



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive



# Towards an Integrated Health Service or More of the Same?

*Based on the findings of the Acute Bed Capacity Review, an outline of the options, opportunities and challenges in developing the right balance between inpatient, day case and community based care.*



**BACKGROUND BRIEFING**

Health Forum Steering Group - Thursday, 17th January 2008

### Summary

Ireland has a relatively young population – one in ten is over 65. This is set to change considerably in coming years - by 2036, one in four will be over 65. This significant change will put substantial capability and financial pressure on the health service. We must now plan for the impact which aging will have on us and our health service.

Against this background, the HSE commissioned PA Consulting Group to undertake an independent review of acute bed capacity requirements for Ireland until the year 2020. The Acute Hospital Bed Capacity Review sets out, using the best local and international evidence, two choices:

- continue with the current approach which, for many reasons, is over-reliant on inpatient acute beds and in the long term will deliver poor health outcomes and customer service; or
- adopt what it calls the “preferred health system<sup>1</sup>” approach used by advanced health systems where the majority of care is provided through community-based facilities and appropriate day case procedures: with this approach acute hospitals can concentrate on providing specialist and complex care.

For many years parts of the Irish health service have been working towards implementing many key features of the Integrated Health System. Indeed, the core theme running through proposals received in the Health Strategy consultation process was the need for a huge increase in the level of services delivered in the community and a much more flexible approach to the delivery of services. The PA review reaffirms the case for continuing to strengthen the orientation of our system towards a primary and community care model.

The review outlines the options, opportunities and challenges in developing the right balance for patients between inpatient, day case and community based care.

It points out that adding more and more acute in-patient beds to our hospital system is not in the interests of patients. Instead, we need to continue with, and accelerate, the current strategy of building up primary, community and long-term care services, developing a chronic disease management framework, and securing greater value/productivity from our hospitals. The same overall strategic direction has already been adopted by other developed countries, such as Denmark and Canada.

While many of the benefits of an Integrated Health System can be delivered relatively quickly by universal application of practices and processes that are already operating in some Irish hospitals, the review highlights that for other changes a whole system approach must be taken and services in one area (acute hospitals) should not be altered until viable and appropriate (community based) alternatives are in place.

Services and practices are already changing to reduce the length of time people spend in hospital and increase the services that can be provided locally in people's homes or within their local communities. More primary care teams are being rolled out as provided for in Towards 2016, community services for older people have been increased and a new nursing home support scheme is being put in place. The challenge is to enable the widespread development and implementation of a fully Integrated Health System.

Health care is a matter of major public interest which warrants a shared focus and commitment to change at national level similar to that which was applied to the broader economy when social partnership was embarked upon in 1987. All stakeholders – medical, professional and other staff, the trade unions, the social partners and health service users – have an interest in how health services should be delivered in the future, in the development of the acute hospital sector and, consequently, integrated health service delivery.

Moreover, full implementation of an Integrated Health System involves substantial work practice changes. Accordingly, the HSE wishes to discuss the issues involved in developing an Integrated Health System under the auspices of the Health Forum. In particular, it wishes to discuss the key enablers that will be needed to rapidly deliver visible benefits to patients, clients, carers and staff. These include:

- ways of improving hospital processes and practices;
- the roll-out of primary care teams;
- the development of services for older people;
- information and ICT; and
- the development of chronic disease management.

<sup>1</sup> The “Preferred Health System” is described as such because it delivers a better quality of care for patients in a more cost effective way. The terms ‘Preferred Health System’ and ‘Integrated Health System’ are interchangeable. As the Integrated Health System is the term most frequently used within the HSE’s Transformation Programme, for the purpose of clarity it will be used in this document.

## Choices

The opportunities, challenges and pressures facing Ireland's health system mirror those facing health systems around the world. People are living longer, populations are growing and getting older, expectations and demands for services are increasing, and medical costs are rising at an alarming rate. As people get older they are more likely to suffer from chronic illness and disease such as diabetes, heart failure, some cancers, chronic obstructive pulmonary disease, dementia and arthritis.

Internationally, approximately three quarters of healthcare spending is related to chronic diseases. In the UK, patients with chronic illness or complications account for some 80% of GP consultations and use over 60% of hospital bed days; the UK also estimate that eight of the top eleven causes of hospital admissions are due to chronic diseases and that 5% of inpatients with a long-term condition account for 42% of all acute bed days. In the USA, 78% of health costs are used to treat people with chronic illness.

Compared with our European neighbours we have a relatively young population; only 11% are over 65 compared to 18% in the UK. Because our population, at the moment, is relatively young, the number of people with chronic illness is proportionately less than in countries such as UK and Germany. Despite this, two out of three patients admitted as medical emergencies have problems relating to chronic illness and use 40% of all beds. By 2036, 25% of people living in Ireland will be over 65. Clearly as the population ages the pressure on the health service will increase dramatically. We have an opportunity now to plan for the impact which aging will have on us and our health service.

The community needs a health and social care system that is affordable and capable of delivering nationally consistent high quality services, with the resources available. It needs easy access to quality integrated services in the most appropriate and convenient setting whether this be at home, in a community facility, hospital or centre of excellence.

## The Acute Hospital Bed Capacity Review

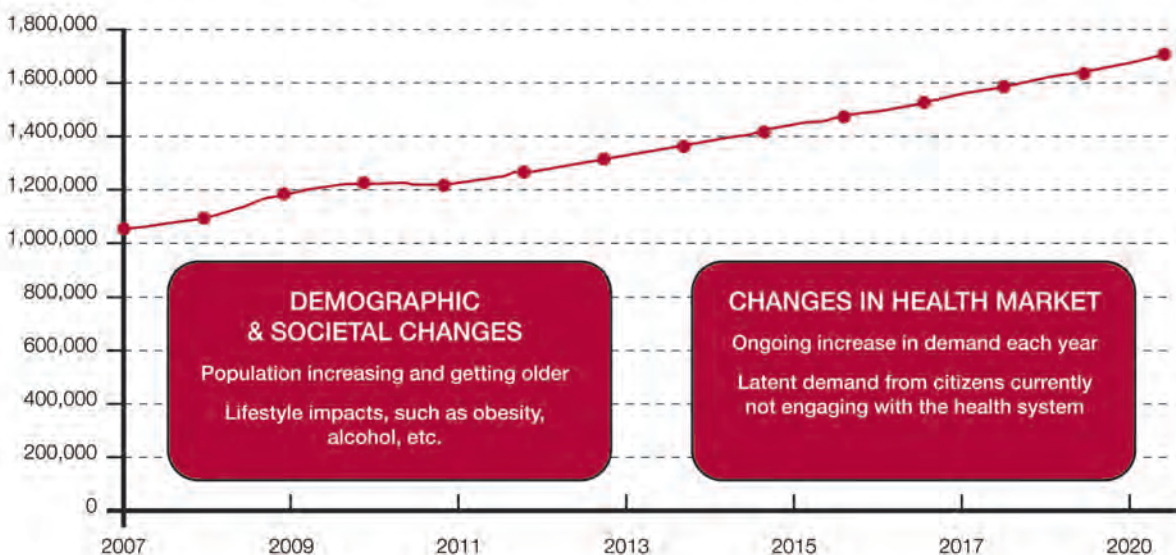
The review was carried out by the PA Consulting Group and informed by a comprehensive stakeholder consultation exercise, including over 120 Irish and 20 international health experts. The steering group included the HSE, Departments of Health & Children and Finance, the ESRI, CSO and clinicians. An independent peer group of international health experts signed off on the review's methodology, detailed assumptions and final report.

The review assessed the expected demand for acute health care up to 2020. It found that Ireland will need to plan for a 60% increase in demand for public health care by 2020.

Taking this growing demand into account it estimated the requirement for public patient beds by 2020 based on two broad approaches:

- continuing with the current practices and processes - which place a greater emphasis on delivering care through inpatient beds than most other advanced countries; or
- adopting an Integrated Health System approach, which shifts the emphasis to community based care; this is the model of care being adopted in most advanced health systems.

Fig: 1 Public patient demand (inpatient and day case) will increase by 60% to 2020



The review poses two key questions:

- Is it appropriate to maintain our current approach when other comparable health systems are reducing their acute hospital bed stock and at the same time meeting the increasing demands on their health services and providing improved levels of care; and
- Can we afford to maintain a health system based on the current approach.

It concludes that:

- If Ireland continues with the current practices we will have a health care system that will not be capable of delivering quality care, the best health outcomes or the best value for money; and
- A fully Integrated Health System can deliver better service, better outcomes and better value for taxpayers by shifting the delivery of appropriate care to day cases, increasing the volume and range of community based services, and enabling acute hospitals to concentrate on providing specialist care.

The review is designed to stimulate and facilitate discussion and debate with stakeholders on the future model of health service delivery.

## The current approach

The average length of time patients stay in hospitals in Ireland is relatively long when compared with some of Ireland's best performing hospitals and hospitals in other countries. Apart altogether from the cost implications, it is not in their best interests for patients to remain in hospitals longer than they should. Of most concern is the fact that in some instances, particularly with older people, patients can end up staying unnecessarily for prolonged times in acute hospitals. Rather than helping patients, this can have a detrimental effect on their wellbeing.

Some Irish hospitals already operate very efficient practices but many perform relatively poorly across a variety of performance measures, even though they are providing care to a relatively young population. For example:

- Irish hospitals have delivered the second lowest reduction in Average Length of Stay (ALOS) of any OECD country over the last ten years;
- the number of day cases carried out is only half that of Canada and 12% below the OECD average;
- in Ireland, 37% of total inpatient beds are occupied by patients who in Australia would no longer be expected to be in hospital;

### Comments from some stakeholders consulted during the preparation of the Acute Hospital Bed Capacity Review

*"St. James's Home IV Antibiotics pilot... [shows] it is overwhelmingly more cost-effective to treat these patients at home."*  
Derek McCormack, TCP Homecare

*"[This review] must consider multi-disciplinary discharge policies and the development of community services."*  
Social Workers from the Western Seaboard Working with Older People

*"Our existing model of care for these [chronic] diseases is now inadequate to the challenge, as it has an over-reliance on episodic treatment in the acute hospital."*  
Dr. Marie Laffoy, Chairperson of the National Chronic Disease Management Project Steering Committee

*"Older people who had access to relevant and timely support services in the community... would reduce their reliance on acute admissions"*  
Hilary Scanlan, Care Group Co-ordinator

*"It is recognised that the focus need to shift to a more preventative approach to reduce demand for later more expensive and less effective interventions."*  
Josephine Hassett, Tralee Women's Resource Centre

*"There is clear evidence to show that patients who have day surgery have an overall better experience, improved clinical outcomes and less risk of hospital acquired infections."*  
NHS Modernisation Agency – 10 High Impact Changes

*"Increasing the provision of care in PCCC, the ability of patients to self-care and enhancing the health and well-being of the population all shift the focus of the healthcare model from the hospital to the patient."*  
Primary Care: A New Direction, Dept of Health and Children

- 39% of medical and surgical inpatients, on the day of care, could have received their care in an alternative setting or at home;
  - on average only 46% of surgery inpatients are admitted on their day of surgery;
  - a patient typically spends between 0.6 to 1.9 days longer in an Irish hospital than they would in a UK hospital for the same treatment; and
  - Irish hospitals predominantly operate from Monday to Friday, e.g. discharges reduce by 67% at weekends.
- St Marys' Rapid Access Clinic in Dublin provides older people with access to urgent non emergency care which significantly reduces the need for patients to attend Emergency Departments and subsequent hospital admissions;
  - The "Hospital in the Home model" has shown that patients with severe breathing difficulties can be successfully treated at home and evidence to date shows it can speed recovery;
  - Primary Care Teams can provide the vast majority of care the community needs - GP, nursing, occupational therapy, physiotherapy, asthma care, diabetes, podiatry service, falls prevention and various health initiatives and thus reduce the need to visit local acute hospitals.

Many of the benefits of an Integrated Health System can be delivered relatively quickly by bringing all Irish hospitals up to the performance levels already being achieved in some Irish hospitals. There are, therefore, many opportunities in the short term to make greater use of the existing inpatient bed stock by applying the practices and process that already operate in some Irish hospitals.

Most importantly these changes can deliver to patients an immediate improvement in their overall experience of the health service.

### The integrated model of care

An Integrated Health System is based on a way of delivering health care, i.e. a particular integrated model of care.

In health systems that support the integrated model of care, patients can get in, through and out of the health service more quickly. They spend less time in hospital and more time being cared for in their communities or in their own homes. They are more likely to receive the type and quality of care they need, when they need it, in the most appropriate setting and from the most appropriate health care professional.

This model of care enables staff to maximise their skills and the care they can provide. It also promotes greater accountability, transparency and value for money.

Elements of an integrated model of care are already in place within the Irish health system and many parts of our system are achieving performance levels equal to those being achieved in advanced health care systems. For example:

- The Mater Hospital delivers 64% of all surgery on a day case basis;
- St James Hospital admits 82% of surgery patients on their day of surgery;
- Cork University Hospital delivers twice the rate of weekend surgical discharges as many other Irish hospitals;

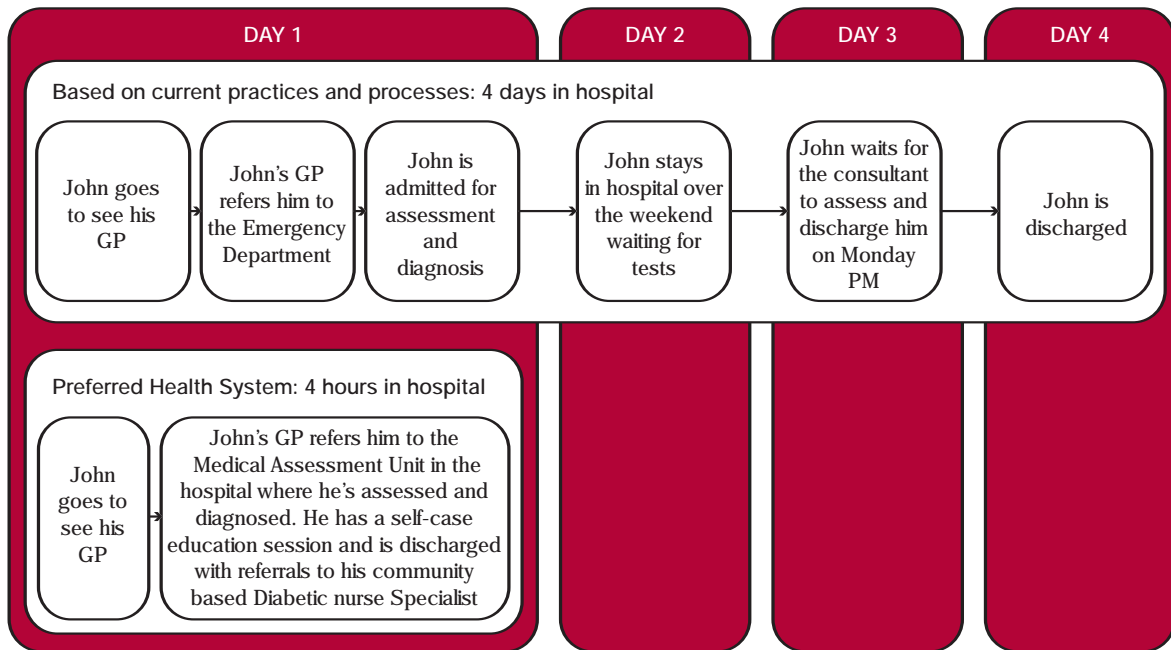
- Neurolink: an online referral project which reduces waiting times for neurological referrals from GPs by providing online access to Neurologists at St. Vincent's University Hospital. Over 20% of all of the patients referred by this system did not require an out patient appointment.
- DOMINO: Operating from the National Maternity Hospital this programme gives newly delivered mothers the opportunity to return home early (most within 12 hours after delivery) and have midwifery-led care at home. Total reduction of postnatal stay in hospital was approx. 3,900 days for 2006.

There is no reason why many of these hospital avoidance services and performance levels can not be achieved across the Irish health service in a relatively short space of time.

The HSE is ideally positioned as the national body with the requisite know-how to promote and support the widest possible extension throughout the system of the examples of best practice that already exist, as well as fostering new evidence-based approaches. This was seen as one of the key dividends which would flow from the creation of the unitary health service management and delivery system under the reform programme.

The case study outlined on page 6 illustrates the significant benefits for patients of an integrated approach to the delivery of care.

John is 40 years old. One Friday he collapsed at work. As his care was based on a model that would typically feature in a Preferred Health System, he was assessed, treated and discharged home in 4 hours. If he had been treated using the model of care generally available in Irish hospitals, he would have spent 4 days in hospital.



Real-life patient case study at Mullingar Midlands Regional Hospital  
 Provided by Katherine Kenny, Divisional Nurse Manager. (The patient's name has been changed.)

### Impact of Integration on bed demand

According to the review, delivering a fully Integrated Health System would have a significant impact on the demand for public patient beds by 2020.

There are currently 11,660 public beds in public hospitals. In addition there are nearly 4,400 private beds (2,461 in public hospitals and 1,926 in private hospitals).

The review concludes that patients could be better served with less public patient beds than currently exist, if the hospital practices and processes which operate in a select number of Irish hospitals, and are the norm in health services around the world, operated in all Irish hospitals. For example, countries such as Australia, UK, Finland, Denmark and Canada could treat the same number of patients as Ireland treats today with between 2,000 and 5,000 less public patient beds.

However, it also acknowledges that, given the practices and processes which currently predominate in the health service and the absence of the full range of community-based services, there is an unmet demand for about 1200 acute public patient beds. The Programme for Government includes a commitment to provide 1,500 extra acute beds over the next few years through the co-location initiative (about 1,000 beds) and the HSE capital plan (about 450 beds).

The review points out that if current practices and processes continue and in the absence of appropriate investment in community based facilities, the demand for public patient hospital beds would escalate to nearly 20,000 by 2020. More importantly it also points out that with this approach patients could not receive the best care or outcomes and taxpayers would not be getting the best value for their investment in health.

To meet this demand we would have to build twelve 600-bed hospitals over the next twelve years. These hospitals would be similar in size to some of our largest hospitals - Tallaght Hospital, University College Hospital Galway and Cork University Hospital. This would be in addition to the complete redevelopment of the Mater Hospital and the development of the National Paediatric Hospital, both of which are underway.

Beyond 2020, bed demand would continue to increase as the number of people aged over 65 would not peak until 2036.

The review makes it clear that delivering an Integrated Health System is a realistic target. Delivering 100% of the Integrated Health System by 2020 would mean, for example, that the Irish health system would be performing at the same level as Denmark is today.

The review identifies bed demand based on a spectrum with “business as usual” at one end and a fully “Integrated Health System” at the other. These scenarios are summarised in the following table:

#### PUBLIC HOSPITAL BEDS DEMAND IN...

	2007	2014	2020
(1) Based on current practices	12,778	16,036	19,822
(2) Based on Delivery of an Integrated Health System			
25%	n/a	13,439	16,174
50%	n/a	11,262	13,165
75%	n/a	9,467	10,743
100%	n/a	8,008	8,834

Because an Integrated Health System does not operate universally in Ireland and based on the current approach, 12,778 beds are required - 1,118 more than exist today.

However, if an Integrated Health System was 100% operational in Ireland today, 6,458 public hospital beds would be required to meet current demand. If it was operating at 75%, 7,815 beds would be required.

It is important to appreciate that, as the integrated model of care is rolled out over time, the configuration of beds would also need to change to meet the different practices and processes. For instance:

- the number of single bed rooms would have to increase,
- the number of day case beds would have to double,
- the number of medical assessment units would have to triple, and
- there would have to be a 25% increase in the number of critical care beds.

The result would be a much more sophisticated mix in our acute hospital bed stock to better match the increasing complexity of acute care needs, which is likely to continue on into the future.

In addition, a continual programme of refurbishment and modernisation of acute in-patient beds would be needed.

Coupled with a significant expansion in the range and volume of community-based services, the demand for additional long term care, continuing care, therapy and rehabilitation beds would reach 10,000.

## Implementing an Integrated Health System

The Integrated Health System reaffirms the vision set out in the National Health Strategy that “Primary care needs to become the central focus of the health system”.

It is also consistent with the six priorities in the HSE’s Transformation Programme, viz.

- simplified patient journeys;
- easier access to primary and community care;
- easier access to excellent hospitals;
- more chronic illness programmes to enable people to be cared for outside hospitals;
- more transparent and measurable standards; and
- greater staff involvement in transformation.

Consequently, much of the work required is already underway, such as:

- the development of 500 Primary Care Teams,
- more outreach services,
- closer working relationships between hospital-based and community-based service providers as displayed during the Winter Initiative 2006/2007,
- the Needs Assessment for Residential Care for Older People’,
- the strong emphasis on primary/community care services in major strategies, and
- increasing rates of day case work and discharge planning and reducing average length of stays.

The knowledge gained from the review will be used by the HSE to:

- guide the planning and development of services to meet future service challenges;
- promote the greatest possible operational integration of acute and primary/community care services;
- develop clear and attainable targets against which to assess progress (taking account of the experience of similar change already effected here or in other jurisdictions);
- inform measures for the continued improvement of performance at individual hospital level;
- implement appropriate measures to monitor performance and outcomes; and
- support a continuous engagement with health service staff around the specific nature, pace and process of necessary change.

The detailed analysis and assumptions used within this review will also be used to:

- identify key performance issues within each hospital, support hospitals in implementing the required improvements and track their progress over time; and
- prioritise the expansion of primary, community and continuing care services and chronic disease management services within each local health office based on the actual needs of its residents.

### Shared national effort under social partnership

Under Towards 2016 the social partners have agreed a range of ambitious goals for people at each stage of their lifecycle which encompass the availability of good quality health services. The Agreement also recognises that the vision it articulates *“is an ambitious exercise and the long-term goals pose major challenges in terms of availability of resources, building the necessary infrastructure, and institutional and service delivery at both national and local level.”*

Delivering an Integrated Health System would create major benefits for all those represented through the social partnership process.

It would ensure that all Irish people have access to the best possible level and type of service according to their particular needs. Health services are a core determinant of the quality of life available to individuals and their families at each stage of their lives. The importance of achieving a fully Integrated Health System, and the associated challenges, will increase as the population ages in the years ahead.

Successful transformation of the health service would ensure that Ireland has a public health system which can sustain the confidence and support of all sections of society, thereby underpinning a continued willingness to invest public resources. Failure to achieve a high quality model of care risks a diversion of effort and resources away from the public system.

Achieving the transformation proposed would enhance the confidence and pride of the substantial number of people working in the health system in the service that they deliver to the public. This would increase morale and satisfaction for health service staff while reinforcing confidence in the public health system.

The scale of change required to deliver a fully Integrated Health System is significant. It will require a sustained and concerted effort on the part of all stakeholders to support a transformation which benefits society as a whole.

Health care should, therefore, be seen as a matter of major public interest which warrants a shared focus and commitment to change at national level similar to that which was applied to the broader economy when social partnership was embarked upon in 1987.

### Next steps

The challenge now is to use social partnership to mobilise support around delivery of the required changes.

At a national policy level, this will require continued dialogue through the social partnership structures to build and sustain consensus around the broad direction of change. Such strategic consensus at social partnership level should help to build wider confidence amongst the public in the general direction of the reform programme and thereby help support the public health service through the change process.

Full implementation of an Integrated Health System will involve substantial work practice changes, some of which will require agreement through the normal industrial relations channels.

Accordingly, the HSE recognises the benefit of discussing the issues involved in developing an Integrated Health System under the auspices of the Health Forum particularly in relation to the key enablers that will be needed to rapidly deliver visible benefits to patients, clients, carers and staff.

These include:

- ways of improving hospital processes and practices;
- the roll-out of primary care teams;
- the development of services for older people;
- information and ICT; and
- the development of chronic disease management.