare](https://www.gov.ie/slaintecare)

Rialtas na hÉireann
Government of Ireland

Reform Programme 1

Improving Safe, Timely Access to Care and Promoting Health & Wellbeing

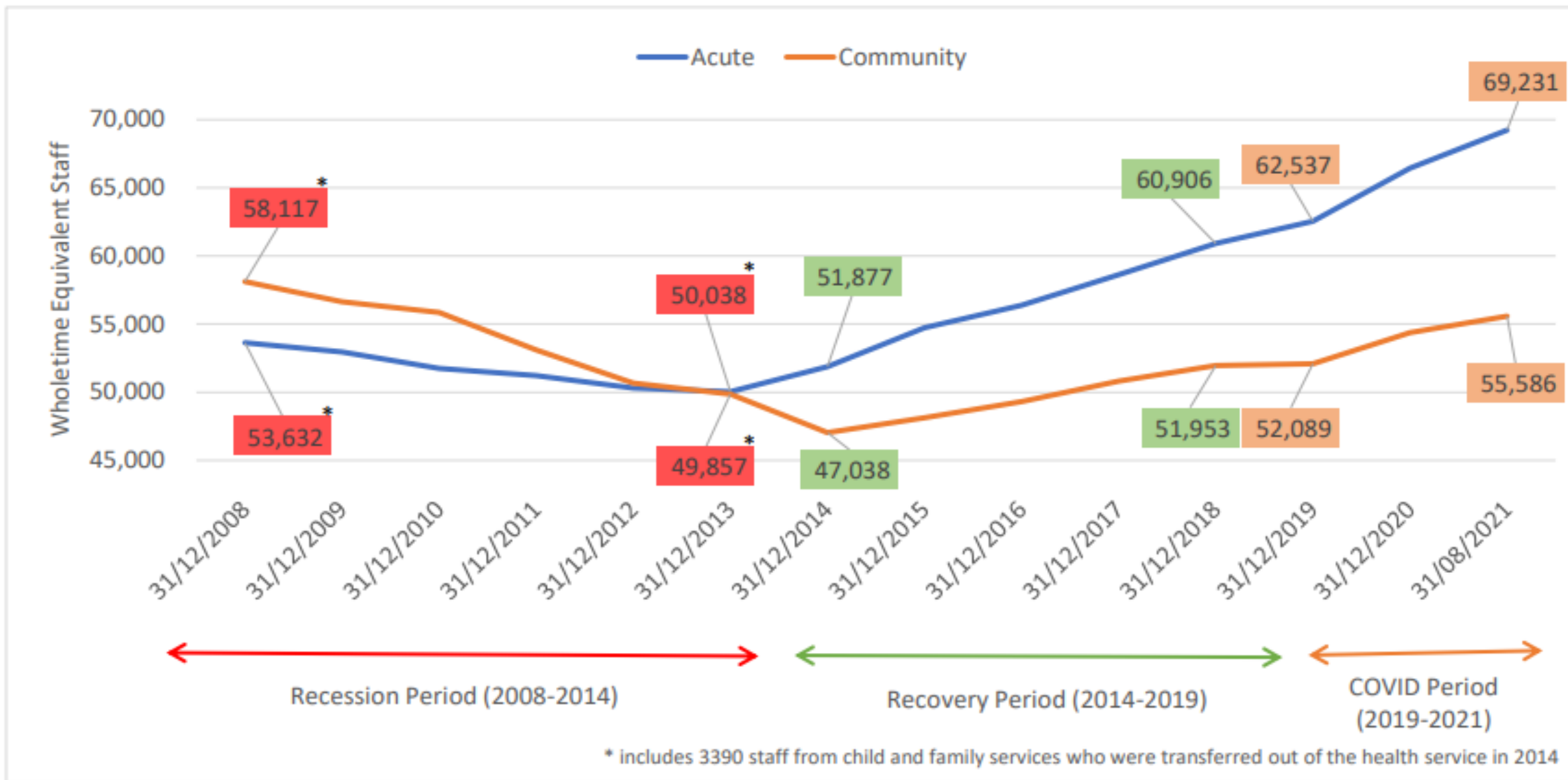
Project	Workstream	Project Status Jan – June		Project Status July – Dec		RAG Trend ↑ Improving ↓ Disimproving ↔ Trending same	Overall Trends for 2021	
		Number of Deliverables	Overall Project RAG	Number of Deliverables	Overall Project RAG		Total Number of Deliverables for 2021	Overall Project / Workstream Rating
Project 1 Implement Health Service Capacity Review (HCR 2018)	1. Healthy Ireland	16	On Track	23	On Track	↔	39	On Track
	2. Enhanced Community Care	20	On Track	25	Minor Challenge	↓	45	Minor Challenge
	3. Hospital Productivity	17	Minor Challenge	16	Significant Challenge	↓	33	Significant Challenge
Project 2 Scale and Mainstream Integration Innovation		9	On Track	5	On Track	↔	14	On Track
Project 3 Streamline Care Pathways, from prevention to discharge		2	On Track	3	Minor Challenge	↓	5	Minor Challenge
Project 4 Develop Elective Centres in Dublin, Cork and Galway		3	On Track	2	Minor Challenge	↓	5	Minor Challenge
Project 5 Implement a Multi-annual Waiting Lists Reduction Plan		5	Significant Challenge	3	Significant Challenge	↔	8	Significant Challenge
Project 6 Implement the eHealth Programme		8	Minor Challenge	9	Minor Challenge	↓	17	Minor Challenge
Project 7 Remove private care from public hospitals – implement the Sláintecare Consultant Contract		3	On Track	5	Significant Challenge	↓	8	Significant Challenge

Reform Programme 2

Addressing Health Inequalities

Project	Workstream	Project Status Jan – June		Project Status July – Dec		RAG Trend	Overall Trends for 2021	
		Number of Deliverables	Overall Project RAG	Number of Deliverables	Overall Project RAG	↑ Improving ↓ Disimproving ↔ Trending same	Total Number of Deliverables for 2021	Overall Project / Workstream Rating
Project 1 Develop a Population Health Approach for Service Planning and Funding	1. Population profiling and segmentation	2	Minor Challenge	2	On Track	↑	6	On Track
	2. Population needs assessment and service redesign			2	On Track			On Track
	3. Development of Population- Based Resource Allocation Funding Model (PBRA)	2	On Track	2	On Track	↔	4	On Track
	4. Develop Policy proposal and options for achieving universal eligibility across hospitals and community settings	2	On Track	2	Significant Challenge	↓	4	Significant Challenge
	5. Capital Planning	4	On Track	3	On Track	↔	7	On Track
	6. Workforce Planning	4	On Track	2	On Track	↔	6	On Track
Project 2 Roll-out Sláintecare Healthy Communities Programme		8	On Track	4	On Track	↑	12	On Track
Project 3 Develop Regional Health Areas		2	Significant Challenge	2	Minor Challenge	↑	4	Minor Challenge
Project 4 Implement Obesity Policy and Action Plan 2016-2025		5	On Track	6	On Track	↔	11	On Track

Table 2: Overview of Reform Programme 2 Project Deliverables for 2021



Implications for health system reform, workforce recovery and rebuilding in the context of the Great Recession and COVID-19. Fleming, P., Thomas, S., Williams, D., Kennedy, J., & Burke, S. **Human Resources for Health**



Leadership

So who is in charge of Sláintecare?

Do they/we really want to deliver universal health care?



Governance

Make up of Programme Board

Programme Board not meeting

Where is the strategy coming from?



Workforce

Central to all healthcare & reform delivery is workforce.

Workforce crisis?

Do we have the capacity to deliver universal health care?



Politics

Can Ireland use the pandemic to build a resilient health system & whole system reform as envisaged in 2017?

Do we have the political leadership required for major reform?



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Thank you & questions