



Trinity College Dublin

Coláiste na Tríonóide, Baile Átha Cliath

The University of Dublin

The Impact of austerity on the health workforce and the achievement of human resources for health policies in Ireland (2009-2014)

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Background

Deep and prolonged austerity in Ireland

- Panic, recession dividend, worn down (Thomas et al 2013, Burke et al 2014)

Human Resources for Health

- Backbone of health system (Frenk 2010)
- Key economic driver (Butler 2013)
- Fundamental to delivering UHC

Aim: To evaluate how the Irish health system coped with austerity in relation to HRH and whether austerity allowed and/or facilitated the implementation of HRH policy

HRH Policy

Future Health (Department of Health 2012)

To “move away from the current hospital-centric model of care”

To shift personnel to direct care personnel and away from support functions.

To promote efficiencies (and cost savings)

To establish the basis for development of a more equitable single-tier community based healthcare system

Methods

Quantitative longitudinal trend analysis (2008 – 2014) of staffing numbers with Health Service Executive (HSE) staff database as the principal source.

- Heath service employment is defined as directly employed whole-time equivalent public service staffing in the HSE and other government agencies.

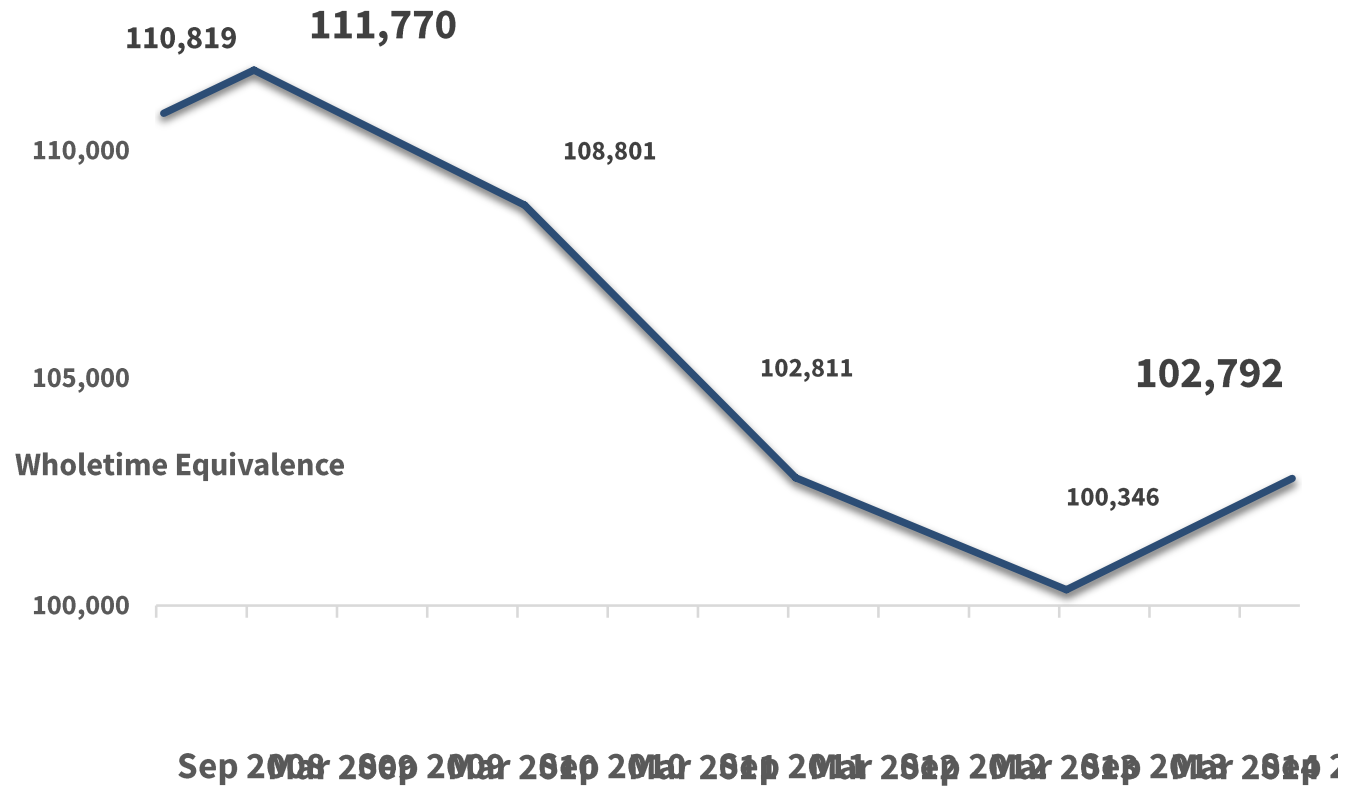
Evaluated health sector pay bill (direct pay, overtime and agency)

Linked main staff database and pay expenditure, as given in the HSE Annual Accounts and Financial Statements (AFS).

Impact of economic crisis

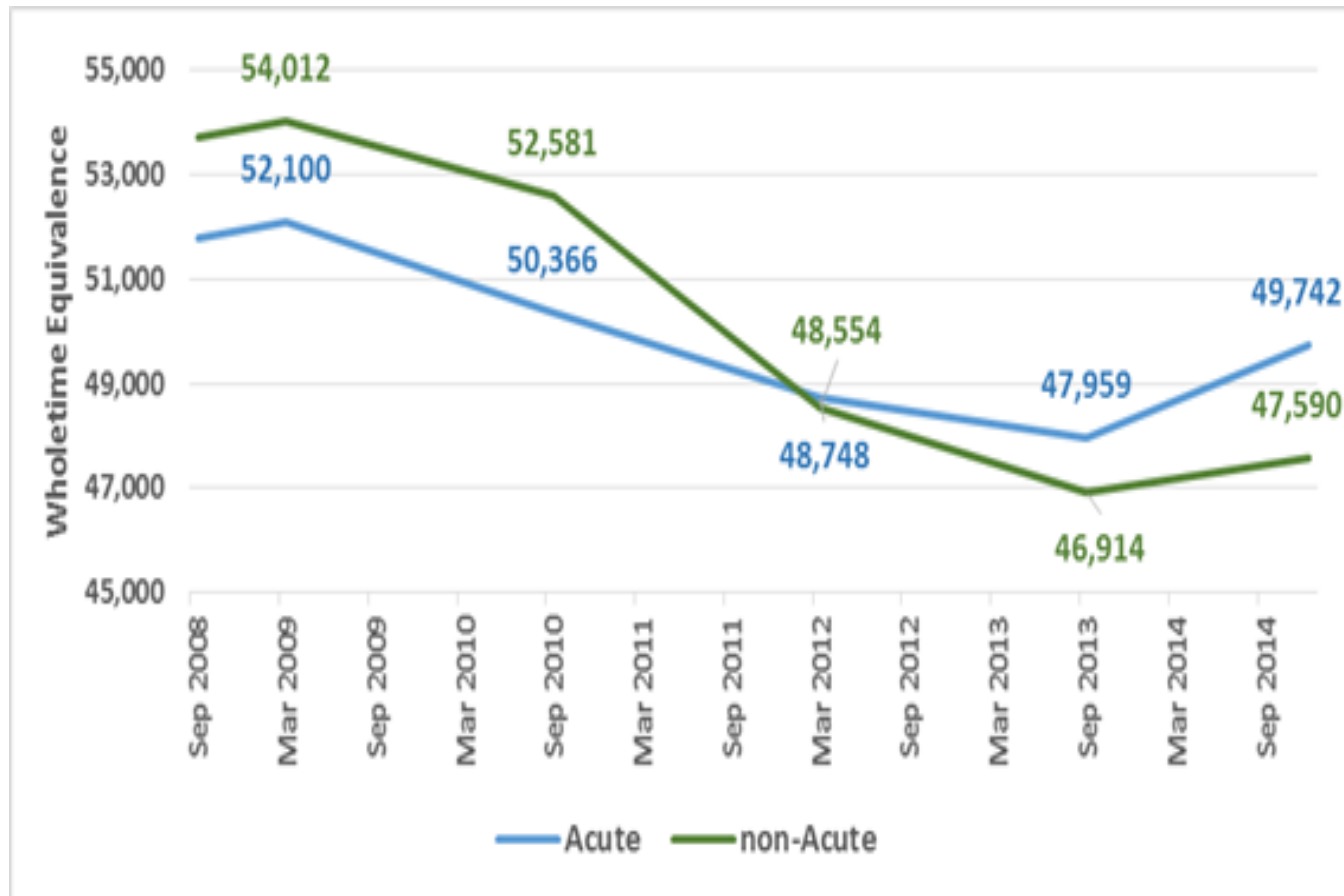
7.2% fall in available human resources

Sharp decline & partial recovery

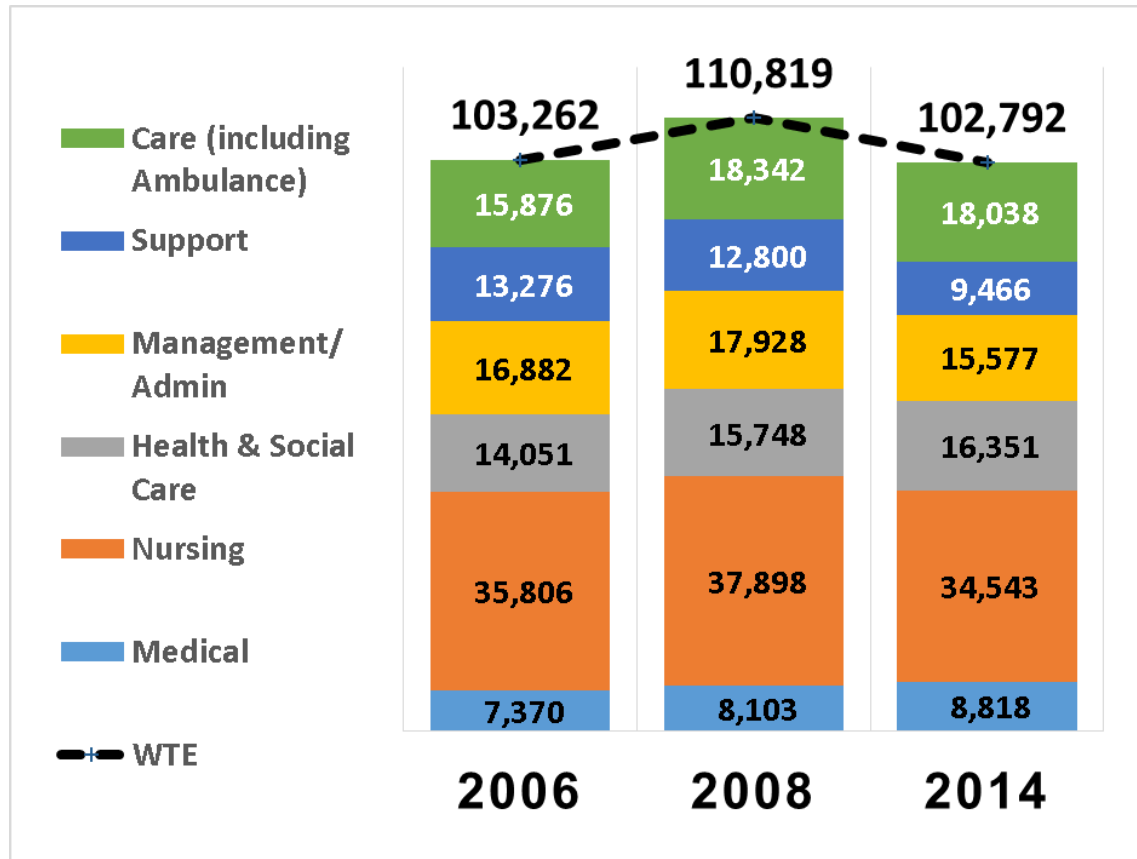


Acute & non-Acute Services

Cuts more severe in non-acute yet recovery directed to acute sector



Staffing profile



Front line staff decreased between 2008 and 2014 by 2.9% (or 2,341 staff)

But far less than the 18.5% reduction in other staff (5,700)

Skills-mix profile 2008-2014 (-8,027 WTE)

Therapists +567 (+17%);

Nurse Specialist +463 (53%);

NCHDs +378(+8%);

Consultant +343 (+15%);

Ambulance +253 (19%);

Public health nursing +1!;

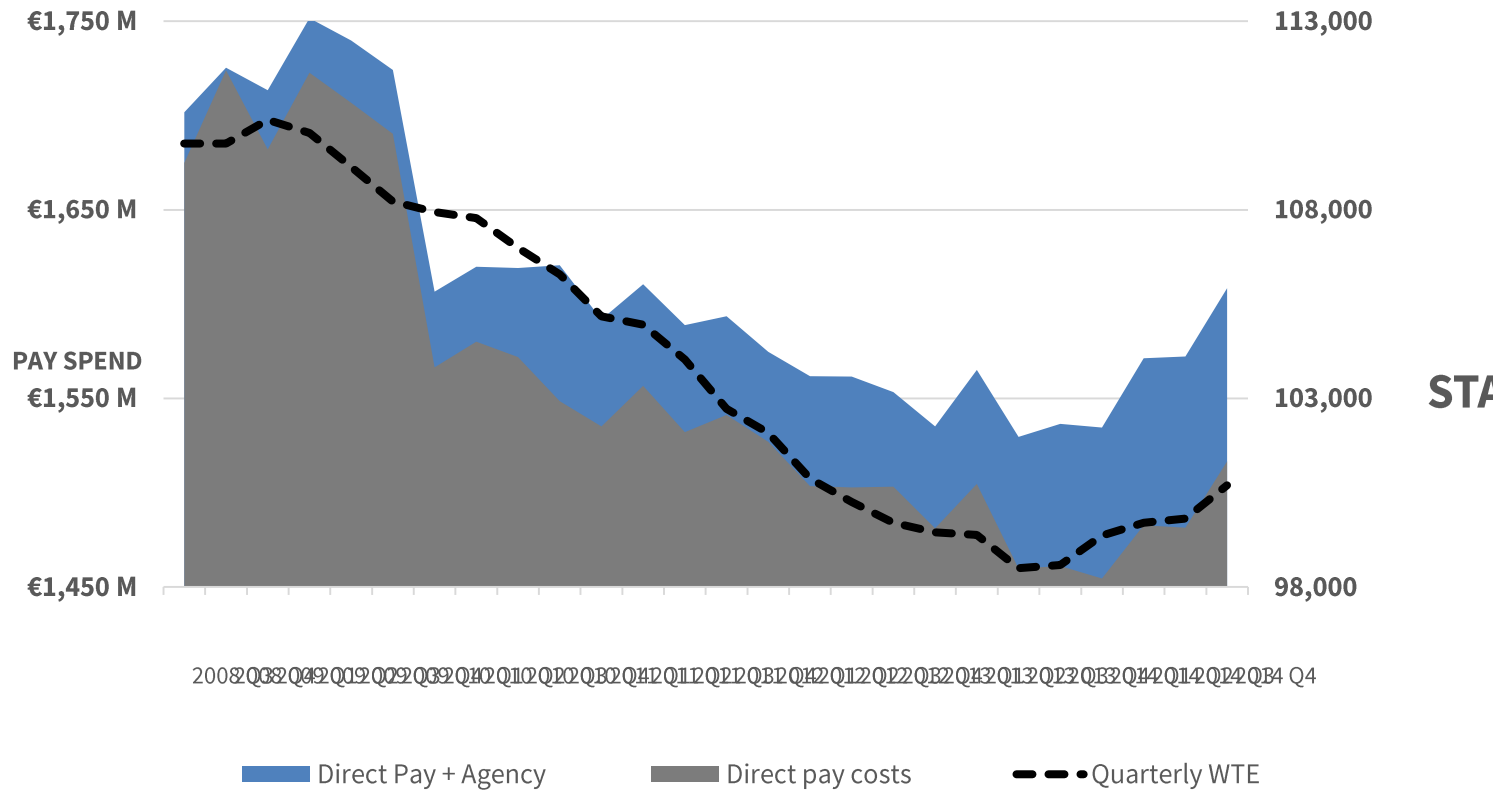
Support (catering cleaning...) -3,024 (-24%);

Care -865 (-5%)

Staff Nursing -2,981 (-11%);

Clerical, Admin & Secretarial -2,320 (-13%)....

WTE, Pay & Agency Expenditure



Evaporated Savings

Downsizing

- Direct Pay -€744M (-11%)

But Associated Costs

Rapid downsizing forced agency & pension spend upwards

- Agency costs ballooning by +320%. (€268M)
- Pension payments +44% (+€227M)

Resources that could have been used for direct employment eliminating the need for some of the cuts to direct HRH.

Coherence, access, quality and motivation

Reflections

Budget cuts forced substantial HRH changes.

Some success in pursuing policy goals,

- increasing the frontline workforce while reducing support staff and
- Protection of some identified and prioritised cadres.

Some failure:

- Resistance to moving staffing away from acute settings
- Cost savings far smaller and could have been handled better

Unavoidable system strain

Avoidable system strain





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The End

Thank You

