



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Oifig an Phríomhoifigigh Airgeadais
Feidhmeannacht na
Seirbhíse Sláinte
Seomra 125, Ospidéal
Dr. Steevens
BÁC 8

Office of the Chief Financial Officer
Health Service Executive
Room 125, Dr Steevens
Hospital
Dublin 8

30th July 2019

Deputy Louise O'Reilly TD,
Dáil Éireann,
Leinster House,
Kildare Street,
Dublin 2.

PQ 27352 19 : *To ask the Minister for Health the estimated savings if the full economic cost for the use of beds in public and voluntary hospitals for the purposes of private medical practice were paid for by private insurance operators*

PQ 27353 19 : *To ask the Minister for Health the estimated savings if all private patients in public hospitals were charged in full for services provided rather than being charged a maintenance or per diem charge*

Dear Deputy O'Reilly,

The Health Service Executive has been requested to reply directly to you in the context of the above Parliamentary Questions, which you submitted to the Minister for Health for response. Your PQ's above have been referred to me for response.

For this response we are taking both of your PQ's together and responding on that basis.

The estimated cost to the taxpayer of treating private patients in public hospitals was €45m in 2017 (the latest full year for which all of the relevant information is available). An estimate is not yet available for 2018. These figures relate to the 39 acute hospitals which are currently within the scope of activity based funding as detailed costings at the specialty level are available for these hospitals. These hospitals account for >90% of acute hospital activity in Ireland.

These estimates are calculated by:

1. Identifying, from the HIPE system, the number of beddays relating to the treatment of private patients in each public hospital.
2. Estimating, from the hospital specialty costing returns, the per-diem cost of treating those private patients in each public hospital excluding consultant salaries.
3. Calculating the estimated total cost of treating private patients in each public hospital by multiplying the estimated per diem costs by the total number of beddays.
4. Summing the estimates to get a total for all hospitals.
5. Estimating the income generated from treating private patients in public hospitals taking into account the treatment setting (inpatient vs daycase), ward type (single occupancy vs multiple occupancy) and the category of hospital.
6. Subtracting the total estimated income from the total estimated cost to arrive at the final estimates for the cost to the tax payer.

Additional notes:

- Each of the steps described above is carried out separately for inpatient and daycases and the values are summed in the final step to get a combined estimate.
- The HIPE system is not a billing system and the data captured therein can only be interpreted as being an approximation of the actual income relating to the treatment of private patients in public hospitals.

If you have any queries, please do not hesitate to contact me at sarah.anderson1@hse.ie or tel: 045 882559.

Yours sincerely



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