

Health services, 2022

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Introduction

The Irish health system experienced a particularly turbulent year in 2022, starting off in the midst of the Omicron wave of the Covid-19 pandemic, followed by a rapidly evolving and changing landscape regarding policy and practice. As the country began to return to some level of ‘normality’, the health system was still grappling with legacy issues associated with Covid-19 and the 2021 Health Service Executive (HSE) cyberattack, while also trying to address pent-up demand and get delayed national programmes and infrastructural projects back on track, all the while dealing with workforce shortages partly due to increased absence and staff turnover rates. As the year progressed, the war in Ukraine and the associated cost-of-living crisis added extra pressure to health and social care services, while the HSE also faced into a particularly difficult winter with high levels of Covid-19 and other respiratory infections. Within this context, this article will outline some of the challenges and key developments across Irish health services in 2022.

Covid-19

After reimposing restrictions in December 2021 to contain the potential spread of Covid-19 during the Christmas period, the government removed most Covid-19 restrictions on 28 February 2022,

issuing guidance on how to self-manage Covid-19 symptoms, testing and isolation (Department of the Taoiseach, 2022). This was on foot of the Omicron wave that proved to be more infectious but less severe. Public health advice regarding testing also changed dramatically throughout 2022, when in January all symptomatic people were advised to test using antigen tests, which did not then need to be verified by a PCR test (as was the guidance in 2021) (HSE, 2022e). In February the National Public Health Emergency Team was disbanded and by September the strategy for managing Covid-19 would be similar to that for any other endemic respiratory infectious disease, with testing no longer recommended for those in the general population with mild symptoms (Department of Health, 2022h). Hospitality, indoor and outdoor events, and international travel gradually began to return to pre-Covid-19 levels. Despite the removal of restrictions and the dramatic change in public health advice on testing, the number of Covid-19 cases dropped sharply in February, from a high of over 20,000 daily cases during the last week of January. The number of cases remained relatively low throughout the remainder of 2022, with reported daily cases ranging from 15 to 970 in December 2022 and figures peaking towards the end of the month (Health Protection Surveillance Centre, n.d.). The vaccination programme continued throughout 2022, primarily issuing first, second and third boosters to older and vulnerable populations. The uptake of the first booster was 95.2 per cent of those aged sixty-five and over, dropping to 76.9 per cent for the second booster and 40.4 per cent for the third booster, as of week 50 2022 (Health Protection Surveillance Centre, 2022). In the final week of 2022 the booster programme was expanded to all age groups – in response to the escalating Covid-19 infection rates, impacting an already pressurised system due to high levels of seasonal flu and respiratory syncytial virus (RSV).

Waiting lists

Pent-up demand as a result of Covid-19, in addition to a difficult flu season, resulted in unprecedented demand for HSE services throughout 2022, particularly in relation to emergency department (ED) presentations, increasing by 5.9 per cent overall since 2019 and by 35 per cent in some EDs (Health Information and Quality Authority (HIQA), 2022). During the HIQA monitoring programme, five of seven EDs were found to be over capacity and six of seven were experiencing staff shortages (HIQA, 2022). A waiting list action plan

was published to deal with the increase in scheduled acute care waiting lists, which rose by 20 per cent from 2017 to 2021 (Department of Health, 2022a). Growing waiting lists were also evident within community services, with reportedly over 10,000 children, for example, awaiting talk therapy, rising to more than 60,000 children awaiting other speech and language, occupational and physiotherapy services, a situation all too common across all community services (Bermingham, 2022; Quinlan, 2022b).

Long Covid

In addition to new Covid-19 infections, and growing waiting lists for non-Covid services, there was also mounting concern throughout 2022 regarding long Covid. Based on extrapolations from research conducted in the Netherlands, almost 350,000 people in Ireland were potentially suffering from conditions associated with long Covid in 2022 (Houses of the Oireachtas, 2022b). Furthermore, an Irish survey of long Covid sufferers reported that 89 per cent of 988 people surveyed had not returned to a pre-Covid level of health. Based on concerns among health and social care professionals, guidance and support services emerged throughout 2022 to aid those affected in the identification and management of long Covid (Irish Society of Chartered Physiotherapists, 2022).

Public inquiry

Finally, in December 2022 the Taoiseach announced that a public inquiry into the handling of Covid-19 would commence in 2023, with a view to understanding how to better prepare for future pandemics. Part of this inquiry will undoubtedly deal with reported concerns within the Department of Public Expenditure and Reform about HSE Covid-19 costs and, in particular, value for money in relation to the private hospital safety net agreements (Lynch, 2022a, 2022c).

Service delivery

As the health system struggled to respond to unprecedented pent-up demand, while also working towards getting delayed programmes back on track, the longer-term impact of Covid-19 began to become apparent in delayed service delivery and associated outcomes across a number of major programmes.

Organ donation and transplant

One notable outcome was the reduced level of organ donation and transplants, a trend that was seen globally during Covid-19, with an estimated transplant reduction of 16 per cent globally in 2020 (Nimmo et al., 2022). In 2021 Ireland witnessed a 27 per cent reduction in organ donations and 28 per cent reduction in transplants, well below the European median of 15 per cent and 19 per cent, respectively. Preliminary data for 2022 indicate that the transplant numbers are recovering to pre-Covid-19 levels, with 250 organ transplants having taken place, compared to 274 in 2019 (HSE, 2020b, 2022c). It is hoped that donations and transplants will increase further on foot of the introduction of the Human Tissue Bill, which will use a soft opt-out system of consent, rather than the traditional opt-in system (Department of Health, 2022e). The Bill was in the preliminary stages before Dáil Éireann at the end of 2022.

Cancer

Figures released through parliamentary questions indicated that cancer e-referrals from GPs in 2021 were significantly above the levels seen in 2019, increasing further in 2022. These figures are being used as a proxy measure for the impact of delayed healthcare-seeking behaviour due to Covid-19 restrictions and population cocooning. The longer-term impact of delayed diagnosis is yet unknown, while the system struggles to meet the pent-up demand for diagnosis (HSE, 2022i; National Cancer Control Programme, 2022). Unfortunately, this problem is not unique to Ireland, with increased numbers of avoidable cancer deaths expected globally, due to reduced cancer screening activity (Alkatout et al., 2021).

Stroke

A widely welcomed development in 2022 was the publication of the new *National Stroke Strategy*, which had been delayed due to Covid-19, and has been lauded as the single largest investment in stroke services since the launch of the national programme in 2010 (HSE, 2022j). The Irish Heart Foundation welcomed the ambitious strategy, which, when implemented, is expected to save many lives, reduce the long-term adverse impact of stroke on survivors, while also reducing the cost to the state (Shannon, 2022). This would be achieved by reducing the number of people dependent on long-term care, while also returning almost 5,500 bed days to the health service (HSE, 2022j).

Sláintecare

Progress in 2022

A new Sláintecare board was established in 2021, made up of senior officials from the Department of Health (DoH) and the HSE, co-chaired by the HSE chief executive officer and DoH secretary general, and €1.235 billion was committed to Sláintecare in Budget 2021. In 2022, 228 deliverables were reported across 11 projects, including a number of key milestones that were outlined in the *Sláintecare Progress Report 2021* (Government of Ireland, 2022b).

Among these was the establishment of a multidisciplinary Regional Health Areas (RHA) Advisory Group in December 2021, chaired by Leo Kearns (Department of Health, 2021). The Minister for Health, Stephen Donnelly, reiterated the importance that the six RHAs will play in the integration of health and social care, supported by the DoH and the HSE to align hospital and community healthcare services at regional levels, based on population needs. Following the publication of the *Business Case for the Implementation of Regional Health Areas* in April 2022 (Department of Health, 2022b), the government approved the first steps in RHA implementation, commencing with design workshops with health and social care leaders from May to August. The discussions focused on the functions and activities that would fall under the responsibility of each RHA, and those that would remain within the DoH and the HSE. These design workshops were supported by senior management within the HSE and carried out in consultation with existing hospital groups, community health organisations (CHOs) and other key stakeholders.

In September 2022 six regional events took place in Cork, Limerick, Sligo, Kilkenny, Tullamore and Dublin to further progress the communication and engagement process, in particular on the organisational arrangements needed to deliver integrated models of care (Reid, 2022). It was specified that an implementation plan for the regions would be published in Q4 2022; this remained unpublished in January 2023. Other Sláintecare milestones included: progressing plans for new day-only elective hospitals in Cork, Galway and Dublin to address 60–70 per cent of population outpatient needs (further details below); capitalising on the Covid-19 pandemic by substantially increasing the use of digital technologies – not least assisting the treatment of chronic disease management, thereby facilitating people to be treated within their community; mainstreaming innovation through the Sláintecare Integration Fund, funding 105 projects to, for

example, reduce referrals, avoid acute bed days and reduce patient waiting lists (Government of Ireland, 2022b).

Sláintecare Action Plan

The next steps for these key areas were outlined in the *Sláintecare Action Plan 2022*, published in June 2022, with firm plans to introduce the long-awaited Sláintecare consultant contract following negotiations with relevant representative bodies (Government of Ireland, 2022a). The public-only hospital consultant contract received government approval in December, with an additional 1,000 consultant positions approved. The Irish Medical Organisation and the Irish Hospital Consultants Association subsequently considered the proposed conditions, including basic pay scale (€209,915–252,150 on a six-point scale), hours of work (37-hour week), highly flexible work patterns (e.g. work sharing, compressed hours), greater focus on training and research, and off-site private practice once public commitments are met (Department of Health, 2022f).

Budget 2023

Budget 2023 was particularly favourable in terms of Ireland's health and social care, with €23.4 billion in investment announced, some of which was aligned with the aforementioned *Sláintecare Action Plan*. Among the reform-aligned investments was an extension of GP visit cards for children up to seven years of age and to households with median income of €46,000, with an additional 400,000 people estimated to be eligible – amounting to almost 50 per cent of the total population. Negotiations with GPs, however, were not expected to take place in 2022 (Department of Health, 2022g) and will be challenging considering that the limited capacity under the current model of service delivery is already impacting services and access to care (Quinlan, 2022a).

Resignations/appointments

On 27 June 2022 Paul Reid, HSE CEO, announced his intention to step down, stating the need to spend more time with family and the need for a new leader as the HSE entered a new phase of reform and change (HSE, 2022k). This decision came after he led the HSE through the Covid-19 pandemic and the criminal cyberattack, all the while attempting to implement an ambitious reform agenda – a task which he took joint responsibility for in late 2021. The chief financial

officer, Stephen Mulvany, was appointed by the chairman and board to act as interim CEO until Bernard Gloster (CEO of the state's Child and Family Agency, Tusla) takes up the role of CEO in spring 2023 (HSE, 2022b).

In the latter part of 2022 the coalition government changed leadership, from Fianna Fail's leader, Micheál Martin, to Fine Gael's leader, Leo Varadkar. Stephen Donnelly remained Minister for Health.

There were difficulties reported in the recruitment of cybersecurity staff following the criminal cyberattack on the HSE IT systems, with advertised positions for a chief information security officer (CISO) and chief technology and transformation officer (CTTO) yet to be appointed; Puneet Kukreja was appointed interim CISO and John Ward was appointed interim CTTO (HSE, 2022g).

Cyberattack

The knock-on effect of the criminal cyberattack that infiltrated the HSE IT systems on 14 May 2021 continued into 2022, with a review of data breaches across 550 organisations. External agencies connected to the HSE network, including the DoH and Beaumont Hospital, were also impacted; however, these external agencies were able to proactively prevent an attack on their systems. In 2021 the HSE incurred significant costs in response to the cyberattack, including revenue costs of €37 million and capital costs of €14 million. A further €4.4 million was carried over and expensed to 2022, but more than €8 million was reportedly spent on cybersecurity during the first six months of 2022. Staff costs and costs associated with voluntary agencies were not included in these costings, and therefore the true cost of the cyberattack has yet to be determined. To continue its response to the cyberattack and to build capacity for future threats, an additional €43 million recurrent funding was secured for ICT expenditure in 2022 (Office of the Comptroller and Auditor General, 2022). The cyberattack directly impacted the ongoing waiting list crisis, with many patient appointments being cancelled in the immediate aftermath of the attack, including in thirty-one of fifty-four acute hospitals (PWC, 2021). While exact figures were difficult to determine, due to a technical inability to report to the National Treatment Purchase Fund, there was an acceptance that the rescheduling of outpatient appointments was an ongoing issue (Office of the Comptroller and Auditor General, 2022). It was agreed that the

interim CTTO and CISO would oversee the introduction of a Technology and Transformation Programme, as recommended by the Conti post-incident review (HSE, 2022g).

Infrastructure and resources

National Children's Hospital

According to a progress update on the construction of the National Children's Hospital, March 2024 has been given as the completion date for construction, after which time a period of commissioning will commence, which is expected to last a minimum of six months. The commissioning will involve two stages: the first a technical phase to bring equipment online, bringing services into use; and a second phase to integrate existing services from three hospitals onto the one site. A capital investment of €1.433 billion has been approved by government, and as of August 2022 expenditure had reached €1.13 billion. A range of costs are expected to increase beyond the approved budget, partly due to the seventeen-month overrun, which has been caused by a combination of factors, including global supply chain disruption during Covid-19, as well as ongoing material and energy cost increases (Oireachtas Joint Committee on Health, 2022).

National Forensic Mental Health Service

On 4 November 2022 the HSE officially opened the National Forensic Mental Health Service in Portrane, Co. Dublin – at a cost of €200 million. The purpose-built, state-of-the-art facility replaces the Central Mental Hospital in Dundrum and has capacity to provide care to 170 patients, as well as community and prison in-reach services. The facilities will be organised across five clusters, including a Pre-discharge Unit, Female Unit, Mental Health Intellectual Disability Unit, High Secure Unit and a Medium Secure Unit. It will also house the Forensic Child and Adolescent Mental Health Service and an Intensive Care Rehabilitation Unit. Collective activities and therapies will take place across indoor and outdoor spaces, around a 'village centre', where GP and dental services will also be available (HSE, 2022f).

Plans for elective-only hospitals

In December 2021 a new *National Elective Ambulatory Care Strategy* was published, which details the development of stand-alone elective hospitals in Cork, Galway and Dublin. These new facilities, designed

to maximise capacity, aim to improve how day cases, scheduled procedures, surgeries, scans and outpatient services are delivered, across as wide a catchment area as possible (Houses of the Oireachtas, 2022a). On 7 December 2022 the government approved the next phase of the Enhanced Provision of Elective Care Programme, moving ahead with plans to develop sites in St Stephen's Hospital, Sarsfield Court, in Cork, and Merlin Park in Galway. Respectively, these new facilities are expected to provide 180,000 and 175,000 additional procedures, treatments and diagnostic appointments annually. The Dublin site will be announced once the associated business case has been approved by government (Department of Health, 2022c).

Surgical hubs

Following the success of the Reeves Centre at Tallaght University Hospital, a short-term solution for patients requiring day-case elective surgeries, additional surgical hubs will be developed in Cork, Galway, Limerick, Waterford and Dublin. Once sites have been identified and procured, it is expected that development will take approximately twelve to eighteen months before the facilities are fully operational, at a total expected cost of €90–100 million for all five hubs (Department of Health, 2022c).

Social prescribing

Following the launch of the *HSE Social Prescribing Framework* in 2021, implementation accelerated in 2022 with referrals being made across thirty locations in CHOs around the country. This holistic service offers GPs and other health professionals a means of referring people to a range of non-clinical supports that are readily available across the community. The service is delivered in partnership with community and voluntary organisations, and is available for adults who have one or more long-term conditions, need support with mental health, are lonely or isolated, are frequent GP/ED attendees or have complex social needs (HSE, 2021b).

Women's Health Action Plan

On International Women's Day 2022 the first *Women's Health Action Plan* was published with a view to improving health outcomes for women in Ireland. In partnership with the DoH and HSE, the action plan was supported by a range of representative groups and women's health professionals, including the National Women and Infants Health Programme, the European Institute for Women's Health, the

Irish College of General Practitioners and the National Women's Council of Ireland. Funding of €48 million was ringfenced for the implementation of a range of project in 2022/3, including: free contraception for women aged seventeen to thirty; reduction of period poverty; funding to implement the *National Maternity Strategy 2021–2026*; a range of mental health supports; an increase in the number of specialist menopause clinics; and, for the first time, specialist centres for treatment of complex care for endometriosis (Mac Conghail, 2022).

Human resources

In 2022 the government introduced a number of measures to recognise the efforts made by public health-service staff during the Covid-19 pandemic, including a tax-free Pandemic Special Recognition Payment of €1,000 to eligible frontline workers. The government also approved a scheme to make a tax-free payment of €100,000 to the estate of any healthcare worker who died as a result of contracting Covid-19 in the course of their work (Department of Health, 2022d).

The health workforce continued to experience extreme pressure in 2022, despite an apparent easing in the severity of the Covid-19 pandemic, partly due to the backlog in appointments and procedures following Covid-19 restrictions. However, pre-existing challenges compounded the issue, such as a lack of workforce supply; for example, 479 vacant consultants posts as of September 2022, having increased substantially from 142 in 2019 (HSE, 2022h, 2022i). Despite this, the HSE continues to invest in workforce planning and training – for example, an open recruitment process for consultants in public health, with thirty-four consultant posts put in place in 2022 and a plan for a total of eighty-four consultants in public health medicine by the end of December 2023 (Burke et al., 2021).

Despite these ambitious plans to increase much needed capacity, the HSE is tackling ongoing attrition. In addition, from July the provision in the *Haddington Road Agreement* whereby all public servants were required to work two extra hours a week was ended, thereby adding more pressure on the system (Department of Public Expenditure and Reform, 2022). Recruitment challenges continue across most clinical staff categories, including primary care, where recent data suggest that by 2025 the shortfall in GPs could be as high as 1,380 (35 per cent of current GP workforce) (Murphy et al., 2022).

These figures are of particular concern, given plans to significantly expand free access to GP care.

There is also concern about the vulnerability of the health workforce, due to Ireland's high dependence on foreign-trained doctors and nurses (42 per cent and 60 per cent of new entrants in 2020, respectively), particularly in the context of a global shortage in the health workforce (Nursing and Midwifery Board of Ireland, 2021; OECD, 2020). Reportedly, there will be an increased focus on retention of existing staff (Lynch, 2022b), given increasing levels of staff absence (5.8 per cent as of November 2022 compared to 4.8 per cent in November 2019) (HSE, 2022a) and turnover rates (7.7 per cent in 2021 compared to 6.5 per cent in 2019) (Fleming et al., 2022; HSE, 2020a, 2021a).

Topical issues

Russian war in Ukraine

In February 2022 Russia commenced an invasion of Ukraine, receiving condemnation globally. As of November 62,425 Ukrainian refugees, 34 per cent of whom were under the age of nineteen, have been issued a Personal Public Service Number in Ireland, under the Temporary Protective Directive put in place in response to those fleeing the invasion (Central Statistics Office, 2022). According to the Minister for Health, a streamlined process was implemented for those applying for medical cards and all applicants would automatically qualify for a medical card (Houses of the Oireachtas, 2022c). A dedicated website was set up by the HSE to provide information to Ukrainian refugees on the services available and how to apply for free access. Signposting was also provided to the Health Protection Surveillance Centre, where public health resources were available on a range of communicable diseases and on access to vaccines. All information was available in English, Ukrainian and Russian (HSE, 2022d). In terms of the associated cost-of-living crisis that affected many countries throughout Europe, contingency plans were reportedly drawn up in the event of power outages nationally, with hospitals and other health services being prioritised along with private homes (Commission for Regulation of Utilities, 2022b, 2022a).

Winter 2022/3

Although the HSE had initially not intended to produce a specific winter plan in 2022, the challenges facing the health service as the year

progressed led to the production of a HSE winter plan, including vaccination roll-out for flu and Covid-19, in addition to a pandemic preparedness plan, workforce planning and communication planning. Despite this, the HSE was set to experience the most significant hospital overcrowding in the history of the state, during winter 2022/3. The Irish Nurses and Midwives Organisation (2022) reported that 121,318 patients, of which 2,777 were children, went without a hospital bed in 2022.

The winter plan recognised that a core risk to the plan was the ability to recruit sufficient numbers of staff, despite additional dedicated funds to do so, notwithstanding ongoing supply issues and increasing staff turnover. This risk was compounded by extremely high ED attendances and admissions compared to pre-Covid-19 levels, with a 5.9 per cent increase in overall ED attendances, 2.5 per cent increase in ED admissions and 13.8 per cent increase in ED attendances by those aged seventy-five and older, translating into a 9.9 per cent increase in admissions for this cohort (HSE, 2022m). The HSE expected the situation to get worse in the early part of 2023 with demand at a record high due to Covid-19, seasonal flu and RSV.

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