

Engagement for the Independent Review to inform the Decision-Making around the Design and Delivery of Urgent and Emergency Healthcare Services in the Mid-West region of Ireland.

In 2024, the Minister for Health requested that the Health Information and Quality Authority (HIQA) conduct a review of urgent and emergency care in Ireland's mid-west region with the primary objective of ensuring safe quality acute care in the region. HIQA is engaging with the public as part of the independent review to inform the decision-making around the design and delivery of urgent and emergency healthcare services in the mid-west region of Ireland. The focus of this engagement is to gain a broad understanding of the views of key stakeholders and interested parties in the mid-west region and nationally.

The closing date for responses is 5pm on 15 January 2025

How to provide a response to HIQA

- If you are commenting on behalf of an organisation, please combine all feedback from your organisation into one submission form.
- Please do not include any personal, sensitive or confidential information in your submission.
- When completing this form online, please ensure you scroll down through the webpage and complete the form in full.
- Please type directly into the box, and the box will expand.
- Please spell out any abbreviations that you use.

You can email or post a completed form to us. You can also complete and submit your feedback on www.hiqa.ie

Data protection and Freedom of Information

This engagement is being conducted in accordance with data protection law, including the GDPR and Data Protection Act 2018.

Any response you provide will be held securely and anonymised, that means information that you provide will be stored without reference to your name or any other information that could identify you. Information provided in your response, for example an anecdote or statement about an experience, may be included in the stakeholder engagement document that will be published by HIQA at the end of this review. However, information will be provided in a summative manner which protects the privacy of respondents.

Please do not include any sensitive or confidential information in your response.

For further information on how HIQA uses personal information, please see our Privacy Notice available [here](#). If you have any concerns regarding your personal information, please contact HIQA's Data Protection Officer on dpo@hiqa.ie

Please note that HIQA is subject to the Freedom of Information (FOI) Act and the statutory Code of Practice in relation to FOI.

I agree to take part in this engagement

1. About you

1.1 Are you providing a response:

- as an individual
- on behalf of an organisation

1.2 If answer is “on behalf of an organisation”, please combine all feedback from your organisation into one submission form.

Please give the name of the organisation:

Irish Medical Organisation

Please state your role in the organisation:

Assistant Director, Policy and International Affairs

1.3 If answer is “an individual”

Which of the following best represents you?

- a person who has used or is currently using urgent and emergency healthcare services in the mid-west region
- a family member or friend of a person who has used or is currently using urgent and emergency healthcare services in the mid-west region
- a member of the public, other than a person who has used urgent and emergency healthcare services in the mid-west region
- a healthcare professional involved in healthcare services in the mid-west region (please specify profession/discipline below)
- a healthcare professional involved in another healthcare service region (please specify profession/discipline below)
- other (please specify below)

If selected “**other**” or “**healthcare professional**” above, please give details here:

2. Responses

In May 2024, the Minister for Health requested that HIQA conduct a review of urgent and emergency care in Ireland's mid-west region with the primary objective of ensuring safe quality acute care in the region. To inform this review, we would like to hear your opinions and considerations about the design and delivery of urgent and emergency healthcare services in the region.

2.1 What do you think is currently working well in the design and delivery of urgent and emergency healthcare services in the mid-west region?

The healthcare staff in the mid-west region are working in very challenging circumstances. Their very significant contribution to the delivery of care should be acknowledged. The region has less specialists per thousand of population than other parts of Ireland. There is a shortage of GP capacity. The relative lack of availability of Allied Healthcare Professionals is also a cause of concern.

The population of the mid-west has the highest levels of deprivation of any region in the country with 23% of the population living in deprivation. Deprivation is a driver of acute healthcare need and therefore demand in the Midwest is higher. The population of the Mid West is older than the average of the regions, another driver of need.

The numbers of acute hospital beds, nursing home beds, step down facilities, home care supports and rehabilitation facilities are not adequate to address the needs of the population of the mid-west region, and the region falls well below the OECD average number of inpatient beds per capita. Political decisions have been made in relation to the resourcing and location of services that have resulted in a very challenging environment in which healthcare provision is compromised.

Despite the challenges very dedicated and hardworking Doctors, Nurses and Allied Healthcare professionals do their best to provide service in an inadequately resourced environment. The challenges created by political decisions must be addressed and cannot be allowed to continue to make the provision of healthcare in this region so challenging.

2.2 What do you think are the current challenges in the design and delivery of urgent and emergency healthcare services in the mid-west region?

- Overcrowding in EDs across the health system is a result of years of underinvestment and insufficient capacity, both in terms of acute beds and medical manpower, to meet the needs of a growing and ageing population.
- The position in University Hospital Limerick (UHL) is particularly severe due to the reconfiguration of services in 2009 when ED services in Ennis and Nenagh were closed without adequate capacity available in UHL to meet local population needs, leaving only one fully functioning ED for the region, and channelling all urgent and emergency care through one ED creates a bottleneck. The region has only one level 4 hospital and no level 3 hospital.
 - In 2024, there were 86,640 ED attendances and 28,134 ED admissions to UHL - an increase of 9% on 2023.
 - In 2024 the average Emergency Department length of stay (EDLOS i.e. the time from registration to admission to hospital or discharge home) for patients in the ED at UHL was 8.2 hours, for those requiring admission the average EDLOS was 12.3 hours (HSE 2024), more than double the six-hour target recommended by the Emergency Medicine programme.
 - Bed occupancy rates in UHL average at 105%, (Deloitte, 2022) well above the recommended safe occupancy rate of 85%. This creates a bottleneck, as there are not enough beds to meet the demand coming through ED, creating another bottleneck.
 - INMO Trolley watch figures show that UHL was the most overcrowded hospital in Ireland in 2024 with 23,203 patients admitted patients boarding on a trolley in the ED or on a ward in 2024 (INMO 31 Dec 2024).
- Patients boarding on trolleys in the ED are patients who have been seen by the Emergency Medical team, referred for admission to the on-call team, agreed appropriate for admission and for whom no hospital ward bed is available. Boarding patients in the ED means the clinical space they occupy is not available for those who are awaiting assessment by the emergency medicine team. Boarding also means that the Emergency Department nursing staff have to provide care to patients who should be on the wards which results in those staff being unavailable to provide care to patients arriving to the Emergency Department. For the patient it means they are left for too long in an inappropriate environment which only adds further distress to them and their families.
- Crowding of Emergency Departments has been proven to compromise care, delay time to antibiotics for patients suffering with sepsis, delay interventions for patients suffering heart attacks and strokes, delay the delivery of pain relief, delay ambulance turnaround time and increase risk of infection. It is known to be associated with preventable death in patients attending Emergency Departments.
- For doctors and all other staff in Emergency Department the pressure and stress is unsustainable and leading to very high levels of burnout, moral injury which has and will result in staff leaving the health service. Blaming doctors or other healthcare staff for the problems caused by decades of under investment, leads to even lower morale.
 - ED Consultants, no matter what contract they are on, provide services over seven days through “normal working days” and on call arrangements. To suggest otherwise is disingenuous.
 - NCHDs are routinely working illegal hours which is unsafe for patients and doctors and are under constant pressure to provide more hours.
 - GPs in the surrounding areas are under increased demand and the Out of Hours system is challenged meeting demand from patients.

- 2.3 Please provide any opinions, views or additional information that you think might be helpful to inform HIQA's review into the design and delivery of urgent and emergency healthcare services in the mid-west region.

Recognised and evidence based solutions to this persistent problem include:

- Resourcing healthcare based on population need

Address ED Overcrowding

- Provide for the unscheduled care needs of the region with ready access to appropriately resourced and supported Emergency Departments with timely access to acute hospital beds
- ED capacity in the region should be increased either through expansion of existing facilities or through investment in a new 24 hour care facility.
- Urgently increase the number of acute hospital inpatient beds in UHL and the region based on population needs and the recommended 85% safe occupancy rates
- Update and replace old infrastructure that poses a risk to the spread of infection.
- Implement and resource the achievement of the 'Six Hour Target' from time of arrival to admission to a ward bed or discharge from the ED, as recommended by the Emergency Medicine programme
- Ensure timely access to diagnostics and laboratory services by ensuring the appropriate availability of equipment and appropriately trained and expert staff.

ED Staffing levels

- Ensure appropriate staffing levels for population numbers including medical and other health professions – eg. based on current ED attendances, UHL requires 18-25 (WTE) ED Consultants (NDTP, 2024). (Currently there are 11.64 WTEs)
- Staff hospitals and Emergency Departments for the 95 percentile level of attendances rather than at the average level of attendances. Staffing Emergency Departments on the basis of their average daily attendances results in inadequate levels of staffing much of the time.

Address delayed discharges

- Ensure nursing home and step down bed availability keeps up with demand to avoid delayed transfers of care from the acute hospital system.
- Provide adequate home care packages to facilitate earlier discharge of patients to their own homes where appropriate.

Non-urgent Care

- Provide for the scheduled care needs of the population with timely access to investigations, specialist out-patients and intervention.
- Provide adequate operating theatre spaces and staffing to address the clinical needs of patients.
- Recruit adequate numbers of doctors and specialists to address the clinical needs of the population.
- Increase the engagement with private healthcare providers to increase timely access to investigation and treatment and acute hospitalisation where necessary pending these resources being adequately provided for by the public system.

Invest in GP capacity

- Provide adequate supports to allow GPs invest in their practices.

Thank you for taking the time to submit your opinions on the design and delivery of urgent and emergency healthcare services in the mid-west region.

Please return your form to us by email or post.

You can **download** the engagement form at www.hiqa.ie

Then **email** the completed form to midwestreview@hiqa.ie

OR

Print the engagement form and **post** the completed form to:

Mid-west review
Health Information and Quality Authority
Unit 1301
City Gate
Mahon
Cork
T12 Y2XT

Please ensure that you return your engagement form either by email or post by

15 January 2025