SIREN
Study of the Impact of Reconfiguration on Emergency and Urgent Care Networks

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

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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

Domain	Documents
General Practice	Primary Care: A New Direction, National Review of GP Out of Hours Services
Mental Health	Vision for Change
Ambulance	National Ambulance Service Plan
Clinical Programmes	Emergency Medicine, Acute Medicine, Primary Care, Surgery, Critical Care
Reconfiguration	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
HIQA Reports	Ennis, Mallow, Tallaght, Limerick
Howarth and Teamwork Reports	North-East, Mid-West, Cork and Kerry
National Policy	Shaping a Healthier Future, Quality & Fairness, Future Health: A Strategic Framework for Reform of the Health Service 2012-2015

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

(Triangle diagram: Context; Actors; Content; Process)
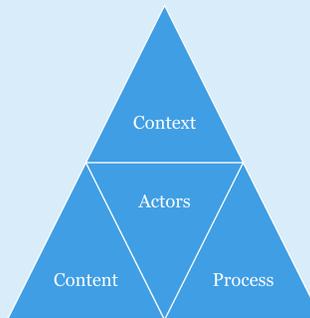
Context:
A strong historical, cultural and socio-economic context to service development exists.

**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)

New Model of Care → Reconfiguration / Integration
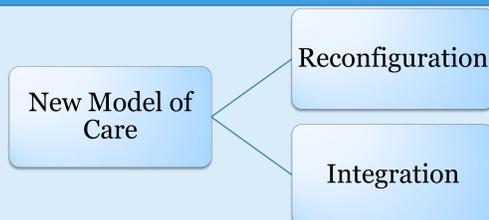
2008: 'A fundamental reconfiguration of the acute care system and processes, together with a redeployment of existing resources in order to optimise care in terms of effectiveness, quality, sustainability and affordability' (Howarth and Teamwork, Mid-West)

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)

Critical Enablers → Capacity / Governance and Management
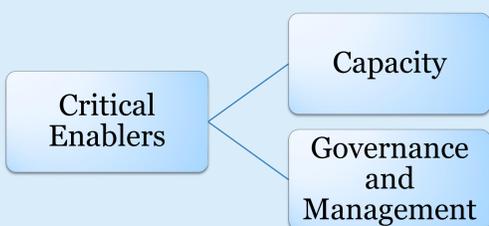
2008: 'Additional medical staff to reduce clinical risk and improve patient safety' (Howarth & Teamwork Report, Mid-west)

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)

RESULTS

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

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

"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)

Medical Profession
• Clinicians in Management

National Regulators
• HIQA
• Medical Council
• Training & accreditation bodies

International Regulators
• EU directive on working time - implementation 2014

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 139 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.

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