

The 16th National Health Summit

Irish life expectancy longer than most in EU

Experts tell the National Health Summit of developments to improve outcomes for patients and the better organisation of the health service promised by Sláintecare, writes **Róisín Kiberd**

Last Thursday, Croke Park was host to the National Health Summit, an event now in its 16th year. Taking stock of recent changes including the introduction of Sláintecare, the formation of a new Health Service Executive board and the reorganisation of the HSE into six healthcare regions, the programme focused on questions of reform – how can new ideas, management systems and technologies help the Irish hospital system to evolve?

Sponsored by Novartis, EY and Clanwilliam Health, the summit began with a welcome from Radio 1 broadcaster and host Audrey Carville, after which the opening address was delivered by Ciarán Devane, chairman of the board of the HSE and chief executive of the British Council, on the “transformational journey” of the HSE. Devane mentioned how, year upon year, Ireland has made the strongest gains in life expectancy of any country in the European Union. “In terms of money, we have above average per capita expenditure,” said Devane. “There are six countries in Europe with a higher spend, but only two of them have a higher life expectancy.”

However, our ageing population and a higher demand on hospitals, have posed significant problems. Devane suggested that a better understanding of the interactions between people’s conditions, along with individually tailored treatment will make a significant difference. The newly-assembled HSE board and its subcommittees will also improve issues including patient safety, reducing waiting lists, performance and delivery within budgets.

“Is changing from a hospital system to a health system the answer to transforming our health service?” asked Joanne Shear, president and chief executive of Primary Care Transformation Experts. Formerly a clinical program manager for the US government’s Department of Veteran Affairs, Shear highlighted the issues driving integrated care systems, including changing demographics, an increased non-communicable disease burden, cost pressure to reduce avoidable hospitalisations and services, and the fragmentation of delivery systems and skills.

In a panel on the future of the HSE, experts outlined their vision of change. “Employment initiatives, housing initiatives, initiatives for person-centred care... These can’t be achieved overnight,” said Jennifer Brophy, a clinical specialist in speech and language therapy at the HSE, stressing the importance of listening to staff at every level of the organisation. “Engagement with staff is crucial. It can’t be tokenistic... There are frontline staff who are really stretched, but who have really good ideas.”



Göran Henriks, chief executive of learning and innovation, Qulturum, Jönköping County, Sweden

Smart hospitals

A talk, How Digital is Enabling the Transformation of Healthcare, by Aloha McBride, global health advisory leader at EY, covered near-future smart hospital technologies including mobile health tracking, integrated hospital platforms, virtual assistants, AI-enhanced interpretation of lab results, and even machines that clean hospital beds. “What we’re seeing is technological factors driving change,” said McBride, describing systems now being rolled out around Europe, some of them in Ireland.

“Because of more data becoming available, we’re no longer looking at patients in large cohorts, but in a tailored environment where their data is analysed.” Addressing the “duality of growth” – the tension between this vision of the future and the present healthcare situation in Ireland – McBride advocated monitoring patients on a daily basis, making healthcare more dynamic, convenient and mobile, and establishing “a wellness-driven environment that is lower-cost”.

After a break the conference split into three separate streams, addressing regional re-organisation, healthcare innovation and the challenge of removing private care from public hospitals. Göran Henriks, chief executive of learning and innovation at Qulturum, in Jönköping County, Sweden, made a case for decentralising public health, sharing insights gleaned over 30 years of work in the Swedish healthcare system. Inspired by his mother, who demanded autonomy at the age of 95 by driving each day to go swimming outdoors, Henriks said, “I think the next generation of care will be much more about how we can be enablers, and not only professionals.”

Dr Brian Turner, lecturer at the Department of Economics at Cork University Business School, addressed the cost of radical change to Irish healthcare. Explaining the “healthcare triangle” of citizens, providers and third-party insurers or purchasers, he said that public funding has increased in recent years, after flatlining during the recession years. The shift triggered by Sláintecare to more public than private funding “will improve the progressivity of the system overall”, Turner said, citing consultant contracts, GP contracts and capacity increases as “known unknowns” yet to be resolved.

Finally, in the third stream, on healthcare innovation, a series of case studies were presented on diverse topics including medication management, community-based accessible healthcare, insourcing and reduction of the burden of diabetic foot disease. Jim Joyce, chief executive and co-founder of HealthBeacon, discussed smart tools for



Audrey Deveroy, chief executive, Novartis Ireland; Aloha McBride, global health advisory leader, EY; Paul Reid, chief executive, HSE; Sarah Murphy, managing director, Business Post Events; and Eileen Byrne, managing director, Clanwilliam Health, at the 16th National Health Summit



Roisin O'Leary, senior patient advocate, Sage Advocacy; Dr Sara Burke, health policy analyst and research associate professor, the Centre for Health Policy and Management, School of Medicine, Trinity College Dublin



Lynda McGivney-Nolan, Association of Optometrists in Ireland; Dr Noirin Russell, consultant obstetrician and gynaecologist, Cork University Maternity Hospital; David Toohey, chief executive and co-founder, Syncrophi



Ciarán Devane, chairman, HSE and chief executive of the British Council



Dr Adam Morris, chief executive, Livewell Southwest CIC



Joanne Shear, chief executive and president, Primary Care Transformation Experts, former clinical program manager, Office of Patient Care Services, Primary Care, Department of Veterans Affairs, USA



Dr Donal de Buitleir, chairman of Independent Review; Colette Cowan, chief executive officer, UL Hospitals Group; Teresa Kelly-Droz, head of public policy and governance, Irish Life, Martin Varley, Secretary General, Irish Hospital Consultants Association, Dr. Brian Turner, Lecturer in Department of Economics, Cork University Business School, University College Cork



Dave Shanahan, chair of the National Oversight Group of Health Innovation Hub Ireland; Jim Joyce, chief executive and co-founder, HealthBeacon; Chris Murphy, chief executive, Bluedrop Medical; Krystian Fikert, chief executive and founder, MyMind; Dr Ken Walsh, medical adviser, Servisource Healthcare

managing medications, saying, “We can remove pain, remove isolation, and nudge them towards getting the full benefit from their medication.”

Chris Murphy, chief executive of Bluedrop Medical, discussed his device which helps to treat and prevent foot ulcers caused by diabetes – in Ireland at present, while 70 per cent of these ulcers can be prevented with temperature monitoring, they unfortunately result in an average 547 amputations per year.

A road map for the HSE

After the lunch break, Paul Reid, chief executive officer of the HSE, was interviewed by Audrey Carville. Coming to the HSE from outside the health sector, Reid credited his time on board for Sláintecare for the insight it provided into creating strategy for the HSE. “It was always about the next change, the big change that was coming soon,” Reid said. “Wouldn’t it be great if we could focus on running the service, and creating change at the

same time?” Stepping in one year after the CervicalCheck crisis, Reid decided that it was crucial to work with stakeholders rather than against them in creating a roadmap for HSE staff: “The commitment I’ve seen from staff, at the front line and throughout HSE services, has been absolutely phenomenal,” Reid said. Implementing Sláintecare will require long-term thinking; Reid advocated for regional accountability in a HSE that’s devolving.

“I’ve experienced a lot of duplication,” he said. “It’s not a good use of resources. With new government structures, it’s a new opportunity to look at the role of the HSE and its structures.”

The day ended with a panel discussion on the challenges of turning an innovative idea into a reality. Eileen Byrne, managing director of Clanwilliam Health, spoke on developing software which supports over 20,000 pharmacies, GPs and clinical practices across Ireland and Britain.

“I think while the systems are our digital backbone, we’ve been expanding outward,” Byrne said of her work

with eHealth Ireland. With the shift to Sláintecare, Byrne sees an opportunity to do more: “Something I’d love to see happen is electronic prescribing, because there’s still manual prescribing going back and forth between pharmacies and GPs.”

With healthcare the subject of heated debate in the run-up to our election, our politicians may have reached a consensus on Sláintecare, but there remains a tangled web of other, interconnected problems yet to be resolved. However, month after month, waiting lists are very slowly getting shorter.

Speaking during his interview on the number of acute hospitals in Ireland, Reid cited Roscommon and Dundalk as successful examples, but cautioned that openings and closures of hospitals will ultimately come down to government decision-making.



Laura Magahy, director, Sláintecare Programme Office, Department of Health

ing. “My experience is that the level of care we need to provide can be done in a different way,” he said, “by not closing hospitals.”