

9th February 2018

Slaintecare: Review of private practice in public hospitals

Dear Dr de Buitléir

I would like to thank you for seeking our views on the issue of private practice in public hospitals, and wish you well in the review exercise you are currently engaged in.

To contextualise our response, I should refer you in the first instance to the RCPI report which was published last year: *Towards 2026: A vision for the Irish Health Service (T2026)*. While this report does not specifically address the issue of private practice in public hospitals, it does present a number of core principles that are relevant.

This report makes it clear that access to healthcare in Ireland should be on the basis of clinical need, not ability to pay. Furthermore, it states that concerns relating to inequality, 'raise fears in relation to equity, queue-jumping and prioritisation based on ability to pay rather than on medical need. People who rely on the health system should be confident that their access to essential services is based on medical need rather than their ability to afford private healthcare.' The report also makes clear, as does Slaintecare, that despite the many instances of excellent care within our health service, there is an urgent need to progress radical system-wide reform, in a coordinated way.

In this context, RCPI makes the following points on the issue of private practice in public hospitals:

- Moving towards removing private practice in public hospitals should only happen when there is a plan that clearly articulates the purpose and objective of doing so, and that also fully addresses the consequences of doing so. This implies that removing private practice in public hospitals cannot be done in isolation but rather should be an integral part of the overall programme of reform, as envisaged by Slaintecare.
- One of the stated objectives of the removal of private practice from public hospitals is that this will free up capacity in public hospitals for public patients. Given the current

circumstances within the health service, we do not believe this to be the case. Our own report T2026, the Slaintecare Report, and the recently published bed capacity review all identify the significant lack of capacity in the health system. The bed capacity review investigates this issue in some detail and identifies a very significant shortfall in capacity, and the requirement for c2,500 additional beds in hospitals in order to meet current and projected demand. It also confirms that acute hospitals are operating at over 90% bed occupancy, which is well above a safe level comparative with other health systems. In this context, we believe that the vast proportion of those who are categorised as private patients in public hospitals are actually in the public hospital due to the complex nature or acuity of their illness; that current provision within the private hospital sector cannot deal with such complex and/or acute care; and in the event of the removal of private care those patients would still have to remain in the public hospital, as private hospitals generally would not be able to deal with the clinical complexity involved. This would lead to significant loss of income with little matching gain in capacity for the public system. Thus, if a primary objective is to increase capacity within the public system, this can only be achieved within the context of a comprehensive and sustained plan to align capacity with demand. This is likely to take some years and considerable investment.

- The financial impact of removing private care from public hospitals is significant. Currently such income accounts for well over €600m per annum. Planning for this loss of income will pose significant problems particularly at a time when Slaintecare has identified the need for considerable additional funding for healthcare, albeit much of this on a transitional basis to enable reform. This is further exacerbated by the probability that the removal of such income will be unlikely to provide additional capacity as discussed above. Thus, our view is that the financial impact of the removal of private care in public hospitals must be planned as an integral part of the overall reform of the health system, along with all other financial elements of Slaintecare.
- As a professional body with a focus on standards of clinical practice, medical training and patient care, RCPI does not engage in issues of pay or terms and conditions of employment. However, in this instance we believe it important to state that one of the greatest challenges we face in the health service is the difficulty in recruitment and retention of highly qualified medical staff, and that this proposal is likely to greatly worsen that situation without mitigating action. In T2026 we comment on this in more depth, but there is no doubt that the difficulty we are facing in this area is greater than we have ever experienced before. Many consultant posts remain unfilled, many hospitals are dependent on locum and agency medical staff, a large number of consultant posts and senior registrar posts are filled by doctors not on the specialist division of the medical council register, and

many advertised consultant posts have one or sometimes no applicants. It is self-evident that the quality and efficacy of care is hugely dependent on the individuals who deliver that care, and Irish doctors are valued and sought after in health systems around the world. While there are many complex factors at play in this situation, the removal of private practice from public hospitals is highly likely to greatly worsen the situation we currently face. Thus, such a move should only be made in the context of a clear and unambiguous plan to tackle the issue of recruitment and retention in a comprehensive and coordinated way.

- The Institute of Obstetricians and Gynaecologists also has some specific issues to raise relating to the impact on maternity care in Ireland of the removal of private care in public hospitals. Obstetrics is unique in that there are no facilities in Ireland which provide private obstetric care. All deliveries, apart from a small number of home births, take place in public hospitals. Women have no choice in this respect. Maternity hospitals, and hospitals with maternity units rely on maintenance/bed income from private patients for substantial proportions of their budgets. Removing private practice from public hospitals would deprive women of their choice of which maternity care model they wish to avail of, and would deny hospitals of a vital source of income.

Please do not hesitate to contact me if you have any queries on the above, or wish to clarify anything further.

We look forward to meeting with you in the near future.

With kind regards,



Prof Mary Horgan,
President, RCPI