Analysis of urgent and emergency care system policy in Ireland, policy coherence and implementation

Orla Healy¹, Claire Buckley¹,², Elsa Droog², Conor Foley², Sheena McHugh² John Browne² (On behalf of SIREN)
¹ Dept. of Public Health, HSE South, St. Finbarr’s Hospital, Cork ² Dept. of Epidemiology & Public Health, University College Cork.

**BACKGROUND**

An increasing and often inappropriately large proportion of the resources and attention of the healthcare system is being diverted into the Emergency and Urgent Care System (EUCS).

**AIM**

To describe the evolution of health policy relevant to EUCS in Ireland, using the Health Policy Triangle, to examine coherence between different policy documents and to assess implementation of these policies.

**METHODS**

Design: retrospective documentary analysis of current policy documents outlining the delivery of emergency and urgent care

Inclusion criteria: Published national and regional documents related to current policy influencing emergency and urgent care

**Table 1 Included Documents & their Domains**

<table>
<thead>
<tr>
<th>Domain</th>
<th>Documents</th>
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<tbody>
<tr>
<td>General Practice</td>
<td>Primary Care: A New Direction, National Review of GP Out of Hours Services</td>
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<tr>
<td>Mental Health</td>
<td>National Ambulance Service Plan</td>
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<tr>
<td>Ambulance</td>
<td>Emergency Medicine, Acute Medicine, Primary Care, Surgery, Critical Care</td>
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<tr>
<td>Clinical Programmes</td>
<td>Establishment of Hospital Groups as a Transition to Independent Hospital Trusts, Securing the Future of Smaller Hospitals: A Framework for Development, Reconfiguration of Acute Hospital services, Cork and Kerry: A roadmap to develop an integrated university hospital network, HSE Transformation Programme, Health Sector Plan</td>
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<tr>
<td>HIQA Reports</td>
<td>Ennis, Mallow, Tallaght, Limerick</td>
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<tr>
<td>Howarth and Teamwork Reports</td>
<td>North-East, Mid-West, Cork and Kerry</td>
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A Framework approach was used for data analysis in NVivo. A random sample of documents were subject to Inter-coder reliability. The final framework was agreed by consensus.

**RESULTS**

**Health Policy Triangle**

**Context:**

A strong historical, cultural and socio-economic context to service development exists.

**Political:**

successive governments formulate policy based on their own political manifestos

**Economical:**

periods of economic growth associated with expansion in health care especially hospital sector

**Culture:**

National: Emergence of the concept of the patient as a consumer

Institutional/Service: Affects operation of services and amenability to change

**Content:**

1994: ‘The system is too compartmentalised...’ to achieve the objective of providing care in an appropriate setting, it is essential that there are effective linkages between the services. (Shaping a Healthier Future)

2008: ‘A fundamental reconfiguration of the acute care system and processes, together with a redeployment of existing resources in order to optimise care in terms of effectiveness, quality, sustainability and affordability’ (Howarth and Teamwork, Mid-West)

2010: ‘Many services provided in hospitals could be provided more appropriately in primary care’ (National Clinical Programme for Acute Medicine)

2012: ‘An integrated system between primary and hospital care will be a key feature of the future healthcare system’ (Future Health)

2008: ‘Additional medical staff to reduce clinical risk and improve patient safety’ (Howarth & Teamwork Report, Mid-west)

2008: ‘The key to the development of effective systems to support clinical service delivery is the implementation of an integrated approach to information management’ (Howarth & Teamwork Report, Mid-west)

2012: ‘review the effectiveness of the corporate and clinical governance and management arrangements in place’ (HIQA Tallaght)

**Evidence Base:**

3 types of evidence inform policy formulation

1. Expert Opinion
   - clinicians, senior finance professionals, operational researchers and information analysts.

2. Assessment of Status Quo
   - Service Evaluation
     - Needs Assessment

3. Peer-review Research
   - ‘engagement from those that are affected by the change.’ (Vision for Change 2006)
   - ‘The needs of patients have been central to the development of the programme... identified through wide consultation with the Irish public.’ (The Acute Medicine Programme 2010)

**Actors:**

- Public Participation
  - Consultation improving but sub-optimal
  - Better for Mental Health and Community based Services

**Process: Policy Drivers:**

- Quality (risk and safety)
- Cost
- Workforce
- Specialisation
- Access

**Implementation:**

- Failed
- Piecemeal
- Complete

**Success:**

- Establishment of Urgent Care Centres
- Centralisation of Ambulance Services
- Some development of out of hours GP services
- Some reconfiguration of acute services

**Failure:**

- Implementation Gap in primary care policy for PCTs and out-of-hours services
  - ‘Howarth and Teamwork reported that there would be 136 PCTs ...in HSE South..... 63 teams in development.’ “Reconfiguration Roadmap of Acute Hospital Services, Cork and Kerry 2010”

**CONCLUSION**

Emergency and urgent care is a developing area. There are sustained efforts to develop a systems approach. Public opinion when expressed is often negative as service user involvement particularly in policy and health service development is piecemeal.

For further information, contact Orla Healy: orla.healy2@hse.ie