SláinteCare – ‘A Pathway to Better Care’

Overview of presentation

- Mapping the Pathways to Universal Healthcare
- Why SláinteCare
- The SláinteCare process
- What is in SláinteCare?
- What if SláinteCare?
- Where are we now?
- Some concluding thoughts...
Mapping the Pathway to Universal Health Care in Ireland

To provide an excellent evidence base that will inform strategic direction and implementation of universal healthcare in Ireland

1. Assessing the gap between current Irish health system performance and universal healthcare
2. Evaluating the strengths and weaknesses of different models of universal healthcare and assessing their feasibility of implementation
3. Assessing the organisational challenges of moving to universal healthcare by reviewing the experience of other countries & exploring the current capacity & constraints facing decision makers throughout the system

Health Research Award from Irish Health Research Board (2014-2018)
Centre for Health Policy and Management, Trinity College Dublin
WHO Barcelona Office for Health Systems Strengthening, European Observatory for Health Policy and Systems
https://www.tcd.ie/medicine/health_policy_management/research/current/health_systems_research/news/

Six months work Oireachtas Committee on the Future of Healthcare

Why Sláintecare

- Persistent problems: EDs, long waiting times, access & quality
- Lots of ‘reform’, with little real impact
- Changes in government & minister resulting in different & sometimes conflicting plans/reforms
- No universal healthcare, no legal entitlement to health and social care
- Extremely complex system of ‘eligibility’, which does not guarantee access
- Largely tax funded
- Out of pocket spending prevents access
- High private health insurance (45%)
Why Sláintecare

- 2011 Programme for Government commitment to Universal Health Insurance, finally abandoned in 2015
- General election March 2016
- New minister, May 2016 – Simon Harris
- New Programme for Government

- request an Oireachtas All-Party committee to develop a single long term vision plan for healthcare over a 10 year period... Key to the long-term sustainability of our health service and Universal Healthcare...is the development of a new funding model for the health service
- Terms of Reference of the Oireachtas Committee on the Future of Healthcare

The Sláintecare process
The Terms of Reference

- The severe pressures on the Irish health service, the unacceptable waiting times that arise for public patients, and the poor outcomes relative to cost
- The need for consensus at political level on the health service funding model based on population health needs
- The need to establish a universal single tier service where patients are treated on the basis of health need rather than on ability to pay
- That to maintain health and wellbeing and build a better health service, we need to examine some of the operating assumptions on which health policy and health services are based
- That the best health outcomes and value for money can be achieved by re-orientating the model of care towards primary and community care where the majority of people's health needs can be met locally and
- The Oireachtas intention to develop and adopt a 10 year plan for our health services, based on political consensus, that can deliver these changes
The Sláintecare process

What's in Sláintecare: whole of system/process approach
What’s in Sláintecare
A ten year plan for health reform devised through political consensus

1. Entitlement
   - Legislate for an entitlement for all residents to health and social care & wait times guarantee
   - Eliminate or reduce charges (low or no cost)

2. Integrated care
   - At lowest level of complexity, in primary & community care (access to diagnostics), empowered patient, strong public health, eHealth, expanded integrated workforce

3. Funding
   - A national ring-fenced health fund & transition fund
   - Funded through Regional Integrated Care Structures
   - Ending private care in public hospitals

4. Implementation
   - Office to drive reform
   - Better governance, accountability & leadership

What if Sláintecare 1. Culture Change

Status quo no longer an option
Entitlements and not eligibility
- Universal
- No or low cost care
- Waiting time guarantees

Legislation
Accountability
What if Sláintecare 2. Changed Financing

Share of Funding from different sources

![Pie charts showing the share of funding from different sources for 2017 and 2028.](chart)

Changed Financing – an International Comparison

International Comparisons

![Bar chart showing the share of funding from different sources in various countries.](bar_chart)
What if Sláintecare 3. Changed Human Resources

- Expansion – 6,600 staff
- Most in primary and community care
- Investment in Additional Training - €665m over six years

Human resource – Austerity and recovery

HSE 2017
What if Sláintecare 4. 
Changed Resource Allocation for Integrated Care

1. Expanding Activity based Funding to cover all elements of acute care
2. Establish population based resource allocation formula for primary and community care
3. Coterminous - Hospital Groups and Community Health Organisations
4. Pooled Funding
5. Local System governance for using pooled funding to resource integrated care based on health need

Local Health System Geographies with integrated funding and delivery of Hospital, Primary AND Community Care

What if Sláintecare 5. Changed Information & Communication

For Integrated Care, for patients, for healthcare staff

• Massive Investment in eHealth (€875m)
• Unique Patient Identifier
• New comprehensive data systems across the health system
• Better waiting time data better communicated
And so we would have a different system...

New pathways to care
New workforce, new financing
New resourced allocation models
New ways of working and collaboration
New IT systems

With different needs...

Where are we now?

– July 2018: announcement of Laura Magahy as Executive Director of Sláintecare Programme Office and Tom Keane as Chair of Sláintecare Advisory Council
– August 2018: publication of Sláintecare Implementation Strategy
– No news of transition fund or Sláintecare funding
– Awaiting...
  o De Buitleir report
  o Report on CHOs & Hospital Groups
  o New HSE Board
Yet, there are reasons to be hopeful...

- First time ever there is political consensus on a ten year plan for reform
- A new office to drive the reform
- A determined minister
- Driven by strong public health, much more care outside of hospital, care based on need not ability to pay, integrated, eHealth...
- Strong emphasis on clinical leadership
- Detail yet to be worked out allows your input into Sláintecare as a pathway to better care...
- Citizens care master plan
- May need another election to get the financing and political support required for delivering Sláintecare reform

Thank you

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