

Executive Summary

The primary aim of the Health Information and Quality Authority (HIQA) is to advance high-quality and safe care for people accessing health and social care services in Ireland. Putting the needs and the voices of the people who use these services to the fore is the essence of everything we do, and indeed must be at the heart of any future model of health and social care in Ireland.

In HIQA we believe that a ten-year plan for health policy in Ireland creates an opportunity to include a vision not only for the health service, but for an integrated health and social care system. In this submission, we outline what we believe to be the main priorities for inclusion in the strategy. These are grouped into three categories in reflection of HIQA's key strategic aims, namely: better decisions, safer services, better care.

1. Better decisions

Many of the major problems currently evident in our health and social care system, for example the ineffective use of public funds, service inefficiencies, inadequate planning and poor oversight of service performance, could be addressed through the introduction of a strong commissioning model. Good commissioning puts people using services first and, at a local level, involves them, their families and carers in the decisions that affect them. It empowers people to have choice and control over their care and treatment as a means to secure improved care and better outcomes. Effective commissioning arrangements at both local and national levels not only ensure that services are designed and delivered to meet the needs of individuals and communities, but also instil a culture of accountability in the health and social care system.

HIQA supports the goal of introducing universal healthcare to Ireland, whereby care is delivered in an equitable manner without discrimination. Decisions on a future health and social care model must be underpinned by a robust information base. Health Technology Assessment (HTA) is a type of evidence-based research that ensures that resources are used to achieve the best possible outcomes for patients. Universal healthcare involves standardising access to care for all citizens and HTA is the ideal tool to define what treatments and interventions should be made available to all citizens.

Effective decisions require accurate, up-to-date information. Access to timely and integrated information is pivotal to achieving reform of our health and social care services. The ten-year strategy should include a commitment to furthering and adequately resourcing Ireland's eHealth Strategy if we are to be serious about achieving a modern, efficient and high-quality health system.

2. Safer services

HIQA's primary aim as a regulator is to protect the most vulnerable in our society. We believe that now is the time to introduce safeguarding legislation to protect at-risk adults from abuse and neglect. While national safeguarding protocols are in place following recent high-profile revelations of abuse, these do not go far enough to ensure the safety and rights of vulnerable people.

Similarly, measures also need to be taken to ensure that people being cared for in their own homes are receiving safe and high-quality care. Extending statutory regulation to cover all domiciliary care services would provide assurance that vulnerable people are receiving the best possible support at all times.

3. Better care

The introduction of integrated health and social care services support pathways across primary, community and secondary healthcare structures has the potential to vastly improve the quality of care delivered to patients. Integrated care takes a holistic approach to a person's health and delivers care in a coordinated, person-centred fashion as close to their home as possible. Similar models across the world have led to improved efficiencies, better health outcomes and lower costs.

In recognition of our aging population, the rapid increase in chronic conditions and the healthcare costs associated with these developments, society needs to explore alternative models for the delivery of social care services. The process of de-congregation of Ireland's residential centres continues across the country; nevertheless, consideration must also be given to ways to support older people and people with disabilities to remain in, or as close as possible to, their own homes.

Main body of submission

The Health Information and Quality Authority, HIQA, has been Ireland's health and social care regulator since 2007. During that time we have been responsible for the development and monitoring of standards in health and social care services, the registration and inspection of designated services and the conduct of a wide range of health technology assessments (HTA). We have also played a major role in facilitating and advising on Ireland's eHealth infrastructure.

In preparing this submission, we have considered our experience of the regulation of health and social care services and our involvement in a range of quality- and service-improvement initiatives over the past nine years, placing significant emphasis on the quality and safety of services and the experience of those using them.

HIQA advocates a policy of universal access to health and social care on the basis of equity and welcomes the political commitment to build a fair, cost-effective and efficient health and social care system that places the individual accessing the service at its heart.

In the conduct of our work, we witness at first hand the significant pressures and challenges facing the Irish health and social care system. These range from familiar demographic and fiscal stresses, to workforce and infrastructural issues. From HIQA's point of view, the disjointed and reactionary approach to health service reform is leading to increasing instability in the system. There is a failure to assess current requirements and plan for the future health and social care needs of the population. There is also a reticence to recalibrate the current focus on acute hospital services to an integrated health and social care model.

In our daily work we witness good quality care services; however, risk is evident in areas where there is inadequate planning and poor performance management of services - whether directly provided or procured by the State. These unsatisfactory services repeatedly point to weak governance and accountability arrangements.

As a country we have repeatedly failed to ensure that person-centred care is integrated across primary, community and acute care services. The fragmented approach to the funding of health and social services, the duplication of services and the lack of population-based planning are further areas that need to be addressed.

Furthermore, institutionalised care services continue to be provided in Ireland. HIQA has repeatedly pointed to the inherent failure to address and safeguard the fundamental rights of the most vulnerable citizens in our society.

Based on our wide regulatory remit and experience across health and social care services, health technology assessment, health information and standards development, we will propose workable, effective solutions to the challenges

highlighted above. In doing so, we group our main proposals under three of HIQA's key 2016-2018 strategic priorities:

1. Better decisions
2. Safer services
3. Better care.

1. Better decisions: We provide information and advice to inform decisions about services

Commissioning

HIQA believes that the quality and safety of our health and social care services will be greatly improved by the introduction of a strong commissioning model. Commissioning is only at a developmental stage in Ireland, but is already well established in other jurisdictions, e.g. in Northern Ireland and England. Here it has proven successful in the context of effective service provision, governance, financial efficiency and in improving the quality and safety of services.

Commissioning arrangements explicitly define and separate the roles of purchaser and provider of services; currently both of these functions are usually performed by the Health Service Executive (HSE). An effective commissioning body is responsible for purchasing health and social care services from providers. Procurement is always based on an agreed strategy, assessed need, best available evidence of service efficacy, value for money, and the capacity and capability to deliver a safe and effective service. While cost is, of course, important, quality and the delivery of safe services should be the primary goals.

Implementing a national commissioning approach would involve a radical review of the current health and social care service funding model and allow for the discontinuation of the ineffective practice of legacy block funding. Importantly, a successful commissioning model also allows for the decommissioning of certain services where there is evidence that they are no longer required.

Commissioning frameworks can provide for national, regional and local procurement arrangements that are person-centred and address local needs. This facilitates a focus on the health and wellbeing of local people and on achieving the best possible outcomes within available resources. While procurement decisions are made locally, the service itself is delivered in the most effective, efficient manner, whether in the community or at a national level.

Local commissioning involves community and primary care professionals and, most importantly, people who use services. This empowers them to become a partner in their care and exercise choice and control over their lives.

Local commissioning in turn informs national commissioning arrangements. A strong, national commissioning model would contribute to effective medium- to long-term planning by gathering evidence of current and future service needs. It would also optimise service configuration based on sound strategic planning. The introduction of a standardised framework to commission services would help, by way of example, with the implementation of national clinical care programmes and strategies such as the National Maternity Strategy.

Most importantly, such a framework would allow for effective oversight of service provision and hold providers accountable for the delivery of safe, quality services with the transparent, effective use of public resources. Strong, clearly-defined performance management structures and clear accountability arrangements are an essential component of good commissioning models.

The introduction of commissioning to Ireland creates an opportunity to develop legislation providing for structural change to the health and social care systems, enshrining in law the critical concepts of accountability and responsibility. This legislation would explicitly set out “a statutory duty of care” for “accountable officers”, and make not only the providers of services, but also those procuring them, accountable for their decisions.

Evidence-based decision-making

Fair, equitable and timely access to high-quality care is a central goal of our healthcare system. The efficient delivery of healthcare programmes minimises the wastage of resources, making funding available for new and innovative technologies that deliver better outcomes for patients, albeit at a higher cost.

The rationing of care is an inevitable consequence of a fixed healthcare budget. Currently, we have a system characterised by rationing by delay, crudely manifested in the form of waiting lists. Health technology assessment (HTA) is evidence-based research widely used internationally to assess the costs and benefits of healthcare treatments. The aim of HTA is to guarantee the best use is made of resources through rationing by design. This ensures that the right healthcare is targeted to the right patient at the right time in the right place, delivering the best outcomes for the individual and the most efficient use of the healthcare budget. Since 2009, HIQA has been engaged in the delivery of HTAs at a national level to inform major health-policy and health-service decisions.

Using independent evidence to inform decision-making must be a fundamental principle of the ten-year strategy for Irish healthcare. Upon the introduction of universal healthcare, agreement must be reached on what treatments and technologies should be included in the standardised basket of care to be provided to all patients, regardless of income. Expanding the use of HTA in the Irish healthcare system would ensure that this decision-making process is independent, rigorous, transparent and based on high-quality information. It must stand up to public scrutiny. The basket of interventions would require regular review and updating with regard to the clinical and cost-effectiveness of both new and established health technologies and treatments.

Successful implementation of a ten-year vision for health and social care and the introduction of a universal, single-tier health service will be driven by long-term planning informed by the best available data and evidence, not on crisis management. The effective use of HTA will deliver this objective.

eHealth

eHealth is another process which supports better decision-making. The development of a long-term strategy presents us with the opportunity to future proof our health and social care systems in order to effectively and safely handle the demographic and technological changes ahead.

Ireland is one of the last developed countries to harness the technology currently available to advance our health and social care service. Most countries are investing heavily in eHealth because they realise that it can significantly reduce clinical errors, improve patient safety, create efficiencies, and, if properly installed and supported, reap economic benefits.

Ireland's eHealth Strategy was launched in December 2013. The establishment of eHealth Ireland and the appointment of a Chief Information Officer is a positive development, and national initiatives such as the rollout of eReferrals to all public hospitals earlier this year are welcomed.

The 2014 Health Identifiers Act provides for the establishment of national registers for Individual Health Identifiers (IHIs) and the associate Health Service Provider Identifiers. The restructuring of our health service towards a model based on integrated primary, secondary and community healthcare can only succeed if IHIs are introduced to the system along with the necessary supporting information and communications technology (ICT). This needs to be expedited. The Health Information and Patient Safety Bill, which sets the legislative remit for numerous health information initiatives, awaits enactment.

eHealth has the potential to transform current practice and to put the needs of the person using the service, rather than those of the service provider, at the heart of system. This will lead to a shift in focus from individual illnesses and conditions towards a more holistic, integrated approach to pathways of care.

A strategy on the future of health and social care in Ireland must include a commitment to modernise our healthcare infrastructure by developing and sufficiently resourcing eHealth and ICT strategies. Further progress with regard to eHealth requires not only significant capital investment, but also the buy-in and commitment of frontline staff and senior healthcare management.

Both evidence-based decision-making and eHealth are essential components of effective commissioning.

2. Safer services: We help to protect and safeguard people who use our services

Safeguarding legislation

HIQA's mission is to drive high-quality and safe care for people using our health and social care services. In developing a ten-year strategic plan we believe there is an opportunity which should not be missed in introducing statutory measures to protect the health, human rights and wellbeing of individuals who are potentially, or actually, at risk of abuse, neglect or harm.

There is a national imperative to enshrine in law the safeguarding of vulnerable adults which acknowledges the State's responsibility to protect and safeguard vulnerable citizens who may be at risk of abuse or exploitation.

While HIQA currently has statutory powers of enforcement and prosecution; other health authorities do not hold the same explicit powers. The introduction of safeguarding legislation will provide for explicit powers of investigation and prosecution, define the roles for statutory agencies and give clear definitions of offences in respect of the abuse of vulnerable adults.

In response to the circumstances exposed in Áras Attracta, the National Inter-Sectoral Safeguarding Committee was established. One critical objective of this Committee is to influence the development of safeguarding legislation and the progression of a more effective range of national policies and procedures. HIQA supports, and will contribute to, the work of this Committee and is committed to working with the Department of Health and the Oireachtas to drive forward safeguarding legislation.

Homecare regulation

The Programme for a Partnership Government outlines the desire to introduce a uniform service to standardise the quality of homecare provision. While HIQA

advocates the extension of homecare packages, we, as the State's health and social care regulator, are aware of the specific vulnerabilities of people in receipt of personal care and support services within their own homes. Hence there is an imperative to ensure statutory regulation of the domiciliary care sector.

The Health Research Board has been asked to identify and describe approaches to this issue in other relevant jurisdictions, and we would like to see this work progressed, and prioritised, as soon as possible.

Currently, a large proportion of national funding for the disability and older person's sectors is allocated to day-care and residential services. We propose an exploration of new approaches to service delivery and funding, while at the same time empowering individuals to make decisions on the type of care best suited to their needs and circumstances. The traditional model of funding is outdated and a move towards individualised or personalised budgets would provide flexibility and enable people to make independent decisions about their lives.

3. Better care: We work to improve health and social care services

Integrated care

There is a consensus that Ireland needs to move away from the current hospital-centric model of care and to introduce integrated care pathways across primary, community and secondary health and social care structures. HIQA believes this should be expedited.

Such a model would promote seamlessness in the transition of people across services, providing multi-disciplinary care at the lowest level of complexity closer to where people live. The focus should be on improving access to, and the responsiveness of, primary and community care services, and make more specialised services available at the local level, including the provision of enhanced diagnostic and treatment capability. Examples of best practice include the integrated early intervention teams, age-related care units, stroke care clinical pathways, the new National Maternity Strategy, and numerous examples from other jurisdictions, including the dementia care model in Scotland. The experience from other countries has shown that integrated care is more efficient, reduces costs, enhances the quality of care and improves the overall health and wellbeing of the community.

Alternative social care models

In accordance with the principle of providing person-centred care, and in recognition of the demographic pressures facing Ireland, more consideration needs to be given to developing alternative models for the delivery of services for older people and

people with disabilities. Such models would potentially provide incremental pathways of support and care aligned with the changing needs of the person, thereby allowing them to be supported to stay longer living in their own homes, nearer their families and friends. This process should be supported by local commissioning arrangements.

HIQA is committed to improving health and social care services and supporting people to meaningfully direct their own care. In the context of the development of a ten-year strategy, it is opportune to explore new arrangements that allow people with chronic conditions, older people and people with disabilities, where possible, to be cared for safely in their homes and not in a hospital or residential setting.

One such arrangement is that of rehabilitation, whereby support services are provided to older people or people with disabilities in their own homes following a hospital stay, accident or illness. This service allows people to regain confidence and relearn skills in familiar settings and reduces unnecessary hospital admissions. This concept is known as 'reablement' in Northern Ireland and has shown to be an effective way to keep people independent for longer.

List of Recommendations

- Introduce an effective commissioning model at local and national levels that promotes and addresses the needs of people using services as well as effective service configuration. This would drive quality and performance improvement, be based on high-quality information, and ensure accountability and value for money.
- Should universal healthcare be introduced, ensure that any decisions on the basket of interventions to be made available to all citizens are based on the best available data and evidence. Health Technology Assessment would be the ideal tool to define what treatments and interventions should be included in the health basket.
- Modernise our healthcare infrastructure by developing and sufficiently resourcing eHealth and ICT strategies.
- Introduce national safeguarding legislation that acknowledges the State's responsibility to protect the most vulnerable in society, and provides all health authorities with explicit powers of investigation and prosecution.
- Introduce statutory regulation of the homecare sector.
- Expedite the introduction of integrated health and social care services support pathways across primary, community and secondary healthcare structures.
- Develop alternative models for the delivery of services for older people and people with disabilities, which would provide them with the necessary support to remain at home for as long as possible.
- Examine new approaches to traditional models of funding for the disability and older person's sectors, e.g. individualised or personalised budgets.