Grúpa Ospidéal Bhaile Átha Cliath Lár Tíre FSS
Dublin Midlands Hospital Group HSE
Páirtnéir Acadúil Coláiste na Tríonóide Baile Átha Cliath
Academic Partner Trinity College Dublin

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Our Values
Care Compassion Trust Learning

Dublin Midlands Hospital Group,
Bridgewater House,
Bridgewater Business Centre,
Conyngham Road,
Islandbridge,
Dublin D08 T9NH.

Tel: (076) 695 9280

Ronan Twomey
Secretary to the Review Group examining Private Practice in Public Hospitals
C/O Room 424
Department of Health
Hawkins House
Hawkins Street
Dublin 2, D02 VW90

5th March 2018

Re: Dublin Midlands Hospital Group (DMHG) response to Review of Private Practice in Public Hospitals

Dear Ronan,

I am writing to you in response to your letter to my office dated 27th December 2017 which requested input from DMHG in relation to the recommendation in Slaintecare regarding the review of private practice in public hospitals. This response is structured in line with the six themes outlined in your letter. In arriving at this response, DMHG has liaised directly with all of our hospitals to ensure that all views have been considered before arriving at an overall Group response. Please note that we are currently awaiting a response from Tallaght Hospital and as soon as this is done we will review for any additional commentary that may be required in the context of the overall Group response.

Grúpa Ospidéal Bhaile Átha Cliath Lár Tíre FSS
Dublin Midlands Hospital Group HSE
Páirtnéir Acadúil Coláiste na Trionóide Baile Átha Cliath
Academic Partner Trinity College Dublin

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Our Values
Care Compassion Trust Learning

Dublin Midlands Hospital Group,
Bridgewater House,
Bridgewater Business Centre,
Conyngham Road,
Islandbridge,
Dublin D08 T9NH.

Tel: (076) 695 9280

Theme 1: Eligibility, Access and Equity

Inpatient

- Inpatient activity is largely dictated by the prevalence of Emergency Departments and services. Some hospitals have up to 95% of inpatient admissions linked to the Emergency Department. St James have 70% of their inpatient cohort directly admitted through the Emergency Department pathway. Hospitals have indicated that public hospitals will likely continue to retain such activity levels unless private hospitals establish robust 24/7 Emergency Services and care pathways. Hence access to unscheduled care and equity (in terms of both access and waiting times) is unlikely to improve as it is not anticipated that private health providers will embark on any significant investment in the provision of robust 24/7 emergency services akin to that provided through the public hospitals.
- Private Hospital Utilisation – not clear what this will look like in the future as patients may reduce their insurance cover if any policy changes occur.
- If we assume Private Hospitals exist with an adequate Emergency Services Infrastructure and a cohort of patients with adequate private insurance policies – this may reduce activity from public hospitals and increase thereby access for public patients.
- Maternity Hospitals (Coombe) – will increase access difficulties further for existing public patients due to the current large % of private elective work in this speciality. Removal of private practice will increase waiting lists, delay diagnosis and increase risk profiles. Patient dissatisfaction will inevitably increase as a result.
- Oncology Care (St Lukes Network) – No lack of access currently for either public or private patients. Linear Accelerator capacity determines the capacity of the system to respond to treatment needs and the capacity is adequate in the public system at present. It remains to be seen if the private system can invest in Linear Accelerator capacity to facilitate the treatment of oncology patients. Unlikely that the private system will have sufficient capacity to treat oncology patients for

Dublin Midlands Hospital Group,
Bridgewater House,
Bridgewater Business Centre,
Conyngham Road,
Islandbridge,
Dublin D08 T9NH.

Tel: (076) 695 9280

the duration of their treatment plan (particularly in complex cases) and that oncology patients will have adequate insurance cover to allow treatment in the private setting.

Day Activity/OPD

Private Practice streams help to mitigate existing waiting lists. Removal of private practice will increase waiting lists, reduce access and potentially increase patient risk and dissatisfaction.

Theme 2: Legislative and Legal Issues

- A new Consultant Contract is a pre-requisite to the proposed changes.
- Currently there are no significant issues in DMHG with the public/private split as set out in the current Consultant Contract.
- Reduction in Consultant total salary by removing access to private income streams may lead to further migration of Consultant staff abroad or into the private sector. Consultant recruitment and therefore the facilitation of key services will become more problematic as a result.

Theme 3: Recruitment and retention of personnel

- Significant risk that specialised medical staff may no longer continue to work within or join the public health system.
- A public only contract must be competitive with a private only contract to mitigate the potential migration of key medical staff.
- The retention of staff within some specialities may suffer disproportionately as a result of any such change as the earning potential in the private sector is significantly higher.

Grúpa Ospidéal Bhaile Átha Cliath Lár Tíre FSS
Dublin Midlands Hospital Group HSE
Páirtnéir Acadúil Coláiste na Trionóide Baile Átha Cliath
Academic Partner Trinity College Dublin

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Our Values
Care Compassion Trust Learning

Dublin Midlands Hospital Group,
Bridgewater House,
Bridgewater Business Centre,
Conyngham Road,
Islandbridge,
Dublin D08 T9NH.

Tel: (076) 695 9280

- Calibre of consultants joining/staying within the public system may diminish as access to private practice is a key factor in the recruitment and retention of Consultants in all hospitals and not just the Level 4 Teaching Hospitals.
- Recently appointed Consultants recruited on lower "New Entrant" salaries are more heavily reliant on the private income stream to earn a competitive salary. Such Consultants are unlikely to remain in the public system if their private earnings are not fully compensated in a new Public only contract.
- Maternity Hospitals – the availability of private patient income has allowed Irish Maternity Hospitals to recruit some of the highest calibre Consultants into the public system. Any change to Private earnings access may thereby reduce the availability of such Consultants and therefore the quality of care available to all maternity services patients. The ability of maternity hospitals to promote research may also reduce as an unintended consequence of the proposal being implemented.

Theme 4: Current and Future Funding Arrangements

The funding base for the hospitals will be severely compromised with any abolition in earnings from private patient treatments. This funding will have to be replaced directly through an increased gross funding allocation. See below for the required annual funding increase for DMHG (€114m/11%).

Grúpa Ospidéal Bhaile Átha Cliath Lár Tíre FSS
Dublin Midlands Hospital Group HSE
Páirtnéir Acadúil Coláiste na Tríonóide Baile Átha Cliath
Academic Partner Trinity College Dublin

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Our Values
Care Compassion Trust Learning

Dublin Midlands Hospital Group,
Bridgewater House,
Bridgewater Business Centre,
Conyngham Road,
Islandbridge,
Dublin D08 T9NH.

Tel: (076) 695 9280

Sum of YTD Actual Spend & Private Income Booked 2017 €k									
	St James	Tallaght	Coombe	St. Lukes Rathgar	Tullamore	Naas	Portlaoise	HQ	Total DMHG
Pay Total	247,264	163,331	53,339	32,084	74,038	52,108	54,063	1,590	677,817
Non Pay Total	189,541	82,784	15,935	15,655	35,461	17,381	11,883	1,048	369,687
Gross Spend 2017	436,805	246,115	69,275	47,739	109,499	69,488	65,945	2,639	1,047,504
Private Income (PHI) Booked	(47,818)	(31,956)	(10,819)	(2,824)	(9,941)	(5,440)	(4,988)	0	(113,786)
PHI % Of Total Gross Spend	10.95%	12.98%	15.62%	5.92%	9.08%	7.83%	7.56%	0.00%	10.86%

Note: Minimal funding uplift required of €114m to support full removal of PHI in DMHG

Theme 5: Operational Matters including specialist services

- In theory some minimal resource reduction is feasible if private income processes are eliminated (Eligibility Officers/Accounts Receivable staff etc). This reduction is contingent on the existing funding model remaining.
- National specialities (Burns/Stem Cell etc) are unlikely to transfer to Private Hospitals. These patients are currently prioritised only on the basis of clinical need so this position will not change. However there is strong concern regarding the loss of private income for Consultants treating patients in these specialities. The salaries on offer for such specialist staff will need to be competitive as such Specialists are much sought after internationally given the scarcity of such specialist skills.
- Cancer Services – concern that activity levels of the main Cancer Centres (as per National Policy) may reduce if patients elect for treatment in private settings.
- Patients (Public and Private) benefit enormously by having access to the Specialist Consultants in place at present. Patent Care/Quality/Satisfaction will inevitably diminish if such specialists choose to work on a private only contract. This may necessitate treatment in public centres further from home where specialists cannot be attracted to the public system to replace leavers.

Grúpa Ospidéal Bhaile Átha Cliath Lár Tíre FSS
Dublin Midlands Hospital Group HSE
Páirtnéir Acadúil Coláiste na Tríonóide Baile Átha Cliath
Academic Partner Trinity College Dublin

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Our Values
Care Compassion Trust Learning

Dublin Midlands Hospital Group,
Bridgewater House,
Bridgewater Business Centre,
Conyngham Road,
Islandbridge,
Dublin D08 T9NH.

Tel: (076) 695 9280

- Maternity Hospitals - Significant on site presence of Consultants delivering private practice at present benefits the wider public system. These consultants support the public system when required and provide senior decision making capability readily.

Theme 6: Practical Approaches to removing private practice from public hospitals including timeframe and phasing

- The proposal appears impractical unless there is a new Consultant Contract for public only work that is acceptable to the Consultant body and also that the requisite increase in funding is allocated to hospitals to offset the private income loss.
- Assuming a public only system, the following needs to be considered:

i. Effective workforce planning on a short, medium & long term basis in light of the new terms and conditions on offer
ii. Increased resourcing in public hospitals to manage the projected increase in waiting lists
iii. Private Hospitals ability to deal with complex patients would need to be enhanced/guaranteed to include emergency care and full after care

The above synopsis also incorporates key points gathered from consultation with our hospitals to date. Based on the feedback received, we would be particularly keen to emphasise the potential negative impact the proposed change would have on the recruitment and retention of Consultant expertise that the public system is so reliant on; regarding this I understand that your office have corresponded directly with the IHCA. DMHG, whilst full supportive of the absolute need for equity of access to care in public hospitals, retain a strong concern that the proposal to remove private practice from public hospitals might actually disadvantage all patient cohorts in public hospitals in the long term, including public patients, if the said Consultant expertise is lost from the public system as a result of the proposal. DMHG are also somewhat concerned as to ability of the public exchequer to fund a €114m increased allocation each year to DMHG alone and the associated

Grúpa Ospidéal Bhaile Átha Cliath Lár Tíre FSS
Dublin Midlands Hospital Group HSE
Páirtnéir Acadúil Coláiste na Tríonóide Baile Átha Cliath
Academic Partner Trinity College Dublin

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Our Values
Care Compassion Trust Learning

Dublin Midlands Hospital Group,
Bridgewater House,
Bridgewater Business Centre,
Conyngham Road,
Islandbridge,
Dublin D08 T9NH.

Tel: (076) 695 9280

potential risk to the delivery of high quality patient care and access if this funding stream is not fully replaced.

If you have any further queries in relation to the issues raised in this correspondence please contact me.

Yours Sincerely,

Mr. Joseph Campbell
CFO DMHG