



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive



12th March 2018

Mr Ronan Twomey,  
Secretary to the Review Group  
examining Private Practice in Public Hospitals,  
c/o Room 424, DOHC,  
Hawkins House,  
Hawkins St,  
Dublin 2, D02 VW90.

**Re: Review of Private Practice in Public Hospitals.**

Dear Ronan,

Your letter of 27th December refers. I have structured my response in line with the 6 themes referred to in your letter.

The Saolta University Health Care Group consists of 6 public hospitals on 7 sites with a different demographic profile from the 2 Galway City Hospital site to the rural sites in Mayo, Sligo, Roscommon and Letterkenny. Galway University Hospital is the tertiary referral hospital supporting four level 2 hospitals and one level 1 hospital in Roscommon. Our patient profile does not fit the National profile of patients with private health insurance and our patients with medical cards is higher than recognised national averages.

**Theme 1**

**Eligibility, Access and Equity.**

Inpatients are primarily admitted through the hospital EDs, 76% of all inpatients. The elective inpatients at 24% of total patients may in turn be emergency particularly in the speciality of oncology.

*See table attached using GUH data (next page).*

Office of the Chief Financial Officer  
Saolta University Health Care Group  
University Hospital Galway  
Newcastle Road, Galway, Ireland

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**GUH Inpatient discharges –  
Example of source of  
admission - 2017**

Overall discharges public vs private by Source of admission

Row Labels	Public Disch	%Public Disch	Private Disch	%Private Disch
ED	12440	31%	2969	7%
ELECTIVE	7488	19%	2080	5%
NON_ELECTIVE	7988	20%	1173	3%
MAU\SAU	4979	12%	813	2%
<b>Grand Total</b>	<b>32895</b>	<b>82%</b>	<b>7035</b>	<b>18%</b>

Overall discharges by Source of admission, public vs private

Row Labels	Public Disch	% Total	Private Disch	% Total	
ED	12440	81%	2969	19%	
ELECTIVE	7488	78%	2080	22%	Waiting list
NON_ELECTIVE	7988	87%	1173	13%	OPD, Non declared emergency
MAU\SAU	4979	86%	813	14%	
<b>Grand Total</b>	<b>32895</b>	<b>82%</b>	<b>7035</b>	<b>18%</b>	

The Saolta Hospitals in general work on an 82/18 ratio of private patients for the combined day cases and inpatients. Galway City is served by two private hospitals neither providing a full ED service (8-6 in one private hospital). Neither private hospitals have ICU facilities, and when necessary the GUH ICU provides emergency ICU facilities. Thus the complexity and numbers of procedures in the two private facilities is restricted to non ICU and limited ICTU procedures requiring such after care.

In the view of the Saolta University Health Care Group approx 5% of all discharges are elective private cases and this is the potential reduction in discharges with the abolition of private charge in the public hospitals.

The Group has 5 Maternity facilities. Maternity and Oncology patients tend to have a higher propensity to use their private insurance.

- The Group has a significant challenge in its waiting lists with capacity being the predominant issue in this regard. The conversion of many surgery cases to day procedures has had some success in our hospitals. Without the private sector the Groups waiting lists for both inpatient and day case would increase and it is the Groups' Management opinion that the elimination of private practice in the public hospitals will compound the waiting list issue in public hospitals.

## **Theme 2**

### **Legislative & Legal Issues**

The Health Act, supporting legislation and the consultant contract will be required to be changed to allow any changes in the private practice arrangement in public hospitals. Existing consultants with rights to a private income stream will give the greatest resistance to change and the compulsory amounts to effect change will be prohibitive.

## **Theme 3**

### **Recruitment & Retention of Personal**

Without the option of a stream of private income, the public health system will not be able to attract the specialised medical staff both on the admitting side and the diagnostic side of the medical service.

In Galway, the private stream of income through the public hospital supplemented by a further source of income through the private sector has allowed Galway attract an excellent cohort of admitting Consultants and diagnostic related Consultants, which has benefited the public tertiary hospital in Galway and the Group as a whole through the Group Directorate approach to the management of the clinical disciplines across all the hospitals. Retention of personnel would not be possible without a competitive public only contract. How much is competitive? The association with academic partners is a significant card in attracting appropriately trained specialist medical staff. In non tertiary hospitals, the association with academic partners is not as strong and the lack of access to a private source of income in these smaller hospitals will not allow the recruitment to these posts in a shorts period of time.

## **Theme 4**

### **Current and Future Arrangements**

Hospitals will require an immediate uplift in funding to the level of private patient income (€114m). Cost savings on staff dealing with income will be minimal.

Consultants pay will need to increase to reflect the absence of private income sources within the public hospitals.

**Theme 5**  
**Operational Matters including Specialist Services**

An immediate result of the abolition of private practice is that specialist services will be likely to migrate to the private sector, in turn costing the public sector in buying back these services from the private sector.

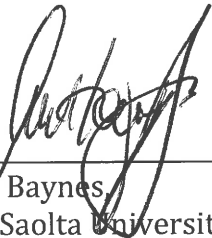
**Theme 6**  
**Practical Approaches to Removing Private Practice from Public Hospitals include  
Timeframe and Phasing.**

A competitive public only consultant contract is essential as the outset of this issue. The public hospital will have to be funded for the loss of income immediately. Additional resources will have to be available for the increased public only contract for Consultants and additional funding for increased waiting lists will be essential.

Heretofore, private patients will still attend public hospitals as is their right thus increased capacity in the public hospitals will not materialise from the exercise to eliminating private practice.

The Governments commitment to developing 'elective' only hospital units will assist in the freeing of elective public and private patients from the predominately emergency.

Yours sincerely



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Tony Baynes  
CFO, Saolta University Health Care Group