

DRAFT

Submission by Patient Focus to the Review Group Examining Private Practice in Public Hospitals

Patient Focus welcomes the opportunity to provide feedback to the Review Group examining private practice in public hospitals. I have consulted colleagues on the submission. Patient Focus agrees with the recommendation in Slaintecare that private practice be removed from public hospitals.

Our particular niche is supporting and advocating for patients and their families who have been injured by the health care system. Our comments should be seen in this light. In the past we have supported and advocated successfully for women and babies who died or were injured in many of our maternity units including Portlaoise, Portinucula and Drogheda. We have supported men sexually abused by a consultant in Drogheda. Despite these high profile cases our main focus is individual patients who have bad experiences in the public, private and general practice areas.

PF would like to make the following comments from our 20 year long experience in this area .

Access and Justice

We are concerned that in areas such as orthopaedic, eye surgery and other elective procedures, treatment is provided on the basis of ability to pay rather than medical need. Private patients are given preferential access to non- emergency treatment in public hospitals because they can pay. This practice pushes public patients further down the waiting list for elective surgery. This is unjust. It means public patients may have further deteriorated by the time they receive the care needed. This increases attendances at emergency departments by public patients resulting in overcrowding and large numbers on trollies.

The situation is similar waiting for MRI scans and other diagnostic tests. People who can pay can access these on a preferential basis in public hospitals. Again placing public patients at a disadvantage often having to wait several months for tests. This can mean late diagnosis of some conditions, making care more difficult, costly and with less good outcomes.

Public patients are negatively affected by cancellations too. Private patients receive quicker care for elective surgery in public institutions. Public patients incur additional costs when cancellations occur in areas of work, childcare etc. This does not even consider the huge emotional toll involved in several cancellations.

In general it is our view that consultants can be absent from public facilities because they are attending to private hospitals elsewhere. That obviously has negative consequences for their public list

Increased Risks to Patients

Complications that arise as a result of injury incurred in the private sector are referred to the public sector for treatment and attention. Delays may occur as a result of this transfer. This is an unnecessary risk and is detrimental to the wellbeing of the patient. Patients with post discharge complications are most at risk. This has happened to public patients treated in the private sector under the Treatment Purchase Fund. It is an avoidable risk if one list for treatment was the norm

The public sector is more comfortable engaging with injured patients and their families and are more likely to have a functioning complaints process. Regulation of the safety and quality of care is apparently more embedded in the public sector. This causes problems of accountability and transparency in some areas of the

private sector. It is particularly difficult to navigate when public patients are treated in the private sector. This has implications for the quality of care provided.. Learning from adverse events can be more complex when several sectors are involved. Prevention of further incidents of injury or death can be more difficult as a result. This can lead to preventable injury and death and subsequent preventable legal actions.

The rights of patients to patient advocacy services in the private sector are less embedded. This increases the risk that issues and complaints escalate rather than are resolved at the lowest level.

The widespread belief that that private care is better is detrimental to both sectors and in particular to patients and their families.

Regulation of Healthcare Services in the Public and Private Sector

HIQA's remit to promote quality and safety standards applies to services provided or funded by the HSE. It does not as yet apply to private hospitals. In the public sector HIQA staff inspect hospitals, talk to hospital patients, staff and managers to determine if hospitals are meeting HIQA National Standards. Patient Experience Surveys are conducted. Findings are published, recommendations made and monitored. National Standards describe what patients and people using services should expect when they experience a healthcare service.

Hiqa can also investigate or carry out a service review into the safety, quality and standards of healthcare services if they believe there is a serious risk to the health and welfare of healthcare service users. This can't be done in private institutions. This can be a problem for public patients in private hospitals as well as for private patients. Unnecessary ambiguity can arise as to the standards and regulatory processes that apply.

Patient Focus believes the application of Hiqa's quality and safety regulation to all healthcare must be a priority. It is important it is part of any review of the treatment of private patients in public hospitals as well as the care of public patients in private institutions. All patients in all healthcare institutions deserve this clear protection.

Yours sincerely

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Patient Focus