To access the full report go to: www.hse.ie/eng/services/publications/planningforhealth.pdf

ASSUMPTIONS

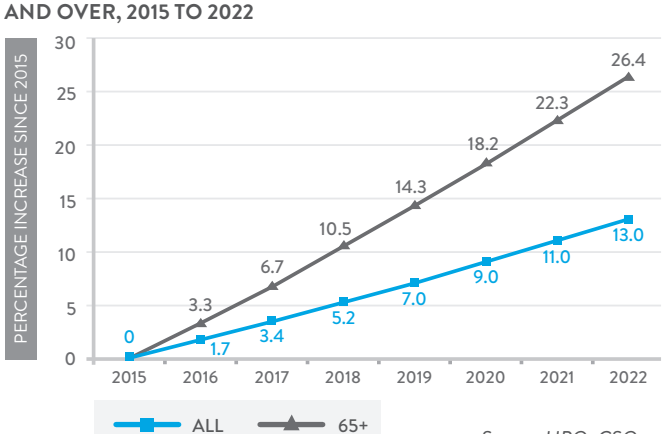
- The aim of this paper is to project the impact of demographic change on the demand for Acute Hospital Services funded by the HSE in 2017 and give a five year projection to 2022.
- The Healthcare Pricing Office (HPO) produced age-specific utilisation rates for in-patient discharge and day case discharge rates for 2015. This was applied to our population projections, to project activity (numbers of discharges and bed days) for 2017 and 2022.
- The HIPE file that was used was for all analyses was "HIPE_2015_AsOf_0216_V15".
- Population projections are based on the CSO M2F2 scenario.
- No new service improvement initiatives are included in projections of activity or costs. In addition unmet demand and need is not reflected in the projections.
- An assumption is made that hospital discharge rates, unit costs, models of care and the ratio of in-patients to day cases, will remain stable between 2016 and 2017.

KEY MESSAGES

- There will be an average annual demographically driven cost pressure of approximately 1.8% from 2015 to 2022 reflecting the acceleration in population ageing.
- The cost pressures that have been building in the system from 2009 should also be considered when taking any views on service planning. The 1.7% change from 2016 to 2017 is the additional cost necessary driven by "pure" demographic effect; this does not take into account the pre-existing known deficits or any new initiatives being implemented in the system.
- If we add the effect of population growth on the demand for Acute Hospital Services we can see in real terms that yearly gains in funding are being impacted by the "pure" demographic effect. (FIG 2)

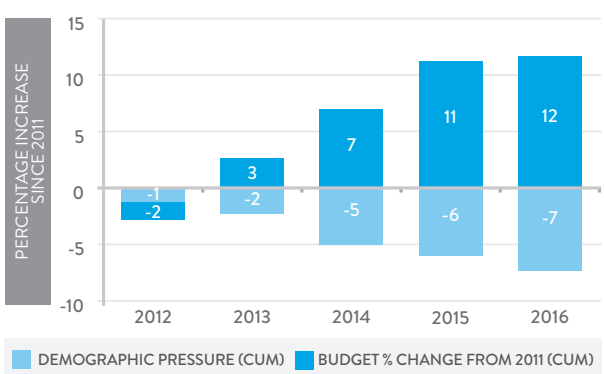
PROJECTED **COST PRESSURE** IS **1.7%** FROM **2016** TO **2017**

FIGURE 1: PROJECTED TOTAL IN-PATIENT AND DAY CASE PERCENTAGE COST CHANGES, ALL AGES AND 65 YEARS AND OVER, 2015 TO 2022



Source: HPO, CSO

FIGURE 2: EFFECTIVE CUMULATIVE COST PRESSURES: HOSPITALS GROSS BUDGET AND "PURE" DEMOGRAPHIC EFFECT



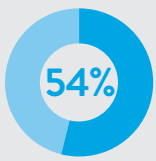
Source: HSE Performance Reports 2011-2016 - 2016 latest PR, Central Statistics Office (CSO) Population Projections
Note: In the period of analysis there has been some reclassification of what constitutes Acute Services

ACTIVITY

- In 2015, adults aged 65 years and over represented 13% of our population but used 54% of total hospital in-patient bed days and approximately 37% of day case and same day bed days.
- Adults aged 85 years and over represented 1.4% of our total population but used approximately 14% of the in-patient bed days.
- It is projected that there will be an overall increase of 11,900 adult in-patient discharges between 2015 and 2017. This equates to approximately 344 additional adult hospital in-patient beds at 100% utilisation of seven day beds.
- A diagnosis related group (DRG) analysis of admissions in the over 65s showed that the top DRGs, which accounted for 20% of all bed days in this group, included hip replacement, respiratory disease, heart failure and stroke. These were also the most resource-intensive conditions in an analysis of the top DRGs in the over 85s.
- There has been an increase in hospital activity in recent years which is largely related to increased day case activity. Day case admissions have been increasing annually by 3-4% since 2009.

IN 2015 ADULTS AGED **65** & OVER REPRESENTED

OF THE POPULATION BUT USED



OF THE TOTAL HOSPITAL IN-PATIENT BED DAYS

+

ADULTS AGED **85** & OVER REPRESENTED

OF THE POPULATION BUT USED APPROXIMATELY

OF THE TOTAL HOSPITAL IN-PATIENT BED DAYS

PROJECTED INCREASE IN ADULT IN-PATIENT DISCHARGES FROM **2015** TO **2017**

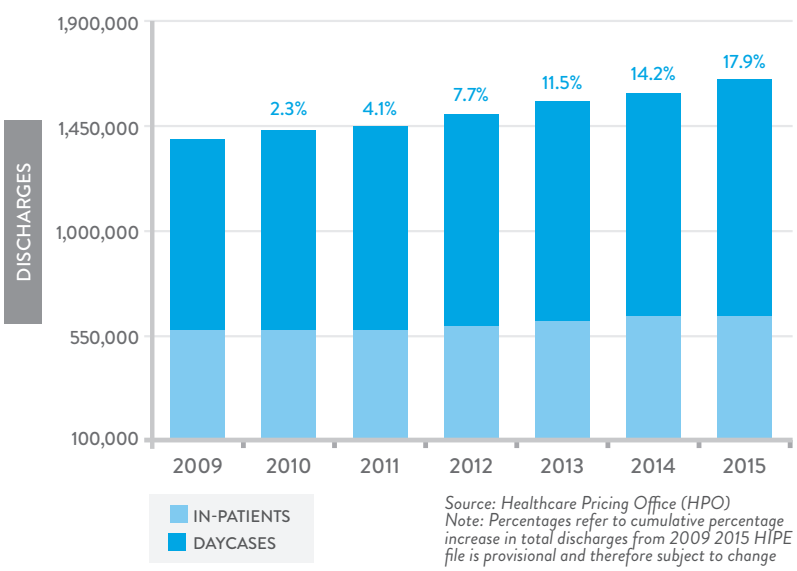
OF ALMOST **12,000**

≈ **340** ADULT IN-PATIENT BEDS

DAY CASE INCREASING ANNUALLY by **3** TO **4%**

TOTAL IN-PATIENT AND DAY CASE DISCHARGES AND CUMULATIVE PERCENTAGE INCREASE 2009-2015

- Adult day cases are projected to increase by 35,280 from 2015 to 2017.
- 67% of surgical cases were admitted on the day of surgery in 2015, compared to the national target of 70%. There was however, wide variation in day of surgery admission rates between hospitals.
- 746 patients were waiting 15 months and over for in-patient or day case treatment at the end of December 2015.



Source: Healthcare Pricing Office (HPO)
Note: Percentages refer to cumulative percentage increase in total discharges from 2009 2015 HIPE file is provisional and therefore subject to change

EMERGENCY DEPARTMENTS

IN 2015 THERE WERE **>860,000**

ADULT EMERGENCY DEPARTMENT (ED) ATTENDANCES

IN 26 ADULT HOSPITALS

- In 2015 there were 865,057 adult Emergency Department (ED) attendances, in 26 adult hospitals. Of these, 68% were 17-64 years old, 21% were 65-84 years and 5% were 85 years and over.
- Approximately 1 in 2 adults aged 65 years and over presenting to ED were admitted, compared to 1 in 5 adults aged 17-64 years.
- During 2015 approximately 62% of ED attendees spent less than 6 hours in the ED and 77% spent less than 9 hours in the ED. The HSE targets were 95% and 100% respectively.
- In 2017, if ED attendance rates remain constant, it is projected that ED attendances will increase by over 3,200 for those aged 85 and over and by 11,581 for those aged 65-84 years.

TROLLEYS

OVER THE LAST 3 YEARS THE HIGHEST TROLLEY NUMBERS ARE SEEN DURING

FEB MAR & APR

DURING THIS TIME TROLLEY NUMBERS INCREASE BY **70-80** ON AVERAGE

- In 2015 the average number of patients on trolleys per day was 292 which increased from 241 in 2014 and 230 in 2013. This figure has increased to 326 in 2016.
- Over the last three years, the highest trolley numbers are seen during the months of February, March and April. This rise is related to winter pressures, which include peaks in influenza notifications and outbreaks of norovirus. During this time the trolley numbers increase on average by 70-80.

ACUTE MEDICAL ASSESSMENT UNITS

- From 2013 to 2015, there has been an increase of 20% in attendances at registered Acute Medical Assessment Units (AMAU).
- In 2015 there were 95,300 attendances at registered AMAUs.
- In 2015, 53% of AMAU attendances were adults aged 17-64 years and 46% were adults aged 65 years and over.

OUTPATIENT DEPARTMENTS

IN 2015 THERE WERE NEARLY

3 MILLION

ADULT OPD ATTENDANCES

WHICH INCLUDED **ALMOST**

800,000

NEW PATIENTS

WAITING LISTS

FOR TOP PROCEDURES,

COLONOSCOPY

CATARACT SURGERY &

GASTROSCOPY ARE

INCREASING EACH YEAR

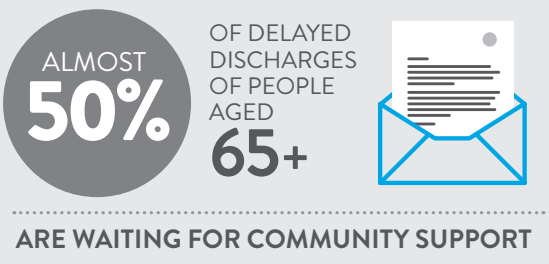
- There were 2,887,592 adult OPD attendances in 2015, which included 789,327 new patients.
- Based on the throughput of 2015, it is projected that, in 2017, there will be over 11,000 additional new patients seen in OPD if referral rates remain constant.
- In 2015, waiting lists reduced in the most in-demand OPD specialties, including orthopaedics, dermatology, ENT and general surgery. This was due to a HSE initiative to tackle the number of those waiting 15 months and over. 2,652 GI endoscopies were outsourced to private hospitals in 2015.
- 9,887 patients were waiting longer than 15 months for an outpatient appointment at the end of December 2015, with 5,262 waiting longer than 18 months.
- Waiting lists for top procedures, particularly colonoscopy, cataract surgery and gastroscopy, are increasing every year.
- A recent HSE demand capacity report found that 5,800 additional scopes will be required for 2016 to maintain waiting lists at their current levels if referral rates remain constant.
- The numbers referred for urgent scopes increased in 2015 in all age groups.

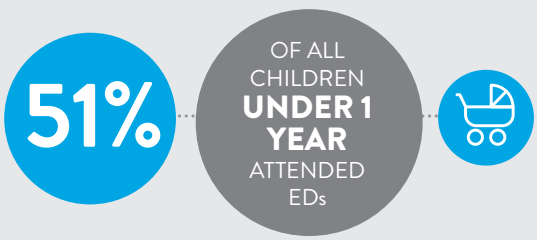
DELAYED DISCHARGES

- In 2015, the average number of delayed discharges (648) was lower than the 2014 average (692) but never reached the 500 target.
- In 2015, 48% of delayed discharges aged 65 years and over were awaiting the Nursing Home Support Scheme (NHSS) or a home care package.
- Increasing availability of rehabilitation beds could potentially free up 12% of delayed discharge beds in those aged 65 years and over.

PAEDIATRICS

- For paediatric patients the likelihood of admission decreases with increasing age, with highest admission rates in those aged under 1.
- According to 2015 Patient Experience Time (PET) data, 51% of all children aged under 1 attended EDs.





HEALTH INEQUALITIES

- Deprived populations have a higher 30-day in-hospital mortality after an emergency medical admission, a higher rate of emergency medical admissions and a higher rate of admissions for Ambulatory Care Sensitive Conditions.
- Mental illness, homelessness, alcohol and substance abuse were associated with significantly higher ED attendance rates. 60% of the most frequent attenders were, or had recently been, homeless. The most frequent attender presented to the ED 404 times in 2014.

RESEARCH AND DATA NEEDS

- Focused data analysis can be carried out with hospitals experiencing specific difficulties where national metrics can mask individual hospital metrics.
- Hospital patient outcome dataset should be developed and piloted to demonstrate a profile of hospital patient outcomes.
- Existing hospital activity data can be mined more extensively and be more readily available in a user friendly platform to assist with service planning.
- Hospital bed costings by DRG is an essential requirement for planning and should be made available for economic analysis and business case development.
- Innovative pilot schemes that are currently underway as part of the integrated programmes should be evaluated to demonstrate if scalability is feasabile and thus assist in business case development.
- Hospital group level data will assist greatly with hospital group level needs assessments.
- It is essential that a standardised methodological approach is taken in the development of Hospital Group specific denominators.
- It is recommended that Hospital Group needs assessments are carried out in collaboration with CHOs to assist with a co-ordinated integrated programme of care approach.
- Regular bed utilisation surveys are required to examine appropriate use of hospital beds and to identify specific discharge barriers by hospitals.
- An age-specific patient journey map from primary through secondary and tertiary care will inform the needs and requirement of specific age cohorts.
- Whenever relevant and possible, HIPE data should include socio-economic status and socially excluded groups, to enable equality monitoring of all services and to monitor progress towards a reduction in health inequalities.