An Roinn Sláinte
Department of Health

Public Consultation on Geographic Alignment of Community Healthcare Organisations and Hospital Groups - Towards a Model of Integrated Person-centred Care

Introduction

The Department welcomes all responses to this consultation, which will facilitate us in considering what additional actions may be taken, and in a manner which is reflective of the broadest possible range of views from stakeholders and members of the public. This stage in the process is particularly aimed at organisations and service providers. However, everyone with an interest in this issue is welcome to participate.

It is important to note that this public consultation forms part of a broader consultation process on geographic alignment. Given that the Department will be conducting further steps in the consultation process, this consultation questionnaire does not attempt to address every aspect of geographic alignment.

Structure of the Consultation Questionnaire

There are four sections in this consultation questionnaire:
Section 1 Respondent Information
Section 2 The Importance of Geographic Alignment of Hospital Groups and CHOs
Section 3 How to Achieve Geographic Alignment of Hospital Groups and CHOs
Section 4 Towards Integrated Health and Social Care - Opportunities for the Future

How to Make a Submission to this Public Consultation

Please submit this paper copy of this Consultation Questionnaire to:
Research Services Unit,
Department of Health,
Hawkins House,
Hawkins Street,
Dublin 2, D02 VW90.

Written, paper submissions should be posted to this address to arrive no later than **23 May 2018.**

You can also contact the Department if you have any questions about this public consultation: email geoalignment@health.gov.ie or by calling: (01) 6354185 or (01) 6354047.

The information shared by you in this consultation will be used solely for the purposes of policy development and handled in accordance with data protection legislation. An analysis of submissions received as part of the public consultation will be published online which will include a list of organisations and representative bodies that responded. Comments submitted by individuals may be used in the final consultation report but these will be anonymised. All personal data is securely stored and subject to data protection laws and policies. For more information, see http://health.gov.ie/data-protection/

Please note that submissions received by the Department are subject to the Freedom of Information (FOI) Act 2014 and may be released in response to an FOI request.

Before you complete the consultation questionnaire you might find it helpful to read the Information Note about geographic alignment of Hospital Groups and Community Health Organisations and the consultation process.

Information Note on Geographic Alignment of Hospital Groups and Community Health Organisations

Introduction

"Accountability, effective organisational alignment and good governance are central to the organisation and functioning of the health system" [1].

The opening quotation above sets out one of eight fundamental principles of the SláinteCare Report. Further to their recommendation that the Health Service Executive (HSE) be reformed into a more strategic national centre, with an independent board, the Oireachtas Committee on the Future of Healthcare proposed the geographic alignment of Hospital Groups and Community Health Organisations (CHOs). The Committee also advised that *"further analysis and consultation should be undertaken to identify how alignment can best be achieved with minimal disruption to key structures including at Community Healthcare Networks (CHN) level"* [2].

Minister Harris, in his input to the Oireachtas Committee hearings, stated that he was "*convinced that Hospital Groups and CHOs should be geographically aligned ... having Hospital Groups and CHOs operating on this basis will facilitate collective performance and accountability arrangements based upon pre-agreed and shared goals, budgets and incentives"* [3]. More recently, the Minister committed to launching a public consultation on the issue. This information note provides background material in order to inform this public consultation.

[1] SláinteCare Report, p.14; https://www.oireachtas.ie/parliament/media/committees/futureofhealthcare/Oireachtas-Committee-on-the-Future-of-Healthcare-Slaintecare-Report-300517.pdf
[2] SláinteCare Report, p.26 & p.89
[3] Opening Statement by Minister for Health Simon Harris T.D. to the Committee on the Future of Healthcare (22/03/17); http://health.gov.ie/blog/speeches/opening-statement-by-minister-for-health-simon-harris-t-d-to-the-committee-on-the-future-of-healthcare/

The SláinteCare Report and the Ambition to Achieve a Model of Integrated Person-centred Care

The SláinteCare Report is anchored in the conviction that primary and community care must be at the heart of the healthcare system, and care must also be integrated across settings and must be safe and of high quality. In the SláinteCare Report, the goal of universal healthcare is framed in terms of a co-ordinated person-centred model of care and considerable emphasis is placed on providing **integrated** health and social care for citizens.

The Oireachtas Committee on the Future of Healthcare defined integrated care as:

> '*healthcare delivered at the lowest appropriate level of complexity through a health service that is well organised and managed to enable comprehensive care pathways that patients can easily access and service providers can easily deliver. This is a service in which communication and information support positive decision-making, governance and accountability; where patients' needs come first in driving safety, quality and the coordination of care'* [1].

Within the SláinteCare Report, it was highlighted that coordination spanning professional and departmental boundaries is needed to deliver integrated healthcare, such as interdisciplinary team working, as well as coordination between primary, secondary and tertiary care domains, such as the design of optimal care pathways.

The SláinteCare Report sets out a number of ways in which to develop "*a culture and mechanism for collaboration, integrated care and shared local governance between CHO's and acute hospitals"* including population-based resource allocation. This includes "*the phased pooling of funding to support integrated care and a simplification and harmonisation of current fragmented and disconnect*ed *resource flows to primary, acute and social care*." It is envisaged that these developments will in time lead to the formation of regional integrated care organisations that will operate with appropriate autonomy within defined geographic areas and with clear reporting structures [2].

[1] SláinteCare Report p.20
[2] ibid p.94

Hospital Groups and Community Health Organisations

The current structures of the healthcare system pose a challenge to achieving an integrated person-centred model of care. At present, hospitals are grouped together, and these 'Hospital Groups' are responsible for the delivery of healthcare services within the acute setting. At the same time, the healthcare system also comprises CHOs which are defined by *geographic* boundaries and these CHOs are responsible for the broad range of services that are provided outside the acute hospital system. This includes primary care (e.g. GPs, public health nurses), social care (e.g. home care support, meals-on-wheels), mental health, disability and health and wellbeing services (e.g. vaccination, screening, health promotion).

Hospital Groups have their origins in a report published in 2013, "The Establishment of Hospital Groups as a Transition to Independent Hospital Trusts" (known as The Report on Hospital Groups). This report was published alongside "The Framework for Development – Securing the Future of Smaller Hospitals". Both reports were approved by Government. The Report on Hospital Groups recommended that six Hospital Groups should be established: Dublin North East; Dublin Midlands; Dublin East; South/South West; West/North West and Midwest [1].

The Report stated that grouping hospitals would allow '*appropriate integration and improve patient flow across the continuum of care*' [2]. In the Report, it was recommended that each Hospital Group would include a primary academic partner which would '*stimulate a culture of learning and openness to change within the group*' and recommended the establishment of a Children's Hospital Group covering the acute paediatric services in Dublin [3]. Therefore, each Hospital Group comprises between six and eleven hospitals and includes at least one major teaching hospital.

In 2013, after the launch of the Report on Hospital Groups, the HSE initiated a review of the organisation of community-based services. This was necessary to address the questions raised for the HSE's existing geographic management arrangements whereby hospitals and community-based services were organised into 17 Integrated Service Areas (ISAs) from 2010. These community-based services were further organised into 4 HSE regions reporting to an Integrated Services Directorate.

At that time, the ISA review considered the number, scale and geographic boundaries for the organisation of primary and community health service areas and the associated governance and management arrangements. The review involved wide consultation with health service staff and representative groups, a review of historical arrangements for the delivery of community-based services in Ireland and a review of international

experience in developing integrated care.

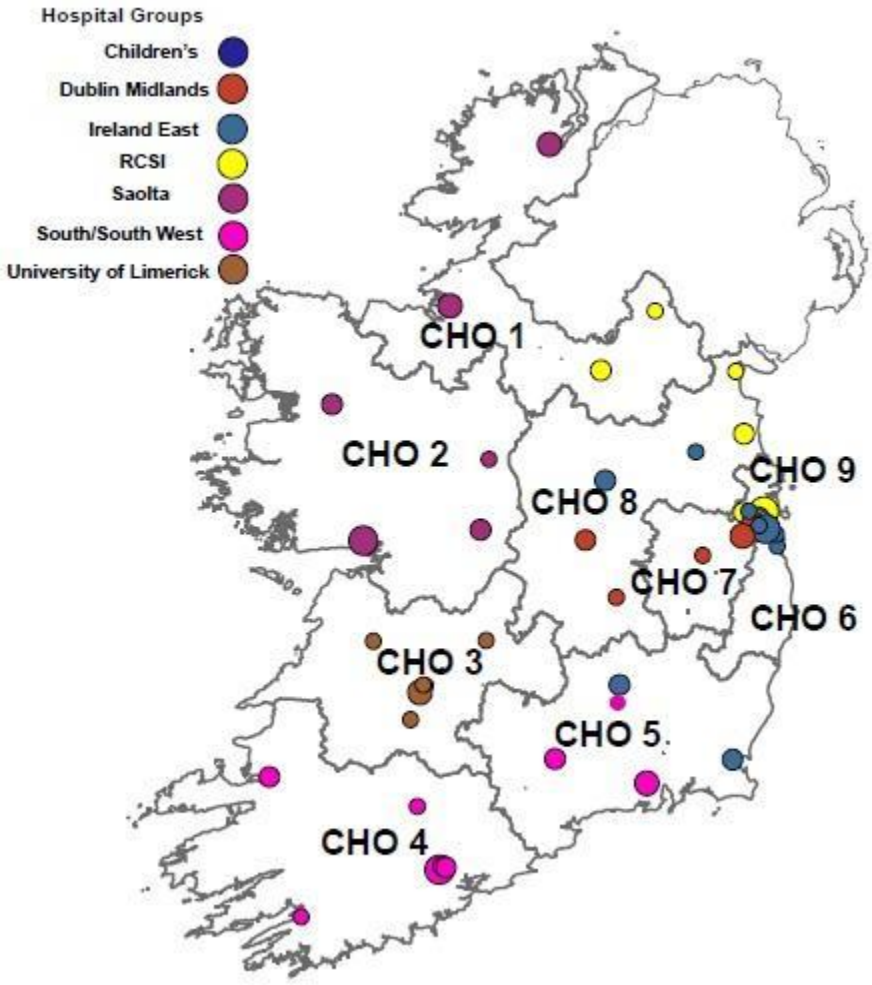
The report of the review, Community Healthcare Organisations – Report and Recommendations of the Integrated Service Area Review Group, was published in October 2014 and outlined how health services, outside of acute hospitals, were to be organised and managed. The report led to the establishment of 9 CHOs for the delivery of community healthcare services. Other recommendations included the development of 90 primary care networks (with approximately 10 such networks per CHO and each serving approximately 50,000 people) with the intention of delivering better and more integrated access to specialised services in social care, mental health and health and wellbeing. The number of planned networks is now 96, and they are now referred to as Community Healthcare Networks (CHNs).

[1] These Hospital Groups are alternately known as RCSI Hospital Group, Dublin Midlands Hospital Group, Ireland East Hospital Group, South/South West Hospital Group, Saolta Hospital Group, and University of Limerick Hospital Group.
[2] The Establishment of Hospital Groups as a transition to Independent Hospital Trusts, 2013, p.8.
[3] ibid.

Alignment of Hospital Groups and CHOs

A notable feature of the reforms outlined above is that the hospitals that are contained within specific Hospital Groups cross CHO boundaries. For example, hospitals in the RCSI Hospital Group are located in CHO 1, 8 and 9. An exception is CHO 3 and the University of Limerick Hospital Group, where all hospitals are located within the CHO boundary lines. The location of hospitals and their Hospital Group, along with CHO boundary lines, is shown in Figure 1.

Figure 1: Geographic outline of Hospital Groups and Community Healthcare Organisations



Towards a Model of Integrated Person-centred Care

During the deliberations of the Oireachtas Committee on the Future of Healthcare, the fact that hospital services and community services are currently delivered by separate entities with multiple over-lapping geographies raised questions about how integrated services could be designed, delivered, managed and monitored at local/regional level, and how Hospital Groups and CHOs would relate to each other. In the present system, most CHOs work with multiple Hospital Groups and most Hospital Groups are required to work with multiple CHOs in order to try to coordinate and manage the care pathway for patients. How Hospital Groups and CHOs interact can have an effect on healthcare delivery and patient pathways through its effect on how patients access hospitals and how someone returns home after a spell in hospital with the necessary care and supports.

In the pathway towards integrated person-centred care, it is advocated for in the SláinteCare Report that alignment of health and social care delivery structures with common defined geographical catchment areas provides a coherent and enabling platform for improved clinical integration and for collective responsibility for health outcomes and value for money. Furthermore, it is indicated in the report that alignment provides a coherent basis for breaking down the barriers between hospital and community services, between physical and mental health services, and between health and social care. In putting forward the proposal to introduce geographic alignment between Hospital Groups and CHOs, the Oireachtas Committee noted that this could enable health and social care services to be planned and delivered in line with identified local needs, it could secure clearer collective responsibility in terms of governance and accountability for population health and wellbeing, and enable integrated care through *"population-based resource allocation and governance"* [1].

In moving to achieve geographic alignment of health and social care delivery structures, the Oireachtas Committee advised minimal disruption to the health system and proposed that the structural change arising should be "*as simple as possible, and only what is needed to meet the requirements of integrated care"* [2].

It is important to clarify that geographic alignment of CHOs and Hospital Groups is regarded within the SláinteCare Report as a necessary, though not the only, enabler for integrated person-centred health and social care services. A range of other key enablers are required, including, but not limited to, appropriate governance, leadership and management, clarity of roles, performance management review processes, investment in health information infrastructure such as the introduction of Individual

Health Identifiers (IHIs) and the development of Electronic Health Records (EHRs), revised resource allocation models and financial incentives. As such, geographic alignment is recommended in the SláinteCare Report as part of a broader suite of organisational and governance reforms to achieve integrated person-centred care.

The Department of Health also cautioned against the assumption that structural reform alone will automatically achieve improved integration of services. As noted in *Better Health, Improving Healthcare*:

> *"While structural reform is needed, and it is important to progress this agenda expeditiously, it would be a mistake to believe that structural change on its own will deliver reform on the scale and of the nature required. Nor is it the case that the greater the structural change the deeper the reform since some changes in structure have proven to be primarily administrative. The cost and time associated with structural change – including through the diversion of attention from the improvement of care processes – also demand that changes in structure be carefully considered and properly implemented in line with overall reform objectives"* [3].

[1] SláinteCare Report, p.22
[2] Ibid, p.22
[3] Department of Health (2016), Better Health, Improving Healthcare, para. 28

The Purpose of this Public Consultation

Any decision to initiate changes towards achieving geographic alignment in health service delivery at this time involves weighing up the potential costs of slowing down or disrupting the current reform programme, against the possible benefits of an improved system-design over the longer term.

This consultation seeks feedback and ideas from stakeholders and members of the public to assist the Department of Health in assessing: the underlying principles that should guide any move towards aligning Hospital Groups and CHOs, how important it is to have geographic alignment between health service delivery structures, why it is important and what are important factors to consider either in planning or implementing such changes.

The Consultation Questionnaire

Section 1: Your Information

In this section, we ask you to tell us about yourself so we can look at the responses received from different points of view. This is the only reason for collecting this information.

Q1 Are you making a submission on behalf of an organisation or representative body, or as an individual?

- ○ On behalf of an organisation or representative body (1)
- ○ As an individual (3)

If you are you making a submission as an individual and not on behalf of an organisation or representative body, please skip to Q1.6 (page 16)

Organisations and Representative Bodies

Q1.1 What is your title and name (optional)?

_____

Q1.2 Name of organisation

_____

Q1.3 Address of organisation

- Number (1) _____
- Street address (2) _____
- Village/Town/City (3) _____
- County (4) _____
- Postcode (if in Dublin) (5) _____

Q1.4 Type of organisation

- ○ Union/Staff Representative Body (1)
- ○ Regulatory Body (2)
- ○ Public Interest Group (3)
- ○ Advocacy Body (4)
- ○ Volunteer/ Not For Profit (5)
- ○ Representative Body (6)
- ○ Regulatory Body (7)
- ○ Patient Interest Group (8)
- ○ Academic Institution (9)
- ○ Hospital (10)
- ○ Hospital Group (11)
- ○ Community Healthcare Organisation (12)
- ○ Community Healthcare Network (13)
- ○ Other (14)

Q1.5 If 'Other' please specify

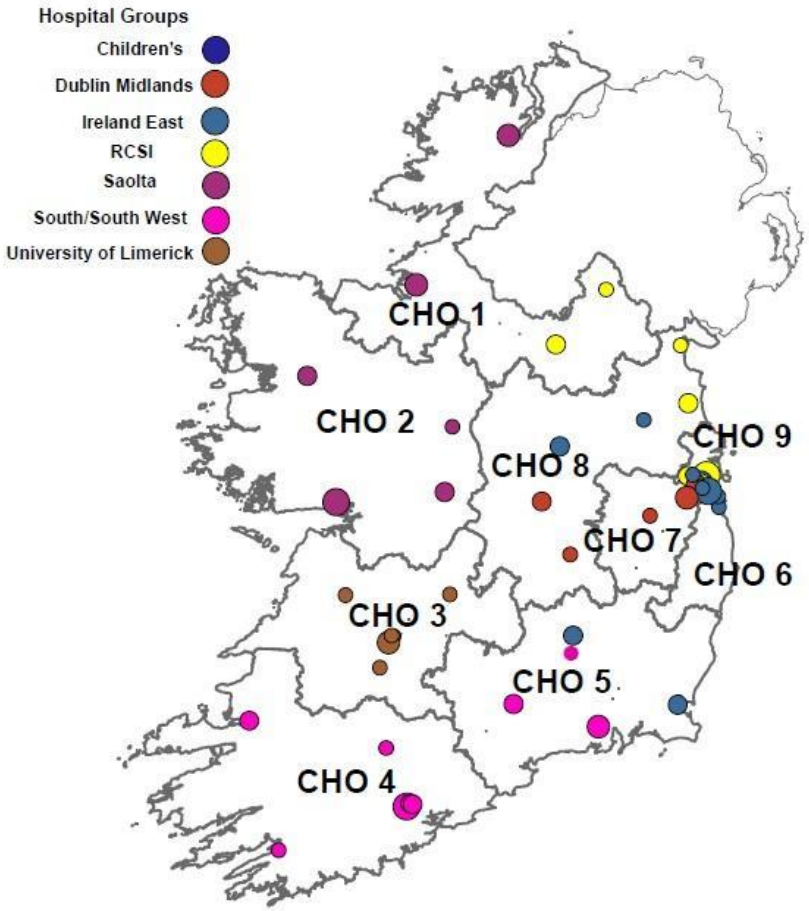
_____

Q1.6 Under the Health Act 2004, is your organisation a Section 38 or Section 39 provider?

- Yes- Section 38 (1)
- Yes- Section 39 (2)
- No (3)
- Don't know (4)

Q2 Please select the CHO you are located in.

- CHO 1 (1)
- CHO 2 (2)
- CHO 3 (3)
- CHO 4 (4)
- CHO 5 (5)
- CHO 6 (6)
- CHO 7 (7)
- CHO 8 (8)
- CHO 9 (9)
- Not Sure (12)
- Not Applicable (11)



Please skip to Section 2 (page 22)

If you are you making a submission as an individual and not on behalf of an organisation or representative body, please complete this section.

Individuals

Q1.7 What is your name (optional)?

_____

Q1.8 Do you currently work in the health or social care sector (optional)?

- ○ Yes - as a health or social care provider (1)
- ○ Yes - as a health or social care administrator or regulator (2)
- ○ Yes – in research
- ○ Yes - other (Please specify) (3)

_____

- ○ No (4)

If you answered 'Yes- as a health or social care provider' please answer Q1.9
Otherwise please skip to Q1.10

Q1.9 Please select the area you work in (optional)

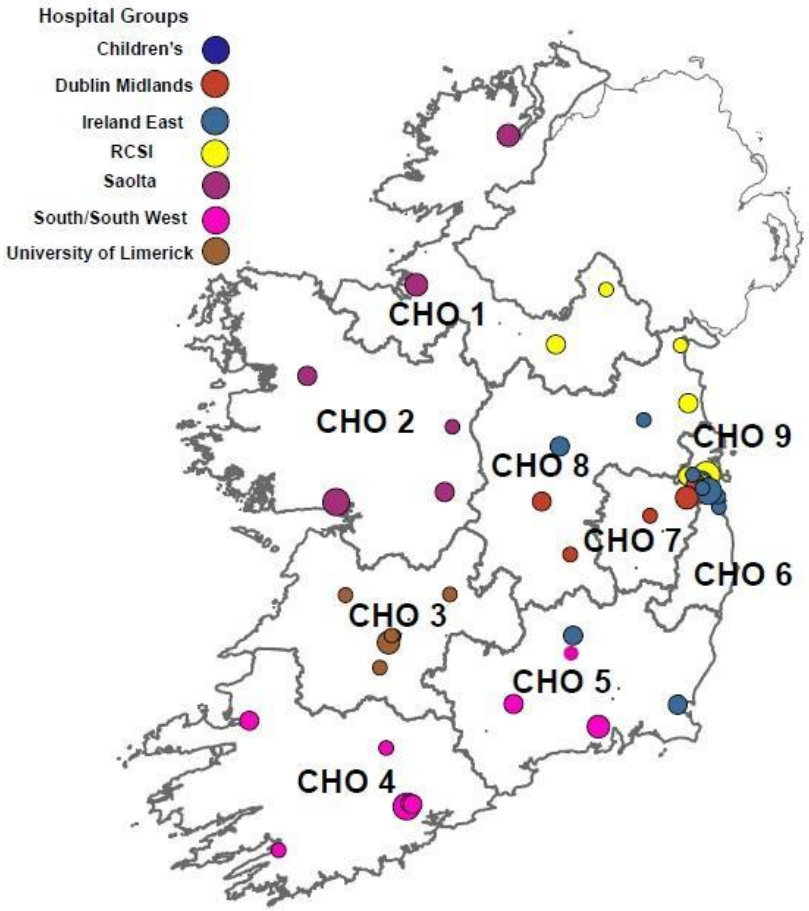
- ○ Hospital activities (1)
- ○ Medical and dental practice (2)
- ○ Other health activities (allied health and therapies) (3)
- ○ Residential nursing care activities (4)
- ○ Residential care activities for mental health or substance abuse (5)
- ○ Residential care activities for older or disabled persons (6)
- ○ Other residential care activities (hostels, community homes, sheltered accommodation) (7)
- ○ Social work activities (without accommodation) for older or disabled persons (8)
- ○ Social work activities (without accommodation) (family planning, advisory bodies, welfare services) (9)
- ○ Child day-care activities (10)
- ○ Other (Please specify) (11) _____

Q1.10 What is your address (optional)?

- ○ Street Name (1) _____
- ○ Village/Town/City (2) _____
- ○ County (3) _____
- ○ Postcode (if in Dublin) (4) _____

Q2 Please select the CHO you are located in.

- ○ CHO 1 (1)
- ○ CHO 2 (2)
- ○ CHO 3 (3)
- ○ CHO 4 (4)
- ○ CHO 5 (5)
- ○ CHO 6 (6)
- ○ CHO 7 (7)
- ○ CHO 8 (8)
- ○ CHO 9 (9)
- ○ Not Sure (12)
- ○ Not Applicable (11)


Hospital Groups
Children's
Dublin Midlands
Ireland East
RCSI
Saolta
South/South West
University of Limerick
CHO 1
CHO 2
CHO 9
CHO 8
CHO 7
CHO 6
CHO 3
CHO 5
CHO 4

Q3 Which of the following hospitals are you most likely to go to if you require **emergency care**?

- [ ] Beaumont Hospital (1)
- [ ] Cavan General Hospital (2)
- [ ] Connolly Hospital Blanchardstown (3)
- [ ] Cork University Hospital (4)
- [ ] Kerry General Hospital (5)
- [ ] Letterkenny General Hospital (6)
- [ ] Mater Misercordiae University Hospital (7)
- [ ] Mayo General Hospital (8)
- [ ] Mercy University Hospital – Cork (9)
- [ ] Midland Regional Hospital Mullingar (10)
- [ ] Midland Regional Hospital Portlaoise (11)
- [ ] Midland Regional Hospital Tullamore (12)
- [ ] Naas General Hospital (13)
- [ ] Our Lady of Lourdes Hospital – Drogheda (14)
- [ ] Our Lady's Hospital – Navan (15)
- [ ] Portiuncula Hospital Ballinasloe (16)
- [ ] Sligo Regional Hospital (17)
- [ ] South Tipperary General Hospital (18)
- [ ] St. James's Hospital (19)
- [ ] St. Luke's General Hospital – Kilkenny (20)

- [ ] St. Vincent’s University Hospital (21)
- [ ] Tallaght Hospital (22)
- [ ] University Hospital Galway (23)
- [ ] University Hospital Limerick (24)
- [ ] Waterford Regional Hospital (25)
- [ ] Wexford General Hospital (26)

Section 2: Importance of Geographic Alignment of CHOs and Hospital Groups

Q4 In your opinion, what are the **main principles** that should guide the process of geographically aligning Hospital Groups and CHOs?

(You can select more than one)

- [ ] Delivery of safe, quality healthcare for patients (1)
- [ ] Ensuring more efficient use of resources (2)
- [ ] Establishing a clear line of accountability (3)
- [ ] Achieving effective integration of healthcare (4)
- [ ] Ensuring services are organised around population needs (5)
- [ ] Achieving necessary change and avoiding unnecessary disruption (6)
- [ ] Maintaining public confidence in the health service (7)
- [ ] Improving decision making (8)
- [ ] Developing clinical leadership (9)
- [ ] Other (please provide details) (10)

_____

Q5 In this question we ask you to consider the benefits of geographic alignment for future health service delivery.

Please indicate how much you agree or disagree with each of the following statements:

Geographic alignment will ...

	Strongly disagree (1)	Somewhat disagree (2)	Neither agree nor disagree (3)	Somewhat agree (4)	Strongly agree (5)
... enable and support integrated care (1)	○	○	○	○	○
... enable and support population-based healthcare delivery (2)	○	○	○	○	○
... enable and support population-based data analytics (3)	○	○	○	○	○
... enable and support performance assessment and management (4)	○	○	○	○	○
... enable and support coordination of services in health and social care (5)	○	○	○	○	○
... facilitate effective cooperation with other state agencies/service providers (6)	○	○	○	○	○
... enable and support better planning (7)	○	○	○	○	○

Q5.1 Are there other benefits of geographic alignment for future health service delivery that you would like to add?

- ○ Yes (1)
- ○ No (2)

Q5.2 If yes, please provide further information on the other benefits of geographic alignment that you would like to add.

Q6 What, in your opinion, are the **main advantages** of geographic alignment of Hospital Groups and CHOs?

(you can select more than one)

- [ ] Allows for integration of services (1)
- [ ] Greater accountability (2)
- [ ] Improved healthcare outcomes (3)
- [ ] Greater clinical leadership (4)
- [ ] More efficient use of resources (5)
- [ ] Greater visibility for performance (6)
- [ ] Allows for greater focus on health outcomes (7)
- [ ] Allows for population-based resource allocation (8)
- [ ] Allows for population-based health planning (9)
- [ ] Ensures coordination between different care sectors (10)
- [ ] Allows for better financial decisions (11)
- [ ] Supports integration of data (12)
- [ ] Allows for greater comparability (13)
- [ ] Other (Please specify) (14)

_____

- [ ] No advantages (15)

Q7 What, in your opinion, are the **main disadvantages** of geographic alignment of Hospital Groups and CHOs?

(you can select more than one)

- [ ] Disruption to current structures (1)
- [ ] Potential breakage of links between services within CHOs (2)
- [ ] Disruption to services provided (3)
- [ ] Disruption to relationships between healthcare areas and academic institutions (4)
- [ ] Administrative burden (5)
- [ ] Potential breakage of links between hospitals currently linked (6)
- [ ] Associated cost of changes (7)
- [ ] Alignment should be on basis other than geography (e.g. with universities) (8)
- [ ] Organisational healthcare structures are not very relevant to care delivery (9)
- [ ] Other (Please specify) (10) _____
- [ ] No disadvantages (11)

Q7.1 Considering all the advantages and disadvantages, how strongly do you agree with the following statement:

*The advantages of geographic alignment of CHOs and Hospital Groups **outweigh** the disadvantages.*

- ○ Strongly Disagree (1)
- ○ Somewhat Disagree (2)
- ○ Unsure (3)
- ○ Somewhat agree (4)
- ○ Strongly agree (5)

Section 3: How to Achieve Geographic Alignment of Hospital Groups and CHO

Q8 In your opinion, what level of importance should be placed on the following **organisational factors** to inform any plans to move to geographic alignment of Hospital Groups and CHOs?

(Tick each of the items below)

	No importance (1)	Little importance (2)	High importance (3)	Extremely high importance (4)	**Don't know** (5)
The organisation of existing Community Healthcare Organisations (CHOs) (1)	○	○	○	○	○
The organisation of existing Hospital Groups (2)	○	○	○	○	○
Aligning with county boundaries (3)	○	○	○	○	○
Existing links between hospitals and universities (4)	○	○	○	○	○
Existing administrative history (5)	○	○	○	○	○

Q9 In your opinion, what level of importance should be placed on the following **service provision factors** to inform any plans to move to geographic alignment of Hospital Groups and CHOs?

	No importance (1)	Little importance (2)	High importance (3)	Extremely high importance (4)	**Don't know** (5)
Existing patient flow patterns (1)	○	○	○	○	○
Patient travel times and transport links (2)	○	○	○	○	○
The population size/density of an area (3)	○	○	○	○	○
The range of health services in an area (4)	○	○	○	○	○

Q10 Are there other important factors that should inform any plans to move to geographic alignment of Hospital Groups and CHOs?

- ○ Yes (1)
- ○ No (2)

Q10.1 If yes, please provide further information on the other important factors that should inform a move to geographic alignment of Hospital Groups and CHOs.

_____

_____

_____

_____

_____

Q11 In your opinion does geographic alignment of Hospital Groups and CHOs mean that every CHO needs to map **one-on-one** with a specific Hospital Group?

(For example, every Hospital Group could be aligned with one CHO, alternatively a Hospital Group could be aligned with more than one CHO or one CHO could be aligned with more than one Hospital Group.)

- ○ Yes (1)
- ○ No (2)
- ○ Not sure (3)

Q11.1 Please provide details to help us understand the reasons behind your answer on whether Hospital Groups should map one-on-one with a specific CHOs.

_____

Q12 The SláinteCare Report proposed a phased approach to any changes of existing structures, with geographic alignment of Hospital Groups and CHOs first, followed in time by integration into regional integrated care organisations.

What, in your opinion, is the best approach?

- ○ Do not implement geographic alignment (1)
- ○ Implement geographic alignment only (2)
- ○ Implement geographic alignment followed by integration into regional integrated care organisations (3)
- ○ Implement geographic alignment and integration into new regional integrated care organisations at the same time (4)
- ○ Other (please provide details) (5) _____

Q12.1 Please provide brief details to help us understand the reasons behind your answer on the best approach to changing existing structures.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Q13 In view of other advances in the healthcare sector, **when** should a move towards geographic alignment begin? Please explain your answer.

Section 4 Towards Integrated Health and Social Care - Opportunities for the Future

Q14 In the SláinteCare Report, geographic alignment of Hospital Groups and CHOs is part of a process of achieving integrated health and social care delivery. Internationally, where health and social care is delivered by regional integrated care organisations, the ‘basket of services’ that an organisation is held responsible and accountable for can vary. In almost all instances these organisations have responsibility for integration of hospital care, primary care, home care, community care, and residential long-term care. In some, but not all instances, the 'basket of services' includes public health, mental health and disability services. Responsibility for drugs and medicines purchasing often sits outside the scope of these organisations.

Considering the recommendations in the SláinteCare Report and the move towards integrated care, in your view, what services should regional integrated healthcare organisations be responsible and accountable for?

(you can select more than one)

- [ ] Hospital care (1)
- [ ] Primary care (2)
- [ ] Home care (3)
- [ ] Community care (4)
- [ ] Residential long-term care (5)
- [ ] Public health (6)
- [ ] Mental health (7)
- [ ] Disability services (8)
- [ ] Drugs and medicines purchasing (9)
- [ ] Other (specify) (10) _____
- [ ] Don't know (11)

Q15 Please provide any other views on the 'basket of services' that regional integrated care organisations should be responsible and accountable for.

_____

_____

_____

_____

_____

_____

_____

_____

_____

Q16 Aligning geographic health and social care boundaries with other recognised boundaries (such as counties), might present valuable opportunities to consider healthcare in the context of other sectors, information systems, services, and wider social and economic issues.

Please provide your views on the potential opportunities.

_____

_____

_____

_____

_____

_____

_____

_____

Q17 All things considered, how strongly in favour of geographic alignment of CHOs and Hospital Groups are you?

- ○ Strongly against (1)
- ○ Somewhat against (2)
- ○ Unsure (3)
- ○ Somewhat in favour (4)
- ○ Strongly in favour (5)

Q17 Before you finish this Consultation Questionnaire, please include any additional views you may have on geographic alignment of CHOs and Hospital Groups.

An Roinn Sláinte
Department of Health

Thank you for completing this Consultation Questionnaire. If you have any queries, please contact **geoalignment@health.gov.ie**
