



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Consultation on private practice in public hospitals

HIQA submission

February 2018

Safer Better Care

The Health Information and Quality Authority, HIQA, has been Ireland's health and social care regulator for over ten years. During that time, we have been responsible for the development and monitoring of standards in health and social care services, the registration and inspection of designated services and the conduct of a wide range of health technology assessments (HTA). We have also played a major role in facilitating and advising on Ireland's eHealth infrastructure.

All of these functions are focused on making services safer and better, providing assurance to the public as to the quality of these services and ensuring that the findings of our work are reflected in decision-making at local and national level. Putting the needs and the voices of the people who use these services to the fore is the essence of everything we do.

HIQA welcomed the publication of the Sláintecare report by the Committee on the Future of Healthcare, in particular the commitment to creating an Irish healthcare system whereby all individuals have equitable access to safe, high-quality and timely care.

In our submission to the Committee on the Future of Healthcare's consultation on a ten-year strategy for healthcare and health policy in Ireland, we stressed our support for the introduction of a universal healthcare system, whereby care would be delivered in an equitable manner without discrimination. We also supported the political commitment to build a fair, cost-effective and efficient health and social care system that places the individual accessing the service at its heart.

Regulation of public and private healthcare services

The powers within the Health Act 2007 enable HIQA to monitor public acute hospitals against nationally mandated standards. HIQA's *National Standards for Safer Better Healthcare* provide a national and consistent approach to improving safety, quality and reliability in our health service. These principle-based standards, mandated by the Minister for Health in 2012, set out a desired level of service and were designed for use in all healthcare services, settings and locations; however, currently, HIQA's remit only extends to the monitoring of these standards in public, not in private hospitals.

In situations whereby private healthcare services are provided in a public setting, HIQA maintains a level of scrutiny over the quality and safety of these services. While HIQA supports proposals to introduce a single-tier, universal healthcare system, it is important to draw attention to the fact that were private practice to be removed from public hospitals, this would result in a complete loss of regulatory oversight of healthcare services provided to a large cohort of patients.

Ultimately, the proposed expansion of HIQA's remit into private healthcare must be progressed without delay. The Health Information and Patient Safety Bill would extend our current powers to cover private health service providers, including private hospitals and cosmetic surgery clinics, in terms of setting standards, monitoring compliance and undertaking investigations. We welcomed the inclusion of this legislation as a priority issue in the Programme for a Partnership Government.

Nevertheless, whilst we believe that this bill potentially provides for greater oversight of private sector compliance with nationally-mandated standards, it is important to stress that it does not confer HIQA with the same powers of registration, inspection and enforcement that we have in the social care sector.

To date, our healthcare programmes have focused on inspecting against standards in publicly-funded acute hospitals by monitoring key areas of patient safety and risk, including in the areas of medication safety, antibiotic resistance, infection prevention, and nutrition and hydration care. Critically, however, the conclusions and recommendations HIQA issues on completion of an investigation are not, and, under the Health Information and Patient Safety Bill, will not be legally binding. HIQA can only work within the confines of its defined legal remit.

It is for this reason that we have worked with the Department of Health over many years to introduce a licensing system for Irish hospitals. The 2008 Report of the Commission on Patient Safety and Quality Assurance (the Madden Report) recommended the introduction of a mandatory licensing system to cover both public and private healthcare providers. The commission also recommended that this "licensing function should be assigned to HIQA", and that the Authority should "progress urgently" with the development of standards on safety and quality, which would be applied to hospitals and all future licensed healthcare facilities.

The Programme for a Partnership Government pledged to prioritise the Patient Safety Licensing Bill, which provides for the introduction of a mandatory system of licensing for public and private healthcare facilities and other clinical activities. Furthermore, the Government Legislation Programme Spring/Summer 2018 indicates that the bill will undergo pre-legislative scrutiny this session.

In the interests of ensuring a consistently safe and high-standard of care, HIQA strongly supports the proposal to introduce a system of licensing to the health sector, both public and private, without delay. We strongly believe that this would lead to improvements in quality and safety in all healthcare facilities in Ireland. HIQA's experience of regulation in adult social care is evidence of this, as is the learning gleaned from other OECD countries that have introduced comparable licensing regimes.

In the absence of a statutory licensing regime, HIQA has no remit to assess the quality and safety of the care being provided in public or private healthcare facilities. It is our view that retaining the status quo is not a viable option.

Under the Patient Safety Licensing Bill, HIQA would become the licensing authority, authorised to process applications for licenses, monitor the performance and compliance levels of license holders, and enforce regulations. As this would occur in both the public and private sectors, HIQA is anxious to ensure that the application of standards and regulations is equitable, objective and fair. In making regulations, providers in both sectors would be required to ensure that adequate resources are made available to provide and sustain safe, high-quality services. In recent legal advice provided to HIQA, the potential for challenge to the State under human rights legislation would increase should inequitable standards or regulations exist across those sectors being regulated under the same regime.

Conclusion

The needs of the patient must come first when driving the safety, quality and coordination of care. All patients have the right to access a high-standard of care and to be treated on the basis of need, rather than on their ability to pay.

People availing of healthcare in private hospitals and facilities should expect that such services are subject to the same level of scrutiny and oversight as those services provided in the public setting. As things stand, however, neither public nor private hospitals are required to be registered or licensed.

The introduction of licensing will bring Ireland in line with its international peers, as most western countries already have some form of regulatory oversight of the hospital and clinical sectors, be they public or private. It will also provide HIQA will greater powers to drive improvements in quality and safety in both public and private healthcare facilities and ensure public trust and confidence in all of Ireland's healthcare services.

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