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

Sara Burke, Sarah Parker, Padraic Fleming, Sarah Barry, Steve Thomas
Rikke Sierttaek

RESTORE workshop
16 November 2021
A collaboration of the Foundations and RESTORE projects in Centre for Health Policy and Management

Evidence to inform health system change in the public interest

Work has begun on a new Health Research Board funded project that will help guide the design and roll-out of the new Regional Integrated Care Areas (RICAs) announced by Minister Simon Harris in July 2019.

This is one of six new awards that the HRB is funding under its Applied Partnership Award Programme.

According to Dr.
Building health system resilience through policy development in response to COVID-19 in Ireland: from shock to reform

If and how government’s pandemic response contributed to health system reform and resilience

AIM
- To use Ireland as a case to assess health system resilience during COVID-19
- To assess if Ireland is using COVID-19 health system response to manage the crisis whilst also reforming or locking in better health system design

CONTEXT:
- Very different response to 2008 (invest V slash)
- Arrived in third (?) year of Sláintecare's implementation

METHODS:
- Key government, policy & budget docs 03/20-05/21
- Health system, health reform, COVID-19 (13 identified)
- Docs analysed for content relevant to health system resilience & reform as well as budget allocations
Findings presented across three waves
Delivering long promised reform

Public health as lynchpin

Universal nature of COVID response

Responding to wave 1: March 2020 to June 2020

- March 2020
- 1 May 2020
- 16 June 2020
- June 2020
Wave 1 legacy & wave 2: July to October 2020, October to December 2020

Significant extra money for health

Greater alignment with Sláintecare

Community first approach
Wave 3: January 2021 – May 2021

Delivering Sláintecare reform

Continue to build health system resilience

March 2021

Health inequalities, moving towards universal healthcare

March 2021

May 2021

May 2021

May 2021
What does this analysis tell us?

- COVID-19 stalled progress on reform /Sláintecare in early 2020
- Sláintecare prioritised since mid-2020
- Biggest ever allocation to Sláintecare
- Strongest ever alignment between political commitments (PfG), government COVID-19 & health system policy responses and Sláintecare
Transformatory resilience?

Evident in

Universal nature of COVID-19 health system responses

Huge resources put to build up system capacity and performance (staff, beds)

Much more emphasis on enhanced community care, community first, public health contracts

Agile, innovative responses evident in access to tele & ehealth (universal GP tele care) & IHI

New care pathways

Strong emphasis on public health, solidarity, engagement of other sectors…
From shock to reform (to shock again?)

Sláintecare resignations threaten Sláintecare's viability

Our analysis looks at policy intent and budget allocation, indicators of change rather than actual change yet also evidence of actual change

Will the intent & ‘reform’ translate into long term change?

Will new Sláintecare leadership drive & sustain the whole system reform as envisaged even in May 2021?

Research on activity and workforce indicate not yet, need to drill into specific areas & across countries

Yet the possibility remains that Irelands uses the pandemic for transformatory resilience
Thank you for your attention