

Private Activity in Public Hospitals

National Health Summit

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Oireachtas Committee Recommendations

- Phased Removal of Private Care from Public Hospitals
- Undertake Independent Analysis to “identify any adverse or unintended consequences”

Independent Group

- Established November, 2017
- 5 Members with Department of Health Secretariat
- Reported February, 2019
- 47 Submissions
- Oral Hearings
- Hospital Visits
- International Evidence (OECD & European Observatory)
- Deloitte Report on Impact on Private Health Insurance Market

Recommendations 1

1. Legislation to ensure that public hospitals are exclusively used for the treatment of public patients from the conclusion of the ten-year Sláintecare implementation period
2. All new consultant appointments should be to a Sláintecare Consultant Contract, which allows only public activity in public hospitals
3. Restore pay to pre-October 2012 pay levels for all existing Type A contracts and new entrant Sláintecare Consultant Contracts

Recommendations 2

4. Consultants holding 2008 (or earlier) contracts under which the consultant conducts private activity on a public hospital site should be offered a “contract change payment” to move to the new Sláintecare Consultant Contract.
5. Introduce a scheme to allow a special derogation from pay caps to address recruitment to highly specialised posts.
6. Implement the agreed monitoring and reporting system to robustly monitor and enforce the existing consultant contract

Recommendations 3

7. The Department of Health should ensure that HIQA's quality and safety regulatory functions are extended to all healthcare settings
8. Comprehensive data should be collected on the nature and scale of activity in the private hospital system equivalent to those collected in the public system

New Slaintecare Consultant Contract

- Key Recommendation
- Restore Pay from €131 k to €182 k
- New Scale from €210k to €252 k (July 2022)
- Stop issuing contracts with private practice rights as these will have to be bought out in the future
- Offer Contract Change Payment

What Will This Cost ?

- Gross Cost after 10 years €650 m p.a.
- of which main elements are
 - Private income of Hospitals €500 m plus
 - Consultant Pay € 85 m
- Costs are incremental – relatively modest at start, incremental rise over time

Can We Afford It ?

- Health Spending up by €2.5 Bn in last 8 years
- Private Income of Hospitals Under threat anyway
- Campaign by Insurers
- Consultant Pay Needs to be Restored anyway
- People Already Paying through Taxes and Insurance

Can We Afford It ?

Available Resources 2021-2025

- Tax Package €3bn
- Current Spending €11bn
- Health Share €3.1 bn

Source: Department of Finance 9 January, 2020

Government Decision Dec 2019

- New Public Only Consultant's Contract From 2020.
- Scale €210 k to € 252k from July 2022
- 1000 extra consultants on new contract over 10 years
- At least 1885 Consultants on new contract in 10 years

Fine Gael Proposals

“We will now, on a phased basis, hire only consultants who are committed to working in public hospitals. Under our proposals, the number of consultants will increase by 1,000 over the next 10 years”.

Election Manifesto 2020 P 16.

Fianna Fail Proposals

- Negotiate a new contract with consultants
- End pay inequality for post 2012 entrants
- Recruit 1000 extra consultants over five years

Sinn Fein Proposals

- Fully Implement Slaintecare over 10 years
- Pay Restotation for new entrant consultants
- New Consultant contract
- Hire 1000 new consultant doctors

Labour Party Proposals

“Labour will fully implement all of the Recommendations of the Report of the Independent Review Group established to examine private activity in public hospitals”.

Election Manifesto p 30

Green Party Proposals

“We support the Slaintecare plan ...
a single-tier health system based on need rather than ability to
pay”.

Election Manifesto p 54

Social Democrats Proposals

- Fully Implement Slaintecare
- Red Line Issue

Why Do This ?

- People in a Public Institution Should be Treated equally on basis of medical need not ability to pay.
- Citizens will be better served by fully-functional public service and will have reduced expenditure on PHI
- Progressive and incremental change
- Avoids system shock
- Change is being done in parallel with
 - commitments to increase acute capacity
 - commitments to develop and enhance other services (primary and community care, access to diagnostics etc)