The PRESTO Report

Highlights

Catherine O'Donoghue, Centre for Health Policy and Management, Trinity College Dublin
Annual research seminar of the RESTORE project
29 March 2023

The PRESTO Report

A unique collaboration

The PRESTO project is a unique collaboration between the RESTORE project and the PHSSR programme

PHSSR- Partnership for Health System Sustainability and Resilience

A multi-country rapid review of health systems led by the London School of Economics and Political Science, the World Economic Forum and a number of public and private partners.

No funding from private sector sources

The PRESTO Report

PRESTO Report Structure- 7 Domains

Governance

Finance

Human Resources

Service Delivery

- Highlights
- Recommendations

Medicines and Technology

Population Health

Environmental Sustainability

Case Study: Traveller Health

Governance-COVID-19 Responses- the Positives

Good Communication

-Politicians and members of NPHET and HSE appeared regularly on national media and social media

-Daily press briefings with CMO and others from NPHET, HSE held weekly press briefings

Timeliness

-Ireland was rated among the strictest in the EU for reducing population mobility, indicating a relatively rapid response between March and May 2020

Trust and support among stakeholders

-High levels of public trust in science and NPHET

Coordination of activities

"The system was perhaps amazingly flexible when COVID [sic] hit and, for example, organising separate pathways for COVID [sic] and non-COVID [sic] patients happened almost overnight. The management of the limited facilities that were available was really well done."
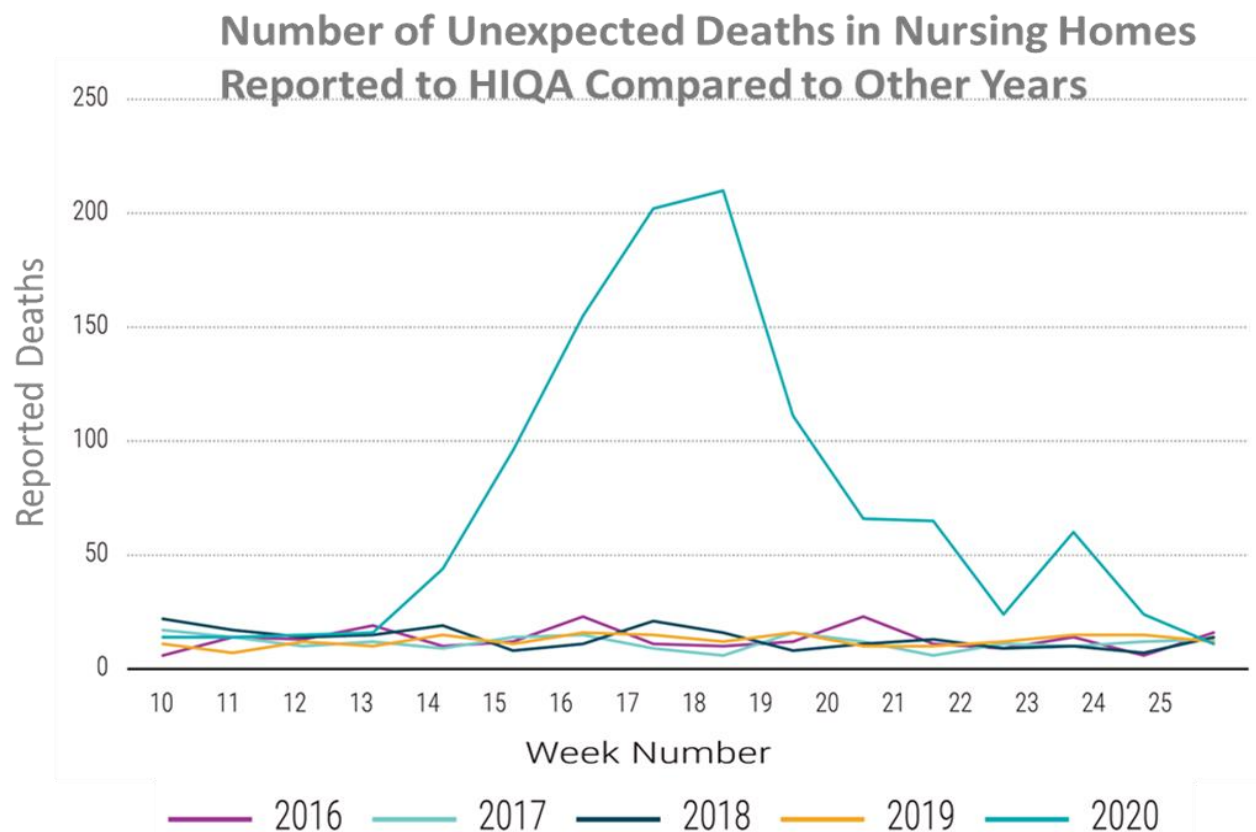
Governance-COVID-19 Responses

Challenges

- Initial slow expansion of the limited testing capacity, long waits for tests
- Failure to block travel from heavily infected regions earlier and late cancellations of public events
- Delayed decisions in mandatory face mask use

- The removal of restrictions and the opening up of society and international travel over Christmas 2020, leading to Ireland having the highest infection rate in the world in early January 2021

- Failure to support nursing homes, especially those run by voluntary and private providers

Number of Unexpected Deaths in Nursing Homes Reported to HIQA Compared to Other Years

Source: HIQA (2020)

Going too far?
Do you think the reaction of the government to the current coronavirus outbreak is appropriate too extreme or not sufficient?

Too Extreme values: 1%, 3%, 7%, 7%, 4%, 7%, 9%, 11%, 14%, 11%, 6%, 10%, 19%, 23%, 17%, 18%, 20%, 17%, 16%, 11%, 21%, 15%, 10%, 10%, 11%

Appropriate values: 71%, 83%, 81%, 80%, 68%, 58%, 54%, 45%, 65%, 57%, 48%, 50%, 45%, 50%, 64%, 61%, 61%, 65%, 64%, 50%, 46%, 55%, 68%, 71%, 70%

Insufficient values: 28%, 14%, 12%, 12%, 28%, 36%, 37%, 45%, 21%, 32%, 40%, 36%, 27%, 20%, 19%, 39%, 33%, 29%, 21%, 19%
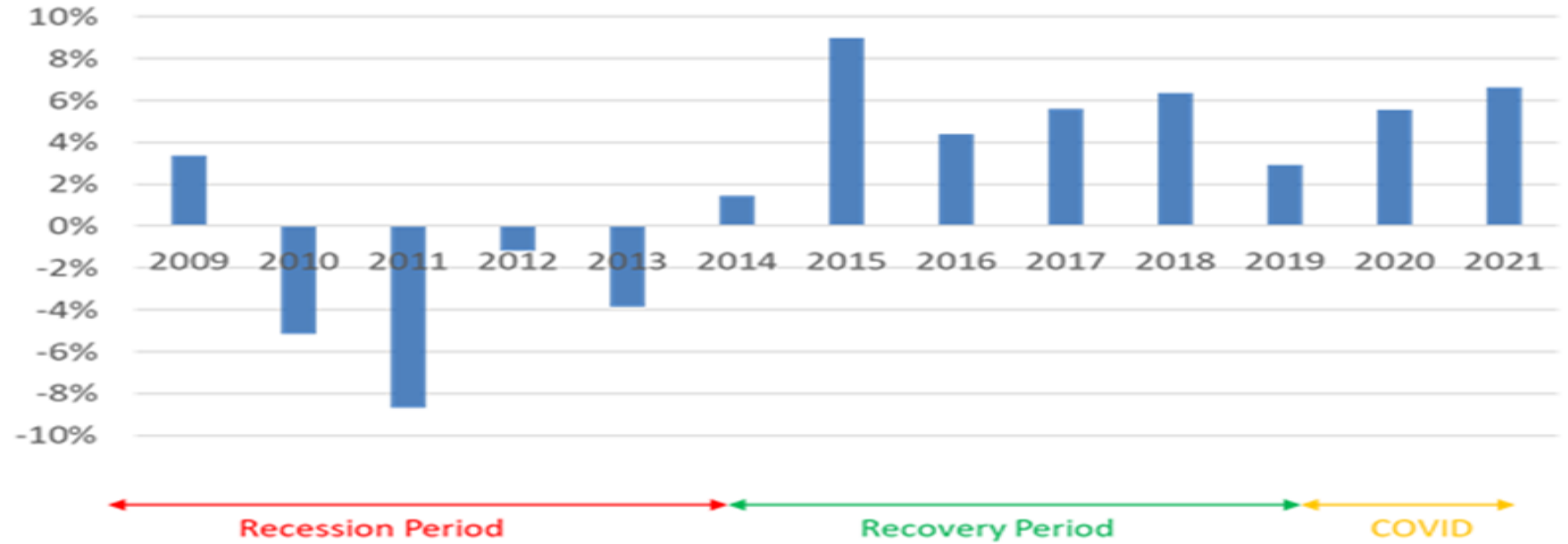
Legend: Too Extreme — Appropriate — Insufficient
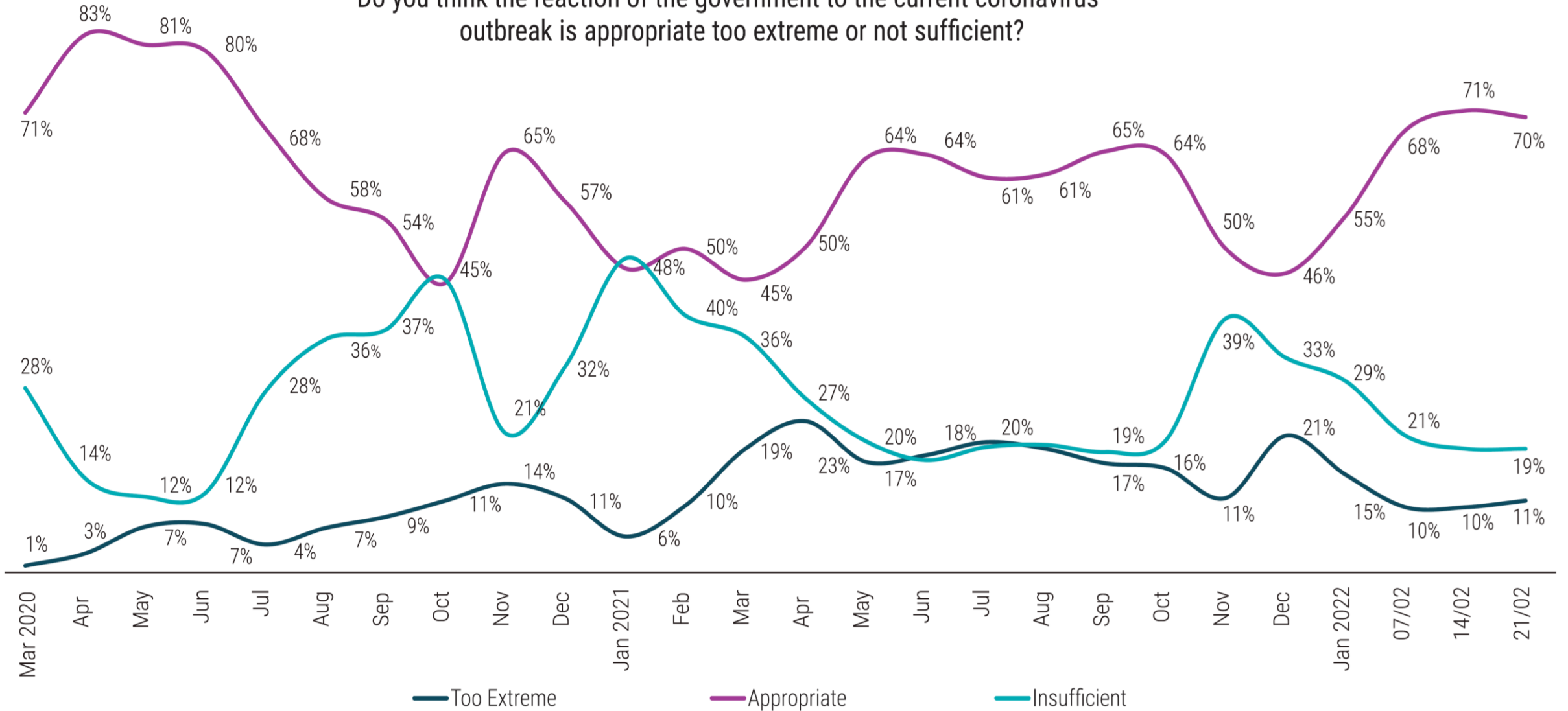
Source: Amárach Public Opinion Tracker 2022

Finance

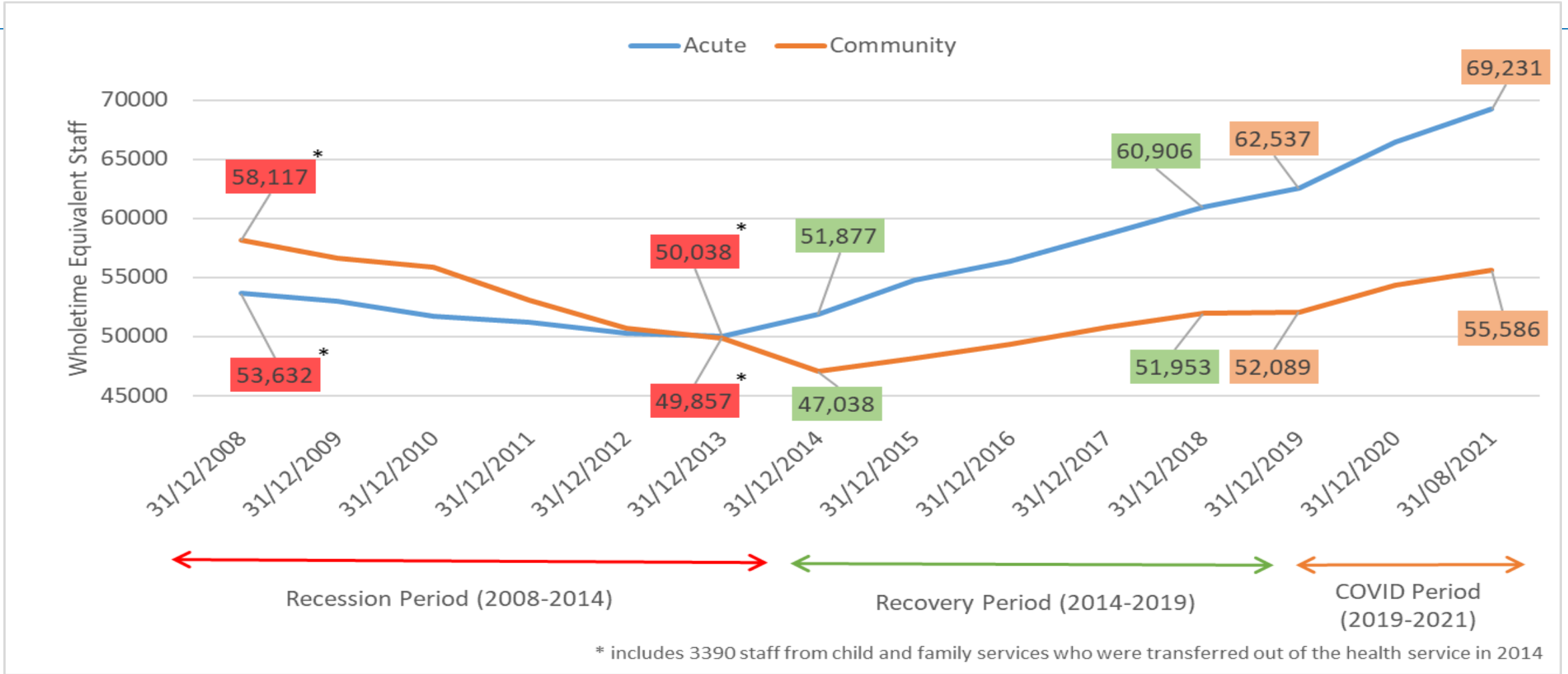## Annual Change in Real Current Government Health Expenditure per capita 2009-2021

Recession Period — Recovery Period — COVID

Proportion of Total Health Funding from Different Sources

Legend:
- % Government Spending
- % Voluntary Healthcare Payments
- % Household Direct Payments

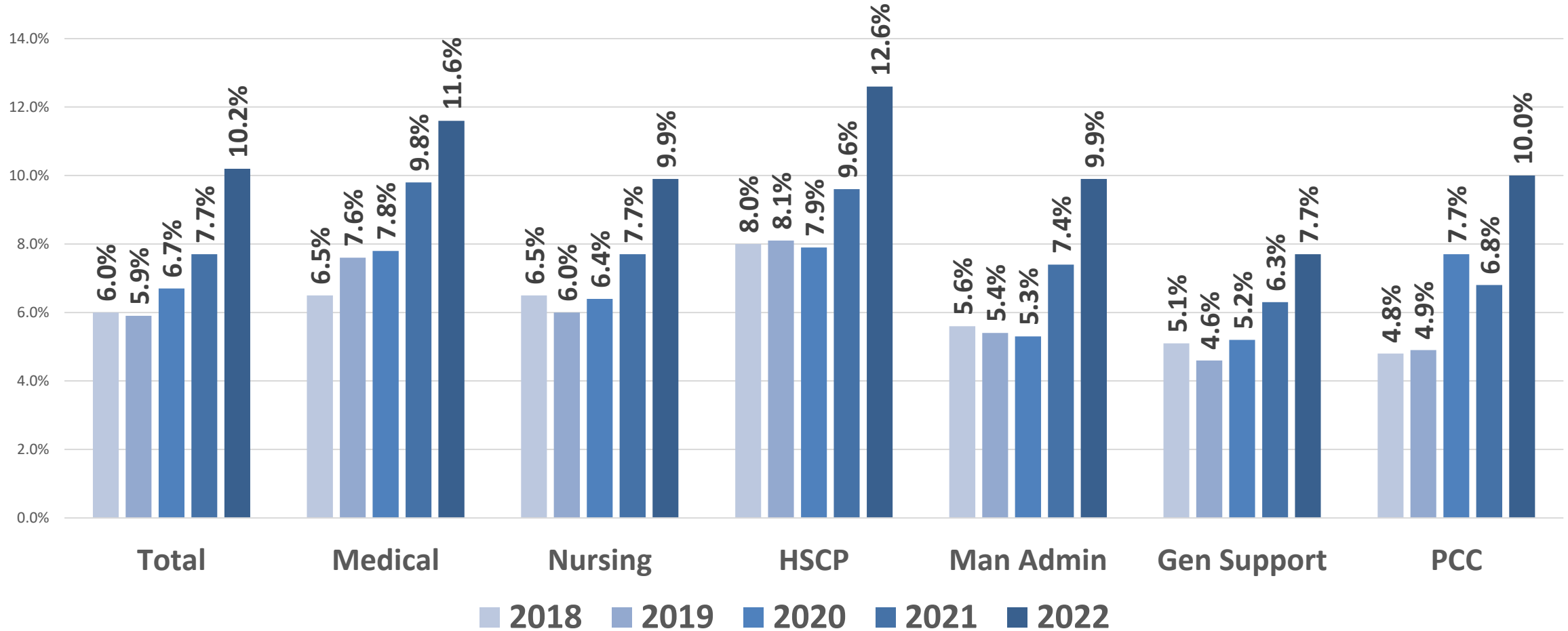| Year	% Household Direct Payments	% Voluntary Healthcare Payments	% Government Spending
2016	12.8%	14.5%	72.7%
2017	12.6%	14.4%	73.0%
2018	12.0%	13.9%	74.1%
2019	11.7%	13.7%	74.6%
2020	10.0%	11.0%	79.0%
2021 Estimates	10.3%	11.3%	78.4%
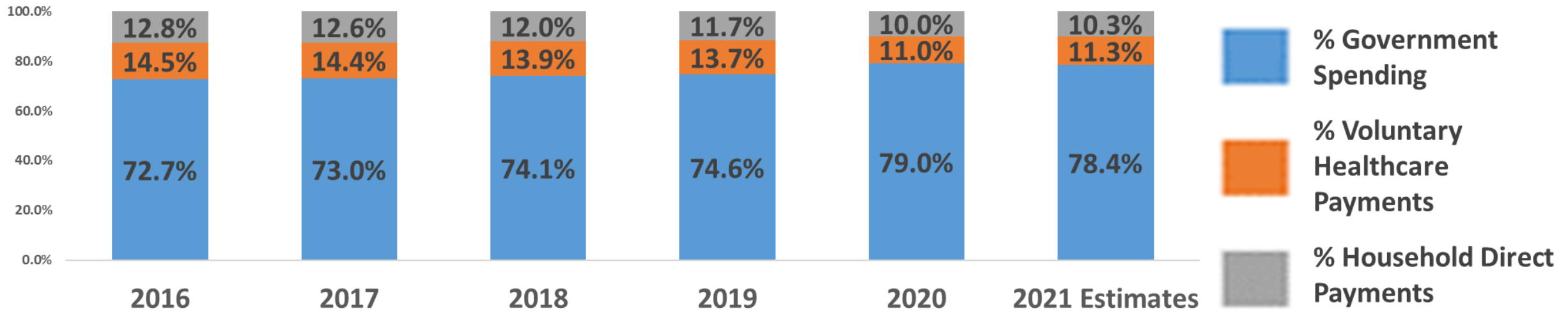
Human Resources- Acute Versus Community WTEs

Source: Fleming et al. 2022

Human Resources- Turnover

HSCP-Health and Social Care Professionals PCC-Patient and Client Care

Source: HSE 2022

Service Delivery

Total Hospital Beds (per 1000 pop.)

Year	Value
2005	5.46
2006	5.26
2007	5.1
2008	4.85
2009	2.83
2010	2.73
2011	2.62
2012	2.54
2013	2.56
2014	2.57
2015	2.92
2016	2.96
2017	2.97
2018	2.97
2019	2.88
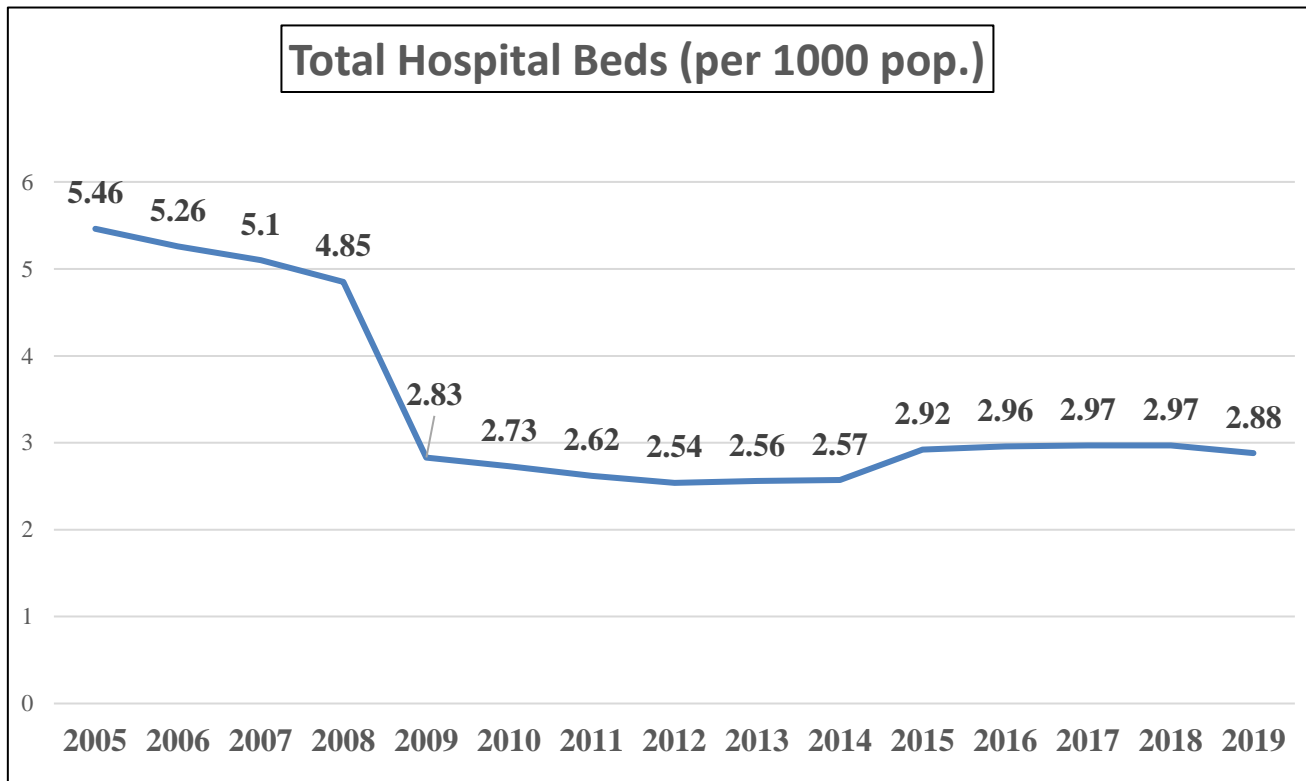
Low Capacity Before COVID-19-Acute Sector

In 2019

- 2.9 Hospital Beds per 1,000 population, third lowest in the EU.

- 5 intensive care beds per 100,000 population, EU average is 12.9

- Ireland was one of only four out of 27 OECD countries with an acute care bed occupancy rate above 85%

  (Ireland average 89.9%, OECD average 76.2%)

Source: OECD Health Statistics

Service Delivery

Increasing capacity during COVID-19 – Critical Care Beds

- In March 2020, Ireland had 256 critical care beds
- Reached 348 critical care beds (increase of 36%) and reached 95% occupancy in Jan 2021

ICU Bed Information System (BIS) provided real-time data and information on trends for decision-makers in the HSE and Department of Health.

Measures Taken

- Suspending non-urgent care
- Designating more spaces to critical care
- Redeploying staff to ICU from other duties (with upskilling and clinical support for staff in these roles) and
- Transferring patients to private hospitals

The Mobile Intensive Care Ambulance Service (MICAS) transferred 129% more patients in the first quarter of 2021 than in the same quarter in 2019.
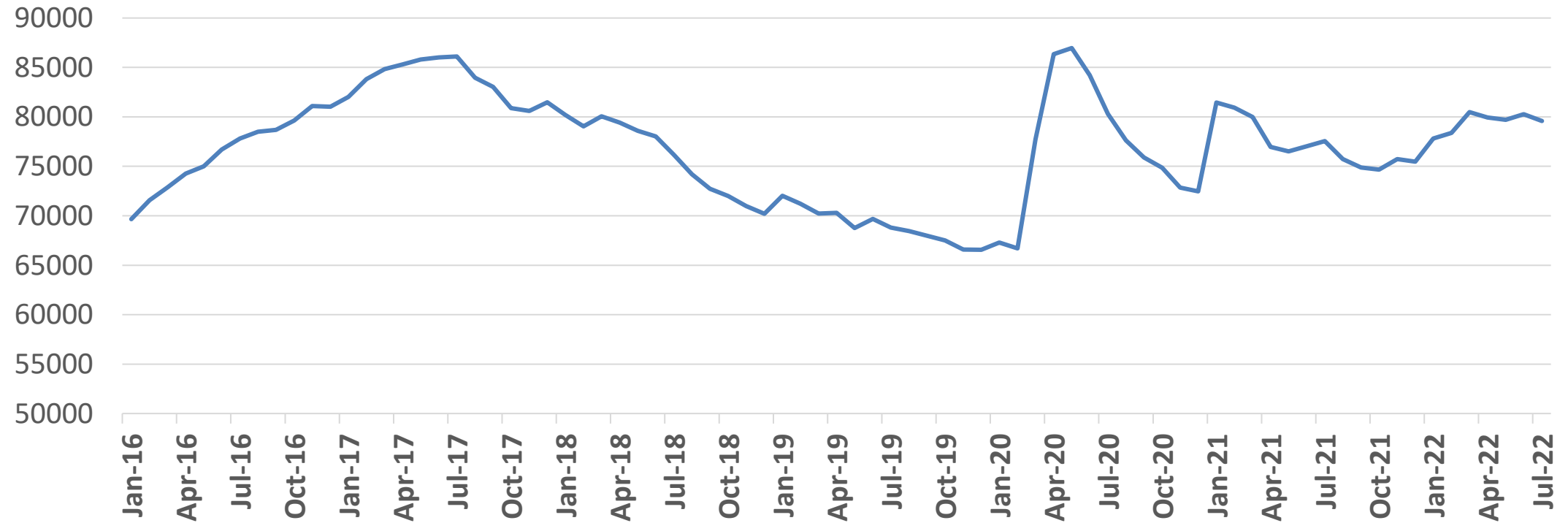
Source: Dwyer, R., et al. (2021)

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

Service Delivery- Waiting Lists

Total Inpatient and Day Cases Waiting List

Source: NTPF and HSE Performance Reports

E-Health Strategy for Ireland

– Progress during COVID-19: Individual Health Identifiers (IHIs) and ↑ Telemedicine

– Many of the objectives set out in the 2013 eHealth Ireland strategy have still not been achieved

Electronic Health Records

– Ireland currently has <u>no universal </u>electronic health record system

– Siloed IT solutions across the system with EHRs only in specific populations or systems

Electronic General Referrals by GPs (March 2020-May 2022)
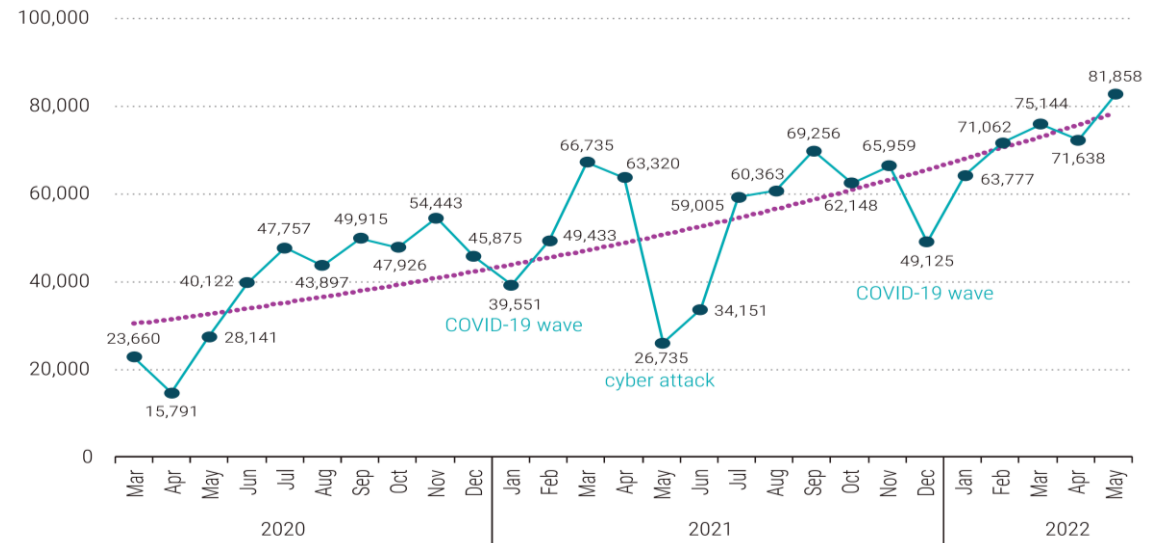
– In 2021, approx. **0.8%** of the public health budget was spent on e-health and health technologies, compared to a spend of up to **3%** in peer countries

Recommendations

GOVERNANCE AND REFORM

- Invest in **enhancing public trust by building on the successes of the response to the COVID- 19 pandemic** to **co-produce** a vision of the implementation and realisation of Sláintecare operating as a universal health care system.

WORKFORCE AND RESOURCING

- Prioritise workforce planning for Sláintecare and **new models of care in primary and community settings**. Enhance career opportunities and progression within primary care and community care **to offer competitive alternatives to well-established acute services**.

Recommendations

SERVICE DELIVERY

- **Maintain the increased use of telemedicine** and virtual clinics for patient care, where appropriate.

- Establish more appropriate pathways to access care **outside of emergency departments**.

- **Prioritise reducing waiting lists and shortening waiting times** through enhanced funding for buying care for long waits, enhanced capacity and **improved information systems** and **accountability** for both providers and the public.

MEDICINES AND TECHNOLOGY

- Increase the proportion of the health budget that goes towards health information systems and health technologies **to at least 3%.**

Recommendations

PREPAREDNESS FOR FUTURE SHOCKS

- Review governance **protocols and scenario planning for future shocks** and invest in the development of these and back-up systems, alongside mechanisms for making available finances for fast deployment.

- **Evaluate flexibility** of workforce deployment and infrastructure for future shocks.

- Evaluate how day and night respite services and community care could be **better protected** in future pandemics.

Recommendations

PREPAREDNESS FOR FUTURE SHOCKS-COST OF LIVING CRISIS

- Evaluate health care system **readiness for renewed austerity** in health care.

- Revisit lessons from the austerity era (2008–2013) and assess **likely areas of impact** for the health care service, given a cost-of-living crisis.

- **Secure financial protection** of health care services and health facilities from cost hikes (e.g., extra funds for energy, fuel, etc.)

- Consider **dropping access costs/implementing free health care** to preserve access to health care during a cost-of-living crisis.