

# Capacity Review 2017: Public Consultation

## Introduction

The Department of Health is undertaking a health service Capacity Review to determine capacity requirements in the health service to the year 2030. This involves a detailed analysis of current and future demand for health services, capacity requirements to meet this demand, and the effect of health policies on future capacity requirements.

This review is part of a wider programme of analysis of the health service in Ireland. The capacity review can inform current policy considerations, such as the recently published Sláintecare report, as well as future investment decisions.

The objective of this consultation process is to seek views from stakeholders, interested parties and the public on current and future health service capacity needs. This will form an important component of the review process.

## What is the 2017 Health Service Capacity Review?

Periodic robust analysis of infrastructure and capacity needs is fundamental to effective planning and management of health services. Such reviews should ideally take place on a periodic basis, should consider medium-term time horizons, and be informed by emerging evidence on demographic and epidemiological trends (i.e. disease trends such as diabetes rates in the population), as well as changes in health care technology and health care delivery.

The *Programme for a Partnership Government* commits the Department of Health to undertake a Capacity Review in 2017. The review will help inform investment decisions across the health service over the period 2017 - 2030, and more generally will provide a basis for informing policy considerations. Specifically, the Review will contribute to the mid-term review of the current Capital Investment Plan 2016-2021 and the development of a new ten-year Capital Investment Plan, both of which will be completed this year.

This review will be different from previous capacity reviews, which considered acute hospital bed requirements only<sup>1</sup>. For the 2017 Review, we are interested in assessing capacity across acute, primary care and older persons services. This is in recognition of the interdependent nature of capacity across the system, and on-going developments in the way care is delivered and accessed.

For example, it is widely acknowledged that primary care can provide more appropriate and effective management and treatment of some illnesses and conditions, especially chronic diseases. Similarly, the availability of non-acute beds and services in the community can mitigate the need for acute hospital admission, or facilitate earlier discharge. These factors directly contribute to capacity requirements across the health service. Therefore, in addition to hospital facilities, the review will also consider other aspects of health service capacity such as residential and homecare services for older persons and primary care services.

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<sup>1</sup> 2002 Review: <http://health.gov.ie/wp-content/uploads/2014/04/Acute-Hospital-Bed-Capacity.pdf> ); 2007 Review: ([http://www.hse.ie/eng/services/publications/hospitals/PA\\_Consulting\\_Acute\\_Hospital\\_Bed\\_Capacity\\_Review\\_2008.html](http://www.hse.ie/eng/services/publications/hospitals/PA_Consulting_Acute_Hospital_Bed_Capacity_Review_2008.html))

The 2017 Capacity Review provides an opportunity to undertake a more comprehensive assessment of current and future capacity requirements to determine how the system as a whole can respond to future health and social care needs.

### How is the Capacity Review being undertaken?

The Department of Health is leading the Capacity Review. A Steering Group, comprised of officials from Government Departments, the HSE and health and clinical experts will guide, direct and oversee the Capacity Review process. In addition, the Department has established an independent peer review group of international health experts to review and validate the methodology and findings of the Capacity Review.

The membership of both the Steering Group and the International Peer Review Group, together with the Terms of Reference for the Capacity Review, are available at <http://health.gov.ie/blog/policy/health-service-capacity-review-in-ireland-2017/>.

The Department has engaged PA Consulting Group to provide independent analysis and projections of future capacity requirements. The development of projections of future capacity requirements will take account of the following:

- Current health service utilisation
- Unmet demand for services (e.g. waiting lists)
- Demographic changes
- Non-demographic factors (e.g. epidemiological (disease) trends, health status, health innovations etc.)
- Adjustments for potential health policy and health care delivery changes – acknowledging that health service delivery in 2030 is unlikely to mirror that of today

As part of the development of capacity projections, PA Consulting will undertake detailed engagement with health experts and practitioners, academics, health services managers and staff, patients and service users, and others to ensure its process, methodology, analysis and assumptions are properly informed and robustly tested.

### Context: Important Factors for Consideration

The context for health service delivery in 2030 will be very different from 2017 and it is important that this is captured in the Capacity Review. Three of the most significant factors to take into consideration are changing demographics and epidemiological trends, changes in policies and models of care, and continuing improvement in the effective use of resources. These are discussed below.

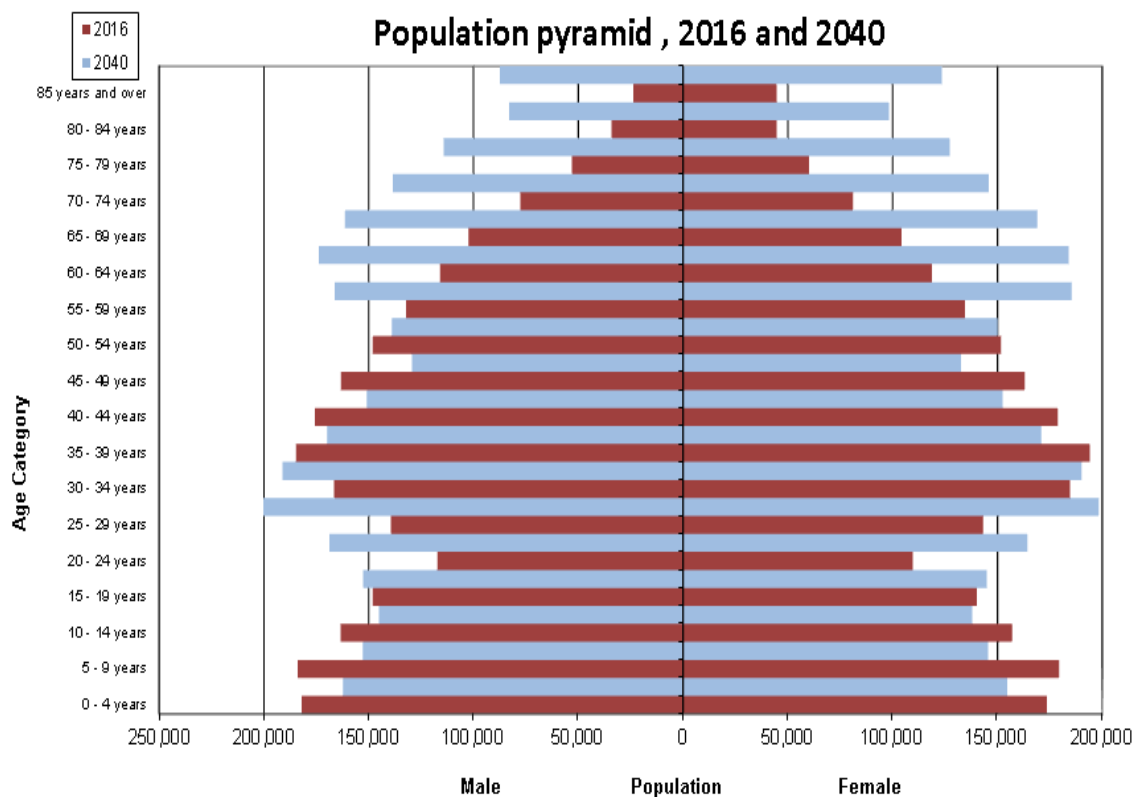
### Changing Demographics and the Rise of Chronic Disease

The demographic and epidemiological challenges facing Ireland for delivery of healthcare services are well known. The overall population in Ireland has increased by 10% between 2006 and 2015 (compared with 2.4% for the EU 28 over the same period). Life expectancy has improved significantly in the past decade. Between 2003 and 2014, life expectancy in Ireland for males increased from 75.7

years to 79.3 years and for females from 80.7 to 83.5 years. This is a positive development which reflects, in part, improvements in healthcare.

The number of older people in Ireland is increasing rapidly, placing greater demands on health services healthcare services. The number of people aged 65 years and over increased by 30.2% between 2006 and 2015 (compared with an increase of 15.1% for the EU 28 over the same period). This growth occurred against a backdrop of constrained public finances during the period 2008 – 2014.

This trend in ageing is set to continue, with CSO projections showing a 37% increase in the 65+ age group between 2015 and 2026.



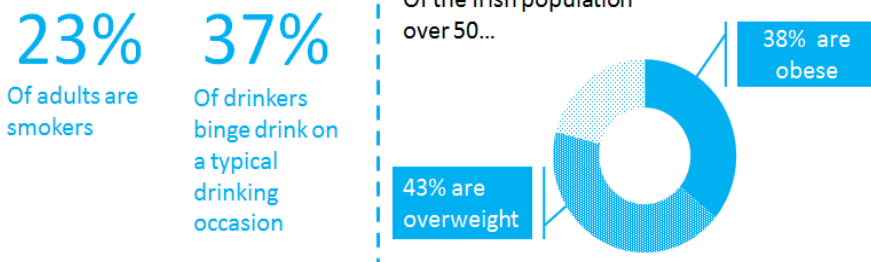
Source: Population and Labour Force Projections, 2016-2046, CSO

In common with other advanced economies, Ireland is also experiencing a rise in the number of people living with a chronic disease (conditions which are not acquired from someone else, and which are of a long duration<sup>2</sup>). There are currently one million adults who have either cardiovascular disease, diabetes or chronic respiratory disease. More significantly, 18% of adults over 50 years of age have two or more chronic conditions, while this rises to approximately two-thirds of those aged 65 years and older. Over the past 15 years, the number of individuals with chronic diseases has increased by 20-40% (depending on condition) and this trend is expected to continue into the future as a result of increasingly unhealthy lifestyles and an ageing population.

<sup>2</sup> For example, heart failure, diabetes, asthma, stroke

### Risk factors for Chronic Disease

Ireland has a substantial number of people living unhealthy lifestyles. At least one third of cancer cases and almost two thirds of cardiovascular disease (heart disease and stroke) cases are attributable to a number of preventable risk factors.



The high level of risk factors in the population has been aggressively targeted through strategies on tobacco, alcohol, physical activity and obesity. These strategies have set ambitious targets for risk factor reduction but will take a number of years before they impact on the levels of chronic disease.

At present, chronic diseases account for a significant proportion of hospital activity, including 40% of hospital admissions and 75% of hospital bed days. There is growing consensus that the continued reliance on reactive hospital treatment for chronic disease is unsuitable for patients, unsustainable for the health service and there is a need for the development of preventive and proactive management of these conditions.

### Evolving Policies and Models of Care

The Capacity Review will be undertaken in the context of a wide and developing policy landscape. There is broad consensus that the existing Irish health system, with its hospital-centric focus, is unsustainable in the face of emerging demographic and epidemiological trends. In particular, the rise in the burden of chronic disease, public expectations, and medical and technological innovations are placing increasing demands on a system that is already under considerable strain. This is evident in inpatient, day case and outpatient waiting lists, ED waiting times, and waiting lists in primary and community care (e.g. homecare).

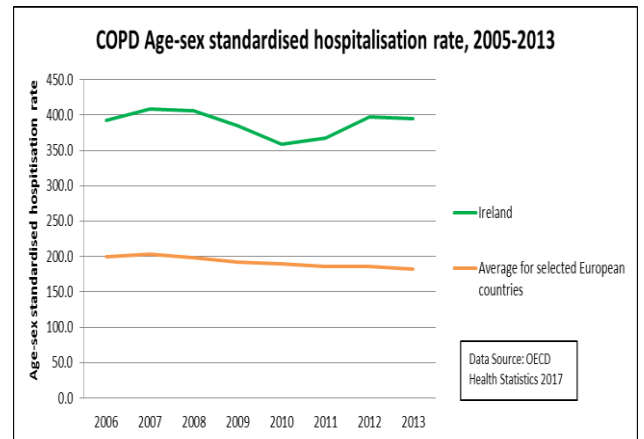
It is also generally agreed that our current model of care (how care is delivered) is not best serving patients. We want to develop a holistic approach to health and social care needs across the continuum of care and throughout a person's life, to improve health outcomes and patient experience.

COPD provides a clear illustration of reliance on the hospital system to treat patients. The OECD notes that Ireland had the highest rate of hospital admissions for COPD in Europe in 2013<sup>3</sup>.

Successive policies and initiatives have been focused on developing a new model of care that centres on delivering *the right care in the right place at the right time and by the right person*.

While the implications of moving towards a new model of care are wide-reaching, key elements include:

- A population-health focus that prioritises health and well-being and illness prevention, including patient empowerment and self-management;
- A shift in care to the lowest level of complexity consistent with patient safety;
- A greater role for primary and community care services especially in the area of chronic diseases
- Organisation of hospital services in the seven hospital groups, and optimisation of use of acute care to maximise patient flow and health outcomes for patients;
- Enhanced homecare and supports for independent living; and
- Better integration of service delivery both within and across care areas (i.e. primary, acute and social).



### Effective Use of Resources

The Capacity Review can allow the Department to understand how and where to use resources more effectively. Determining what resources are used where and by whom allows the Department to effectively plan future resource usage and the more efficient use of those resources.

Recent improvements in this area include an increase in Day-of-Surgery Admissions due to necessary work-up having been carried out prior to admission.<sup>4</sup> This improved the efficiency of health service delivery with lower lengths of stay for patients and improved through-put, meaning more beds were available in the system. There have also been significant increases in the number of procedures that are carried out on a day surgery basis, again ensuring an improved through-put of patients and a better utilisation of resources.

### What is this Consultation Process about?

The Department of Health wishes to have a more broad based consultative process on the type and scale of capacity needed now and into the future to complement and inform the more detailed engagement being carried out by PA Consulting. In particular, we are interested in views on changing healthcare needs and the implications that this has for capacity development between now and 2030.

<sup>3</sup> OECD (2017) OECD Health Statistics 2017, OECD Publishing, Paris. <http://www.oecd.org/els/health-systems/health-data.htm>. Selected European Countries in Diagram: Austria, Belgium, Denmark, Finland, France, Germany, Italy, Luxembourg, Netherlands, Portugal, Spain, Sweden, and United Kingdom.

<sup>4</sup> Department of Health (2016) *Working Paper on Acute Hospital Finance and Efficiency*, p.8.

This is a **public** consultation. One of the goals of the process is to receive the experience of key stakeholders, including patients and service users. The consultation period will run for **FOUR WEEKS**, and we would like to hear from as many people as possible.

It is important to acknowledge that the outcomes of this assessment cannot be taken in isolation from other factors impacting on delivery in the Irish healthcare system, including the availability of exchequer funds to build and run new capacity, the lead-time for planning and building new facilities and the on-going requirement to drive improvements in the management and use of existing facilities and capacity/resources. We request respondents to take this into account in responses.

#### Questions:

We are seeking your views on the following questions. Please use the consultation link to respond.

Given the demographic and epidemiological changes discussed above:

1. What changes in models of care and in the way we deliver care are (a) most urgent, and (b) what implications will this have on capacity requirements?
2. How can current capacity be more effectively used?
3. What do you consider to be the priorities for capital investment over the next 15 years?

#### How to participate:

Please log on to the Department of Health Consultation page to give your views. A link to the page can be found at <http://health.gov.ie/consultations/>. Respondents to this questionnaire should note that their input may be published and will be subject to the provisions of the Freedom of Information Act 1997 & 2014. Organisations wishing to make contributions of significant length may email these to [CapacityReview@health.gov.ie](mailto:CapacityReview@health.gov.ie)