
ICU Volume 11 - Issue 3 - Autumn 2011 - Interview

Overview of Irish Healthcare System

Ireland is one of a small number of countries where the delivery of Health and Social care services comes under the auspices of one government department. The range of services delivered ranges from neurosurgery at one end of the

spectrum to child and family welfare services on the other end. Services are usually categorised by acute care, primary care, continuing care and community care services - such as disabilities, mental health, social inclusion and children and family welfare services. The delivery system is mixed with a range of public, voluntary and private providers in the different care settings.

Health of the Nation

Over the past decade, Ireland has experienced unprecedented gains in health status and this has been paralleled by major investment in the health services. For many years Irish life expectancy lagged behind the EU average. An improvement over the last decade mean that overall life expectancy in Ireland stands at over 79 years, and is now almost one year greater than the average for the EU.

It is difficult to measure what proportion of this improvement may be attributable to better health services, but it is at least indicative that much of the gain has been in mortality from conditions particularly amenable to treatment and care such as heart and circulatory system disease. For example there has been a reduction of 38 percent in circulatory system disease between 1997 and 2005. In addition, over the same period, the cancer mortality rate has fallen by 13 percent and it now close to the EU average. In terms of breast cancer, the five-year relative survival rate is about 80 percent for the period 1999-2004 – the highest rate of improvement in the OECD. Infant mortality is also down by 35 percent in the last ten years.

Health Policy in Ireland

Health Policy is a matter for government, specifically the Minister for Health and Children. The role of the ministry, called the Department of Health and Children, is to advise on the strategic development of the health and social care system including policy and legislation and to evaluate performance of the health and social care system.

Delivery of services is the responsibility of a separate government agency, called the Health Service Executive (HSE). Government allocates funding to run the Health and Social Care system each year and agrees a service plan with the Health Service Executive that sets out the quantum and nature of services to be provided.

Funding Our Healthcare System

Compared with other OECD countries, Ireland's health spending per capita ranks in the top half but when expressed as a percentage of GDP (7.6% in 2007) ranks at the lower end of the OECD spectrum. In 2009 15.5 billion euro was allocated to fund the public health and social care system in Ireland, including payments to family doctors and community pharmacists.

A review group, established by the minister for Health and Children, is due to report in 2010 on how to improve the funding model and the method of allocating resources, including how a population based funding model might lead to greater equity in allocation of funding to different parts of the country.

How Services are Delivered

The Health Service Executive (HSE) has recently re-organised into four regional operating units with the intention of moving responsibility for service delivery closer to the populations they serve. Each region provides services to a population of around one million people and services are delivered through a combination of public, voluntary and private providers. Within each region there are a number of hospital networks providing acute care and local health offices that provide a broad range of primary, community and continuing care services.

Acute care is provided through hospitals or hospital networks. These are principally state owned and run with the exception of the capital city, Dublin, where most of the hospitals are non-statutory. Continuing care is provided through networks of community hospitals, long stay facilities and private nursing homes. Significant emphasis is now being put on development of primary care teams that brings Family Doctors and

Community Health Professionals, such as Public Health Nurses, into multi-disciplinary teams serving populations of between six and ten thousand people. In addition more specialist services in areas such as Child and Family Welfare, Disability and Mental Health services are delivered primarily through HSE providers or contracted to voluntary agencies.

Healthcare Reform in Ireland

Government made a major change in the organisation and management of services in 2005 that saw the establishment of a single agency with responsibility for delivery of all health and social care services, called the HSE. This replaced the ten former regional health boards. In addition a national body, called the Health and Information Quality Authority (HIQA) was set up to drive quality, safety, accountability and to ensure the best use of resources in our health and social care services, whether delivered by public, voluntary or private bodies.

Several very serious patient/client safety incidents resulted in the establishment of a commission on patient safety that has resulted in a number of recommendations for change. This coupled with the need for progress on several existing strategies and a continued focus on ensuring a more integrated service for patients/clients has led to the:

- Establishment of a Directorate of Quality and Clinical Care to bring renewed focus to define and implement models of care and to ensure our services are delivered to the highest possible standards;
- Creation of hospital reconfiguration programmes for groups of hospitals to ensure care is being delivered in the most appropriate settings that is resulting in significant changes for many hospitals;
- Planned rollout of over 500 primary care teams across the country by 2011;
- Implementation plan for change in Mental Health and other community services;
- Commencement of a series of integrating programmes that will focus on defining the patient pathways for priority areas such as diabetes and stroke; and
- Re-organisation of the HSE national directorates to bring our acute hospitals and Primary, Community and Continuing care divisions together under one umbrella.

Outlook in Current Economic Downturn

Ireland is no different to most other countries in the challenges it faces in the current economic downturn. The challenge will be to deliver accessible, high quality and equitable health services to those who need them, when and where they need them within available resources. This will bring pressures to bear on both health services and on the health of the population.

The demographic ageing of the population is a fact of life and will accelerate over the coming years. By 2025, there will be nearly double the number of people over the age of 65 as there are now. Lifestyle risks remain to the fore as major areas of concern with the potential to undo much of the health improvement achieved in recent years.

We have seen significant changes in how services are organised and managed in recent years, following thirty years of a relatively stable health and social care service delivery system in Ireland. This has been driven by the need for a safer and more effective system for patients and clients and we are continually trying to improve our system through a series of changes in the areas of funding, performance measurement, organisation and also in how services are accessed and delivered to our patients and clients.

Published on : Thu, 15 Aug 2013