

SIREN

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



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Transparency in re-designing urgent and emergency care services: an examination of the consultation process, trade-offs and the role of evidence.

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BACKGROUND

- The Health Service Executive (HSE) has embarked on a **series of regional system re-designs** to radically change the organisation of urgent and emergency care services in Ireland. This is at a time when budgets and staff levels have been substantially reduced and there is growing awareness of problems with quality and safety.
- First priority** of this initiative is to **'develop integrated services across all stages of the care journey'** with the goal of increasing efficiency and improving performance. Major changes initiated so far include the reconfiguration of acute hospital services and the introduction of ambulance bypass protocols.



- But** establishing the evidence base to justify the approach taken has been challenging, with public opposition to the changes and staff protests over working conditions.

AIM

- To examine the **consultation process** in re-designing urgent and emergency care services, with a specific focus on **perceived drivers and triggers of change** and **trade-offs**.

RESULTS

PERCEIVED DRIVERS?

- Range of views on motivations behind the change process.
- Those in favour of re-design** cited **quality and safety goals**. Cost was discussed in terms of the **efficient use of resources** in light of both staffing and budgetary pressures.
- Those against re-design** perceived reform to be a **cost-saving** exercise, citing the **austerity agenda**. They argued that **reconfiguration was not about doing things differently but about doing more with less**. For them, **access to urgent and emergency services** was a key issue **but** deemed it to be a **secondary driver on the reform agenda**.

PERCEIVED TRIGGERS?

- EVIDENCE?**
 - Key role** played by the Health Information and Quality Authority (HIQA) reports on investigations of quality and safety in emergency departments around the country.
 - Secondary role** played by clinical care programmes eg. Emergency Medicine Programme.
- But** there was also the view of the **self-fulfilling prophecy of emergency departments [EDs]** – that is, the gradual reduction of services to the point where EDs cannot be sustained and need to be replaced with local injury units and medical assessment units.

CONSULTATION PROCESS

- Consultation on planning?** 'High level' consultation.
- Consultation on implementation?** Individual hospital level consultation.
- Gaining GP and political buy-in** was considered key to the success of changes.
- Fallout arose where consultation was limited, with GPs and the public questioning whether it was **a consultation process or an information sharing exercise**.
- TRADE-OFFS?**
 - Ambulance provision and new builds** eg. 'Urgent Care Centres'
 - Those against reconfiguration** were suspicious about the trade-offs. They questioned whether such provision/new builds were **to allay fears** regarding access to urgent and emergency services **or "to fool the public"**.

METHOD



- ✓ National and regional policy documents relating to EUCS.
- ✓ Focus on policy formation.



- ✓ 8 regions at different stages of reconfiguration.
- ✓ Approx. 120 interviews.
- ✓ Key providers of urgent and emergency care, health service campaigners, local politicians and media.

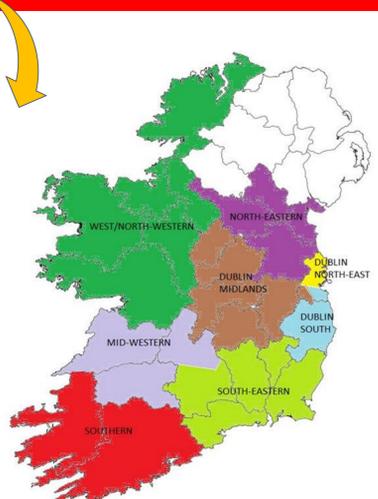


- ✓ Framework analysis (Ritchie and Spencer, 1994).
- ✓ Yin's multiple case study approach (2009).

IMPACT AND SUSTAINABILITY

- Substantial changes have been made in several regions, none in others.
- Extent to which service provision has improved is uncertain.
- EDs are now overcrowded**. This is due to the **ongoing resource issue** in acute hospital staffing and community supports, coupled with the under use of urgent care centres.
- Access to remaining EDs** is partially compromised due to **inadequate ambulance provision**.
- Quality and safety concerns** remain ever-present.

MAP OF 8 REGIONS



LESSONS LEARNED

- Planning change** for urgent and emergency services is a **complex process**, guided by motivations, resources and local considerations.
- Recession** has been found to be a barrier to successful implementation due to inadequate resourcing.
- Appropriate resourcing** will always be an issue in any change, but **planning, consultation and gaining buy-in** from stakeholders are also evidently of great importance in influencing the success of reconfiguration programmes.