



Centre for Cross-Border Studies / Emerging Findings Seminar
Development of a Prototype Modelling Tool for Hospital Planning on a
Border Region and All-Island Basis

12 May 2011

Presentation by Shane McQuillan, Partner – HBC Consulting Services

Background to the Current Study

- HBC and Matrix Knowledge Group appointed in late 2009 to examine the question of cross-border acute hospital services, and to develop a modelling tool for future use by policy-makers, planners and other key stakeholders;
- Study now nearing completion – today is about reviewing progress to date, sharing some of the emerging findings, and learning about positive achievements in some important areas;
- Significant body of previous work on this topic has been taken into account;
- Your input will be valued in helping to shape our final report, due in the Summer.

Project Objectives

- The overall aim of the present project is to ‘identify how cross-border hospital services can provide mutual benefits for the people of the border region’.
- The key focus is to support strategic cross-border co-operation for a more prosperous and sustainable region by exploring the potential for cross-border hospital services in the Irish border region.
- Need to develop a prototype modelling tool for hospital planning on a border region and all-island basis, including features such as accessibility, geographical distribution of patients, supply and demand factors, transportation, etc

Focus on the Practicalities

- Our central focus is on developing a modelling tool which is capable of practical use – not redesigning the configuration of acute hospital services provision across the border region.
- Using data modelling techniques (involving demographic data, transport links, travel times, etc) is part of the solution, but is not the solution itself.
- There are no magic answers!
- The position is complex, and isn't just about acute services.
- Clear need to understand first the feasibility of achieving real improvements in cross-border collaboration in health, based upon actual achievements to date.

Some Key Issues and Challenges

- The shift from acute to primary and community care – clinical strategies are increasingly focused on delivering care to patients at home or as close to home as possible.
- The model cannot be based upon acute care alone, but recognise the inter-relationships between acute care and primary / community care.
- Complexities of specialty care – different measures of sustainability for different services, and in difference jurisdictions (travel times in NI, and population size in RoI).
- Changing demographic profiles North and South.
- Importance of rurality within the overall analysis.

Critical Factor – the Political Considerations

- Joint study commissioned by the two Departments in 2007 to develop a strategic framework for future collaborative work
- As yet unpublished – NI Minister Michael McGimpsey stated in May 2010 that he was *“not persuaded that the report should progress further at this time. We will, however, continue to work with the health authorities in the Republic on practical and deliverable projects that have a clearly defined benefit for the population, such as the current radiotherapy project at Altnagelvin Area Hospital.”*
- Four years on – is an unpublished study (parts of which have been leaked) likely to be relevant to the current debate?

Perceived Obstacles to Change

- Initial focus and discussion with stakeholders on:
 - *Professional standards and clinical guidelines*
 - *Service definitions, roles and grades*
 - *Accreditation and regulatory issues*
 - *Legal and indemnity issues*
 - *Data standards and data transfer*
 - *Costs, funding and finance.*
- The actual evidence suggests that there are few obstacles which cannot be worked around – once the political will is present.

Involvement of CAWT

- Recent work by CAWT and the health sector agencies in NI and RoI appears to have borne particular fruit.
- The example of ENT surgery will be presented later, and is a model which fits quite well for elective procedures.
- Other attention being given by CAWT to a wide range of clinical services, focusing on a small number of viable candidates.
- Availability of separate EU funding streams through CAWT – the boost of additional resources appears to provide a catalyst to encourage more effective, joined-up services.

Areas of Need / Supply and Demand Issues

- Waiting lists are problematic and growing in various clinical specialties in both NI and RoI.
- Orthopaedic surgery seems to have particular problems, and will be examined in detail in our final report.
- Much of the problem of demand exceeding supply appears to relate to the North-West region – but is the key issue here one of rurality and insufficient population numbers / critical mass to justify the presence of a clinical team in any one hospital?
- Is the border central to this?
- Fewer problems on the Eastern seaboard.

The Emerging Direction of Travel

- No immediate point in looking at options for wholesale reconfiguration of acute services – funding restrictions;
- CAWT model appears to be working, and probably forms a central element of good practice thinking in service redesign;
- Extra resource injection certainly helps, but services should be mainstreamed in the medium to long term;
- Managed clinical networks are the future;
- Our task is to develop a modelling tool which reflects the above, and which can be used easily by planners and policy makers to help make critical decisions on the future design of services.

Our Forthcoming Report

1. Introduction, background, potential barriers and inhibitors
2. Exemplar services (application of modelling techniques):
 - *Orthopaedic surgery*
 - *ENT surgery*
 - *Paediatric Cardiac Surgery*
 - *Cystic Fibrosis*
 - *Acute Mental Health Services*
3. Vision for 2030
4. The Modelling Tool(kit) – how it would work, key components, links with planning processes

Following Presentations

- CAWT
- Cross-Border ENT Services
- Cross-Border Cystic Fibrosis Unit
- Cross-Border Co-Operation – the European Agenda
- Key Findings and the Prototype Modelling Tool
- Panel Discussion