

Sinn Féin Health Solutions

Comhliosta

The integrated waiting list management system



**END THE CHAOS
IN HEALTH**

Introduction

658,877. That is the number of people – men, women and children who were on a waiting list for a medical procedure as of April 2017.

That number includes children with scoliosis, a curvature of the spine which requires surgery. It includes some 34,000 ophthalmology patients at risk of irreversible sight loss should they not receive the treatment they need in a timely manner. It includes thousands of women waiting in pain for treatment for gynaecological issues.

These people are not numbers. They are living, breathing, feeling people who are on a waiting list because they need medical attention.

Inaction on waiting lists is putting peoples' health and lives at risk.

As these lists grow so too does the pressure on Accident & Emergency services as peoples conditions worsen and more acute services are required.

The crisis in waiting times is systematic of a system which is not working.

For Sinn Féin the long-term solution is clear – we need an Irish National Health Service. One that is truly public. That provides healthcare on the basis of need, not on who you are, where you live or how much money you earn. A system that is funded by progressive taxation.

However there is a pressing need to fix the crisis on waiting lists that faces us currently. To do that we need a new way of thinking. We need to stop kicking the can down the road and take responsibility. We need to implement bold solutions that will work.

International best practice

Sinn Féin has looked to international best practice on waiting lists and we have proposed a new single, integrated hospital waiting list management system where people can move from one hospital to another to reduce waiting times. We have called this system Comhliosta.

Under the current system waiting lists vary drastically across our hospitals. Patients do not know where they stand on the list or how long they will be waiting. People waiting for similar procedures can wait different lengths of time depending on which hospital they have been referred to.

We want to do away with that. We would introduce a new IT system based on the one in use in the Portuguese NHS which would generate new maximum waiting times by transferring those on the list from hospitals that are struggling to meet demand to those that are in a better position to perform the procedure more timely.

Investment:

This proposal would have to be implemented in conjunction with a major programme of investment in our public hospital system including beds and staff numbers.

That is why Sinn Féin, in our health policy, proposed a massive €3.3 billion investment in our health services over five years.

Others opted for massive tax cuts for the wealthy which is why the Minister for Health does not have the money to solve the hospital waiting list crisis.

Comhliosta - Integrated Hospital Waiting List Management System

Sinn Féin would pursue the introduction of a new model to maximise the capacity of the public hospital system and introduce fairness and strategic management across all waiting lists. It would also make some use of existing capacity in the private hospital system in the short term.

The component parts of this model include:

- The provision of a Core Activity Budget to public hospitals. This would be based on the previous year's activity adjusted for inflation and any successful proposal made for a portion of the increased funding made available under Sinn Féin's growing Health Budget.
- Increased overall capacity for the public health system. The recruitment of further consultants in particular would significantly reduce waiting times for initial consults and the wider measures to tackle hospital overcrowding would shorten the second portion of waiting times, as a greater volume of elective procedures would be facilitated.
- An end to the special treatment of private patients in public hospitals by incrementally eliminating private activity and replacing the revenue lost with increased public funding to their Core Activity Budgets during a term of government.

However, the HSE estimated in its 2014 submission to the Consultative Forum on Health Insurance Review Group that "the Private Health Insurance market generates roughly €500 million per annum for the statutory and voluntary hospital system".

Sinn Féin would make an additional investment of €100 million, rising to €500 million annually, for the core activity budgets of public hospitals to replace the revenue streams from private insurance.

The first three years of this funding increase would be covered by a corresponding incremental reduction of tax relief on private health insurance, on which €355 million is currently expended.

- The introduction of a new and single Integrated Hospital Waiting List Management System called Comhliosta.

Under the current system, waiting lists for outpatient appointments, diagnostic tests, day case and inpatient procedures vary drastically from one public hospital to the next. Patients do not know where they stand on the list nor at what speed their list is moving relative to that of other hospitals within reasonable travelling distance. People with comparable health concerns can wait very different lengths of time for assessment and treatment depending on what hospital they happen to be initially referred.

We would introduce a version of the integrated IT system used in the Portuguese NHS, which would help to achieve new maximum wait times by actively transferring those on the list from hospitals that are failing to meet the target to hospitals that have the ability to offer the service on time.

The new maximum waiting times should be developed to cover the entire period from referral to the end of the episode, i.e. the time when either a decision is made not to treat or when treatment has happened.

The IT model introduced by the Portuguese, alongside greater investment in public hospitals, has delivered significant and sustained reductions in waiting times for surgery since it was first introduced in 2004.

As described in the 2013 OECD publication, 'Waiting Time Policies in the Health Sector: What Works?', over five years waiting lists for surgery have decreased by almost 35%, the median waiting times by almost 63% and variation across providers is also diminishing.

When a registered patient has reached 75% of the maximum waiting time allowed for their treatment a voucher is automatically generated allowing the patient to obtain treatment in a different public or participating private facility – the payment is the same regardless of provider status.

Unlike the former National Treatment Purchase Fund, fees for Comhliosta activity would be centrally determined and set at a rate below that paid for core activity, which must take account of all hospitals' fixed costs. In Portugal, the additional surgeries conducted via the transfer system cost, on average, 70% of the price paid for basic surgery provision.

Hospitals in Portugal have an incentive to engage in additional transfer activities over and above that contracted in order to attract the 70% funding which comes with them.

Almost 80% of Irish consultants are currently engaged in some form of private patient activity outside of their contracted hours. This shows they have the capacity to carry out more public activity, which would allow us to treat everybody more quickly and on the basis of clinical need alone rather than patient status. Coupled with greater public investment, Comhliosta could do just that.

- The renegotiation of the Consultants Contract. The Consultant's Contract must be renegotiated. With the express backing of the public via a clear electoral mandate, our renegotiation would seek to achieve public-only contracts covering core activity on a full-time or part-time basis. Contracts would include protected time for teaching and facilities for research and academic collaborations. Further income could also be generated by consultants by undertaking additional activity transferred to them by Comhliosta outside their contracted hours.

The benefits of this approach could be:

- The impact of postcode lotteries and blind referral habits – where GPs refer to the same hospital without regard to the size or pace of its waiting lists – would be diminished.
- The full capacity of the public hospital system would be strategically deployed to work through the public waiting list. The impact of personnel departures or other pressures in any one hospital would be spread across the system as a whole rather than felt exclusively by those on the individual hospital's list.
- The increased funding for hospitals would be directly linked to reducing public waiting lists, providing a clear incentive to treat more patients.
- More effective sharing of information across health care providers, including between hospitals and GPs, would result in significantly less paperwork.
- There would be more effective identification of best practice targets and sharing of same across providers.
- Patients would be able to find out easily where they are on the waiting list and the pace at which the list is moving via an online facility.

Sinn Féin would also allocate a budget, rising to €100 million annually, for Comhliosta transfer activity.