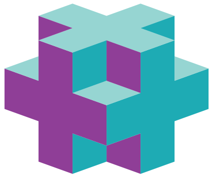


Partnership for Health System Sustainability and Resilience

EXECUTIVE SUMMARY

IRELAND

# The PRESTO report

## Sustainability and Resilience in the Irish Health System

A collaboration between the PHSSR and the RESTORE project

Steve Thomas, Catherine O'Donoghue, Noel McCarthy, Arianna Almirall-Sanchez, Sara Burke, Conor Keegan, Greg Dempsey, Sarah Barry and Padraic Fleming

March 2023

## Authors

**Steve Thomas**, Centre for Health Policy and Management, TCD*

**Catherine O'Donoghue**, Centre for Health Policy and Management, TCD

**Noel McCarthy**, Discipline of Public Health and Primary Care, TCD

**Arianna Almirall-Sanchez**, Centre for Health Policy and Management, TCD

**Sara Burke**, Centre for Health Policy and Management, TCD

**Conor Keegan**, ESRI; Vhi

**Greg Dempsey**, Department of Health

**Sarah Barry**, Centre for Health Policy and Management, TCD

**Padraic Fleming**, Centre for Health Policy and Management, TCD

* Corresponding author: Trinity College Dublin, The University of Dublin,
3–4 Foster Place, Dublin 2, Ireland
steve.thomas@tcd.ie

---

The analysis in this executive summary and the accompanying full report was funded by the Irish Health Research Board through its Research Leader Award of the RESTORE project (Towards Dynamic Resilience in Health System Performance and Reform) held by Trinity College Dublin.

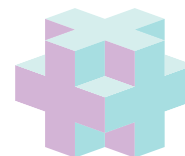
---

This executive summary relates to a full report that was produced as part of the Partnership for Health System Sustainability and Resilience (PHSSR). The PHSSR is a collaboration between AstraZeneca, KPMG, the London School of Economics and Political Science (LSE), Royal Philips, the World Economic Forum, the Center for Asia-Pacific Resilience & Innovation (CAPRI) and the WHO Foundation, motivated by a shared commitment to strengthen health systems and improve population health.

This report was written as a collaboration between RESTORE and PHSSR. The positions and arguments presented are the authors' own. They do not represent the views of the PHSSR partners listed above.

For further information on the PHSSR, including additional country reports, please visit www.phssr.org

# Introduction



The PRESTO report is the result of a collaboration between the RESTORE project (Towards Dynamic Resilience in Health System Performance and Reform) led by Trinity College Dublin and the Partnership for Health System Sustainability and Resilience (PHSSR) led by the London School of Economics and Political Science, the World Economic Forum and a number of public and private partners. The research and analysis presented in this report were conducted with no funding from private sector sources. Critical to the development of the report was insight from a broad range of experts and decision-makers working in Ireland. Their expertise was surveyed to identify issues and develop recommendations for the sustainability and resilience of the Irish health system. The report harnesses different perspectives and data sources to promote policy thinking, planning and strategy.

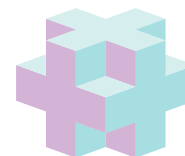
Two key concepts are at the heart of the analysis in this report: sustainability and health system resilience. For health systems to be sustainable, they must be able to consistently deliver their key functions of stewardship, resource generation and service provision, learning and improving in their ability to do so, in pursuit of improved population health. Resilience encompasses a health system's ability to prevent, respond to, manage impact of, recover and learn from acute and chronic crises.

Key objectives of PRESTO are to:

- Build understanding and consensus on the dimensions of, and the relationship between, health system sustainability and resilience in the Irish context, with particular focus on the COVID-19 era;
- Deliver and promote the uptake of practical knowledge of the most effective strategies to improve health system sustainability and resilience in Ireland's evolving context.

Based on the PHSSR framework and our interviews with leading health policy experts in Ireland, we arrived at seven domains for analysis: governance, financing, human resources, service delivery, medicines and technologies, population health and environmental impact.

# Findings



## Overall

The COVID-19 pandemic provided a profound stress test for the Irish health system. Entering the pandemic, the Irish system had low acute and primary care capacity with very long waiting lists. The Government was concerned about health spending, the country's rapidly ageing population and the challenges of implementing its reform programme, Sláintecare. Given this unpromising start, many aspects of the health system's response to COVID-19 proved effective. Decision-making became much more agile and evidence-based and responded reasonably fast to the pandemic. The government poured extra resources into the system and there was significant innovation in service delivery and telemedicine. Linkages with the private acute sector were developed quickly to avoid catastrophe in the early stages of the pandemic and to help deal with urgent care delivery later on. Nevertheless, certain decisions regarding private nursing homes, suspending transport links and occasionally ignoring public health advice had profound consequences. Yet, opinion polls show that, by and large, the residents of Ireland and health service staff believe that the government got it right. Ireland's high vaccination rate is also a mark of broader global success in tackling COVID-19.

However, addressing the pandemic might have been easier had the health care system been better prepared. It is important to take key lessons into the next shock, which will likely be an economic shock rather than another pandemic. Resilience requires a well-functioning health care system and a well-resourced and motivated workforce. Financing for health care must continue to be expanded to facilitate this and to address the backlog of care. A well-functioning health care system must be universal, providing patients with access according to need rather than ability to pay. This will be particularly important in the face of an economic shock with an attendant hike in the cost of living. COVID-19 allowed a universal approach to be trialled. It must now be further embedded in the health system, with the removal of hospital in-patient fees, the roll-out of free GP and community care and a reduction of substantial waiting lists through the input of additional resources, capacity, information and accountability.

## 1. Governance

By and large, the Irish Government delivered a sufficiently clear, strong and flexible response to the COVID-19 pandemic which was typically viewed as appropriate by the public and viewed positively by health sector staff. This translated into comparatively low excess mortality rates (see section 6, Population health and social determinants). The strong governance response included stringent lockdowns and good early communication. In addition, the overall economy fared reasonably well during the pandemic (see section 2, Finance).

This allowed for good progress with the Sláintecare reform programme, indicating system resilience. However, issues of oversight and governance influenced high-profile resignations. While work continues on the implementation of the reform programme, these efforts may be impeded by legacies of the pandemic, such as larger and longer waiting lists, which are likely to grow as pent-up demand manifests, as well as the issues around governance and underpinning political commitment that led to resignations across the Sláintecare leadership.

The public viewed the Irish response to COVID-19 as effective early on, particularly with regard to the speed of decision-making in the early phases of the pandemic. However, the same decision-making faltered in some areas, particularly with regard to nursing homes, travel bans, politicians publicly disagreeing with scientists in autumn 2020, and the opening up of society around Christmas 2020. However, the health system is now better appreciated by the Irish public, and this may help with future resourcing.

## 2. Finance

The Irish Government invested heavily in its public health care system during the COVID-19 pandemic, reflecting a commitment to both meet pandemic-related needs and enable ongoing reforms in line with Sláintecare. Nevertheless, questions remain about whether such high levels of health care investment can continue and be efficiently used. Approximately €2 billion of spending on COVID-19-related care could be available for meeting the backlog and investing in health care priorities.

While lowering access costs has not mirrored the original Sláintecare plan, there has been recent progress with the removal of user fees for all COVID-19 care, the reduction of drug reimbursement thresholds, the budgeted removal of hospital in-patient costs and the expansion of free GP visit cards in 2023. However, private health care insurance coverage continues to climb. Further, high access costs to GP and other services for non-COVID-19 care do not help with addressing the current backlog of care. Transitioning from Ireland's current system of acute-led health care to primary care-led health care will be a difficult challenge. However, it is possible this could be achieved through Sláintecare, through reduced out-of-pocket costs and through targeted health care system expenditure to improve capacity, efficiency and sustainability.

## 3. Human resources

Increased investment in recent years has seen the number of whole time equivalent (WTE) staff in the Health Service Executive (HSE) increase dramatically, recovering from recruitment constraints following the 2008 financial crisis. Nevertheless, a worrying trend towards a hospital-centric model of care has arisen, despite policy intent to move care into the community, in line with the Sláintecare reform programme.

Health care staff presented a united front during the COVID-19 pandemic, demonstrating commitment, solidarity and flexibility. However, staff resilience was severely tested during this time, as demonstrated by increased turnover in 2021. Support for staff mental health and improvements in working conditions are urgently required to avert worsening staff shortages. With an aging population (see section 6, Population health and social determinants), demand for health care services is projected to increase, with the supply of domestically-trained staff not meeting current or predicted demand. This will be further compounded by expected attrition. There is, therefore, a need to prioritise workforce planning and extra resourcing of training and other recruitment strategies.

Substantial reliance on foreign-trained health care staff poses risks to the sustainability of the Irish health care system. If Ireland cannot retain domestically-trained staff or continue to attract foreign-trained staff, or if migration patterns change, Ireland may face greater shortages in its health care workforce. It is critical that existing workforce planning efforts are aligned with current policy and reforms.

## 4. Service delivery

The Irish health care system demonstrated resilience during the COVID-19 pandemic. From a low base, critical care bed capacity was greatly increased in a short space of time. Digital technologies were quickly adopted and widely used for service delivery, some of which may remain beyond the COVID-19 era. Many issues remain, however, with pre-pandemic problems being exacerbated. Waiting lists and times for procedures have long been a challenge in Ireland and, despite some progress before the COVID-19 pandemic, these have only worsened, creating a substantial backlog of care. Many of these issues need to be addressed, and progress in capacity expansion and innovation made during the pandemic need to be maintained in order that the Irish health care system be made more sustainable.

## 5. Medicines and information technology

The pandemic helped to speed up information technology innovation concerning independent health identifiers and electronic GP referrals, both key components of the Sláintecare reform programme. However, there is still much work to be done to fully implement the eHealth Ireland vision for reforming the health care service. After initial vaccination sourcing delays and delivery failures were resolved, Ireland had among the highest vaccination rates in Europe. Drug costs related to the high-tech drug scheme have increased markedly, although Ireland's expenditure on medicines and medical devices is low relative to elsewhere in Europe. Low historical spending on prevention may indicate a medicalised model of health care. Reductions in the drug reimbursement threshold are beneficial for affordable access to care but are a high-cost strategy for the exchequer.

## 6. Population health and social determinents

The health of the Irish population has generally improved and this compares favourably with most other EU countries in many domains. There is also evidence that good policy and implementation have directly reduced risk of ill health. However, there are identifiable groups in society with much poorer health experience, and huge data gaps remain to identifying variations and guiding interventions. There are also important policy areas that show poor performance. Alcohol policy and practice represent the balance between competing networks of power and propaganda rather than an overall explicit social consensus based on health and other societal values.

Many areas of stasis, such as health care information, accelerated rapidly during Ireland's pandemic response. There is substantial scope to deploy lessons from the pandemic and past policy development approaches to improve public health. Deliberative, evidence-informed policy approaches could improve health and, in particular, the health of those currently facing the poorest health experience.

## 7. Environmental impact

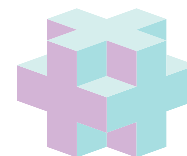
The gap between current practice and what is needed to achieve environmental sustainability in health care in Ireland is enormous. Health care service demand is increasing and there are huge gaps in decarbonising activities. The move to a health care system in which planners, staff and patients are aware and empowered to minimise carbon impacts will require major change. Although high-level strategic commitment is emerging in the forthcoming HSE strategy, and there is evidence for strong commitment from clinicians, there are large organisational, knowledge and implementation gaps across the health care system.

A large-scale implementation programme, with resources and levers to engage the full health care system will be needed to make timely progress in this area. Alongside actions within the system, this will include negotiation with and procurement from suppliers who meet sustainability standards. Internal interventions need an evidence base across health care activities of what is done, how it is done and how this might be altered to reduce carbon footprints. Substantial knowledge mobilisation and cultural change will be needed to bring evidence in these areas into practice in the Irish health system from its current very low base.

## Traveller health case study

The Traveller community (a small indigenous minority group representing <1% of the population) suffers extremely poor health compared to Irish population averages. Initiatives during the COVID-19 pandemic included risk assessments and identification of the medically vulnerable; allocation of additional support; the development of specific guidelines; community-driven education, awareness raising and data collection/reporting; targeted communication with representative groups; and dedicated support services. Despite the preparedness and management measures put in place, Travellers were disproportionately impacted by COVID-19. There is a clear case for systematic and ongoing monitored intervention to improve health, developed in partnership with this community. Approaches developed are likely to be relevant to other populations in Ireland with poor health outcomes.

# Recommendations



## GOVERNANCE AND REFORM

| Sustainability | Resilience |
|---|---|
| ➔ 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.<br>➔ Invest in research to better understand how to make evidence-based decision-making fully transparent, to ensure buy-in from public and other stakeholders. | ➔ Define roles and responsibilities for health system governance and the Sláintecare reform programme, with a governing authority to implement changes and to be accountable for same.<br>➔ Identify roadblocks to the Sláintecare reform programme to allow for strategic planning and implementation.<br>➔ Plan for, resource and implement waiting list reductions, regionalisation and entitlement expansion as key elements of universal health care and improved resilience. |

## WORKFORCE AND RESOURCING

| Sustainability | Resilience |
|---|---|
| ➔ Additional resources to assess, and funding to support, workforce engagement and reduce staff turnover.<br>➔ Enhance and resource strategies to improve HR workforce morale.<br>➔ Identify causes of moral distress for workforce and implement mitigating measures.<br>➔ Extend free GP visits and in-patient hospital care in and beyond 2023 to help resolve the backlog of care and improve progress towards universal health coverage.<br>➔ Reduce/remove access costs for households through the investment of more exchequer funding.<br>➔ Draw on lessons from the COVID-19 pandemic on how to better plan physical infrastructure to facilitate flexible use of buildings and equipment. | ➔ Prioritise workforce planning for Sláintecare and new models of care in primary and community settings.<br>➔ Enhance career opportunities and progression within primary care and community care to offer competitive alternatives to well-established acute services.<br>➔ Retain international medical graduates from Irish educational institutions by offering postgraduate internships, further training and career progression opportunities.<br>➔ Enhance and resource strategies to improve HR workforce morale.<br>➔ Identify causes of moral distress for workforce and implement mitigating measures.<br>➔ Key workforce decisions must be aligned with and channelled through (1) cross-sectoral national policies, (2) legislation, (3) regulation and (4) employer and management roles and responsibilities. |

(continued)

| WORKFORCE AND RESOURCING (continued) | |
|---|---|
| | **Resilience**<br>➔ Ensure continued enhanced funding for health care in order to implement universal health care and address the care backlog.<br>➔ Fund expanded care in primary and community settings to move care to a more appropriate location.<br>➔ Reduce/remove access costs for households.<br>➔ Continue enhanced investment in IT. |
| **SERVICE DELIVERY** | |
| **Sustainability**<br>➔ Review new innovations in health care delivery and embed those that are most effective for the system.<br>➔ 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.<br>➔ Expand the Sláintecare Integration Fund.<br>➔ Establish more appropriate pathways to access care outside of emergency departments.<br>➔ Maintain the increased use of telemedicine and virtual clinics for patient care, where appropriate. | **Resilience**<br>➔ Improve service delivery capacity throughout the system (particularly in community and primary care settings) to build in resources for integrated care and universal health care, to deal with the care backlog and to ensure capacity for future crises.<br>➔ Capitalise on the success of increased critical care bed capacity created during the COVID-19 crisis to ensure that clear plans and processes are in place for future crises.<br>➔ Maintain the increased use of telemedicine and virtual clinics for patient care, where appropriate. |
| **MEDICINES AND TECHNOLOGY** | |
| **Sustainability**<br>➔ Promote and expand the use of non-patented generic and biosimilar medicines (non-originator medicines) to lower costs in the High-Tech Drug Scheme.<br>➔ Seek to improve terms between the government and the pharmaceutical industry and promote international cooperation and joint procurement where possible, to increase negotiating power and lower costs. | **Resilience**<br>➔ Introduce registries for households who are vulnerable to particular shocks (such as pandemics, energy price hikes, water contamination) so that appropriate remedial action can be fast-tracked for those most affected.<br>➔ Implement the use of unique health identifiers and electronic patient records across all health information systems.<br><br>(continued) |

## MEDICINES AND TECHNOLOGY (continued)

| Sustainability | Resilience |
|---|---|
| ➔ Increase the proportion of the health budget that goes towards health information systems and health technologies to at least 3%.<br>➔ Establish an organisation with prime responsibility for overall governance of Ireland's e-health programme.<br>➔ Increase the technical and operational readiness of Ireland for a universal electronic health record system.<br>➔ Address the concerns of the wider Irish public on the privacy and security of their data for electronic health record systems and make possible and legislate for people to have the right to access their own information.<br>➔ Maintain, build on and expand the large data collection and analytics systems created and used during the COVID-19 pandemic to create better data systems to analyse performance and assess the quality of services and for better service planning.<br>➔ Build on progress made during the COVID-19 vaccination programme to create individual health identifiers to be used in other areas of service delivery in the health care system and to facilitate more integrated care, giving multiple health professionals the ability to share patient information and care plans. | ➔ Enhance the interoperability of siloed health information systems.<br>➔ Continue to expand/enhance information systems and increase data sharing and linkages with private sector providers (including GPs, private nursing homes, voluntary and community settings) particularly through the implementation of the Health System Performance Assessment initiative.<br>➔ Enhance and support uptake of health technology for prescribing and referrals. |

## POPULATION HEALTH

| Sustainability | Resilience |
|---|---|
| ➔ Develop comprehensive structural and behavioural approaches to levels of alcohol consumption, the national diet and cigarette smoking to address stagnation in the reduction of these critical disease determinants.<br>➔ Develop system-wide approaches to support inclusive health and health care monitored against health equity targets.<br>➔ Prioritise essential environmental contributors to health and wellbeing, including housing, transport infrastructure and air quality. | ➔ Establish and exercise an integrated public health led health care system response to crises (emergencies). |

## ENVIRONMENTAL IMPACT

### Sustainability

- Map the carbon footprint of health care system activities and identify where and how these can be measured.
- Develop and implement a plan that covers the entire health care system, including supply chains, and identify priorities for rapid reduction in carbon and equivalent emissions.
- Prioritise the significant direct resources required for a large-scale implementation programme, including necessary knowledge mobilisation and cultural change across the system.

### Resilience

- Reduce reliance on insecure energy.
- Introduce mitigation measures against the impact of climate change and environmental degradation.

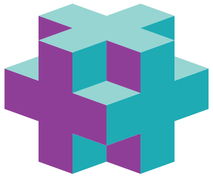
## PREPAREDNESS FOR FUTURE SHOCKS

### General

- 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.

### 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.



Partnership for Health System Sustainability and Resilience

www.phssr.org