



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

14 October 2010

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# Terms of Reference (1)

- 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 examine the number, size, composition and possible locations of the hospitals that would be required in the future if the planning of acute services in the border region was on the basis of population needs rather than jurisdictional frontiers.

## Terms of Reference (2)

- Need to develop a prototype modelling tool for hospital planning on a border region and all-island basis that could make possible accessibility to hospital services based on geographical distribution of patients (potential need and demand); taking into account the potential supply based on bed numbers and specialisms, and the transport network (modelling of accessibility based on travel time).
- Report should make recommendations on the future configuration of hospitals North and South that would be required if planning of acute services in the border region was on the basis of population needs rather than jurisdictional frontiers.

# Exploding the Myths

- Our central focus is on developing a modelling tool – 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

# 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 demography.

## 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.”*

# The Joint Study

- The unpublished report in draft form included recommendations for collaboration in the areas of:
  - Paediatric and congenital cardiac services;
  - Additional radiotherapy provision in the North-West;
  - Transplantation services;
  - Brain injury services;
  - Children's services such as child protection and fostering.

# Feedback from Stakeholder Consultations

- Most stakeholders in NI and RoI are positively disposed towards the concept of greater cross-border collaboration
- Much enthusiasm about the benefits derived from specific initiatives over the last decade
- Feelings are more lukewarm regarding the prospects of new hospitals being developed in border areas
- Some NI stakeholders see this as being tied up with constitutional issues; most RoI stakeholders see problems in terms of organisational responsibilities and budgets
- Cost differences between NI and RoI highlighted as significant

# Potential barriers and inhibitors

- 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

# Case Study 1 – Cystic Fibrosis Services

- 440 patients in NI, and 1,100 patients in RoI
- Historical imbalance in service provision between NI and RoI
- Better outcomes and life expectancy in NI
- Services in NI are strong, but will reach capacity in 3-4 years
- Service in RoI are being improved
- Proposal for second CF centre to be located at Altnagelvin, which would potentially cater for CF patients from Donegal, Sligo and other parts of the north-west
- Possibility that lung transplantation services might be further developed at the Mater in Dublin to cater for NI patients

## Case Study 2 – Acute Mental Health Services

- Both NI and RoI have seen major strategies to develop and improve mental health services in the last decade – the Bamford Review in NI, and *A Vision for Change* in RoI
- Many common themes emerged from the two reviews:
  - Involvement of service users and carers;
  - Strengthening of linkages between service providers;
  - Delivery of most mental health services at primary and community care levels;
  - Hospital-based care provided only for those with severe / enduring illness;
  - Better workforce planning;
  - Whole systems approach.

## Case Study 2 – Acute Mental Health Services (cont'd)

- No joint service planning
- Little awareness of services, key contacts etc across the border
- Positive work done by CAWT on joint protocol for mental health services between HSE West and the Western HSC Trust, on the NI Registry for Self-Harm, and other initiatives
- Potential for future collaboration in areas of need such as psychiatric ICU, forensic psychiatry and eating disorders
- Issues which would need careful consideration include the different legislative bases, different clinical standards and service pathways, and clinical governance arrangements operating between the two jurisdictions

# The Bigger Picture

- Substantial work done by CAWT in recent years, and through the relevant agencies in NI and RoI, including:
  - ENT services;
  - Radiotherapy in the North-West;
  - Cross-Border Diabetes Network;
  - Other initiatives supported by INTERREG and PEACE funding.
- Success of these ventures suggests that the barriers can be overcome, and that enhanced services can be developed on a cross-border basis.

# The Way Forward

- For many services which are meeting the needs of communities in their own jurisdiction / organisational area, there is no need to consider cross-border service delivery
- A valid case might be made:
  - Where capacity problems exist
  - Where accessing services is difficult
  - Where quality must be improved via greater critical mass
- For major capital development, political will is needed
- For service development at specialty or sub-specialty level, managerial and clinical champions will be required

## Next Steps

- Dr David Welbourn will talk in the afternoon regarding how this translates into a modelling tool
- Interim Report will be issued shortly
- Further work will be done to test the modelling tool against a range of specialties / services
- Final Report in early 2011.

# Questions and Answers

- Happy to deal with any queries today
- Contact details: Shane McQuillan  
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# Accreditation/Registration (1)

- European Directive 2005/36/EC entitles professionals to have their qualifications recognised and to register for practice in other member states/EEA
- However, this does not cover professionals registered in one member state but delivering services in another
- Non-EU/EEA citizens not technically included under directive
  - These clinicians would be required to undertake additional qualifiers in order to be registered in the other jurisdiction
  - Significant numbers of non-EU/EEA doctors working in the RoI system
  - Represents a barrier to these doctors being able to practise in NI

## Accreditation/Registration (2)

- Differences in registration procedures on either side may lead to difficulties in allowing healthcare professionals to deliver care in both jurisdictions
  - E.g. absence of registration for AHPs
- Specific issue for doctors on higher specialist training programme with RCPI
  - Withdrawal of recognition of examination by UK Colleges
  - Implications for those on specialist training programmes
  - Tied into registration with General Medical Council

# European Cross-Border Collaboration (1)

- Cross-border healthcare is being addressed by EU
- Regulations: allow for emergency or unscheduled care
  - EHIC (formerly E111 form)
  - Cover for those temporarily visiting other member states
- Court rulings
  - Established healthcare as part of the free movement of services
  - Affirmed the right of patients to seek care in other member states
- Directive on professional qualifications: allows for healthcare and other professionals to register and practise in other member states

## European Cross-Border Collaboration (2)

- Proposed directive on cross-border healthcare intends to allow for patients to be reimbursed for services delivered in other member states
  - This is on the basis of prior authorisation in the case of hospital care
  - Patients will have to pay for services and then seek reimbursement
  - Healthcare authorities can limit access to some services on the basis of threat to their own systems – either the outflow or the inflow being unsustainable
  - E-health is a priority for development as part of cross-border healthcare

## European Cross-Border Collaboration (3)

- Euregio Evaluation Project
- Examined cross-border healthcare projects in “Euregios” or regions of border co-operation in Europe
- Surveyed those involved in cross-border healthcare projects across Europe
- Identified key factors, both enablers and barriers, in developing successful cross-border health projects

# European Cross-Border Collaboration (4)

- Internal factors – those that are specific to the project and the stakeholders themselves
- External factors – influences from outside the control of the project

Internal Factors	External Factors
Well-developed partnerships	Financing
Commitment and resources	Bureaucracy
Partnership agreements	Political support
Experience in cross-border work	Information and co-ordination
Shared knowledge with other projects	Legal certainty

## European Cross-Border Collaboration (5)

- Cerdanya cross-border hospital
- Acute hospital for a remote region
- Only hospital in the area too small to cater for full region
- Existing arrangements for cross-border care
  - Emergency clinic facilities in Puigcerda Hospital on Spanish side
  - Agreed with French authorities to take maternity patients from France
- Joint hospital project initiated in 2002 with INTERREG support
- Legal issues posed significant barrier
  - Temporary foundation under Catalan law
  - New treaty required to be signed by governments

## European Cross-Border Collaboration (6)

- Meuse-Rhine region
- Well-developed framework supporting several initiatives
- Support from and involvement by social health insurers and authorities
- Developed from a series of smaller projects and pilots
- Alliance developed involving hospitals and insurers to promote further cross-border collaboration
- Card issued to patients by health insurers allowing access to healthcare in border zones
- Enjoys support of authorities and regional/national governments

# Questions and Answers

- Happy to deal with any queries today
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