

Submission Paper Rotunda Hospital to Independent Review Group

Consultation on Private Practice in Public Hospitals

- A key principle of the new National Maternity Strategy is the provision of choice to maternity patients, and this is clearly being demanded currently by Irish women. There are no private hospital facilities in Ireland providing maternity care and, given the highly litigious nature of this speciality, it is highly unlikely that a private maternity hospital will open in Ireland in the foreseeable future, with the only prior such hospital (Mount Carmel Hospital) closing a number of years ago due to cost pressures.
- Maternity Hospitals are unique in that maternity patients choose their preferred clinical pathway (public or private) many months in advance of admission to the Hospital.
- This availability of choice to patients is a key offering of maternity hospitals, with an average of over 2,400 patients per year at the Rotunda choosing the option of private maternity care. This equates to 23% of patient registrations per annum at the Rotunda opting for private care (Table 1).
- Rotunda Patients are well informed in advance by the hospital of the various treatment pathways open to them (Public/Private/Semi Private), and our patients are clearly making informed decisions already on which pathway to choose.
- The Rotunda Hospital does not have a typical “Emergency Department” and totally respects and adheres to principles of equity of access for women requiring healthcare provision and elective procedures.
- The Rotunda Hospital has accrued accommodation income from Private patients (insured patients) as follows: 2017-€11.864m: 2016-€11.878m: 2015-€11.670m. This income is a valuable source of funds, enabling the hospital to provide added resources, equipment and physical infrastructure in order to provide a safe quality service for all patients. Insured income accounts for 20% of our overall Hospital budget.
- In our opinion, the provision of private practice in public hospitals is safer for this cohort of patients as they have access and availability to a higher standard of neonatal intensive care which is not available in Private Hospitals. Patients will also have access to a greater number of sub-specialties and specialisation of services, such as Pathology and Radiology.
- Continued provision of private practice in public maternity hospitals provides patients with more choice, a safer and a more sustainable service which benefits all patients.
- Inversely the withdrawal of private practice will almost certainly put too much of a strain on the public system as patients may need to be transferred back for intensive care and more specialised care which cannot be provided in private hospitals.
- The current system of centralising specialised clinical services e.g. obstetric and neonatal care has several advantages, which mirror a similar strategy such as the National Cancer Strategy

Table 1: Private/Public Registration ratio 2015-2017

	Year 2015	Year 2016	Year 2017
Public	8,148	8,120	7,899
Private	2,441	2,433	2,418
TOTAL	10,589	10,453	10,317
% Mix	23.05%	23.28%	23.44%

Advantages of Maintaining Private Practice at Maternity Hospitals:

- 24/7 on site medical cover
- Treatment of all patients in a tertiary hospital with full facilities and expertise needed
- Frequent consultant cover onsite
- Pooling of expertise
- More efficient use of scarce facilities
- Better opportunity for teaching and training
- Rare or unusual cases (including external referrals countrywide) are always treated by more experienced doctors, specialists, subspecialists using multidisciplinary meetings after ultrasounds and MRIs.

Recruitment and retention of Doctors:

If Private Practice ceases in Public Hospital, this will have an adverse impact in both recruiting new consultants and in retaining existing consultants. Public hospital salaries for consultants in Ireland are significantly lower than comparable salaries in the US, Australia and the UK, which have traditionally recruited large numbers of the best qualified Irish doctors. These doctors had traditionally been attracted to Irish public hospital posts because of the ability to supplement income with private practice. The removal of this additional income will seriously undermine recruitment and retention of consultants.

This has been proven by the massive drop in application for new consultant posts in Ireland in response to various FEMPI measures of recent years. Previously, almost no consultant posts in Ireland were vacant, and when such posts were advertised they invariably attracted a world-class field of many highly qualified candidates. Since the FEMPI measures of recent years reduced consultant public hospital salaries significantly, we have seen large numbers of consultant posts attract no interested candidates and have remained vacant. Many other competitions have had limited candidates attracted to the post and there are now consultant posts in Ireland filled by doctors who do not even have the basic credentials to merit Irish Medical Council specialist registration. We have also, for the first time, seen consultant obstetrician posts having been advertised but with no applications whatsoever.

Ultimately, it is only to the advantage of Irish maternity patients to have consultant obstetricians who are world-class innovators, bringing new technologies home to Ireland. Removal of private practice would require doubling or tripling public hospital salaries if Ireland is to remain competitive to recruit such leading consultant obstetricians. The real unavoidable pragmatic effect of removal of private practice income is that consultant positions at the Rotunda will become less attractive, and alternative positions (including overseas) will become more attractive. Quite simply this will directly affect the quality of doctors that we can attract or retain to deliver a world class maternity service.