

# So Near Yet So Far - Health Policy in the Republic of Ireland and the UK

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## Outline

- Disclaimer
- History
- Access: primary, acute, community
- Health status
- Spending
- Health Care Reform in Republic

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## Pre-post-colonial divergence

- 1911 - Compulsory health insurance in UK, not in Ireland
- 1948 - Establishment of NHS in UK
- 1951 - Mother and Child scheme, no free GP care for children
- 1953 - Health Act gives free hospital care to majority
- 1979-1981 - Free hospital maintenance but consultants' contract
- 1991 - Free hospital care for all but ring-fenced private beds
- 2001 - 39% without insurance or medical card wait over one year
- 2006 - 52% adults buy private health insurance

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## Pre-post-colonial divergence




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## Access - Primary Care

- NI free at point of delivery; Republic 70+% pay fees.
- In Rol in 2003, 18.9% of patients with medical problems had not consulted doctor because of cost, compared to 1.8% in NI.  
(O'Reilly, D. et al, submitted to Family Practice, 2006)
- Practice satisfaction higher in Rol (84.2%) than in NI(80.9%).
- Under 1 in 10 Rol patients waited two or more working days to see doctor of choice (8.1%) compared to almost half (45.0%) NI.  
(Thompson, K. J et al, submitted to Family Practice, 2006)
- But one-fifth of patients not in queue in Republic!!!
- In 2003 0.7 GPs per 1,000 Rol pop; 0.6 per 1,000 pop NI

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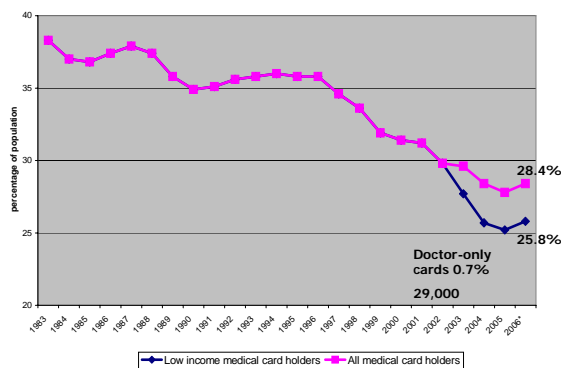
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Medical card holders as percentage of population 1983-2006




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## Access - Primary Care

- In 2001, average GP visits 3.8 per person p.a. in NI, 3.2 in RoI.
- In RoI medical card holders average 5.3 visits per annum, non-GMS patients average 2.2 visits per annum.
- For higher income quintiles, RoI residents have significantly fewer visits than in N.
- Lesser differences for highest income quintile suggests impact of charges lessens with higher income.

(MacGregor P., Nolan B. et al, ESRI Working Paper No 22)

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## Access - Acute Care in Republic

- 2002 ERHA survey: average private patient wait for public hospital care in East 3.4 months, public patient wait 6.7 months
- 2001 QNHS: over 6 month wait for inpatient treatment - 26% of insured, 46% of medical card holders, 60% with neither.
- Private patients 25.6% public hospital cases 2004 but privately insured are younger, healthier, wealthier
- How achieve faster access?
  - Bed designation: 20% inpatient beds private, 33% day beds
  - Consultants salaried but may delegate public care and earn private fees
  - Private charges earn hospitals additional income

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## Access - Acute Care in UK

- "Pay beds" persisted after 1948.
- 2.5% total NHS beds England and Wales 1998
- 2001 private patients just 1% of total NHS admissions
- Evidence that private patients get faster access but scale incomparably smaller
- "The scope for two tiers of access to public hospitals is much greater" in Republic."

Equity of Access to Hospital Care, NESF Report No. 25 (2002)

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## Access - Acute Care in NI

- A&E service speedier in NI: 81% NI vs. 46% RoI reported being seen by a doctor within an hour of arrival.
- More people on waiting lists for longer in NI than in the Republic: 43% NI waited over a month vs. 21% RoI.  
(Institute of Public Health, 2005)
- In 2002 three patients per 10,000 pop. waited over a year in England; 21 adults per 10,000 in Republic; 54 patients per 10,000 in NI.  
(Unhealthy State, 2003)
- Effect of NTPF? Jury out
- Evidence NI still lags - resources or efficiency?

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## Access - Community Care

Received in past 12 months	Republic of Ireland			Northern Ireland		
	Urban	Rural	Total	Urban	Rural	Total
<b>Home services</b>	%	%	%	%	%	%
Public health nurse/District nurse	12	14	13	12	16	13
Home-help <sup>***</sup>	8	6	7	17	18	17
Meals-on-wheels <sup>***</sup>	2	1	2	7	6	6
Personal care attendant <sup>***</sup>	1	2	1	6	6	6
<b>% received at least 1 home service<sup>†</sup></b>	17	17	18	25	30	26
- received 2 home services	4	3	3	7	8	7
- received 3+ home services	1	1	2	3	4	4
<b>Therapies</b>						
Chiroprody services <sup>***</sup>	22	7	16	20	30	23
Physiotherapy services	8	2	5	5	6	5
Social worker <sup>**</sup>	2	0	1	7	8	8
Occupational therapy	2	1	1	1	0	1
Psychological/counselling services	2	1	2	2	3	2

One Island Two Systems  
(Institute of Public Health, 2005)

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## Health status

- 1989-1998 mortality in NI & RoI greater than EU15 average.  
Inequalities in Mortality, Institute of Public Health, 2001
- RoI rate 6% higher than NI:
  - Circulatory 5%
  - Cancers 5%
  - Injuries and poisonings 6%
  - Infectious and parasitic diseases 82%
  - Drug dependence 31%
  - Suicide and self-harm 41%
- Higher in NI:
  - respiratory diseases 10%
  - alcohol abuse 32%
  - pneumonia 163%
  - accidental poisonings 138%
- Methodological differences not enough to explain 6% excess

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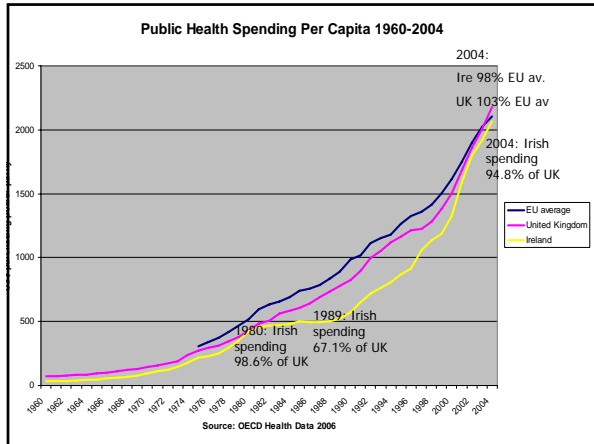
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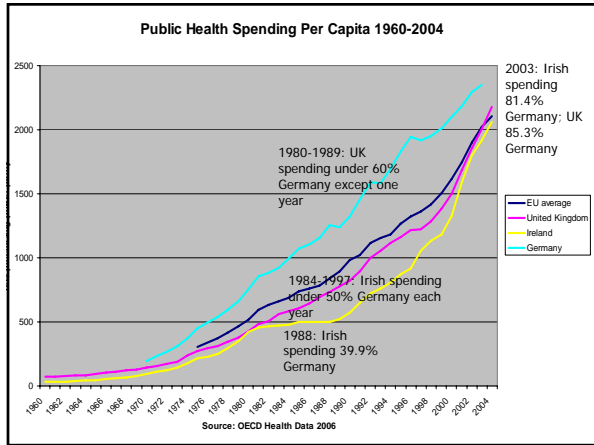
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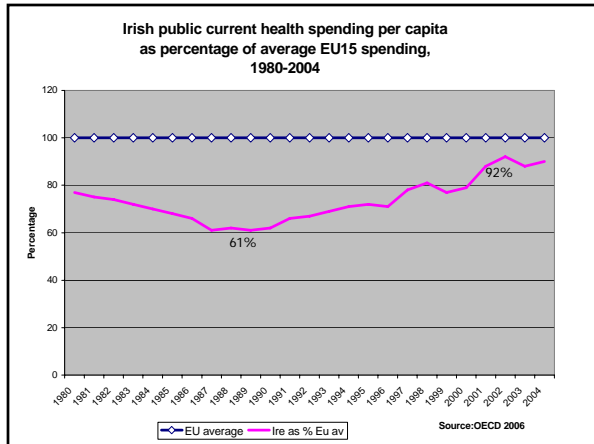
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## Should a young country spend less?

NESC (2005) argues that Republic should spend less per capita on health than other countries because fewer people over 60.

But where people live longer, they have more years of health. In Republic "end of life" health care demands come younger because lower life expectancy.

Ageing of population primarily affects social care costs - not in international health spending comparisons.

If health and social care spending were compared, evidence is Ireland would be very low.

OECD (2005) 5% over 65s receiving home care benefits compared to 20% in UK

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## How Ireland Cares

Commissioned by ICTU to inform social partnership discussions. Co-authored with Professor Dale Tussing. Objectives:

To address the current crisis in the Irish health care system;

To advance the principle of social solidarity:  
*Care goes to those who need it;*

To organise the system by principles of economic and administrative efficiency;

To advance clarity, transparency, accuracy, thoroughness and timeliness of health and health care information.

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## Recommendations

Expand access to Medical Cards on way to universal free GP care.

End incentives to discriminate, reform consultants' contract.

End two-tier system of hospital care - introduce common waiting list .

Build on Health Strategy, Primary Care Strategy, and Hanly.

Stop public subsidies to private hospitals, stop private hospital plan.

Solve A & E crisis by fundamental reform, not stop-gap measures.

Address democratic deficits in new health administration system.

Achieve equity, shift to primary care, well-resourced system, public faith.

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