

Inter-Sectoral Analysis of Health Services in Ireland

DATE

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VENUE

ESRI

PRESENTER

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Introduction

“An inter-sectoral analysis by geographic area of the need for, and the supply and utilisation of, health services in Ireland” - HRB Project 2015-2019

- Project team
 - Samantha Smith, Brendan Walsh, Maev-Ann Wren, Seán Lyons, James Eighan, Steve Barron, Edgar Morgenroth
- Steering Group
 - Michael Fitzgerald (Social Care Division HSE), Julien Forder (LSE & University of Kent), Anne Nolan (TCD/ESRI), Richard Layte (TCD), Charles Normand (TCD), Sean Murphy (Mater Hospital), Davida De La Harpe (former HSE)

Aim, Context & Motivation 1

- Aim
 - Inform Irish health policy about the transfer of care from acute hospitals to non-acute settings
 - Clarify terms:
 - **Acute:** outpatient, inpatient, day patient, emergency care in acute hospitals
 - **Non-acute:** services provided outside of acute hospital setting (e.g., GP clinic, long-term residential care facility, health centre, home, etc.)
- Policy context
 - Core policy priorities: Transfer care from acute to non-acute settings & achieve greater integration
- Motivation & Approach
 - **Insufficient evidence of adequacy of non-acute care supply (Report 1)**
 - **Insufficient evidence on interaction between acute & non-acute care (Report 2)**

Report 1: Geographic Profile of Healthcare Needs and Non- Acute Healthcare Supply in Ireland

- Report 1 provides first building block for contributing to the evidence base on transferring care:
 - **What non-acute services are available?**
 - **How many are there and where are they?**
 - **And where are they in relation to healthcare needs?**

What non-acute services are available?

Primary and community care services	GPs	Included
	Community nurses (PHNs & other registered nurses working in community)	Included
	Physiotherapists	Included
	Occupational Therapists	Included
	Speech & Language Therapists	Included
	Podiatrists & Chiropodists	Included
	Counsellors & Psychologists	Included
	Social Workers	Included
Care for older people	Long-term residential care	Included
	Home care	Included
Others (for example):	Disability services	Not included
	Mental healthcare services	Not included
	Palliative care nurses	Not included

How many are there, and where are they: DATA & METHODS 1

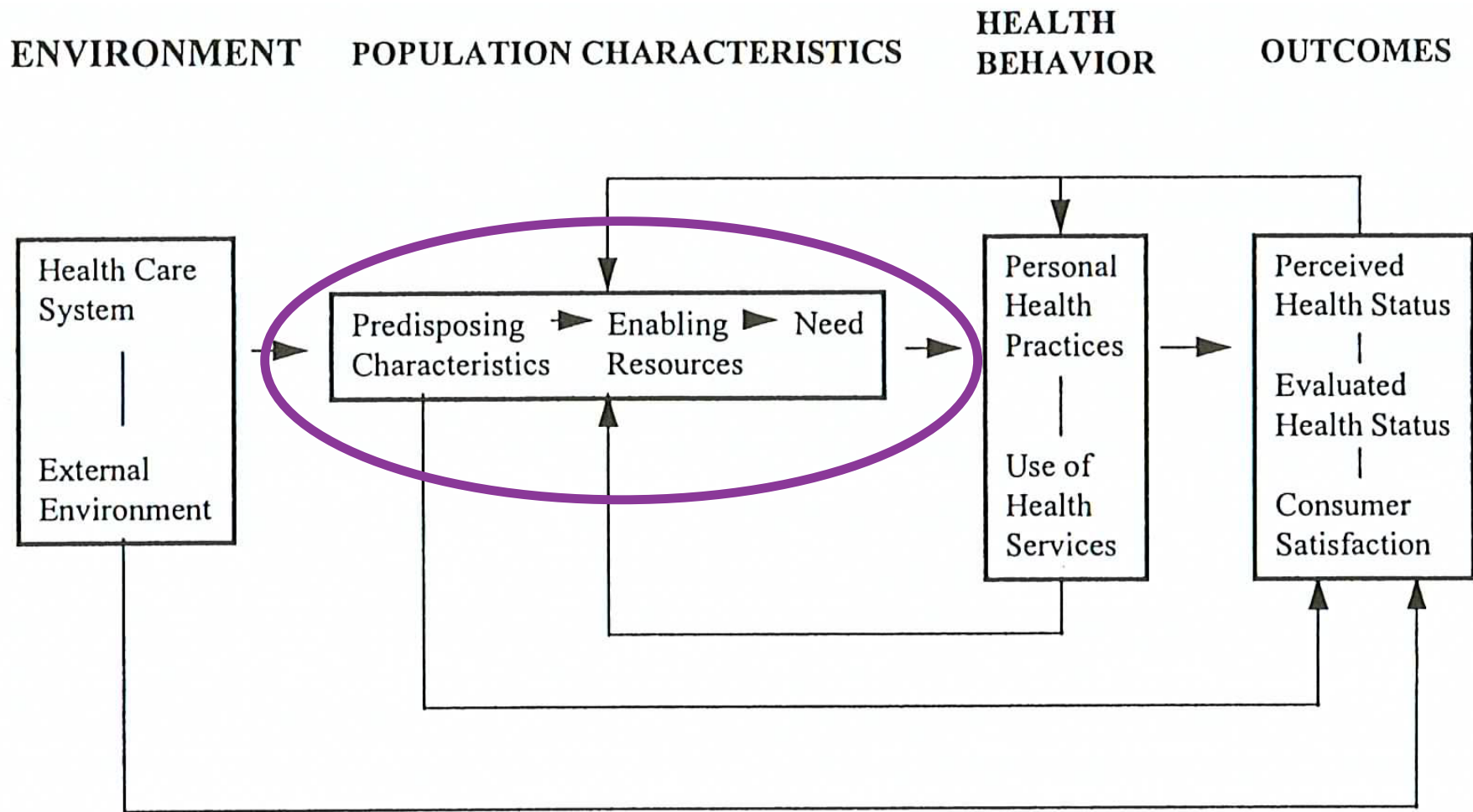
- **BASIC DATA REQUIRED:**
 - Number of public and private professionals/beds/hours
 - Geographic location
- Additional data required to compare supply across areas & across services:
 - Whole time equivalents – available or estimated **WTE**
 - Supply per capita – **population** data (denominator)
 - Common geography – supply per capita by **county**

How many are there, and where are they: DATA & METHODS 2

Non-acute service	Data source (Year 2014)	Geographic aggregation	WTE?	Public & Private?
GPs	Irish Medical Directory & Irish College of General Practitioners	Street address	Estimated	Private
Community nurses	HSE Personnel Census	LHO/Regional	Available	Public
Allied health professionals	HSE Personnel Census	LHO/Regional	Available	Public only*
*Private physiotherapists	Irish Society of Chartered Physiotherapists	Street address	Estimated	Private
Long-term residential care beds (2015)	HIQA, DOH, NHI	Street address	Not applicable	Public & private
Home care hours	Social Care Division, HSE	LHO	Not applicable	Publicly financed
Population data 2014	ESRI population estimates			

And where are they in relation to healthcare needs: METHODS 1

Behavioural Model of Health Services Use (Andersen *et al.*, 1995)



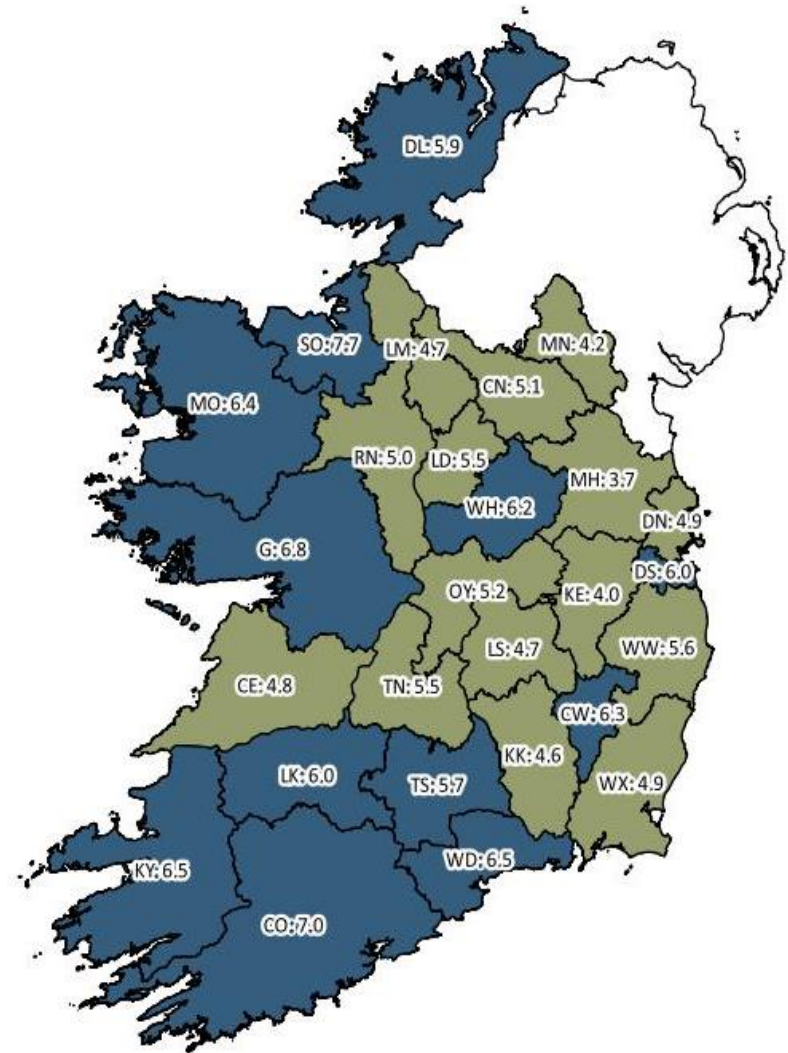
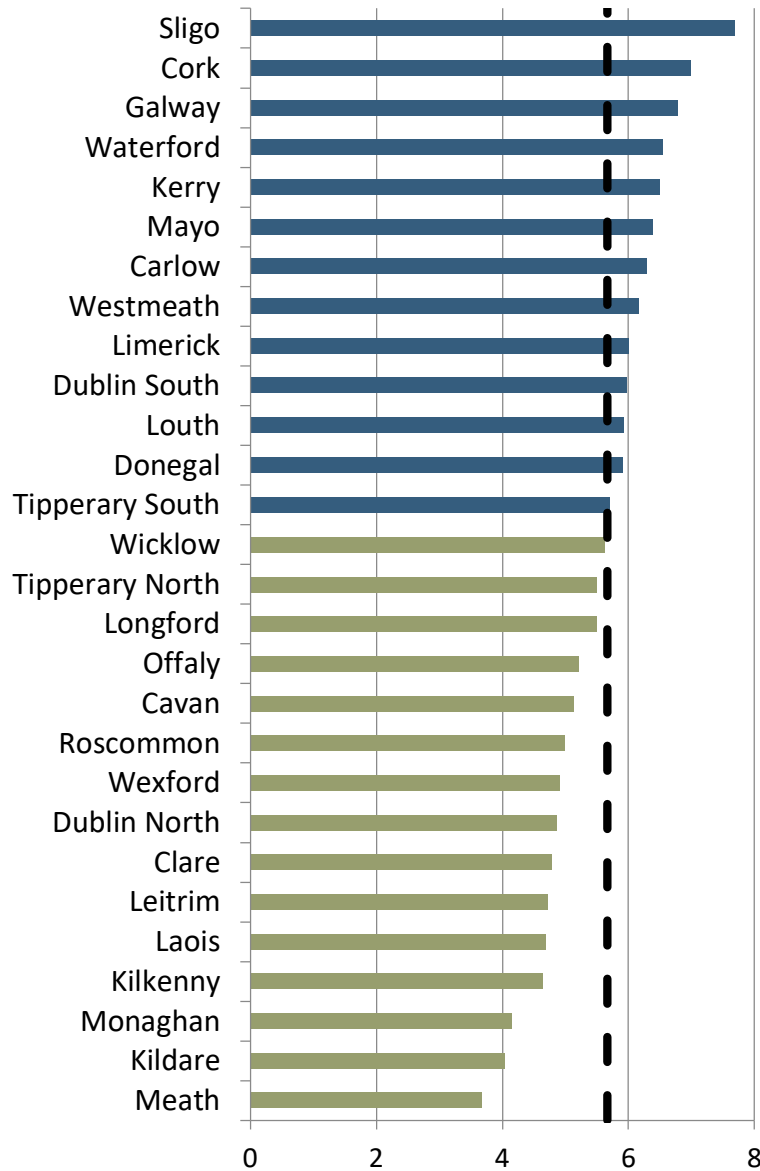
And where are they in relation to healthcare needs: METHODS 2

- Adjusting area supply for differences in area need (Gravelle & Sutton, 2001; Hann & Gravelle, 2004; Goddard *et al.*, 2010)
 - Older population aged 65+ years
 - Older population aged 85+ years
 - Mortality rates
 - Disability rates
 - Medical card (or GP visit card)
 - Chronic illness (Medical Card holders with one/more prescription for a chronic health condition)

How many are there, and where are they: FINDINGS

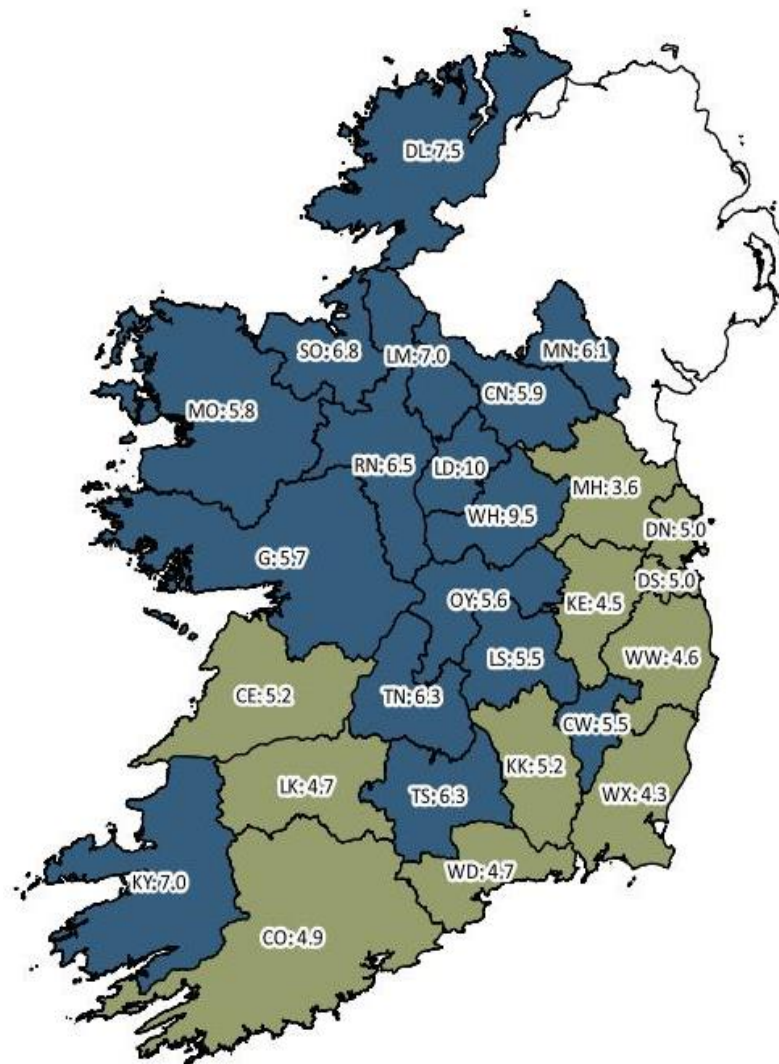
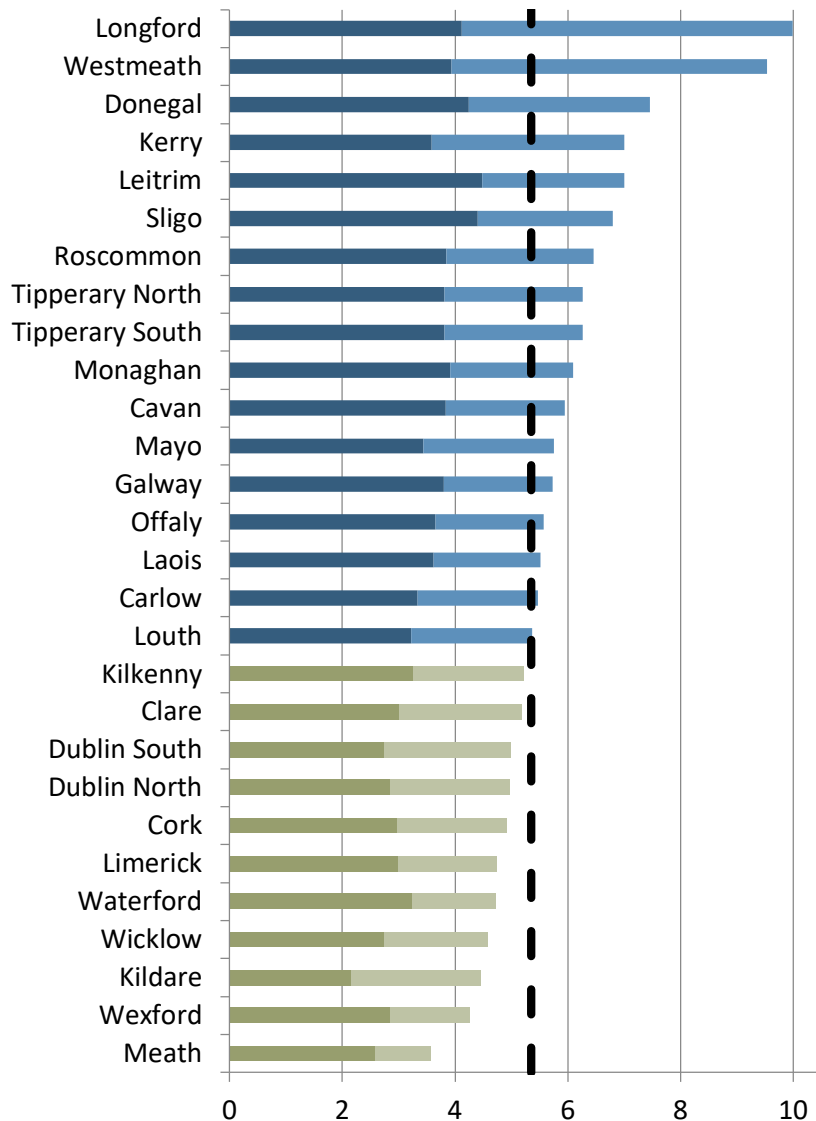
- Supply of 10 non-acute services (unadjusted for healthcare need)

WTE GPs per 10,000 pop (2014)



Higher than national value Lower than national value

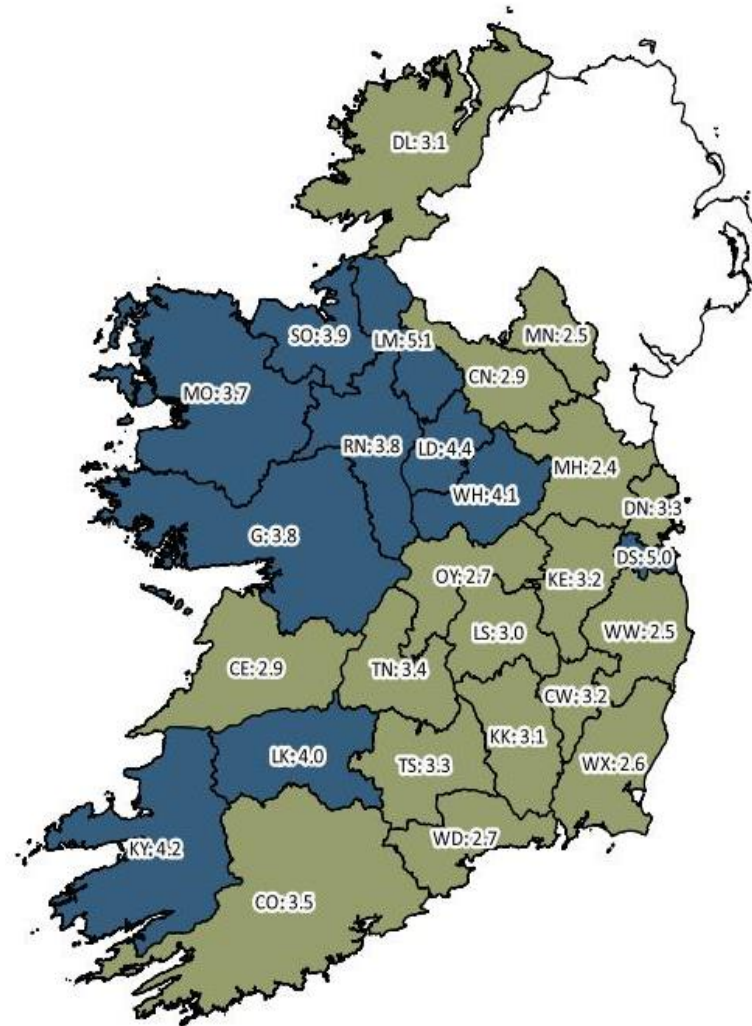
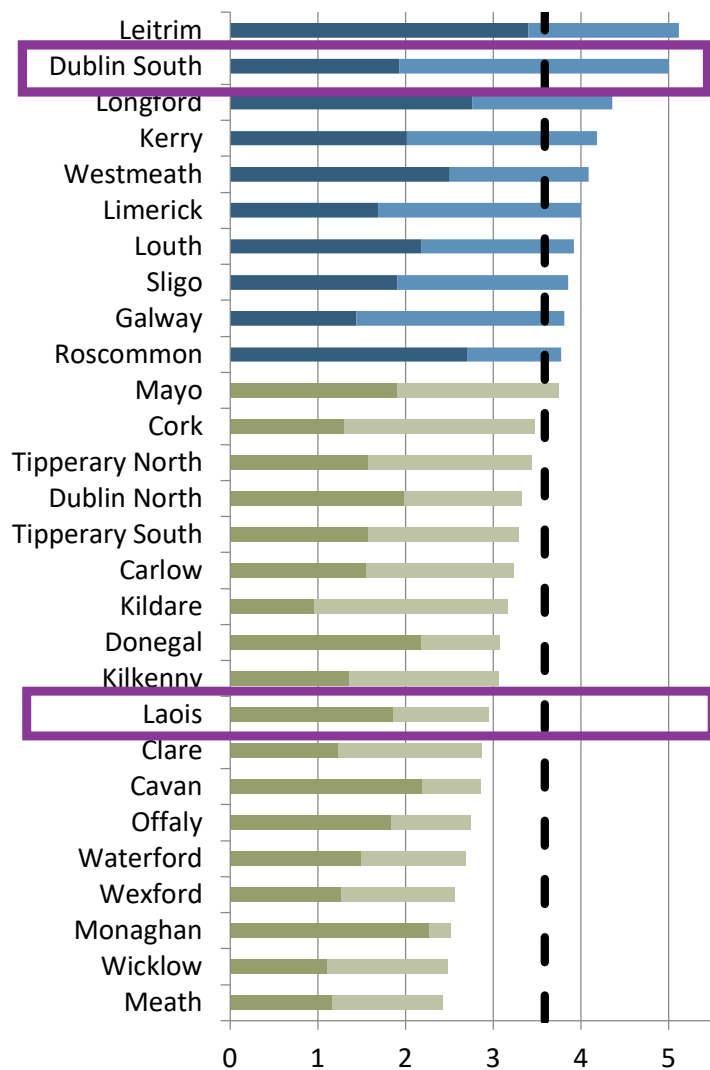
WTE community nurses per 10,000 pop (2014)



Higher than national value

Lower than national value

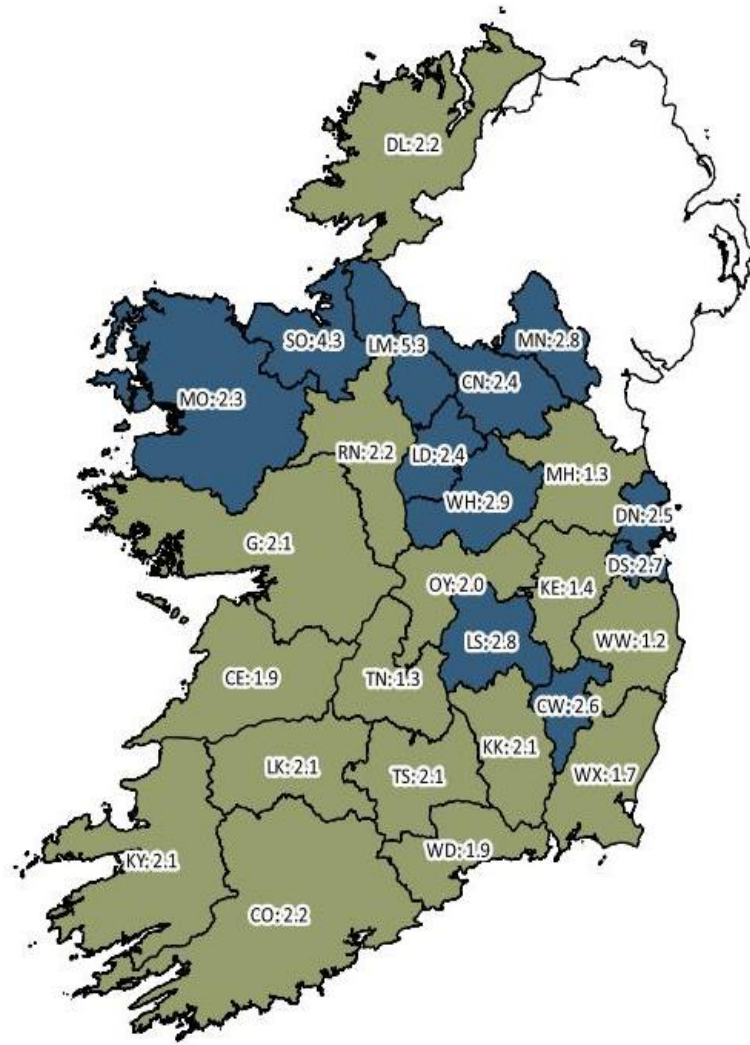
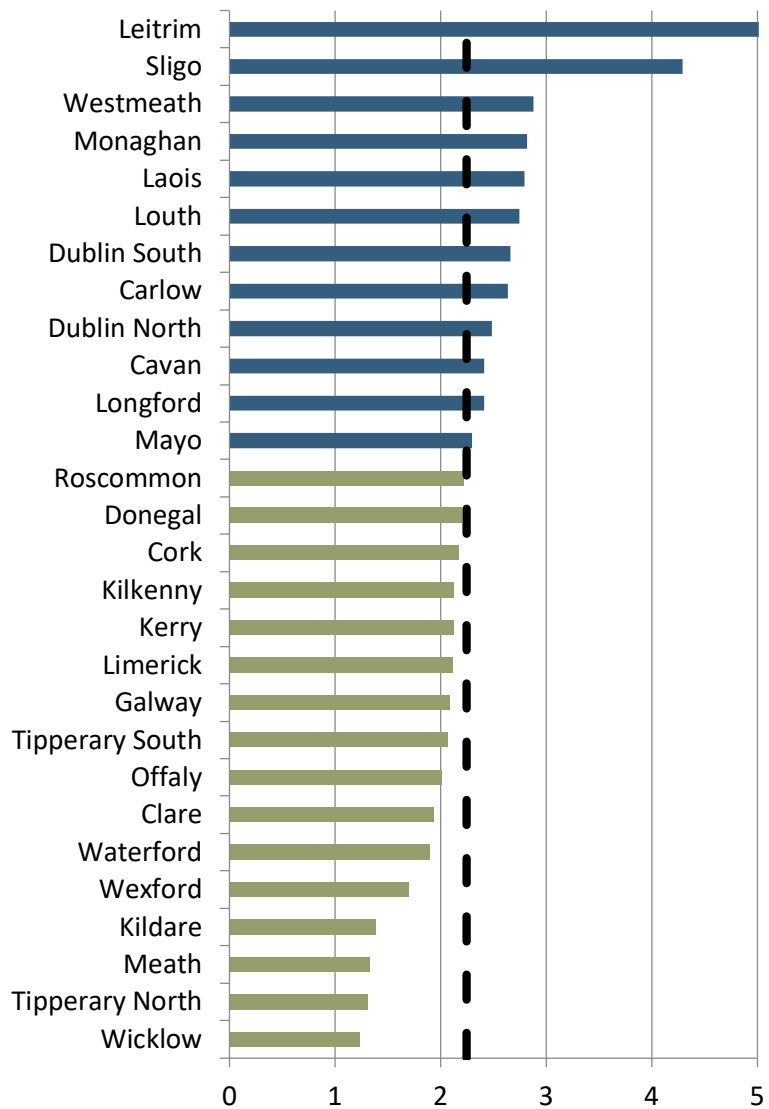
WTE public & private physiotherapists per 10,000 pop (2014)



Higher than national value

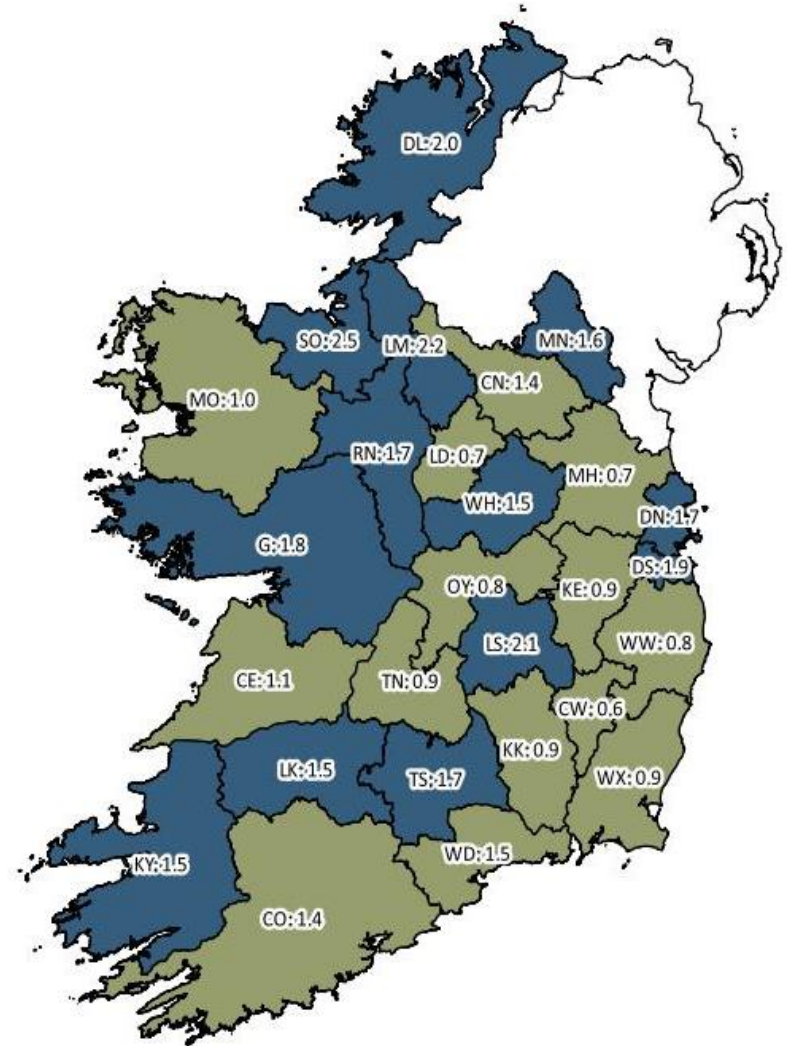
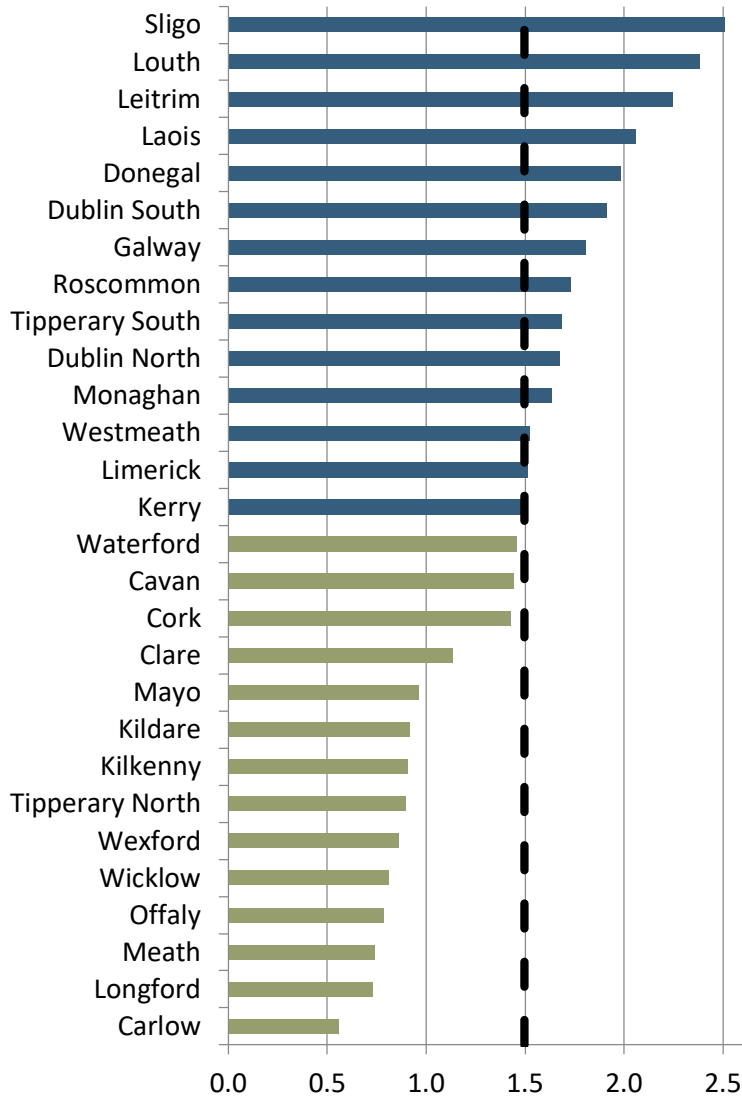
Lower than national value

WTE occupational therapists per 10,000 pop (2014)



Higher than national value Lower than national value

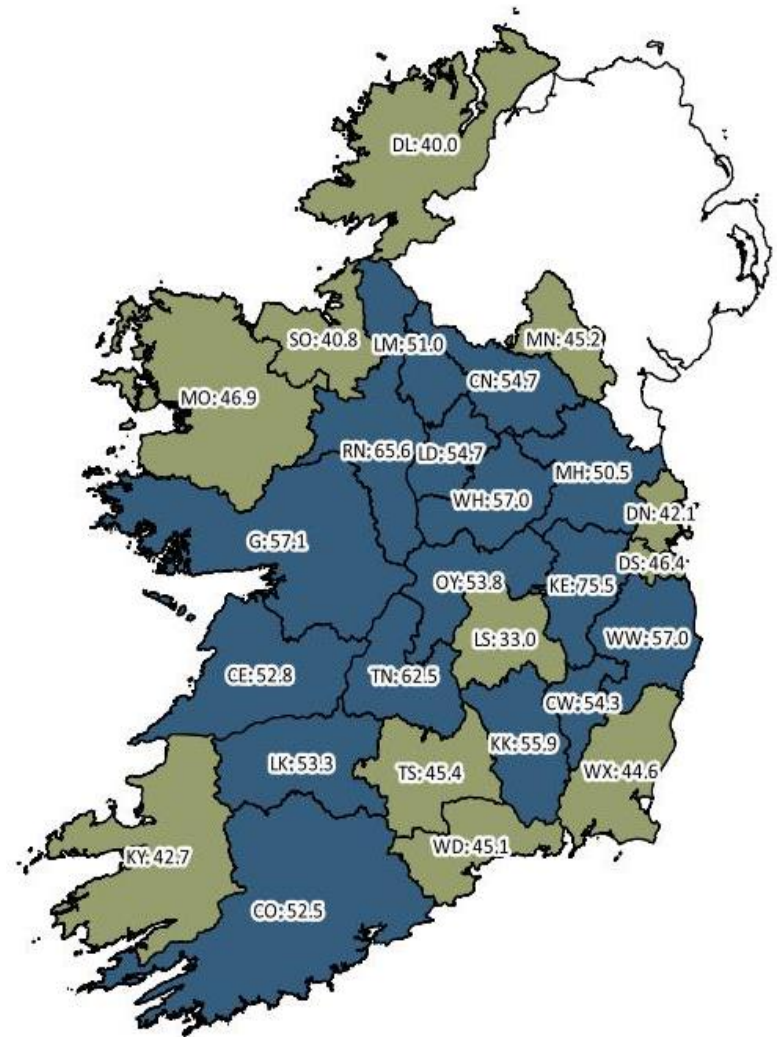
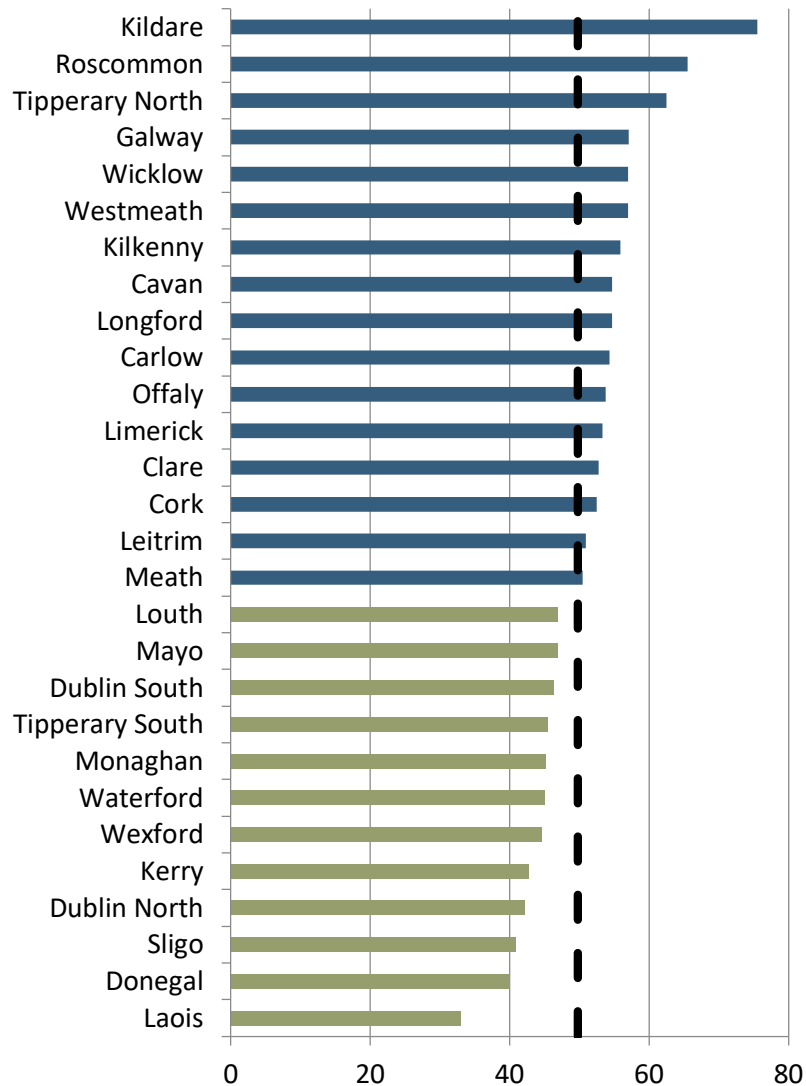
WTE social workers per 10,000 pop (2014)



Higher than national value

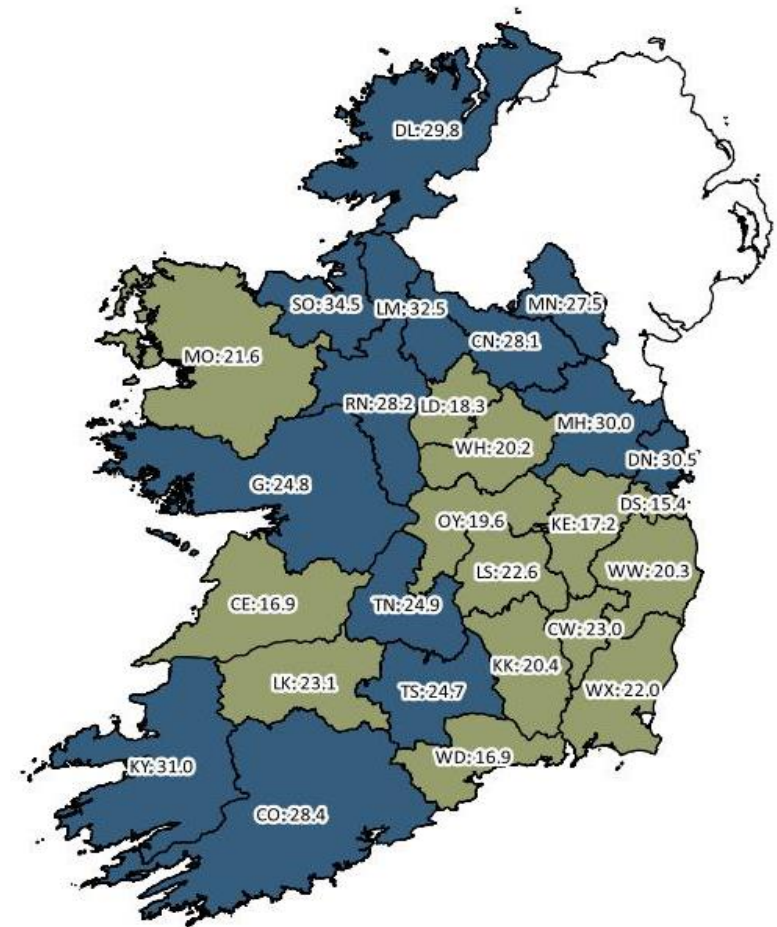
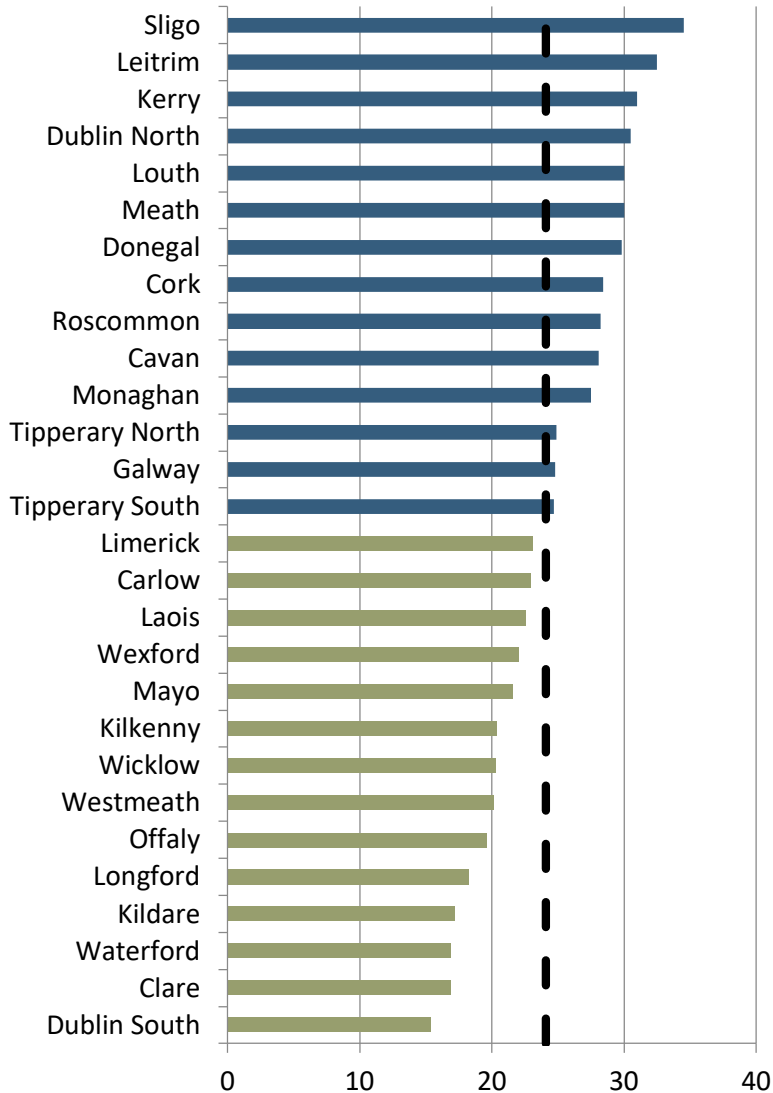
Lower than national value

Long-term residential care beds per 1,000 pop aged 65+ (2014)



Higher than national value | Lower than national value

Average annual no. of publicly financed home care hours per pop aged 65+ (2014)



Higher than national value

Lower than national value

And where are they in relation to healthcare needs?

	Non-Acute Primary and Community Care								Long-Term Care		Number of services >10 per cent below national average
	GP ¹	PHN/CN ²	PT ³	OT ²	SLT ²	P&C ²	CO&PSY ²	SW ²	LTRC ⁴	HCH ⁵	
Kildare	●	●	●	●	●	●	●	●	●	●	9
Meath	●	●	●	●	●	●	●	●	●	●	8
Wexford	●	●	●	●	●	●	●	●	●	●	8
Wicklow	●	●	●	●	●	●	●	●	●	●	8
Clare	●	●	●	●	●	●	●	●	●	●	7
Kilkenny	●	●	●	●	●	●	●	●	●	●	7
Waterford	●	●	●	●	●	●	●	●	●	●	7
Offaly	●	●	●	●	●	●	●	●	●	●	5
Carlow	●	●	●	●	●	●	●	●	●	●	5
Laois	●	●	●	●	●	●	●	●	●	●	4
Limerick	●	●	●	●	●	●	●	●	●	●	3
Mayo	●	●	●	●	●	●	●	●	●	●	3
Tipperary North	●	●	●	●	●	●	●	●	●	●	3
Dublin North	●	●	●	●	●	●	●	●	●	●	3
Kerry	●	●	●	●	●	●	●	●	●	●	3
Monaghan	●	●	●	●	●	●	●	●	●	●	3
Longford	●	●	●	●	●	●	●	●	●	●	3
Roscommon	●	●	●	●	●	●	●	●	●	●	3
Dublin South	●	●	●	●	●	●	●	●	●	●	2
Cavan	●	●	●	●	●	●	●	●	●	●	2
Louth	●	●	●	●	●	●	●	●	●	●	2
Donegal	●	●	●	●	●	●	●	●	●	●	2
Tipperary South	●	●	●	●	●	●	●	●	●	●	1
Westmeath	●	●	●	●	●	●	●	●	●	●	1
Leitrim	●	●	●	●	●	●	●	●	●	●	1
Sligo	●	●	●	●	●	●	●	●	●	●	1
Cork	●	●	●	●	●	●	●	●	●	●	0
Galway	●	●	●	●	●	●	●	●	●	●	0

Conclusions 1

- Key findings
 - Considerable regional inequality in supply of non-acute services, unrelated to need
 - Some areas consistently under-supplied relative to national average; some notable regional patterns
- Limitations/Questions:
 - Reasons behind the inequalities?
 - Changes since 2014?
 - National average not an indicator of adequate supply
 - Supply is one element of access
 - Ease of access incorporates a range of other factors not addressed in this study (e.g., distance, travel costs, uneven entitlements)

Conclusions 2

- Policy implications
 - Sláintecare implementation strategy
 - Challenges for resource allocation planning:
 - **DATA!!**
 - Disparate data sources
 - Incomplete data on private supply
 - Incomplete information on local practices
 - Catchment populations
 - Limited data on accessibility (e.g, distance, travel time)
 - Appropriate need adjustments

Thank you