



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

04<sup>th</sup> February 2022

Deputy David Cullinane,  
Dáil Éireann  
Leinster House  
Dublin 2.

Rannan na nOspideil Ghearmhíochaine  
Aonad 4A – Áras Dargan  
An Ceantar Theas  
An Bothar Mileata  
Cill Mhaighneann  
BÁC 8

Acute Operations  
Health Service Executive  
Unit 4A - The Dargan Building  
Heuston South Quarter  
Military Road  
Kilmainham  
Dublin 8.

**PQ 4582/22\* To ask the Minister for Health the elective throughput in each model 3 and 4 hospital in each month of 2018, 2019, 2020 and 2021, in tabular form.**

Dear Deputy Cullinane,

The Health Service Executive has been requested to reply directly to you in the context of the above Parliamentary Question, which you submitted to the Minister for Health for response.

## **Response**

Elective care is provided in model 2, 3 and 4 Hospitals. Model 2 hospitals are primarily elective only hospitals, while model 3 and 4 hospitals provide both emergency and elective care.

The Health Pricing Office (HPO) is responsible for managing and reporting data from the Hospital In-Patient Enquiry (HIPE) scheme. HIPE is a health information system designed to collect medical and administrative data regarding discharges from, and deaths in, acute public hospitals in Ireland. All acute public hospitals participate in HIPE. ED and out-patient attendances are not recorded on HIPE. Each HIPE discharge record represents one episode of care.

In order to respond to your query we have sought this information from HPO , which is attached with this correspondence. The following should be noted:

a: HPO have provided data for 2018-2020 and advised that they are in a position to provide data on closed files and at this time 2021 data is still open and subject to change

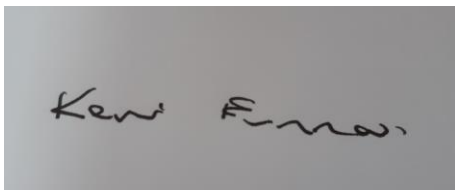
b: HPO have also advised that data provided does not include any public activity performed in private hospitals under the 2020 private hospital agreements.

Recent years have seen a significant impact on all elective care across Acute hospital services including outpatients, inpatient and day case procedures due to the impact of COVID. The number of patients being treated in the scheduled care during

2020 and 2021 has been affected by each wave of COVID and there has been a requirement to prioritise access for time urgent care or critical care during surge peaks and ongoing adaption of services and workflows associated with providing care within a COVID environment.

Significant funding has been identified through the 2022 estimates process to support access to care. The HSE is working with Hospital Groups to ensure that available additional funding in 2022 is targeted at access to care for patients where care delivery has been affected by the Pandemic. *Sláintecare* recognises the need to reduce waiting times, especially for those with urgent and complex care needs. The delivery of this is dependent on several critical enablers: these relate to scaling up health service capacity, a focus on providing improved value and productivity, and radical whole-system reform so that health services are better orientated to the emerging needs of the population through a more integrated care response. This plan is currently under development with the Department of Health.

I trust that this answers your question.

A rectangular box containing a handwritten signature in black ink. The signature appears to read "Kevin Finnan".

**Kevin Finnan**  
**General Manager**  
**Acute Operations**