IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

IMO Submission to the Special Oireachtas Committee on Covid 19 Response on the General Provision and Availability of Hospital Beds

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Key facts

- At 2.8 beds per 1,000 population, Ireland has one of the lowest number of beds in the OECD and falls well below the OECD average of 3.7 beds per 1,000 population
- At 5 beds per 100,000 Ireland has also among the lowest number of intensive care beds in the OECD and falls well below the OECD average of 12 ICU beds per 100,000 population
- At an average of 95% occupancy in 2017, Ireland has the highest bed occupancy rate in the OECD[1]

The shortage of hospital beds leads to delays in the Emergency Department (ED) and the boarding of patients on trolleys in the ED and on hospital wards, and also contributes to excessive waiting lists for inpatient and day case procedures:

- In 2019, across the HSE, on average, 62.7% of patients and only 40.6% of patients over 75 were admitted or discharged within 6 Hours of arriving at the ED[2]
- 2019 saw the highest number of patients boarded on trolleys (over 118,000) up 9% on 2018[3]
- 230,000 people are on a waiting list for an inpatient or day case procedure including GI endoscopy.[4]

In addition, International evidence shows that high bed occupancy is associated with increased risk of healthcare associated infections such as MRSA, increased mortality, increased probability of an adverse patient safety event, risks to staff welfare and reduced efficiency in patient flow.[5]

Additional Bed Capacity Requirements

- In 2018, the Health Service Capacity Review estimated that 1,260 acute beds were immediately required to bring bed occupancy levels to internationally recommended safe occupancy levels of 85%.
- The Health Service Capacity Review estimated that by 2031, between 2,590 and 7,150 additional beds would be required. The minimum requirements are based on the successful implementation of a wide range of reform measures including the implementation of Healthy Ireland, an improved model of care centred around comprehensive community-based services and the continued reconfiguration of hospital services and improvements to patient flow.
- However, using their HIPPOCRATES projection model of health care, the ESRI project an increased need for between 4000 and 6300 beds across public and private hospitals of which 3200 to 5600 will be required in public hospitals. "*These findings suggest that government*

[1] OECD, Beyond Containment: Health systems responses to COVID-19 in the OECD, April 2020
[2] HSE Annual Report and Financial statements 2019, https://www.hse.ie/eng/services/publications/corporate/hse-annual-report-and-financial-statements-2019.pdf
[3] INMO, Trolley overcrowding 9% worse than any other year, Press release 2 Jan 2020 https://www.inmo.ie/Home/Index/217/13556
[4] NTPF, Waiting lists June 2020
[5] PA Consulting, Health Service Capacity Review. Dept of Health 2018

plans to increase public hospital capacity over the 10 years by 2600 may not be sufficient to meet demand requirements to 2030, even when models of care changes are accounted for".[6]

- The original baseline figure for Acute beds in the Capacity Review was 12,728. Since then a further 510 acute beds (363 in-patient and 147 day case) have been added to the base to give an available acute bed count pre-COVID-19 of 13,238 (approx. 10,951 inpatient and 2,287 day case beds as of December 2019). [7]
- In 2018, the Health Capacity Review recommended an increase in critical care beds from 237 (2016) to 430 in 2031 while in 2009 the "Towards Excellence in Critical Care-Prospectus Report" recommended that critical care bed numbers should increase to 579 by 2020.[8]

Impact of Covid 19

- The HSE estimate that social distancing and infection prevention and control (IPC) measures will reduce inpatient capacity by on average 25% and up to 50% in some specialties such as surgery while at the same time 15-20% with some services operating at less than 50% capacity . At the same time, 20% spare capacity is required to ensure the system can respond to a future surge in Covid cases. [9]
- This means of approx. 10,950 inpatient beds available, physical distancing and IPC measures will see inpatient bed capacity reduced by 2,737 inpatient beds while 2,190 inpatient beds will be required in preparation for a future surge.
- Permanent ICU bed capacity increased to 285 during the however we need to double the number of beds to bring Ireland in line with international ratios and to ensure 30% spare capacity is available in the event of a future surge.[10]

Covid 19 brought these significant capacity deficits in our hospital systems to the fore requiring urgent measures to be taken including:

- the cancellation of all non-urgent or time sensitive care,
- the re-deployment of approximately 1600 staff to frontline Covid care
- agreement with the private hospitals association to make available an additional 2000 beds and approximately 100 Intensive Care Units (ICUs) and High Dependency Units (HDUs)to the public health system

However, this additional capacity in the private system is unlikely to be available again in the event of a future surge. While the National Treatment Purchase Fund (NTPF) cannot replace the urgent need to invest in acute bed capacity it can offer a short-term solution to our impending capacity crisis. Options should be explored to ensure that NTPF funding is used to the maximum benefit of

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[6] Conor Keegan Aoife Brick Brendan Walsh Adele Bergin James Eighan Maev-Ann Wren How many beds? Capacity implications of hospital care demand projections in the Irish hospital system, 2015-2030, t*he International Journal of Health Planning and Management*, 2018, pp. 1-14 **https://doi.org/10.1002/hpm.2673**

[7] HSE Submission – Capacity in the Healthcare System to deal with COVID-19 Cases HSE, July 2020

[8] Prospectus, Towards Excellence in Critical Care, REVIEW OF ADULT CRITICAL CARE SERVICES IN THE REPUBLIC OF IRELAND, FINAL REPORT Submitted to the Health Service Executive September 2009

[9] HSE Service Continuity in a COVID Environment, HSE Submission to the Special Committee on COVID-19 Response, July 2020

[10] Reilly, C. Critical care capacity must be permanently raised to 'normal levels' Medical Independent, 12 June 2020 https://www.medicalindependent.ie/critical-care-capacity-must-be-permanently-raised-to-normal-levels-dr-motherway/

patients and the taxpayer using available spare capacity in both public and private hospitals. Options include

- Supporting GPs with direct access to diagnostics in the private sector
- Issuing of tenders for whole care episodes to prevent the selection by private hospitals of low-, high-volume procedures and consequential fragmentation of patient care
- Support consultant-led initiatives in our public hospitals to improve quality and access to care, using weekends and evening availability and staff remunerated at a rate commensurate with their supra-contractual commitment. This should be done though specific units established within the hospitals and in conjunction with hospital specialists and not through third parties.

Immediate investment is required in the expansion of acute bed capacity

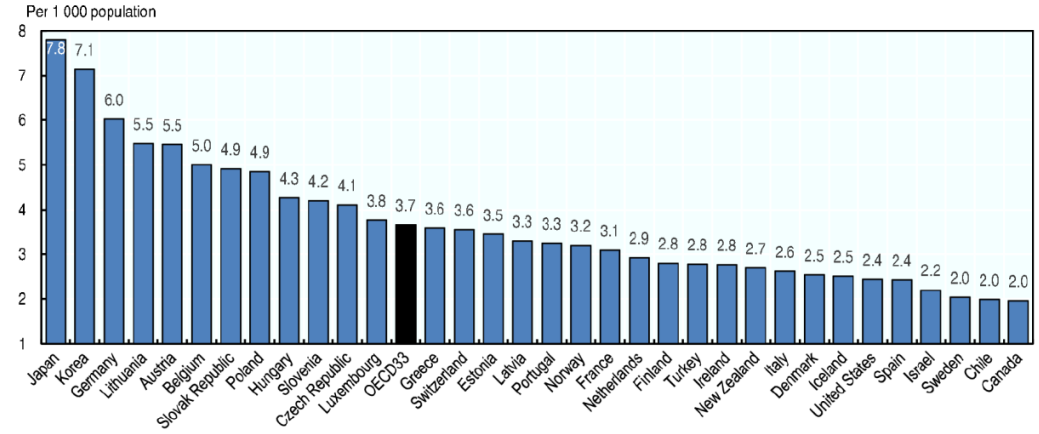
- **Immediate expansion of physical capacity through investment in temporary builds;**
- **Immediate financing of a programme of Investment in 5,000 additional public acute inpatient beds including investment in stand-alone public hospitals for elective care;**
- **Urgently increase critical care capacity by 300 intensive care beds;**
- **Examine options to ensure that NTPF funding is used to the maximum benefit of patients and the taxpayer;**

Investment in acute bed capacity alone will not be sufficient. Decades of under investment has left us with overwhelming capacity issues across the entire system. In order to ensure that our system can provide care for non-Covid patients and a future surge in Covid cases investment is required right across the health system including medical manpower (Hospital and Public Health Specialists), Diagnostics, General Practice, Long-term care, EHealth and IT infrastructure and Community Health.

The full list of IMO recommendations are contained in the IMO Submission to the Special Oireachtas Committee on Covid-19 on Health System Capacity for Covid and Non-Covid Care.

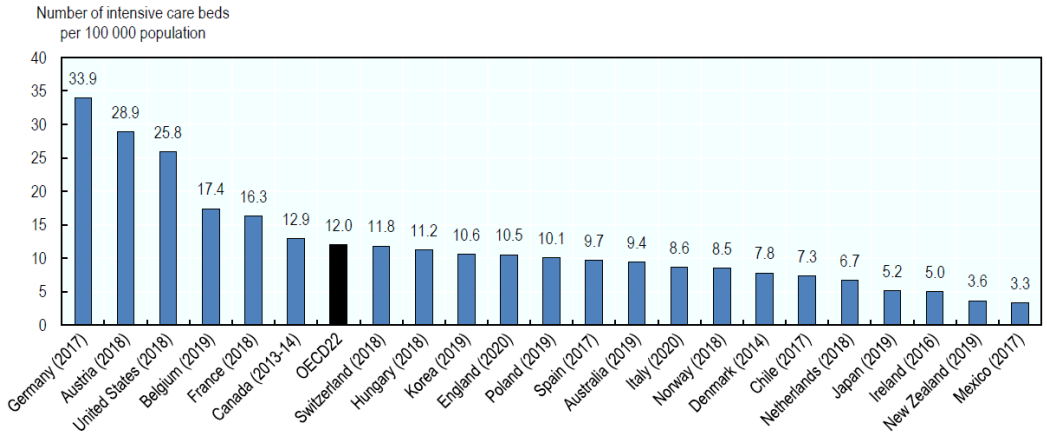
OECD Comparisons

Acute Care Hospital Beds in OECD Countries (2017 or nearest year)

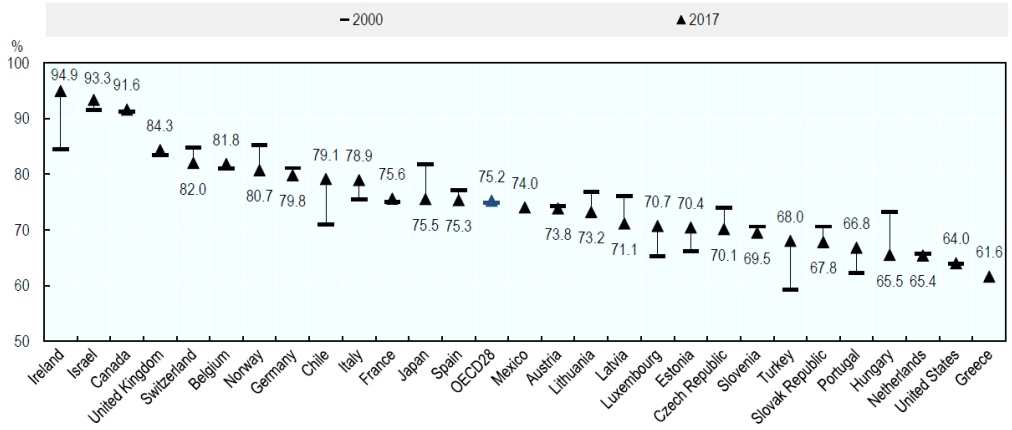


Note: Acute care beds include not only beds in intensive care units, but also beds in acute care units (e.g. all surgical units, all gynaecological and obstetric services, as well as acute psychiatric care beds in about half the countries). France, Japan and Latvia exclude psychiatric care beds.
Source: OECD Health Statistics 2019, https://doi.org/10.1787/health-data-en.

Capacity of Intensive care beds in selected OECD countries (2020 or nearest year)



Occupancy rates of acute care beds in OECD Countries 2000 & 2017



Note: The occupancy rate is calculated as the number of beds effectively occupied (bed-days) for acute care (HC.1 in SHA classification) divided by the number of beds available for acute care multiplied by 365 days, with the ratio multiplied by 100. France, Japan and Latvia exclude psychiatric care beds.
Source: OECD Health Statistics 2019, https://doi.org/10.1787/health-data-en.