Opening statement by Dr Tony Holohan, Chief Medical Officer of the Department of Health & Children at the meeting of the Joint Committee on Health and Children on Tuesday 8th September 2009

I very much welcome the opportunity to meet with the Committee, to outline the details of our response to response to Pandemic (H1N1) 2009 and to address any questions you may have. I am joined this afternoon by Dr John Devlin Deputy Chief Medical Officer and Mr Brian Mullen Principal Officer from the Department of Health and Children and from the HSE by Dr Pat Doorley, National Director of Population Health, Dr Kevin Kelleher, Assistant National Director (Health Protection) and by Mr Gavin Maguire, Assistant National Director (Emergency Planning).

Background

I thought it would be useful Chairman to give an overall summary of the position since the commencement of this incident for your benefit and that of the members.

A public health alert was received from the World Health Organisation (WHO) on Friday, 24th April 2009 indicating that human cases of influenza type A (H1N1) virus infection had been identified in the US and in Mexico. On 26th April, the WHO upgraded the WHO pandemic alert level from phase 3 to phase 4 and on 28th April to Phase 5. On Thursday, 11th June, following consideration by its Emergency Committee, the WHO raised the Influenza alert phase to Pandemic level 6 which officially declares a pandemic.

Pandemic means that an influenza virus, new to humans has appeared, is spreading and is causing disease in many parts of the world. Phase 6 means that there is increased and sustained transmission in human population in two or more regions of the WHO. This decision reflects the geographic spread of the virus and not its severity. The WHO categorised the severity of the pandemic as 'moderate'. These changes in categorisation by the HSE were each anticipated as they occurred in the context of our national influenza preparedness.

The Department and the Health Service Executive have been preparing for some years for the possibility of an influenza pandemic. These preparations reflect international developments and reflect the learning from SARS in 2003 and the possibility that there has been in recent years that a global pandemic might have occurred with the H5N1 virus- the so-called Avian Flu.

On receipt of the initial alert in April from WHO, the Department activated the National Plan for pandemic influenza which was launched in January 2007. The plan was accompanied by a Guidance Report developed by the Pandemic Influenza Expert Group which was further updated in April 2009 and this guidance is currently being followed.

In line with the national plan:-

The National Public Health Emergency Team (NPHET), which manages
the health system response to a public health emergency was convened
and has met very regularly throughout this incident. It is chaired by the

- Secretary General of the Department of Health and Children and the CEO of the HSE is a member.
- The Pandemic Influenza Expert Group (PIEG) Chaired by Professor Bill Hall, Professor of Virology at UCD continues to provide public health and scientific advice on preparedness and control measures to the NPHET.
- An Inter-Departmental Committee on Pandemic Planning which coordinates the intersectoral response to a potential pandemic has met on an approximately fortnightly basis.
- HSE national and regional crisis management teams are meeting regularly to coordinate HSE preparedness and response measures.
- The Department and the HSE participate in regular teleconferences and meetings with the European Centre for Disease Control, our colleagues inn Northern Ireland and public health officials in other European Member States and the WHO.
- Regular press briefings to provide information and to convey important public health messages have taken place regularly since the outset. At present these take place every Thursday afternoon.
- Information is updated regularly on the websites of the Department of Health and Children and the HSE. More recently, we have launched a Pandemic (H1N1) 2009 website at www.swineflu.ie. This advice covers travel, schools, care in the home, care in hospitals and other health care settings as well as general measures that people can take to limit their risk of transmitting or acquiring infection.

 The Minister for Health and Children has provided regular briefing of the Cabinet since the outset. Furthermore, Oireachtas Health spokespersons have also been briefed on preparations during the course of the incident.

Arrangements were also put in place to secure a guaranteed access to 7.7 million doses of pandemic vaccine through two suppliers and we are just beginning to see initial doses beginning to arrive. The administration of these vaccines will not commence until after they are licensed which is not expected to be until into October.

Advance arrangements were also in place which ensured that at the outset of this incident, Ireland had antiviral drugs for 47% of the population and some additional supplies have been procured since the beginning of this incident.

The Pandemic in Ireland

The first case of A (H1N1) influenza in Ireland was confirmed on 2nd May 2009 and we have had 2 deaths and 713 laboratory confirmed cases in Ireland. In line with our National Plan and with arrangements in other countries, we initially operated a containment strategy in Ireland. The rationale for this was to delay the development of the disease in Ireland to allow us to finalise preparations and to optimise our response to the Pandemic by identifying each individual case that occurred here and then actively identifying and treating each contact of that case. We said from the outset that this would be a time limited strategy. Therefore, we changed our response to one of mitigation in mid July- that is to say our response is now focused on trying to minimise the impact of the disease on the population and on the functioning of society generally.

As a result, patients are now diagnosed and managed clinically by their General Practitioner. Swab tests for the virus are no longer routinely taken from patients and sent for viral testing. The number of laboratory confirmed cases has, therefore, ceased to be a reliable indicator of the burden of infection.

As of 29th July 2009, an estimated number of cases is provided each week based on information derived from the National Influenza Sentinel GP Surveillance Network. This gives a good estimate of the numbers of cases of influenza like illness being seen by GPs.

This system shows that influenza like illness rates have been stable in recent weeks and with rates of between 30 and 40 per 100,000 population in the week. By way of context, the peak reported Influenza like illness rate during last winter was approximately 120 per 100,000 per week.

Key Current Issues

While we cannot predict with any certainty how the disease will progress, we are planning on the basis of certain assumptions which are broadly consistent with those being used for planning purposes in other countries. These assume that 25% of the population could become infected in the first wave, that up to 10% of the workforce may be absent from work during that time and that 1 to 2 percent of cases may require treatment in hospitals. In this scenario, an equivalent Influenza like illness rate could be as high as 1,000 to, 1,500 per 100,000 pre week.

It is indeed reassuring that in the great majority of cases, the infection will be mild and self-limiting and people will be able to care for themselves at home without the need to visit a GP or hospitals. Small numbers, especially those with underlying risks, will develop significant complications and some more people will inevitably and unfortunately die. Therefore, an infection rate of 25% in a wave which would last 12-15 weeks would still have a significant impact on the health services and it is this that is the focus of our continued planning and preparations. Even as a mild disease, it should be understood that people- and we expect them to follow our advice-will be absent from workplaces and from school. This therefore means that the functioning of society as a whole would be impacted during such a wave of infection. It is for this reason that we have been working with other sectors through the interdepartmental committee and we have been saying for some time that businesses and organisations should develop business continuity plans based on the excellent guidance produced by Forfas on behalf of the Department of Enterprise and Employment on business continuity planning for an influenza pandemic.

One key issue that is currently being addressed is the finalisation of arrangements to offer the pandemic vaccine to the whole population. This is an enormous and logistically complex undertaking for the health system. We will shortly launch this plan and announce the precise arrangements that will be put in place. I would particularly like to call on health professionals to come forward for vaccine once it is offered to them and to accept the responsibility they have to protect themselves in the first instance so that they will continue

Health Service Executive (HSE)

Opening Statement
Healthy Eating, Combating Obesity and Eating Disorders

to

Joint Committee on Health and Children

9th March 2010

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Chairman, members of the Committee – thank you for the opportunity to make an opening statement this afternoon.

I would like to comment briefly on the current situation regarding the proportion of our population that are overweight and obese and what we in the HSE are doing to address the issue. While today's invitation appears focused on treatment of severe obesity through the unit in St Columcille's, it is essential that this is put in the context of the HSE efforts around prevention of obesity and management of the full overweight and obesity spectrum, the vast majority of which will occur in an integrated public health and primary care setting, not a secondary care based setting

Obesity is a major public health problem both for Ireland and for our European neighbours. It is estimated that over 300,000 children on the island of Ireland are overweight and obese. In 2005 The National Taskforce on Obesity (DOHC, 2005) published a report containing 93 recommendations to halt the rise in levels of overweight and obesity.

The Taskforce recognised that a multi-sectoral approach is necessary, involving other state agencies and government departments and real engagement of the public and private sectors to implement all of the report's recommendations.

Incidence of overweight and obesity

Between 2001 and 2007, 38% of Irish adults were found to be overweight with obesity rising from 18% to 23%, (SLAN, 2007). Since 1990 the prevalence of overweight and obesity among 13-17year olds had increased from 6% to 19% in boys, and from 15% to 17% in girls (IUNA, 2007). Ireland's first national surveillance of 7 year olds revealed that 13% of boys and 19% of girls were overweight and 5% of boys and 8% of girls were obese (DOHC & HSE, 2008)

What is the HSE doing to address the issue?

The HSE established a Working Group in 2006 to implement those recommendations of the Task Force on Obesity, for which the HSE has the lead responsibility. The group translated the recommendations of the Taskforce Report into a 5-year Action Plan. The priority areas are set out below:

- 1. To enhance effectiveness in surveillance, research, monitoring and evaluation of obesity.
- 2. To develop a quality uniform approach to the detection and management of obesity.
- 3. To develop our capacity in preventing overweight and obesity and to promote health.
- 4. To communicate our messages on obesity effectively,
- 5. To proactively engage and support the work of other sectors in addressing the determinants of obesity and the obesogenic environment.

Phase 2 of the Action plan is currently being implemented. The HSE is keenly aware that to halt the growing trend towards obesity and to address the obesogenic environment requires engagement with external partners and multisectoral co-operation. To this end the HSE worked closely with the Health Promotion Policy Unit of the DOHC in the establishment of an interdepartmental and multisectoral group, which was set up in January 2009. The HSE has implemented a number of programmes in prevention and management in line with the priorities set out in the action plan. An overview of some of these programmes including the obesity management services in Loughlinstown is set out below.

Childhood Surveillance: WHO - European Childhood Obesity Surveillance Initiative (Ireland)

Surveillance of obesity is important so that progress can be monitored on an ongoing basis.

In 2008, in collaboration between the DOHC and the HSE, a national sample of 2420 seven-year-old school children from 163 Irish primary schools had their height, weight and waist circumference measured as part of surveillance and monitoring programme in the WHO European Region. 13% of boys and 19% of girls were found to be overweight and 5% of boys and 8% of girls were obese. Results have been sent to the WHO to be incorporated in a European report due out in Autumn 2010. These Irish results and other survey data available, will feed into the national database for height and weight for adults and children, which is currently being progressed which will enable us to monitor progress in addressing obesity.

Management of obesity in Children

ACE (Activity, Confidence & Eating) Obesity Management and Prevention Programme in Primary Care

A number of programmes are in place for the management of overweight and obesity of children throughout the country. An example of good practice is the ACE programme, which is an interdisciplinary family based approach to the treatment of childhood obesity. It is a one-year programme targeting 5 – 12 year olds focusing on behavioural change, with an initial intensive weekly phase of education and physical activity for both children and their families and long term follow up that focuses on environmental determinants. In 2009 30 children plus siblings and parents participated in the programme. The ACE school programme promotes health and health awareness among pupils. In 2009, 3,344 pupils, parents and teachers have participated in Schools ACE.

Treatment of severe obesity of adults in Loughlinstown

From an adult perspective there is a need to provide support in the management of overweight and obesity at a number of different levels. The hospital system cannot alone manage obesity, and the HSE vision of integrated care will ideally fit the obesity treatment model - so that patients will receive their primary intervention in the primary care team setting and be referred onward to secondary care where appropriate for a higher intensity of intervention including surgery.

The service in St Colmcille's was funded from the 2005 budget (200,000 Euros) allocation to support implementation of the obesity task force recommendations. It was anticipated at the time that there should be four treatment units developed incrementally for severe obesity in Ireland. While there are a number of treatment units in development phase, St Colmcille's Hospital in Loughlinstown, Co Dublin is the only unit staffed with the full Multidisciplinary team required to implement international best practice standards. A unit in Galway is currently being established and a unit in Cork is also to be established. A fourth unit between Beaumont and Connolly Hospitals has been proposed – so that there would be one unit in each of the four HSE regions - this is currently being explored.

Treatment of severe obesity reduces mortality by 90% over 2 years and improves or cures sleep apnoea, diabetes and high blood pressure in 80-100% of cases. It also reduces the chance of getting cancer significantly and improves survival from cancer. It is one of the few medical interventions that provide cost savings in the long term.

St Colmcille's sees 200 new patients per year from all over the country and has a waiting list of 860 patients for assessment and engagement with the weight management programme. Patients with life threatening obesity are prioritized. There are 92 people on the waiting list for surgery. The waiting list is continuously being reviewed and where appropriate clients are referred to weight management programme run by Primary Care Teams. The waiting list in Loughlinstown will be reduced by 20% when the other three units become operational.

Weight management programmes are provided for adults that are overweight and obese through the Dietetic Services and the Primary Care Teams throughout the country. In keeping with best practice they combine nutrition and physical activity interventions. Examples include the GP Exercise Referral Programme, Farmers have Hearts and Brief Intervention.

Other programmes, which promote physical activity, are provided on our behalf, by the Local Sports Partnerships (32 Nationwide) via Irish Sports Council Funding. The Irish Heart Foundation provide, Healthy Hearts catering audits and awards as well as workplace physical activity programmes and community Sli na Slainte routes.

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Weight Management Treatment Algorithm for Adults and Children

Statistics support the widely held view that Irish adults and children are becoming heavier over time. Society is tending to normalize overweight and obesity with some, particularly parents, failing to see that, their own, or that of their child's weight, may be outside the normal range. Doctors have reported that in some cases normal weight individuals consider that they need to put on weight to be healthy. Many are unaware of their Body Mass Index (BMI) having had little opportunity to have their height and weight measured.

The Weight Management Sub Group of the Intersectoral Group on Obesity are advocating for routine measurement at hospital admission and opportunistic screening in Primary Care Teams and GP surgeries. This group has developed a Weight Management Treatment Algorithm for both Adults and Children. This will provide national guidance for G.P.s, Practice Nurses, Public Health Nurses and Area Medical Officers in dealing with patients who seek help with their weight management. This is currently being finalised with the Irish College of General Practitioners and will be rolled out nationally.

Public Health Awareness on Obesity

National Media Campaign

A key recommendation of the Task Force report was to implement on an annual basis a Cross Border campaign. The "Little Steps Go A Long Way" media campaign was launched in June 2008. The HSE and Safefood developed the campaign, in collaboration with the Health Promotion Agency of Northern Ireland. The emphasis of the campaign is on the crucial impact of parents and guardians as role models for their children. The campaign is now in year 2 (2009-'10) of a three-year programme.

During a post marketing survey carried out in 2009, 8 in 10 parents stated that they had already made changes to their child's eating habits. Traffic to the website has been considerable with 102,197 page views by 35,000 visitors. See www.littlesteps.eu

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The National GP Exercise referral programme is currently being rolled out throughout the country. Seventeen fitness centres are currently taking referrals from GPs throughout the country with 14 more centres receiving training prior to commencing the programme in 2010.

Finally I would like to mention that the HSE has developed a number of other strategic alliances in our work to combat obesity. We are also engaged in many other national and regional projects in schools, communities, workplaces and in the Health Service to address the prevention and management of obesity.

Thank you.

Combating Obesity

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Dietician
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- Medication
- Surgery (estimate 20-30% need)
- Capacity is 200 new patients per year

Age and BMI information for all patients

Note: Of 325 patients studied only 12.3% were on no medication

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BMI 30-35 (%)	9.3	6.8	10.4	
BMI 36-40 (%)	14.1	19.1	12.0	
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Weight outcomes after 1 year

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BMI 40-50	16	13	18	24	12	11	6
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Gender							
Female	16	12	17	28	16	9	2
Male	15	18	19	17	14	12	5
Age							
<30	7	5	24	33	12	12	7
>50	19	16	20	18	15	10	2
Surgery							
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HSE Opening Statement for PAC Meeting Thursday 17th December, 2009

The HSE welcomes the opportunity to update the PAC on issues raised in the C&AG Report No 64 and subsequently when the HSE appeared before the PAC in July.

Case Management/Key Working in Addiction Services;-

The National Rehabilitation Co-ordinator has undertaken an analysis in the 4 Regions of the HSE, Dublin Mid Leinster; Dublin North East; HSE South and HSE West to identify where formal Case Management/Key Working approaches are in place in the addiction services. The analysis showed that a key working system is in place in the majority of addiction services in 3 out of the 4 regions. Formal Case Management systems are not a commonly utilised tool in the health services. This is a useful baseline for the National Rehabilitation Co-ordinator who as part of and chair of the National Rehabilitation Implementation Committee is due to deliver a National Framework for Rehabilitation early in 2010 which will address the issue of case management and key working in the addiction services.

Suboxone ;-

An Expert Group set up by the Department of Health and Children to examine the use of Buprenorphine/Naloxone (Suboxone) recommended the introduction, in the short term and as a feasibility study, of the prescribing and dispensing of Buprenorphine/Naloxone (Suboxone) in specialist addiction clinics with pharmacies and supervised dispensing on site and in a selected number of community settings (Level II GPs and community pharmacists). The study would run for a year and prescribing/dispensing at the study sites would be evaluated before a decision was made on whether to extend prescribing/dispensing to the entire community. Pharmacists and GP's have been recruited to be part of the study spread across different addiction services. The Study will be evaluated in February/March 2010. The numbers of clients active in the study currently is 43.

Needle Exchange Services;-

The Report of the NACD/NDST working group on Needle Exchange provision in Ireland [November 2008] assessed the role of needle exchange in harm reduction and the extent of provision in Ireland. The Report stated that worldwide 'A substantial number of drug injectors have been attracted to these programmes and have been provided with a range of services which cannot be suitably offered by other health services ' [p22]. It showed how Needle Exchange provision in Ireland reflected the areas where most injecting took place and estimated 44,663 exchanges in 2007 predominately in Dublin. The Report also pointed out the lack of Needle Exchange services

in the North East, the South East, the West, the South and the North West. The C&AG report had also identified the North East and South East as two areas which had no Needle Exchange services. The NACD/NDST Report recommended piloting the provision of needle exchange services through Community based Pharmacists. Following discussions between the HSE and the Irish Pharmacy Union 65 Needle Exchange services will be put in place in rural towns in 24 Counties through a pathway of Rural Pharmacists, coordinated and led by a National Liaison Pharmacist.

This initiative has secured part funding from the Elton John AIDS Foundation which has been active in Ireland for several years with small projects to prevent the spread of blood borne illnesses. The Pharmacists will be trained in February 2010 and the programme will be rolled out during the course of 2010. Pharmacists will advise injectors on their general health needs and the health consequences of injecting and they will encourage injectors to take up treatment. This will be done on a one to one basis.

Providing additional treatment services to respond to the increase in heroin use outside of Dublin;-

Additional facilities and clinics are required in the South East, South, North East and Midlands and reconfiguration of the facilities in the Mid West is also needed. The provision of additional clinics requires new facilities /upgrading existing facilities, recruiting additional Level 2 GPs with back up of nursing and counselling staff and pro active engagement with local communities. It is a significant challenge to put in place additional services through reframing of existing services and resources, nevertheless, plans are in place to develop service capacity in Gorey, Wexford, Waterford, Cork, Tralee; Limerick; Dundalk; Drogheda throughout 2010. We also intend to develop capacity in Mullingar and Portlaoise which may require capital funding.

National Overdose Prevention Strategy;-

A group is currently meeting and is finalising it's recommendations on best practice in relation to overdose prevention. This will draw upon International literature and using the reports of the National Drug Related Deaths Index as background materials. Once the recommendations are agreed and published, engagement will take place with wider stakeholder groups such as HSE drugs services, community and voluntary sectors, local and regional drugs task forces, an Garda Siochana, Ambulance services, the Family Support Network and representatives of services users. This engagement will take place with a view to maximising the chances of the recommendations being implemented.

PUBLIC ACCOUNTS COMMITTEE

Statement by Ms Laverne McGuinness, National Director: Integrated Services Directorate - Finance and Performance Management, HSE, 10th June 2010.

Chairman and members of the Committee.

A public statement was issued on 3rd June which stated that I personally had provided "wrong, untrue and inaccurate information" to the Committee.

I believe that this statement was unfair as I did not knowingly or intentionally provide inaccurate information to the Committee.

I am please to attend today to clarify to the Committee why the information I provided at its meeting on 4th March was different to the information provided on Friday 28th May and on Friday 4th June to the Minister for Children and Youth Affairs, Barry Andrews T.D. and the Independent Review Group, established by the Minister.

Firstly, I would like to emphasise that behind the numbers I will be referring to today are children, families, friends and carers and again place on the record our very sincere sympathy to these families and friends of the young people who died.

Since 2008 we have been working on a strategy to fundamentally modernise childcare and family services in Ireland within the resources available and the industrial relations environment we operate in. I am confident that if we stick with this strategy, it will provide safe and highly professional service in the years ahead. In the interim we are very focused on managing the risks which are inherent in this area of social care.

The figure of 20 children who died while In Care notified to the Committee on 4th March originates from a response to a request from HIQA, the Health Information and Quality Authority, in February 2009 which we responded to the following month.

In March 2009 we advised HIQA that 21 children had died in the care of the former health boards and HSE since 2000. This figure was later revised to 20 when it was established that one of the cases identified referred to a young adult.

This was the most up to date and accurate information available at the time of the Committee's meeting on 4th March 2010.

Six days after the Committee meeting, on 10th March 2010, HIQA published the Guidance for the HSE for the Review of Serious Incidents including Deaths of Children in Care.

The same day, 10th March, Minister Andrews requested that we provide information on:

- 1. Children who died In Care;
- 2. Young adults up to 21 years who had died and had previously been In Care; and
- 3. Children who died who were known to the child protection services.

Taking account of the clarity in the Guidance from HIQA, the request from Minister Andrews and discussions with the Independent Review Group last month we went back out to our social services around the country with far more precise definitions of the information now required.

We applied these new definitions to records going back over 10 years from January 1st 2000 to April 30th 2010. During this period there would have been over 200,000 referrals to child protection/social services and child protection concerns in relation to over 20,000 of these children.

The compilation of this new information was a manual process as the records do not exist in one central location or data base. Notwithstanding this, this exercise was not completed as quickly as we would have wished and this delay has reflected badly on our child and family services.

Friday, 28th May

On 28th May we provided the first set of information requested to the Minister for Children and Youth Affairs and the Independent Review Group. This related to children up to 18 years who died, of natural and unnatural causes, while In Care. For children In Care, the former health boards and subsequently the HSE act as loco parentis in accordance with the provision of the Child Care Act 1991 by court order or voluntary consent. Within this group 18 children died of unnatural causes while In Care during the 10 year period. A further 19 children died from natural causes and health related conditions during the 10 year period; a total of 37 children.

The difference between the figure of 20 provided to the Committee on 4th March and this figure of 37 is because:

1. There have unfortunately been additional deaths between the time of the initial request to our social services in early 2009 and the extended review period which is April 2010;

- 2. All children who died from natural causes, in accordance with the HIQA guidance have now been included whereas before only some were included; and
- 3. Two accidental deaths and 1 drug related death have been identified following further validation of files and the new more precise definitions.

Friday, 4th June

On 4th June we provided the information with respect to the two additional groups.

- 1. The first group consisted of young adults between 18 and 21 years who had previously been In Care but who were no longer In Care when they died. If any such young person was no longer engaging with aftercare services or had moved to another jurisdiction the HSE may not have had the details of their death. From the information available 27 young adults within this group died during this 10 year period, 4 of natural causes and 23 of unnatural causes.
- 2. The second group consisted of children who would have had ongoing contact with child protection services at the time of their death and also children who died up to two years after their case had been closed.

This review involved a very wide analysis of our records which identified that 124 children who were known to social services died during the 10 year period, 63 of natural causes and 61 of unnatural causes.

Independent Review Group

There has been public commentary saying that the HSE has been refusing to provide information to the Independent Review Group. I would like to clarify again we are very willing to provide the Independent Review Group with as much

information as we are lawfully permitted to provide. What we have refused to do is

provide information that would cause us to break the law. It would be helpful if this

point could be acknowledged.

We continue to work with the Independent Review Group and explore ways by

which information can be provided to it and await further developments regarding

the legislative amendment which may facilitate the provision of information.

We have established a HSE Child Deaths and Serious Incidents Review Group

Chaired by Dr. Helen Buckley (TCD) which will monitor and oversee the review of

all future child deaths in accordance with the HIQA Guidance.

We are maintaining an open register for the period, January 1st 2000 to April 30th

2010, and in the event that further deaths are identified over the next 3 months, they

will be added to the list and notified to the Independent Review Group and the

Minister for Children and Youth Affairs.

I hope that this information will be of assistance to the Committee.

Thank you

5

Mental Health

Capital Programme

Update for Joint Committee on Health & Children Tuesday 20th April 2010

² Capital Expenditure on Mental Health 2005-2009

■ Mental Health Expenditure €140m approx

³ Capital Expenditure on Mental Health 2005-2009

- St Lukes Acute MH Unit Kilkenny
- Bloomfield Hospital
- Our Lady's Hospital Cashel
- · C&A Residential Units, Cork & Dublin
- Cope Foundation Cork
- Day Hospitals eg Clonmel, Gorey, Blackrock, Finglas
- Residential Units, Blanchardstown, Carndonagh, Donnybrook, Newcastlewest.
- Primary Care Facilities, Ballymun, Tallaght, etc

⁴ Current Mental Health Projects

- C&A Residential Units Cork, Galway, Dublin
- MH Residential Units, Ballinasloe, Clonmel, Mullingar
- · Acute MH Unit Letterkenny
- Primary Care Centres, Inchicore, Ballyfermot, Letterkenny
- Grangegorman Redevelopment
- St Ita's Portrane

5 A Vision for Change

- ► Framework for Mental Health Service Development
- 2006 Adopted by HSE Management Team
- Working Group Modernisation of MH Infrastructure
- Working Group Report December 2008
- Mental Health Development Programme developed.
- Submissions to DoH&C 2009
- Department of Finance agreement
- Mental Health Capital Group
- · Prioritisation of Developments

⁶ Extra Exchequer Returns

All proceeds from sale of HSE Assets must be returned to the Exchequer **Unless** (in accordance with the Health Act)

- Approval has been received in advance of the sale from the Department
- The proceeds are to be invested in Priority Projects

Dublin North East Priorities

- 1. Beaumont Acute MH Unit
- 2. Grangegorman Redevelopment
- 3. Louth Acute MH Unit

Also

Upgrade of existing beds Mater Hospital Additional C&A Residential Beds (Fairview) Residential Units Portrane & Navan Challanging Behaviour Unit

8 Dublin Mid-Leinster Priorities

- 1. St Lomans Redevelopment (Balyfermot, Lucan & Crumlin)
- 2. C&A Unit Cherry Orchard & Warrinstown
- 3. Residential Unit Mullingar

C&A Beds Tallaght Residential Units Portlaois & Newcastle High Support Hostels

9 West Priorities

- 1. Letterkenny Acute MH Unit
- 2. Limerick Acute MH Unit
- 3. Residential Beds Ballinasloe, Mid West

Also

Rownfield, Donegal Upgrade Dementia Unit, St Joseph's Ennis Upgrade existing Admission Units High Support Hostels

10 South Priorities

- 1. South Tipp Developments Residential & Community based
- 2. Wexford Developments Residential and Community based
- 3. Kerry Developments Residential Unit and upgrade of existing Acute Unit.

Waterford Residential Unit and High Support Hostels Waterford CMHC & Day Hospital

¹¹ Primary Care Centres

- Being procured by Lease agreement
- 187 Approved by Board
- 82 Letters of Intent issued
- 20 Agreements to Lease signed
- 7 now in Operation
- 30 in operation by end of 2010
- Another 40 in operation by end of 2011 Approx 50 include CMH facilities
- First one now in operation in Letterkenny

12 Central Mental Health

- CMH Project Team
- Brief includes provision of

New Central Mental Hospital 120 beds 4 Intensive Care Regional Unit **ID ICRU**

C&A ICRU

Site Selection and Optiona Appraisal

• Procurement based on funding provision from value of existing site

National Project for Radiation Oncology As part of Enabling Works

- CUH Acute MH Unit
- UCH Galway Acute MH Unit

Dear Professor Drumm,

I wish to inform you that the Committee has set aside **Thursday** 5th **November, 2009** (commencing 10.00 a.m.) for examination of the following matters:-

2008 Annual Report of the Comptroller and Auditor General and Appropriation Accounts:

Chapter 39 – Implementation of Medical Consultants Contract

Please note Mr. Michael Scanlan, Secretary General from the Department of Health and Children has also been invited to this meeting.

The Committee has directed me to invite you to attend this meeting to assist the Committee in its examination of these matters. In addition to yourself, as Accounting Officer, you may have up to three supporting officials attend with you. Observers are also permitted but will be required to attend in the public gallery with no communication with those being examined.

You may make an opening statement to the Committee on the matters under examination and you are asked to keep the statement to **not more than 5 minutes in length**.

I would appreciate if the definitive list of all attending (indicating their title and area of responsibility), the opening statement and any other documentation is provided, in electronic format, to public.accounts.committee@oireachtas.ie by 12.30 p.m. on the Tuesday preceding the meeting.

A transcript of the Committee proceedings will be posted on the Committee web page at www.oireachtas.ie usually within a week. Any minor factual corrections you wish to make to your own contribution should be submitted to the Editor's Office (carl.lombard@oireachtas.ie) within a week of the posting of the transcript on the website.

Any information, which cannot be supplied to the Committee on the day of the meeting, can be forwarded within two weeks of the date of the meeting.

The Committee will meet at **10.00 a.m.** in Committee Room 1, Leinster House 2000, Leinster House on Thursday 5th November, 2009.

I have enclosed a copy of the Witness brief which deals with rights of witnesses and I would ask that you bring its contents to all support staff who are attending the meeting.

If you have any queries do please contact either the undersigned, or Ted Mc Enery, Clerk to the Committee at Tel. 618 3867, who will be happy to go over any aspects of the examination with you.

Yours sincerely,

Treasa Carroll, Senior Clerk, Committee Secretariat (Tel. 618 3790)

An Coiste um Chuntais Phoiblí

Teach Laighean Baile Átha Cliath 2



Leinster House Dublin 2 (01) 618 3790/3074/3867

Committee of Public Accounts

(01) 618 3790/3074/3867 Lo-Call 1890 337 889 Fax (01) 618 4124

e-mail: Public_Accounts_Committee @Oireachtas.ie

23rd October 2009

Prof. Brendan Drumm, Chief Executive, Health Service Executive, Dr. Steeven's Hospital, Dublin 8.

Dear Professor Drumm,

As per telephone conversation last week I wish to confirm that in addition to Chapter 39 the Implementation Medical Consultants' Contracts the Committee will also examine Chapter 37 the Management of Private Patient Income at the meeting of the 5th November 2009.

Should you require any further information, please do not hesitate to contact me.

Yours sincerely,

Ypeasa Carroll,
Treasa Carroll,
Senior Clerk,
Committee Secretariat
(Tel. 618 3790)

PUBLIC ACCOUNTS COMMITTEE

Chapters 37 & 39 of the
2008 Report of the Comptroller and
Auditor General on Vote 40 for the HSE

OPENING STATEMENT

 \mathbf{BY}

PROFESSOR BRENDAN DRUMM

CHIEF EXECUTIVE OFFICER
HEALTH SERVICE EXECUTIVE

5th November 2009

Chairman, Members of the Committee - thank you for the opportunity to make an opening statement this morning.

I would like to comment briefly on the collection of costs from health insurers for treating private patients in public hospitals and implementation of the 2008 consultant contract.

Private Patient Income

Before setting out the specifics in relation to recouping private patient accommodation costs, I would like to highlight that:

- We are not yet satisfied with the time it is taking to recover accommodation costs from health insurers for patients treated privately in HSE hospitals and voluntary hospitals;
- o The delays in processing claims creates primarily cash flow issues but does not affect the amount of money eventually recovered by hospitals from insurers; and
- o In general HSE and voluntary hospitals recover 97% of private patient accommodation costs from insurers.

A number of initiatives have been introduced to address this situation and they include the following:

A high level group from the HSE and Voluntary Hospitals has been working with health insurers to streamline the claims processes.

At the moment each private patient insurance claim has essentially two parts; there is the *private accommodation* costs which is payable to the HSE hospital or voluntary hospital and the cost for providing *private clinical services* which is payable to the consultant or consultants.

Claims for hospital accommodation costs are not accepted by insurers unless they are signed off by the primary Consultant. This administrative requirement causes major logiams.

Ideally we would like insurers to remove this requirement. This would mean that hospitals would not be dependent on Consultants signing off on claims forms to recover private patient accommodation costs from insurers.

Insurers have now agreed to process claims signed off by a secondary Consultant where there has been a significant delay in sign off by the primary Consultant.

VHI has also agreed to introduce an improved payment arrangement. A payment on account of €50 million has been agreed in lieu of payments due. We anticipate receiving this payment shortly. We are exploring the possibility of having similar arrangements with other insurers.

In addition, we are now beginning to centralise the HSE's entire billing system which will be based in Kilkenny. This centralised approach will streamline all insurance claims and debt collection processes.

The most up to date position in relation to insurance claims is that there are claims for private accommodation cost of approximately €51 million currently being processed by insurers. This includes claims which are the subject of further information requests from insurers (€11 million). Outstanding claim forms which include private inpatient and day care accommodation costs of approximately €94 million await sign off by Consultants.

We have now introduced a major drive to have all outstanding claim forms signed off by Consultants, submitted and paid by the end of the year. This is a very ambitions undertaking and each hospital has been issued with a target they must meet.

Achieving this target will treble our current weekly cost recovery from insurers until the end of the year to over €20 million a week. A major factor determining the ability of hospitals to meet this target will be for Consultants to sign off on all insurance claims in a timely fashion. I would encourage them to co-operate fully with their local colleagues in achieving this.

The insurance companies are co-operating with us in this endeavour. Hospitals can now submit claims as they are ready rather than once a month.

Our drive to recoup costs from health insurers this year could result in a decrease in cash flow from this source early next year. To try and address this, next year hospitals will have specific debt recovery targets and hospitals who fail to reach their target will be subject to budget sanctions. Our target is to recover all outstanding debts within 30 days.

Consultant Contract 2008

The Consultant Contract 2008 introduces reforms which will benefit patients, move towards a consultant-provided service and maximise the return from tax payer investment in existing and additional consultant posts.

These include a longer working week (37 instead of 33 scheduled hours), a longer working day (8am to 8pm instead of 9am to 5pm), greater equity for public patients through a public-only contract type, limits on private practice and a common waiting list in diagnostic services, measures to ensure high quality services and patient safety, the introduction of Clinical Directors to manage Consultants and ensure clinicians have a senior role in planning and managing services.

1,688 of the 1,888 consultants employed by the HSE in August 2008 (90%) signed up to new contract. In addition, we have since created 218 new consultant posts and approved 195 replacement consultant posts under the new contract. This represented a 10% increase in the overall number of Consultant posts and means that the new contract applies to 86% of Consultants (2,025 of the 2,350 Consultant posts).

A unique and significant feature of the new contract is the creation of the post of Clinical Director. Clinical Directors are key members of local corporate management teams. They plan how clinical services are delivered and how resources are employed. They contribute to deploying and managing Consultants, strategic planning and achieving local priorities. Consultants report to their assigned Clinical Director who monitors and manages the public/private mix of their work where relevant and develop and manage rosters. The current emphasis is on introducing rosters so that there is on site Consultant cover 12 hours a day (8am – 8pm) and maximising the value of the additional 4 hours per week Consultants now work. Clinical Directors also deal with a range of other quality, safety and organisational issues.

In early 2009 a process started to verify that the new contract was being implemented as planned.

A key element of the contract is the regulation of each Consultant's public and private practice and in September 2008 we introduced new measurement systems to do this. The measurement system has been rolled out to the 49 acute hospitals and captures inpatient and day case activity carried out by each consultant (weighted for case mix) and reports on the level of private practice on a monthly basis. Details of on-site private Outpatient activity and certain diagnostic activity are being collected manually by hospitals as an interim measure pending the development of automated data collection systems.

Consultants employed by the public health service – irrespective of whether they are employed under Consultant Contract 2008 or not, are now issued with a public/private mix measurement report every month. This documents their activity in relation to inpatient, day case and outpatient activity during the previous three months.

This measurement system is essential and when combined with the performance data we are collecting through HealthStat we have a very powerful combination. HealthStat concentrates on output and throughput of facilities and individual consultant. By comparing data across the system we can establish where tax payer' investment is having the greatest impact and can make effective planning decisions based on this data.

Finally the 3rd Interim Report of the Public Accounts Committee on the 2006 Report of the Comptroller and Auditor General regarding health service made a number of recommendations and we believe that our implementation of the key provisions of the Consultant Contract 2008 has significantly addressed these recommendations.

Thank you.

WEST AREA: This report covers the following Hospitals: Croom Orthopaedic Hospital, Letterkenny General Hospital, Mayo General Hospital, Merlin Park Regional Hospital, Mid Western Maternity Hospital, Mid Western Regional Hospital Dooradoyle, Mid Western Regional Hospital Ennis, Mid Western Regional Hospital Nenagh, Portiuncula Hospital, Roscommon County Hospital, Sligo General Hospital, St. Johns Hospital Limerick, University College Hospital Galway.

Consultant Private Workload Summary Report

		In-patie	ent %	Day case	e %
Consultant	Specialty	Private Workload as a Percentage of Total	Contract Limit	Private Workload as a Percentage of Total	Contract Limit
	Paediatrics	0.00%	N/A %	0.00%	N/A %
	Gastro Enterology	11.20%	N/A %	22.20%	N/A %
	Orthopaedics	0.00%	N/A %	0.00%	N/A %
	Cardiology	22.10%	20.00%	18.30%	20.00%
	Rheumatology	8.90%	20.00%	0.00%	20.00%
	Respiratory Medicine	50.80%	28.00%	50.00%	28.00%
	Paediatrics	27.60%	22.00%	0.00%	22.00%
	Surgery	25.80%	N/A %	8.80%	N/A %
	Haematology	39.20%	30.00%	23.30%	30.00%
	Gastro Enterology	80.00%		0.00%	
	Paediatrics	26.80%	30.00%	24.80%	30.00%
	Geriatric Medicine	23.60%	29.00%	0.00%	29.00%
	Oncology	10.80%	22.00%	0.30%	22.00%
	Geriatric Medicine	6.00%	20.00%	0.00%	20.00%
	Obstetrics	27.50%	20.00%	39.50%	20.00%
	Obstetrics	21.50%	20.00%	46.00%	20.00%

Oncology	33.20%	20.00%	29.50%	20.00%
Obstetrics	1.40%	N/A %	0.00%	N/A %
Palliative Medicine	18.20%	30.00%	0.00%	30.00%
Anaesthetics	49.60%	20.00%	42.80%	20.00%
Endocrinology	10.80%	29.00%	0.00%	29.00%
Neurology	18.10%	N/A %	5.90%	N/A %
Haematology	38.90%		30.80%	
Nephrology	24.90%	20.00%	0.00%	20.00%
Nephrology	29.20%	20.00%	0.00%	20.00%
Radiology	31.60%	20.00%	44.00%	20.00%
Endocrinology	12.80%	21.00%	0.00%	21.00%
Infectious Diseases	21.40%	20.00%	0.00%	20.00%
Respiratory Medicine	11.30%	23.00%	11.60%	23.00%
Obstetrics	4.00%	20.00%	0.00%	20.00%
Cardiology	14.40%	20.00%	7.50%	20.00%
Paediatrics	7.90%	22.00%	7.80%	22.00%
Paediatrics	37.00%	30.00%	6.90%	30.00%
Endocrinology	21.80%	20.00%	0.00%	20.00%
Clinical Immunology	27.20%	20.00%	13.60%	20.00%
Otolaryngology	33.70%	20.00%	16.30%	20.00%
Dermatology	58.60%	20.00%	42.90%	20.00%
Gastro Enterology	3.10%	20.00%	20.00%	20.00%
Endocrinology	14.70%	20.00%	0.00%	20.00%
Rheumatology	3.60%	20.00%	0.00%	20.00%

Haematology	64.50%	20.00%	13.00%	20.00%
Anaesthetics	34.20%	20.00%	55.00%	20.00%
Haematology	32.90%	20.00%	22.20%	20.00%
Paediatrics	28.50%	30.00%	14.00%	30.00%
Respiratory Medicine	0.00%	20.00%	0.00%	20.00%
Radiology	41.80%	20.00%	0.00%	20.00%
Anaesthetics	36.90%	20.00%	30.00%	20.00%
Anaesthetics	34.60%	20.00%	37.30%	20.00%
Anaesthetics	54.00%	20.00%	52.10%	20.00%
Radiology	51.30%	20.00%	0.00%	20.00%
Urology	46.70%	20.00%	57.70%	20.00%
Radiology	31.70%	20.00%	0.00%	20.00%
Anaesthetics	0.00%	N/A %	0.00%	N/A %
Anaesthetics	40.00%	20.00%	39.10%	20.00%
Radiology	55.40%	20.00%	100.00%	20.00%
Radiology	31.40%	20.00%	0.00%	20.00%
Endocrinology	0.00%	20.00%	0.00%	20.00%
Radiology	36.40%	20.00%	0.00%	20.00%
Radiology	84.20%	20.00%	80.10%	20.00%
Radiology	0.00%	20.00%	0.00%	20.00%
Radiology	0.00%	20.00%	0.00%	20.00%
Anaesthetics	39.40%	N/A %	43.60%	N/A %
Paediatrics	17.60%	20.00%	37.50%	20.00%
Gastro Enterology	0.00%	20.00%	0.00%	20.00%

Oncology	0.00%	20.00%	0.00%	20.00%
General Surgery	51.20%		0.00%	
Gastro Enterology	11.10%	20.00%	9.70%	20.00%
Gastro Enterology	22.00%	20.00%	8.60%	20.00%
General Medicine	0.00%		0.00%	
Gynaecology	7.80%	N/A %	20.90%	N/A %
General Surgery	22.50%		26.30%	
Paediatrics	26.50%		0.00%	
General Medicine	16.40%	30.00%	35.50%	30.00%
Paediatrics	20.70%	N/A %	33.30%	N/A %
Orthopaedics	14.70%	20.00%	26.50%	20.00%
Otolaryngology	43.40%	30.00%	31.20%	30.00%
Oncology	34.80%		0.00%	
Anaesthetics	15.10%	30.00%	13.70%	30.00%
Paediatrics	31.20%	30.00%	9.80%	30.00%
Orthopaedics	12.90%	20.00%	25.20%	20.00%
General Surgery	26.00%	30.00%	18.10%	30.00%
General Medicine	10.80%	30.00%	5.60%	30.00%
Opthalmology	53.20%	30.00%	42.40%	30.00%
Psychiatry	0.00%		0.00%	
General Surgery	27.50%	20.00%	29.10%	20.00%
General Medicine	10.60%	20.00%	34.40%	20.00%
Oncology	0.00%		0.00%	
Paediatrics	44.60%	30.00%	75.00%	30.00%

Otolaryngology	27.20%	30.00%	16.40%	30.00%
Orthopaedics	16.10%	20.00%	33.90%	20.00%
Gynaecology	16.60%	20.00%	31.80%	20.00%
Psychiatry	0.00%		0.00%	
Psychiatry	8.10%		0.00%	
Psychiatry	0.00%		0.00%	
Psychiatry	0.00%		0.00%	
Haematology	15.30%	30.00%	21.70%	30.00%
Obstetrics	0.00%		0.00%	
Dermatology	11.30%	30.00%	59.50%	30.00%
Paediatrics	16.50%	30.00%	32.40%	30.00%
Nephrology	9.40%		14.50%	
Anaesthetics	20.70%		33.90%	
Obstetrics	28.40%	20.00%	27.20%	20.00%
Oncology	28.90%	30.00%	15.90%	30.00%
General Medicine	8.10%	20.00%	14.70%	20.00%
Obstetrics	14.20%		0.00%	
Opthalmology	0.00%		0.00%	
Radiology	21.10%	30.00%	25.80%	30.00%
Otolaryngology	19.10%	30.00%	19.60%	30.00%
General Surgery	15.00%	20.00%	20.60%	20.00%
Anaesthetics	17.10%	30.00%	46.60%	30.00%
Orthopaedics	7.20%		60.60%	
Opthalmology	23.10%	20.00%	9.10%	20.00%

Opthalmology	21.10%	30.00%	20.40%	30.00%
Anaesthetics	20.20%	20.00%	15.40%	20.00%
Neurology	24.60%	N/A %	13.30%	N/A %
General Medicine	12.10%		23.60%	
General Medicine	7.10%	20.00%	25.40%	20.00%
Obstetrics	9.20%		0.00%	
Anaesthetics	31.90%	N/A %	19.00%	N/A %
Anaesthetics	19.40%	N/A %	28.10%	N/A %
Anaesthetics	28.90%	N/A %	23.00%	N/A %
Anaesthetics	0.00%	20.00%	0.00%	20.00%
Anaesthetics	17.50%	30.00%	24.80%	30.00%
Anaesthetics	10.50%	30.00%	31.50%	30.00%
Anaesthetics	37.40%	N/A %	27.70%	N/A %
Anaesthetics	21.80%	30.00%	25.30%	30.00%
Maxiofacial	0.00%		0.00%	
Palliative Medicine	14.70%		0.00%	
Radiology	4.40%	N/A %	25.50%	N/A %
Radiology	17.20%	30.00%	43.40%	30.00%
Radiology	15.70%	30.00%	0.00%	30.00%
Radiology	23.70%	20.00%	21.60%	20.00%
Radiology	15.90%	30.00%	45.90%	30.00%
Radiology	18.80%	30.00%	34.80%	30.00%
Rheumatology	14.10%	N/A %	0.00%	N/A %
General Medicine	17.10%	30.00%	0.00%	30.00%

Anaesthetics	0.00%	20.00%	0.00%	20.00%
Oncology	52.10%		0.00%	
General Medicine	23.60%		0.60%	
Opthalmology	0.00%		24.00%	
General Surgery	25.70%		33.10%	
General Surgery	17.80%		22.80%	
General Medicine	22.60%		0.80%	
Radiology	24.60%		0.00%	
Radiology	19.10%		28.50%	
General Medicine	12.80%		0.00%	
Anaesthetics	14.90%		18.10%	
Radiology	100.00%		0.00%	
Radiology	29.60%		0.00%	
Anaesthetics	38.40%		42.30%	
General Surgery	34.10%	30.00%	36.30%	30.00%
Paediatrics	29.40%	N/A %	0.00%	N/A %
General Surgery	23.50%	N/A %	10.20%	N/A %
Obstetrics	36.10%		71.30%	
Paediatrics	0.00%		0.00%	
Obstetrics	37.10%	30.00%	51.10%	30.00%
General Medicine	20.00%	20.00%	0.00%	20.00%
Oncology	0.00%		0.00%	
Anaesthetics	47.30%		54.00%	
Oncology	47.10%		39.40%	

General Medicine	25.70%		62.80%	
Paediatrics	38.70%	30.00%	0.70%	30.00%
Paediatrics	42.40%	30.00%	4.90%	30.00%
General Medicine	10.80%		65.30%	
Radiology	14.40%		74.00%	
Radiology	29.80%		56.70%	
General Surgery	23.50%	20.00%	12.10%	20.00%
Urology	22.90%		18.40%	
Maxiofacial	49.40%		46.90%	
Obstetrics	41.70%		50.10%	
General Medicine	14.90%		0.00%	
Obstetrics	100.00%		0.00%	
Anaesthetics	27.50%		41.90%	
Anaesthetics	26.30%	30.00%	34.30%	30.00%
Radiology	29.30%		30.50%	
Radiology	33.20%	20.00%	60.70%	20.00%
General Medicine	0.00%		0.00%	
Anaesthetics	34.80%		34.80%	
General Surgery	9.70%		0.00%	
General Medicine	1.70%		0.00%	
General Medicine	4.40%		0.00%	
General Medicine	0.00%		0.00%	
Anaesthetics	40.60%		20.10%	
Anaesthetics	19.40%		0.00%	

Paediatrics	0.00%		0.00%	
Obstetrics	53.50%		0.00%	
Obstetrics	100.00%		0.00%	
Obstetrics	0.00%		0.00%	
Radiology	26.60%		100.00%	
Paediatrics	100.00%		0.00%	
General Surgery	0.00%		0.00%	
Orthopaedics	0.00%	N/A %	0.00%	N/A %
Rheumatology	10.20%	20.00%	0.00%	20.00%
Respiratory Medicine	22.20%	28.00%	40.40%	28.00%
Geriatric Medicine	8.20%	20.00%	0.00%	20.00%
Palliative Medicine	0.00%	30.00%	0.00%	30.00%
Nephrology	11.80%	20.00%	0.10%	20.00%
Nephrology	15.00%	20.00%	0.60%	20.00%
Radiology	0.00%	20.00%	0.00%	20.00%
Respiratory Medicine	0.00%	23.00%	28.20%	23.00%
Cardiology	0.00%	20.00%	0.00%	20.00%
Clinical Immunology	0.00%	20.00%	0.00%	20.00%
Dermatology	0.00%	20.00%	0.00%	20.00%
Endocrinology	84.60%	20.00%	0.00%	20.00%
Rheumatology	6.50%	20.00%	0.00%	20.00%
Anaesthetics	20.60%	20.00%	24.40%	20.00%
Respiratory Medicine	18.50%	20.00%	12.90%	20.00%
Anaesthetics	11.90%	20.00%	0.00%	20.00%

Anaesthetics	19.80%	20.00%	10.40%	20.00%
Anaesthetics	26.90%	20.00%	0.00%	20.00%
Anaesthetics	38.50%	N/A %	0.00%	N/A %
Anaesthetics	0.00%	N/A %	100.00%	N/A %
Obstetrics/Gynaecology	0.20%	N/A %	0.00%	N/A %
Paediatrics	28.50%	30.00%	36.90%	30.00%
General Surgery	26.20%	30.00%	54.40%	30.00%
General Medicine	8.20%	20.00%	2.60%	20.00%
General Medicine	8.80%	20.00%	0.70%	20.00%
Paediatrics	19.10%	30.00%	2.50%	20.00%
Obstetrics/Gynaecology	34.40%	30.00%	29.10%	20.00%
General Medicine	13.30%	20.00%	0.30%	20.00%
Paediatrics	31.00%	20.00%	0.00%	20.00%
General Surgery	30.50%	28.00%	42.10%	30.00%
Obstetrics/Gynaecology	0.00%	N/A %	0.00%	N/A %
Paediatrics	2.50%	30.00%	5.40%	30.00%
General Medicine	11.70%	20.00%	1.20%	20.00%
Orthopaedics	25.50%	20.00%	48.50%	20.00%
General Surgery	16.20%	20.00%	7.00%	20.00%
Orthopaedics	23.00%	20.00%	33.10%	20.00%
Orthopaedics	31.80%	20.00%	40.90%	20.00%
Obstetrics/Gynaecology	28.40%	20.00%	53.10%	20.00%
Paediatrics	22.60%	28.90%	0.00%	20.00%
Anaesthetics	30.80%	20.00%	41.50%	20.00%

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Anaesthetics	0.00%	20.00%	0.00%	20.00%
Anaesthetics	35.30%	20.00%	21.30%	20.00%
Anaesthetics	18.60%	20.00%	46.30%	20.00%
Anaesthetics	37.00%	20.00%	33.70%	20.00%
Anaesthetics	13.90%	20.00%	33.40%	20.00%
Anaesthetics	31.30%	20.00%	46.40%	20.00%
General Medicine	6.60%	N/A %	6.80%	N/A %
Paediatrics	0.00%	N/A %	0.00%	N/A %
Other	0.00%		10.10%	
General Medicine	8.70%	N/A %	2.60%	N/A %
Paediatrics	13.20%	N/A %	0.00%	N/A %
Orthopaedics	32.80%		49.60%	
General Surgery	5.30%	N/A %	11.00%	N/A %
General Surgery	16.50%		10.40%	
Geriatric Medicine	7.40%	20.00%	28.90%	20.00%
Otolaryngology	100.00%		0.00%	
General Surgery	35.70%		2.10%	
Cardiology	0.00%		0.00%	
General Surgery	18.30%		24.10%	
Anaesthetics	20.90%		15.90%	
Orthopaedics	10.90%	20.00%	19.30%	20.00%
Obstetrics	12.40%		21.90%	
Respiratory Medicine	11.10%	20.00%	9.50%	20.00%
Opthalmology	12.00%		9.10%	

Dermatology	0.00%		0.00%	
Orthopaedics	17.60%		37.80%	
Cardiology	17.00%	20.00%	28.80%	20.00%
Opthalmology	0.00%		22.90%	
Gynaecology	25.20%		22.10%	
Radiology	0.00%		0.00%	
General Surgery	16.50%	20.00%	24.50%	20.00%
Oncology	16.70%	20.00%	9.90%	20.00%
Paediatrics	19.40%	20.00%	0.00%	20.00%
General Medicine	11.10%		0.00%	
Otolaryngology	48.80%		0.00%	
Anaesthetics	21.90%	20.00%	19.40%	20.00%
Nephrology	11.00%		0.00%	
Geriatric Medicine	9.30%	20.00%	0.00%	20.00%
Paediatrics	0.00%		0.00%	
Opthalmology	0.00%		0.00%	
Otolaryngology	0.00%		0.00%	
Gynaecology	15.40%	20.00%	20.20%	20.00%
Haematology	7.90%	N/A %	9.50%	N/A %
Neurology	0.00%		0.00%	
Paediatrics	15.40%	N/A %	0.00%	N/A %
General Surgery	14.00%	20.00%	33.00%	20.00%
Anaesthetics	11.30%	20.00%	38.40%	20.00%
Anaesthetics	31.10%	N/A %	33.80%	N/A %

Anaesthetics	15.30%	N/A %	3.80%	N/A %
Anaesthetics	23.70%	N/A %	30.20%	N/A %
Radiology	0.00%	20.00%	0.00%	20.00%
Anaesthetics	22.80%	20.00%	0.00%	20.00%
Anaesthetics	21.10%	N/A %	11.00%	N/A %
Radiology	0.00%	20.00%	0.00%	20.00%
Psychiatry	0.00%		0.00%	
Microbiology	4.20%	20.00%	0.00%	20.00%
Rheumatology	0.00%	N/A %	0.00%	N/A %
Psychiatry	0.00%		0.00%	
Psychiatry	0.00%		0.00%	
Paediatrics	10.10%		7.00%	
General Medicine	39.90%	N/A %	20.10%	N/A %
Paediatrics	38.70%	N/A %	47.40%	N/A %
General Medicine	0.00%		0.00%	
Gynaecology	14.90%	N/A %	10.70%	N/A %
Otolaryngology	100.00%		53.40%	
Opthalmology	25.90%	N/A %	25.20%	N/A %
Opthalmology	0.00%		0.00%	
General Medicine	43.20%	30.00%	0.00%	30.00%
General Surgery	50.10%	30.00%	53.90%	30.00%
Geriatric Medicine	28.40%	30.00%	100.00%	30.00%
General Surgery	40.90%		0.00%	
Orthopaedics	33.60%	30.00%	82.00%	30.00%

Paediatrics	37.30%	30.00%	37.90%	30.00%
Gynaecology	50.60%	30.00%	59.70%	30.00%
General Surgery	31.70%	30.00%	53.60%	30.00%
General Surgery	54.60%	30.00%	57.40%	30.00%
Gynaecology	53.10%	30.00%	69.70%	30.00%
Paediatrics	48.10%	30.00%	38.20%	30.00%
General Surgery	62.40%	30.00%	58.80%	30.00%
General Surgery	29.40%	30.00%	57.80%	30.00%
Anaesthetics	44.60%	30.00%	59.90%	30.00%
Anaesthetics	47.70%	30.00%	61.40%	30.00%
Anaesthetics	42.10%	30.00%	58.70%	30.00%
Cardiology	45.30%	30.00%	70.20%	30.00%
General Surgery	0.00%	30.00%	0.00%	30.00%
Geriatric Medicine	44.00%	30.00%	100.00%	30.00%
Respiratory Medicine	0.00%		0.00%	
Opthalmology	34.90%	30.00%	44.60%	30.00%
Maxiofacial	41.70%	30.00%	9.70%	30.00%
Gynaecology	64.20%		0.00%	
Orthopaedics	45.90%	30.00%	48.00%	30.00%
Orthopaedics	25.40%	30.00%	61.10%	30.00%
Cardiology	41.10%		53.50%	
General Surgery	0.00%	20.00%	25.20%	20.00%
Gynaecology	57.90%	30.00%	77.00%	30.00%
Gynaecology	40.20%	30.00%	0.00%	30.00%

Oncology	63.60%	30.00%	65.30%	30.00%
Orthopaedics	23.70%	30.00%	67.70%	30.00%
General Medicine	17.50%	20.00%	48.40%	20.00%
Paediatrics	46.70%	30.00%	66.40%	30.00%
Dermatology	46.20%	30.00%	0.00%	30.00%
Paediatrics	41.90%	30.00%	40.10%	30.00%
Otolaryngology	37.00%	30.00%	73.10%	30.00%
Haematology	77.50%	30.00%	63.80%	30.00%
General Medicine	77.20%		0.00%	
General Medicine	10.30%	N/A %	10.80%	N/A %
Anaesthetics	100.00%		17.70%	
General Surgery	46.20%		51.70%	
Maxiofacial	29.10%	30.00%	25.30%	30.00%
Orthopaedics	44.30%	30.00%	51.20%	30.00%
General Medicine	22.80%	30.00%	0.00%	30.00%
Otolaryngology	31.30%	30.00%	38.50%	30.00%
Cardiology	50.30%	20.00%	59.00%	30.00%
General Surgery	38.80%	30.00%	61.20%	30.00%
Otolaryngology	51.80%	30.00%	57.90%	30.00%
General Medicine	40.80%	30.00%	34.70%	30.00%
General Surgery	48.60%	30.00%	57.90%	30.00%
Paediatrics	50.60%		0.00%	
Obstetrics	35.30%	30.00%	22.90%	30.00%
Anaesthetics	46.70%	30.00%	67.80%	30.00%

Paediatrics	47.00%		0.00%	
General Medicine	49.90%	30.00%	0.00%	30.00%
Paediatrics	42.90%		84.20%	
Palliative Medicine	11.70%		0.00%	
Haematology	40.20%	30.00%	40.50%	30.00%
Palliative Medicine	24.70%	30.00%	0.00%	30.00%
Anaesthetics	53.90%	30.00%	76.80%	30.00%
Orthopaedics	43.10%	30.00%	52.90%	30.00%
Anaesthetics	53.90%	30.00%	51.60%	30.00%
Anaesthetics	41.30%	30.00%	26.30%	30.00%
Anaesthetics	42.80%	30.00%	59.80%	30.00%
Anaesthetics	52.20%	30.00%	68.60%	30.00%
Anaesthetics	35.60%	30.00%	43.40%	30.00%
Anaesthetics	62.50%	30.00%	78.80%	30.00%
Anaesthetics	48.20%	30.00%	46.90%	30.00%
Anaesthetics	26.30%		0.00%	
Anaesthetics	51.20%	30.00%	61.60%	30.00%
Anaesthetics	51.20%	30.00%	59.70%	30.00%
Anaesthetics	40.00%	30.00%	79.80%	30.00%
Anaesthetics	42.90%		78.10%	
Anaesthetics	0.00%	30.00%	0.00%	30.00%
Neurology	28.70%	30.00%	0.00%	30.00%
Anaesthetics	28.40%		80.00%	
Psychiatry	0.00%		0.00%	

Psychiatry	0.00%		0.00%	
Psychiatry	49.50%		0.00%	
Gastro Enterology	0.00%	20.00%	0.00%	20.00%
Infectious Diseases	96.10%	30.00%	0.00%	30.00%
Maxiofacial	37.80%	20.00%	0.00%	20.00%
Orthopaedics	36.30%	30.00%	51.20%	30.00%
Anaesthetics	53.90%	30.00%	66.70%	30.00%
Anaesthetics	59.20%	30.00%	87.90%	30.00%
Anaesthetics	41.30%	30.00%	78.90%	30.00%
Orthopaedics	63.70%	30.00%	62.60%	30.00%
Orthopaedics	71.80%	30.00%	84.00%	30.00%
Orthopaedics	45.80%	30.00%	62.70%	30.00%
Orthopaedics	57.10%	30.00%	63.70%	30.00%
Anaesthetics	62.10%	30.00%	32.80%	30.00%
General Medicine	100.00%	30.00%	19.40%	30.00%
Anaesthetics	83.80%	30.00%	0.00%	30.00%
Orthopaedics	20.50%	30.00%	0.00%	30.00%
Anaesthetics	56.60%	30.00%	65.70%	30.00%
Anaesthetics	0.00%	30.00%	0.00%	30.00%
Anaesthetics	56.40%	30.00%	69.40%	30.00%
Anaesthetics	60.30%	30.00%	48.30%	30.00%
Anaesthetics	100.00%	30.00%	83.60%	30.00%
Anaesthetics	82.60%	30.00%	100.00%	30.00%
Obstetrics	1.00%	N/A %	0.00%	N/A %

Obstetrics	24.50%	30.00%	0.00%	30.00%
Obstetrics	34.50%	30.00%	0.00%	30.00%
Anaesthetics	51.20%	30.00%	0.00%	30.00%
Anaesthetics	89.10%	30.00%	0.00%	30.00%
Anaesthetics	41.70%	30.00%	0.00%	30.00%
Obstetrics	44.00%		0.00%	
Obstetrics	96.70%	30.00%	0.00%	30.00%
Obstetrics	0.00%	30.00%	0.00%	30.00%
Obstetrics	41.60%	30.00%	0.00%	30.00%
Anaesthetics	51.30%	30.00%	0.00%	30.00%
Anaesthetics	46.00%	30.00%	0.00%	30.00%
Anaesthetics	54.80%	30.00%	0.00%	30.00%
Anaesthetics	44.90%	30.00%	0.00%	30.00%
Anaesthetics	47.50%		0.00%	
Anaesthetics	70.00%	30.00%	0.00%	30.00%
Anaesthetics	59.40%	30.00%	0.00%	30.00%
Anaesthetics	66.70%	30.00%	0.00%	30.00%
Urology	0.00%		0.00%	
Geriatric Medicine	5.90%	N/A %	0.00%	N/A %
Obstetrics/Gynaecology	0.00%		0.00%	
Maxiofacial	0.00%		10.30%	
Cardiology	21.80%	21.70%	25.40%	21.70%
General Surgery	18.50%	20.00%	14.80%	20.00%
General Medicine	14.30%	20.00%	0.00%	20.00%

General Surgery	10.90%	N/A %	3.30%	N/A %
Vascular Surgery	25.70%		38.00%	
Anaesthetics	8.70%	N/A %	9.20%	N/A %
Anaesthetics	51.60%	30.00%	18.60%	30.00%
Anaesthetics	12.80%	N/A %	16.20%	N/A %
Anaesthetics	30.40%		22.30%	
Psychiatry	0.00%		0.00%	
General Medicine	11.10%	N/A %	16.70%	N/A %
General Surgery	17.40%	N/A %	24.30%	N/A %
Geriatric Medicine	17.10%		0.00%	
Urology	46.10%		32.10%	
General Medicine	12.90%	20.00%	0.00%	20.00%
General Surgery	25.40%	25.00%	43.80%	30.00%
Gastro Enterology	20.40%	20.00%	39.40%	30.00%
Cardiology	20.20%	20.00%	0.00%	20.00%
Anaesthetics	33.90%	N/A %	63.40%	N/A %
Anaesthetics	50.80%	30.00%	34.60%	30.00%
Anaesthetics	25.70%	N/A %	18.50%	N/A %
General Surgery	12.70%		25.80%	
Psychiatry	0.00%		0.00%	
General Surgery	0.00%		0.00%	
General Surgery	55.10%		40.30%	
General Medicine	45.60%		3.10%	
Gastro Enterology	83.70%		72.60%	
General Surgery	47.40%		36.70%	

General Surgery	0.00%	0.00%
Anaesthetics	37.10%	67.00%
Anaesthetics	55.60%	69.00%
Anaesthetics	0.00%	84.30%
Cardiology	0.00%	0.00%
General Medicine	35.00%	14.50%
General Surgery	38.70%	16.10%
Opthalmology	100.00%	0.00%
Oral Surgery	66.70%	55.00%
Gynaecology	76.90%	66.30%
Obstetrics/Gynaecology	56.40%	100.00%
Anaesthetics	54.90%	51.50%
General Surgery	0.00%	0.00%
General Medicine	35.00%	4.60%
General Surgery	51.60%	32.40%
Gastro Enterology	30.70%	37.00%
Vascular Surgery	33.00%	0.00%
Anaesthetics	0.00%	50.00%
Anaesthetics	62.90%	71.00%
Gynaecology	21.20%	0.00%
Anaesthetics	52.20%	65.90%
Psychiatry	39.60%	0.00%

This report shows the in-patient and day case ratios for each consultant on the basis of the measurement system agreed for the consultant contract.

Consultant Private Workload Summary Report

		In-patie	nt %	Day cas	Day case %	
Consultant	Specialty	Private Workload as a Percentage of Total	Contract Limit	Private Workload as a Percentage of Total	Contract Limit	
	Cardio Thoracic Surgery	57.70%	30.00%	79.40%	30.00%	
	Neurology	0.00%	N/A %	54.80%	N/A %	
	Orthopaedics	41.10%	30.00%	59.80%	22.00%	
	Paediatric Endocrinology	32.80%	30.00%	49.00%	30.00%	
	Paediatrics	39.50%	N/A %	100.00%	N/A %	
	General Surgery	48.20%	30.00%	65.70%	30.00%	
	Neonatology	0.00%	30.00%	0.00%	30.00%	
	Paediatric Endocrinology	0.00%		0.00%		
	Dermatology	100.00%	N/A %	60.00%	N/A %	
	Surgery	62.30%	26.00%	33.00%	30.00%	
	Paediatric Cardiology	35.40%	30.00%	0.00%	30.00%	
	General Surgery	22.80%	30.00%	39.80%	30.00%	
	Paediatric Respiratory	0.00%	30.00%	100.00%	30.00%	
	Paediatric Radiology	0.00%	30.00%	50.60%	30.00%	
	Surgery	22.40%	30.00%	67.00%	30.00%	
	Paediatric Oncology	22.50%	30.00%	28.30%	30.00%	
	Paediatric Infectious Di	30.10%	30.00%	47.70%	30.00%	
	Paediatric Haematology	1.40%	30.00%	48.50%	30.00%	
	Otolaryngology	65.10%	30.00%	39.60%	30.00%	
	Paediatric Respiratory	61.50%	N/A %	0.00%	N/A %	
	General Surgery	34.90%	30.00%	47.90%	30.00%	

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Neonatology	0.00%	30.00%	61.20%	30.00%	
Paediatric Haematology	35.70%	30.00%	36.10%	30.00%	
Paediatric Gastro Entero	21.90%		24.70%		
NeUrology	68.60%	30.00%	19.20%	30.00%	
General Medicine	77.60%	N/A %	15.90%	N/A %	
Surgery	13.60%	30.00%	63.00%	30.00%	
Paediatric Cardiology	39.40%	30.00%	19.20%	30.00%	
Cardio Thoracic Surgery	17.80%	30.00%	66.70%	30.00%	
Paediatric Nephrology	24.80%	20.00%	15.10%	30.00%	
Paediatric Haematology	7.10%	30.00%	24.90%	30.00%	
Paediatric Haematology	28.40%	20.00%	0.00%	20.00%	
Dermatology	0.00%	22.00%	82.80%	30.00%	
Haematology	8.60%	20.00%	0.00%	20.00%	
Paediatric Cardiology	10.30%	30.00%	21.60%	30.00%	
Neonatology	0.00%	30.00%	0.00%	30.00%	
Otolaryngology	45.50%	20.00%	36.50%	30.00%	
Surgery	27.40%	30.00%	73.40%	30.00%	
Paediatric Gastro Entero	59.90%	30.00%	36.40%	30.00%	
Paediatric Cardiology	31.40%	30.00%	52.00%	30.00%	
Cardio Thoracic Surgery	17.40%	30.00%	0.00%	30.00%	
Neonatology	0.00%	24.00%	0.00%	25.00%	
Paediatric Gastro Entero	45.10%	30.00%	53.80%	30.00%	
Paediatrics	32.30%	N/A %	30.80%	N/A %	
General Medicine	24.50%		0.00%		
Paediatric Endocrinology	11.20%	30.00%	39.70%	30.00%	
Paediatric Nephrology	11.50%	30.00%	0.00%	30.00%	
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Rheumate	alogy	0.00%		0.00%	İ	Created on 05/07/2010
Neonato		0.00%	30.00%	0.00%	30.00%	
Orthopae		49.30%	30.00%	44.70%	30.00%	
Paediatric Info		19.80%	30.00%	0.00%	30.00%	
Paediatric O		49.70%	30.00%	37.60%	30.00%	
Paediatric Ca		11.40%	30.00%	20.20%	30.00%	
Anaesth	etics	31.30%	30.00%	46.40%	30.00%	
Neonato	logy	0.00%	30.00%	0.00%	30.00%	
General St	ırgery	61.30%	30.00%	41.70%	30.00%	
Paediatric O	ncology	48.80%	20.00%	68.10%	20.00%	
Paediatric Re	spiratory	33.50%	30.00%	52.30%	30.00%	
Anaesth	etics	66.40%	30.00%	43.40%	30.00%	
Anaesth	etics	28.30%	30.00%	39.20%	30.00%	
Paediatric Ra	adiology	0.00%	30.00%	0.00%	30.00%	
Anaesth	etics	28.00%	30.00%	32.70%	30.00%	
Anaesth	etics	47.10%	30.00%	50.60%	30.00%	
Anaesth	etics	37.00%	30.00%	59.60%	30.00%	
Anaesth	etics	48.60%	30.00%	32.90%	30.00%	
Histopath	ology	0.00%		0.00%		
Anaesth	etics	49.70%	30.00%	42.60%	30.00%	
Anaesth	etics	31.80%	30.00%	47.10%	30.00%	
Anaesth	etics	34.80%	30.00%	40.00%	30.00%	
Rheumate	ology	0.00%	N/A %	52.50%	N/A %	
Anaesth	etics	35.90%	30.00%	42.50%	30.00%	
Gynaeco	logy	17.00%		15.60%		
General Me	edicine	11.40%	20.00%	22.50%	20.00%	

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Paediatrics	5.90%	N/A %	0.00%	N/A %	
General Surgery	21.70%		43.30%		
Radiology	11.40%	20.00%	0.00%	20.00%	
General Medicine	14.30%	20.00%	11.20%	20.00%	
Psychiatry	12.60%		0.00%		
Paediatrics	9.30%	20.00%	0.00%	20.00%	
General Surgery	0.00%		0.00%		
Radiology	6.80%		0.00%		
General Surgery	8.80%		23.50%		
Obstetrics	22.50%		52.60%		
Anaesthetics	22.00%	N/A %	42.90%	N/A %	
Anaesthetics	17.90%	20.00%	32.30%	20.00%	
General Medicine	0.00%		0.00%		
General Medicine	9.00%	20.00%	14.90%	20.00%	
General Surgery	0.00%		10.10%		
Paediatrics	11.80%	20.00%	0.00%	20.00%	
Anaesthetics	21.40%	20.00%	31.60%	20.00%	
Obstetrics	22.70%		32.70%		
Haematology	0.00%		0.00%		
General Medicine	11.30%		4.70%		
General Surgery	10.90%	20.00%	10.70%	20.00%	
Anaesthetics	25.80%	20.00%	33.70%	20.00%	
Radiology	20.00%	20.00%	0.00%	20.00%	
Radiology	9.30%		19.60%		
General Medicine	14.40%		7.60%		
General Medicine	5.10%	20.00%	4.00%	20.00%	
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Radiology	16.30%	N/A %	0.00%	N/A %	Created on 05/07/2010
Anaesthetics	35.60%	20.00%	49.30%	20.00%	
Anaesthetics	17.50%	20.0070	37.50%	20.0070	
General Surgery	0.20%	N/A %	0.00%	N/A %	
General Medicine	1.80%	N/A %	3.30%	N/A %	
		IN/A 70		IN/A 70	
General Medicine	2.20%	7.7/1.0/	31.20%	77/1 0/	
General Medicine	0.00%	N/A %	4.50%	N/A %	
General Surgery	1.80%	N/A %	0.00%	N/A %	
Anaesthetics	11.00%		53.20%		
Anaesthetics	0.00%	N/A %	0.00%	N/A %	
General Medicine	0.30%	N/A %	0.00%	N/A %	
General Surgery	8.70%		39.80%		
Anaesthetics	6.10%		96.30%		
Anaesthetics	0.00%		36.80%		
Anaesthetics	0.00%		0.00%		
General Medicine	2.30%		0.00%		
Haematology	0.00%		0.00%		
Oncology	0.00%		0.00%		
General Surgery	0.60%		0.00%		
Rheumatology	0.00%		0.00%		
General Medicine	3.10%		0.00%		
General Medicine	2.40%		0.00%		
Oncology	0.00%		0.00%		
Palliative Medicine	0.00%		0.00%		
Microbiology	0.00%		0.00%		
Microbiology	0.00%		0.00%		

General Medicine	6.90%	N/A %	0.00%	N/A %	Created on 05/07/2010
Gynaecology	14.10%	28.00%	24.10%	30.00%	
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General Surgery	29.00%	30.00%	53.10%	30.00%	
General Medicine	14.30%	24.00%	47.60%	30.00%	
General Surgery	25.90%	30.00%	39.30%	30.00%	
Paediatrics	0.00%	N/A %	0.00%	N/A %	
Oncology	0.00%		0.00%		
Psychiatry	30.70%		0.00%		
Anaesthetics	24.90%		18.50%		
Anaesthetics	41.20%		67.80%		
Anaesthetics	43.40%	N/A %	28.50%	N/A %	
Haematology	0.00%		15.60%		
Obstetrics	22.90%	25.00%	43.60%	30.00%	
Obstetrics	23.20%		0.00%		
Oncology	0.00%		16.70%		
Radiology	21.50%	N/A %	0.00%	N/A %	
Paediatrics	0.00%	N/A %	0.00%	N/A %	
General Medicine	20.60%	25.00%	0.00%	30.00%	
Radiology	17.90%		0.00%		
General Surgery	28.90%	20.00%	24.20%	30.00%	
Paediatrics	0.00%	N/A %	0.00%	N/A %	
Paediatrics	0.00%	N/A %	0.00%	N/A %	
Opthalmology	48.40%		64.10%		
Opthalmology	26.10%	30.00%	43.30%	30.00%	
Opthalmology	6.10%	20.00%	12.40%	20.00%	
Otolaryngology	59.00%	30.00%	43.50%	30.00%	
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Otolaryngology	43.80%	30.00%	44.30%	30.00%	
Otolaryngology	45.60%	30.00%	42.60%	30.00%	
Otolaryngology	56.30%	20.00%	27.90%	20.00%	
Opthalmology	34.70%	20.00%	20.20%	20.00%	
Anaesthetics	43.10%	20.00%	51.50%	20.00%	
Anaesthetics	17.70%	30.00%	0.00%	30.00%	
Anaesthetics	48.80%	N/A %	27.40%	N/A %	
Anaesthetics	46.70%	30.00%	48.90%	30.00%	
Anaesthetics	62.40%	30.00%	46.50%	30.00%	
Anaesthetics	49.10%	20.00%	100.00%	20.00%	
Opthalmology	0.00%		0.00%		
General Medicine	24.93%	20%	0.00%	20%	
General Medicine	18.43%	20%	12.10%	20%	
Oncologist	35.33%	26.90%	34.83%	30%	
Radiologist	N/A	20.00%	0%	20%	
Haematologist	51.43%	29.40%	33.60%	28.60%	
Radiologist	N/A	20.00%	0%	20.00%	
General Surgery	28.96%	20%	13.30%	22.60%	
General Medicine	27.26%	20%	23.76%	30%	
General Medicine	N/A	20%	N/A	20%	
General Medicine	13.96%	20%	5.93%	24.20%	
Otolaryngologist	21.90%	20%	7.90%	20%	
General Medicine	15.65%	20%	0.00%	20%	
Orthopaedic	22.65%	20%	0.00%	20%	
Haematologist	15.86%	20%	23.73%	20%	
General Surgery	28.30%	22.40%	22.33%	27.90%	
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	Radiologist	N/A		33.33%	20.00%	
	General Medicine	25.90%	20.60%	12.23%	30.00%	
	Orthopaedic	32.46%	30%	32.96%	30.00%	
	Cardiology	0%	0%	13%	13%	
	Cardiology	20%	19%	10%	11%	
	Cardiology	0%	0%	18%	18%	
	Cardiology	0%	0%	18%	20%	
	Cardiology	21%	18%	20%	20%	
	Cardiology	23%	20%	38%	38%	
	Cardiology	23%	18%	25%	29%	
	Cardiology	17%	16%	21%	16%	
	Respiratory	10%	23%	7%	8%	
	Respiratory	0%	0%	0%	0%	
	Respiratory	15%	16%	10%	12%	
	Respiratory	14%	8%	0%	0%	
	Thoracic Surgery	3%	3%	100%	100%	
	Thoracic Surgery	42%	43%	0%	0%	
	Thoracic Surgery	33%	45%	0%	0%	
	Emergency Dept	13%	11%	0%	0%	
	Gastro Enterology	25%	19%	19%	19%	
	Gastro Enterology	24%	25%	19%	19%	
	Gastro Enterology	16%	10%	22%	21%	
	Gastro Enterology	8%	0%	20%	20%	
	Gastro Enterology	50%	29%	45%	45%	
	Gastro Enterology	14%	10%	5%	5%	
•	Immunology	100%	100%	0%	0%	

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	Medicine	13%	5%	0%	0%	Created on 05/07/2010
	Medicine	0%	0%	0%	0%	
	Medicine	20%	7%	0%	0%	
	Medicine	22%	16%	0%	0%	
	Medicine	9%	6%	0%	0%	
	Nephrology	46%	24%	0%	0%	
•	Surgery	32%	32%	4%	5%	
	Surgery	17%	11%	5%	7%	
	Surgery	0%	0%	0%	0%	
	Surgery	36%	44%	31%	30%	
	Surgery	32%	39%	23%	24%	
	Urology	29%	34%	0%	0%	
	Urology	11%	13%	9%	8%	
	Urology	9%	6%	32%	29%	
	Urology	26%	29%	26%	24%	
	Urology	30%	30%	26%	24%	
	Haematology	38%	11%	22%	22%	
	Haematology	36%	28%	16%	15%	
	Haematology	26%	19%	18%	18%	
	Haematology	23%	45%	0%	0%	
	Haematology	0%	0%	15%	13%	
	Haematology	0%	0%	0%	0%	
	Haematology	51%	37%	26%	27%	
	Haematology	12%	6%	1%	0%	
	Oncology	45%	42%	26%	26%	
	Oncology	48%	41%	21%	21%	

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	Oncology	44%	35%	19%	21%	
	Oncology	25%	10%	24%	24%	
,	Geriatric	19%	14%	0%	0%	
	Geriatric	11%	10%	0%	0%	
	Geriatric	21%	35%	1%	1%	
	Geriatric	11%	5%	0%	0%	
	Geriatric	100%	100%	11%	12%	
	Geriatric	38%	45%	0%	0%	
_	Maxillofacial	16%	16%	0%	0%	
	Maxillofacial	25%	23%	28%	24%	
	Orthopaedics	23%	19%	12%	17%	
	Orthopaedics	23%	15%	5%	3%	
	Orthopaedics	25%	9%	0%	0%	
	Orthopaedics	11%	11%	0%	0%	
	Orthopaedics	25%	21%	6%	4%	
-	Surgery	15%	16%	3%	4%	
	Surgery	12%	7%	9%	8%	
	Surgery	0%	0%	0%	0%	
	Surgery	0%	0%	0%	0%	
	Surgery	0%	0%	4%	4%	
	Surgery	8%	4%	0%	0%	
	Surgery	24%	33%	0%	0%	
	Surgery	11%	12%	22%	23%	
	Pain Management	25%	8%	9%	9%	
	Pain Management	20%	24%	31%	29%	
	Psychiatry	0%	0%	0%	0%	
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Psychiatry	0%	0%	0%	0%	
Psychiatry	0%	0%	0%	0%	
Psychiatry	0%	0%	0%	0%	
Psychiatry	0%	0%	0%	0%	
Psychiatry	0%	0%	0%	0%	
Psychiatry	0%	0%	0%	0%	
Psychiatry	0%	0%	0%	0%	
Dermatology	0%	0%	0%	0%	
Dermatology	50%	65%	19%	20%	
Dermatology	0%	0%	0%	0%	
Dermatology	0%	0%	0%	0%	
E.N.T.	36%	43%	14%	19%	
E.N.T.	29%	39%	12%	10%	
E.N.T.	17%	11%	9%	0%	
Endocrinology	20%	19%	0%	0%	
Endocrinology	13%	12%	0%	0%	
Guid	0%	0%	0%	0%	
Guid	5%	4%	0%	0%	
Guid	0%	33%	0%	0%	
Guid	4%	2%	0%	0%	
Gynaecology	25%	24%	0%	0%	
Gynaecology	18%	18%	0%	0%	
Gynaecology	41%	40%	67%	66%	
Gynaecology	11%	5%	14%	4%	
Gynaecology	11%	8%	0%	0%	
Neurology	61%	55%	0%	0%	

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	Neurology	29%	22%	33%	33%	
	Neurophysiology	0%	0%	3%	4%	
	Rheumatology	9%	12%	0%	0%	
	Rheumatology	15%	14%	0%	0%	
	Rheumatology	13%	22%	0%	0%	
	Vascular	0%	0%	0%	0%	
	Vascular	25%	33%	0%	0%	
	Vascular	16%	31%	0%	0%	
	Vascular	31%	30%	22%	24%	

This report shows the estimated in-patient and day case ratios for each Consultant on the basis of the measurement system agreed for the Consultant Contract

Created on	05/07/2010
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DUBLIN NORTH EAST: Beaumont Hospital, Cappagh National Orthopaedic Hospital, Cavan General Hospital, Connolly Hospital, Louth County Hospital,

Mongology Connolly Hospital, Connolly Hospital, Connolly Hospital, Monaghan General Hospital, Our Ladys Hospital, Navan, Our Lady of Lourdes Hospital Drogheda, Rotunda Hospital.

Consultant Private Workload Summary Report

		In-patie	nt %	Day cas	se %
Consultant	Specialty	Private Workload as a Percentage of Total	Contract Limit	Private Workload as a Percentage of Total	Contract Limit
	Nephrology	25.80%	30.00%	0.80%	30.00%
	Nephrology	0.00%		0.00%	
	Neurosurgery	33.60%	30.00%	33.00%	30.00%
	General Surgery	32.40%	N/A %	0.00%	N/A %
	Respiratory Medicine	16.20%	30.00%	38.80%	30.00%
	Orthopaedics	17.00%		16.70%	
	Opthalmology	0.00%	30.00%	0.00%	30.00%
	General Surgery	45.00%	30.00%	26.80%	30.00%
	Urology	11.90%	N/A %	7.50%	N/A %
	Neurosurgery	26.00%		14.20%	
	Dermatology	12.40%	30.00%	4.90%	30.00%
	Orthopaedics	26.70%		8.50%	
	Urology	32.40%	N/A %	10.70%	N/A %
	General Surgery	37.60%	30.00%	2.30%	30.00%
	Gynaecology	46.30%	30.00%	11.90%	30.00%
	Gynaecology	62.80%	30.00%	36.60%	30.00%
	Rheumatology	14.70%	30.00%	1.80%	30.00%
	Neurosurgery	55.90%		59.90%	
	Neurosurgery	48.90%	30.00%	77.90%	30.00%
	Anaesthetics	37.40%		8.30%	

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Otolaryngology	10.30%	N/A %	9.90%	N/A %
Otolaryngology	33.90%	30.00%	10.60%	30.00%
General Surgery	32.00%	30.00%	3.50%	30.00%
Cardiology	35.30%		31.90%	
Neuroradiology	36.60%		0.00%	
Radiology	31.20%		32.90%	
Rehabilitation Medicine	23.30%		0.00%	
Gastro Enterology	23.00%		20.80%	
Respiratory Medicine	24.80%	30.00%	8.60%	30.00%
Otolaryngology	11.50%		9.40%	
Neurology	37.00%	30.00%	0.00%	30.00%
Gastro Intestinal Surgery	100.00%		0.00%	
Endocrinology	22.70%	30.00%	24.50%	30.00%
Radiology	83.80%		52.80%	
Rheumatology	17.90%	30.00%	0.00%	30.00%
Nephrology	33.90%		0.70%	
Surgery	37.20%		5.40%	
Urology	19.90%		14.40%	
Anaesthetics	27.80%		13.50%	
General Surgery	66.70%		0.00%	
Gastro Enterology	25.50%		13.50%	
Oncology	42.60%		33.60%	
General Surgery	76.40%	30.00%	91.20%	30.00%
Clinical Immunology	62.80%	30.00%	28.70%	30.00%
General Surgery	35.70%	30.00%	13.60%	30.00%
Opthalmology	0.00%		0.00%	
	Otolaryngology General Surgery Cardiology Neuroradiology Radiology Rehabilitation Medicine Gastro Enterology Respiratory Medicine Otolaryngology Neurology Gastro Intestinal Surgery Endocrinology Radiology Radiology Rheumatology Nephrology Surgery Urology Anaesthetics General Surgery Gastro Enterology Oncology General Surgery Clinical Immunology General Surgery	Otolaryngology General Surgery Cardiology Radiology Rehabilitation Medicine Gastro Enterology Respiratory Medicine Otolaryngology Neurology Tendocrinology Radiology R	Otolaryngology 33.90% 30.00% General Surgery 32.00% 30.00% Cardiology 35.30% 30.00% Neuroradiology 36.60% 31.20% Rehabilitation Medicine 23.30% 30.00% Gastro Enterology 23.00% 30.00% Respiratory Medicine 24.80% 30.00% Otolaryngology 11.50% 30.00% Neurology 37.00% 30.00% Gastro Intestinal Surgery 100.00% 30.00% Endocrinology 22.70% 30.00% Reheumatology 17.90% 30.00% Nephrology 33.90% 30.00% Surgery 37.20% 30.00% Urology 19.90% 40.00% Anaesthetics 27.80% 66.70% Gastro Enterology 25.50% 30.00% General Surgery 76.40% 30.00% Clinical Immunology 62.80% 30.00% General Surgery 35.70% 30.00%	Otolaryngology 33.90% 30.00% 10.60% General Surgery 32.00% 30.00% 3.50% Cardiology 35.30% 31.90% 31.90% Neuroradiology 36.60% 0.00% 32.90% Rehabilitation Medicine 23.30% 0.00% 20.80% Respiratory Medicine 24.80% 30.00% 8.60% Otolaryngology 11.50% 9.40% 9.40% Neurology 37.00% 30.00% 0.00% Gastro Intestinal Surgery 100.00% 0.00% 24.50% Radiology 83.80% 52.80% 52.80% Rheumatology 17.90% 30.00% 0.00% Nephrology 33.90% 0.70% 5.40% Surgery 37.20% 5.40% 13.50% General Surgery 66.70% 0.00% 13.50% General Surgery 76.40% 30.00% 91.20% Clinical Immunology 62.80% 30.00% 28.70% General Surgery 35.70% 30.

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Neurology	43.50%	30.00%	35.50%	30.00%	
Neurology	22.80%	30.00%	23.80%	30.00%	
Urology	30.50%	N/A %	12.40%	N/A %	
Otolaryngology	30.00%		4.40%		
General Surgery	40.00%		100.00%		
Neurosurgery	52.10%		21.70%		
Accident & Emergency	3.70%		0.00%		
Geriatric Medicine	20.20%	30.00%	0.00%	30.00%	
Gastro Enterology	0.00%		12.50%		
Oncology	33.20%		34.30%		
Cardiology	30.40%	30.00%	8.80%	30.00%	
Haematology	27.20%	30.00%	10.80%	30.00%	
Dermatology	0.00%		12.60%		
Otolaryngology	52.10%		16.40%		
Cardiology	28.70%	30.00%	5.20%	30.00%	
Old Age Psychiatry	37.80%		0.00%		
Urology	43.50%	30.00%	18.10%	30.00%	
General Surgery	26.70%	30.00%	1.50%	30.00%	
Geriatric Medicine	8.90%	30.00%	0.00%	30.00%	
Dermatology	0.00%		12.90%		
Psychiatry	0.00%	N/A %	0.00%	N/A %	
Psychiatry	21.10%	N/A %	0.00%	N/A %	
General Medicine	16.50%	30.00%	11.60%	30.00%	
Cardiology	20.20%	30.00%	8.60%	30.00%	
Orthopaedics	30.40%		27.60%		
Gastro Enterology	25.10%		9.70%		

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Endocrinology	18.30%		43.40%		
Orthopaedics	54.80%		22.50%		
Clinical Neurophysiology	56.50%	30.00%	3.00%	30.00%	
Clinical Neurophysiology	30.40%	N/A %	3.10%	N/A %	
General Surgery	21.00%		5.50%		
Respiratory Medicine	21.30%		18.10%		
Urology	46.90%	30.00%	30.50%	30.00%	
Neurosurgery	49.40%	30.00%	55.30%	30.00%	
Endocrinology	20.00%	30.00%	32.50%	30.00%	
Psychiatry	0.00%		0.00%		
General Medicine	100.00%	30.00%	0.00%	30.00%	
Neurosurgery	43.30%	30.00%	100.00%	30.00%	
Rheumatology	14.30%	30.00%	0.00%	30.00%	
Psychiatry	0.00%	N/A %	0.00%	N/A %	
Surgery	58.30%	30.00%	0.00%	30.00%	
Rheumatology	24.60%	30.00%	28.80%	30.00%	
Urology	17.40%	30.00%	11.60%	30.00%	
Nephrology	0.00%	N/A %	0.00%	N/A %	
Vascular Surgery	25.40%		61.90%		
Neurosurgery	32.90%		0.00%		
Anaesthetics	24.40%		33.30%		
Respiratory Medicine	17.10%		3.40%		
Nephrology	15.00%	30.00%	1.90%	30.00%	
Neurology	0.00%	N/A %	0.00%	N/A %	
Dermatology	100.00%	30.00%	0.00%	30.00%	
Neurology	24.50%		0.00%		
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Ar	naesthetics	38.00%	30.00%	22.70%	Created on 0 30.00%	5/07/2010
Vasc	ular Surgery	24.40%	30.00%	66.70%	30.00%	
	ematology	19.00%	30.00%	6.50%	30.00%	
	adiology	0.00%		6.60%		
	naesthetics	17.80%	30.00%	33.40%	30.00%	
Mi	crobiology	30.00%		0.00%		
Chem	ical Pathology	0.00%		0.00%		
Mi	crobiology	18.80%		0.00%		
R	adiology	0.00%		0.00%		
R	adiology	0.00%		0.00%		
R	adiology	0.00%		0.00%		
R	adiology	23.50%		29.50%		
R	adiology	27.70%		100.00%		
Ar	naesthetics	33.00%	30.00%	45.70%	30.00%	
Ar	naesthetics	42.10%		15.30%		
Ar	naesthetics	47.70%	N/A %	31.10%	N/A %	
Ar	naesthetics	36.10%	30.00%	22.60%	30.00%	
Ar	naesthetics	42.30%	30.00%	21.40%	30.00%	
Ar	naesthetics	33.30%	N/A %	26.10%	N/A %	
Ar	naesthetics	29.50%	N/A %	29.10%	N/A %	
Ar	naesthetics	44.50%	30.00%	10.40%	30.00%	
Ar	naesthetics	55.10%	N/A %	32.20%	N/A %	
Ar	naesthetics	30.40%		6.30%		
Ar	naesthetics	23.40%	N/A %	17.80%	N/A %	
Ar	naesthetics	38.90%	N/A %	8.00%	N/A %	
Ar	naesthetics	37.60%	30.00%	49.50%	30.00%	

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Anaesthetics	56.60%	30.00%	37.70%	30.00%	
Anaesthetics	42.50%	30.00%	29.70%	30.00%	
Anaesthetics	22.50%	30.00%	9.00%	30.00%	
Anaesthetics	27.60%	30.00%	0.00%	30.00%	
Radiology	0.00%		9.10%		
Anaesthetics	15.80%	30.00%	5.30%	30.00%	
Radiology	0.00%		0.00%		
Urology	18.90%	30.00%	14.00%	30.00%	
Neurology	42.50%		0.00%		
General Surgery	36.90%		20.90%		
Radiology	0.00%		0.00%		
Neurosurgery	23.50%	30.00%	0.00%	30.00%	
Nephrology	19.70%		0.30%		
Anaesthetics	29.00%	30.00%	72.80%	30.00%	
Neurology	49.70%	30.00%	0.00%	30.00%	
Anaesthetics	31.50%	30.00%	11.40%	30.00%	
Anaesthetics	31.40%	30.00%	35.50%	30.00%	
Orthopaedics	3.90%	30.00%	2.60%	30.00%	
Orthopaedics	21.10%	30.00%	0.00%	30.00%	
Orthopaedics	30.60%	30.00%	13.50%	30.00%	
Orthopaedics	4.00%	30.00%	44.90%	30.00%	
Orthopaedics	4.80%	30.00%	12.50%	30.00%	
Rheumatology	0.00%	30.00%	0.00%	30.00%	
Orthopaedics	42.90%	30.00%	46.20%	30.00%	
Radiology	0.00%	30.00%	37.90%	30.00%	
Anaesthetics	15.90%	30.00%	29.10%	30.00%	

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Anaesthetics	23.30%	30.00%	36.30%	30.00%
Orthopaedics	10.80%	30.00%	22.30%	30.00%
Anaesthetics	13.10%	30.00%	27.90%	30.00%
Orthopaedics	22.30%	30.00%	22.90%	30.00%
Anaesthetics	44.60%	30.00%	43.80%	30.00%
Anaesthetics	25.40%	30.00%	7.00%	30.00%
Anaesthetics	4.80%	30.00%	49.10%	30.00%
Anaesthetics	14.90%	20.00%	30.20%	20.00%
Anaesthetics	17.80%	20.00%	25.30%	20.00%
General Medicine	16.70%	21.00%	33.70%	30.00%
General Surgery	0.00%	20.00%	19.20%	30.00%
General Surgery	0.00%	20.00%	44.90%	20.00%
General Surgery	0.00%	20.00%	26.20%	20.00%
General Surgery	0.00%	20.00%	27.40%	20.00%
Gynaecology	0.00%	20.00%	52.70%	20.00%
General Medicine	13.70%	20.00%	39.60%	21.00%
Gynaecology	0.00%	20.00%	0.00%	20.00%
General Medicine	5.30%	20.00%	29.10%	20.00%
General Surgery	0.00%	20.00%	14.50%	20.00%
Anaesthetics	0.00%	N/A %	30.80%	N/A %
Anaesthetics	0.00%	N/A %	36.40%	N/A %
Anaesthetics	0.00%	N/A %	9.20%	N/A %
General Medicine	12.30%	20.00%	6.20%	21.00%
General Medicine	12.80%	20.00%	39.20%	30.00%
General Surgery	100.00%		0.00%	
General Medicine	19.30%	20.00%	15.10%	30.00%

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Anaesthetics	27.20%	20.00%	38.10%	20.00%	
General Surgery	44.50%	20.00%	66.70%	20.00%	
General Surgery	26.70%	20.00%	28.60%	20.00%	
Oncology	0.00%		15.40%		
Obstetrics	18.10%	20.00%	38.50%	20.00%	
Paediatrics	18.20%	20.00%	0.00%	20.00%	
Paediatrics	35.10%	20.00%	0.00%	20.00%	
Paediatrics	15.40%	28.00%	0.00%	20.00%	
Orthopaedics	100.00%		0.00%		
General Surgery	0.00%		0.00%		
Obstetrics	0.00%		0.00%		
General Surgery	12.10%	20.00%	20.10%	20.00%	
Obstetrics	13.90%	20.00%	46.50%	20.00%	
Nephrology	13.20%	20.00%	0.40%	30.00%	
Obstetrics	22.40%	20.00%	46.10%	20.00%	
Palliative Medicine	0.00%		0.00%		
Dermatology	0.00%		50.00%		
Radiology	31.00%	20.00%	0.00%	20.00%	
General Surgery	25.00%	20.00%	13.40%	20.00%	
Anaesthetics	21.20%		26.40%		
Anaesthetics	0.00%		0.00%		
Radiology	38.30%		0.00%		
Anaesthetics	19.10%	20.00%	34.40%	20.00%	
Anaesthetics	46.20%	20.00%	32.70%	20.00%	
Anaesthetics	39.30%	20.00%	38.00%	20.00%	
Anaesthetics	41.10%	20.00%	52.30%	20.00%	

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	Radiology	25.90%	20.00%	0.00%	20.00%	
	Radiology	30.90%		0.00%		
	General Medicine	11.50%		45.80%		
	Radiology	0.00%		0.00%		
	General Surgery	46.50%	27.00%	19.20%	30.00%	
	General Surgery	39.80%	30.00%	51.40%	30.00%	
	General Surgery	18.10%	20.00%	30.20%	20.00%	
	General Surgery	34.70%	27.00%	49.00%	30.00%	
	Gynaecology	0.00%		20.30%		
	Gynaecology	0.00%		55.20%		
	Urology	0.00%		26.80%		
	General Medicine	26.80%	22.00%	11.00%	30.00%	
	Gynaecology	0.00%		36.60%		
	General Surgery	21.50%	27.00%	40.80%	30.00%	
	General Surgery	32.20%	27.00%	35.20%	30.00%	
	General Medicine	9.10%	N/A %	24.40%	N/A %	
	Gynaecology	0.00%		34.50%		
	General Surgery	0.00%	30.00%	0.00%	30.00%	
	General Surgery	0.00%		0.00%		
	General Medicine	16.50%	20.00%	0.00%	20.00%	
	Orthopaedics	0.00%		0.00%		
	General Medicine	22.30%	20.00%	35.30%	20.00%	
	Anaesthetics	0.00%		100.00%		
	Anaesthetics	100.00%	N/A %	0.00%	N/A %	
	Anaesthetics	0.00%		0.00%		
	Anaesthetics	0.00%		0.00%		
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Anaesthetics	0.00%		0.00%	Crea	ted on 05/07/2010
Anaesthetics	100.00%	N/A %	75.80%	N/A %	
Anaesthetics	0.00%		0.00%		
Anaesthetics	37.40%	N/A %	45.60%	N/A %	
Anaesthetics	21.10%		27.30%		
Anaesthetics	41.80%	20.00%	43.80%	20.00%	
Anaesthetics	32.10%		0.00%		
General Surgery	25.70%		11.60%		
Anaesthetics	0.00%		7.80%		
General Medicine	25.30%		0.00%		
General Medicine	21.50%	20.00%	72.90%	20.00%	
Anaesthetics	18.60%		14.00%		
General Medicine	0.00%		0.00%		
General Medicine	0.00%		0.00%		
General Medicine	0.00%		0.00%		
General Medicine	36.90%		0.00%		
General Medicine	30.40%	N/A %	2.10%	N/A %	
General Medicine	24.70%	30.00%	25.30%	30.00%	
General Surgery	22.60%	27.00%	28.30%	30.00%	
Oncology	0.00%		0.00%		
General Surgery	31.50%	30.00%	48.60%	30.00%	
Paediatrics	33.40%		0.00%		
Paediatrics	14.80%		20.80%		
Obstetrics	22.30%		20.30%		
General Surgery	21.80%	20.00%	16.60%	20.00%	
General Surgery	21.40%	27.00%	0.00%	30.00%	

Oncology	51.50%		2.90%	Created	l on 05/07/2010
General Medicine	46.10%		0.00%		
Obstetrics	16.80%	30.00%	23.30%	30.00%	
Obstetrics	21.50%		2.10%		
Paediatrics	12.80%	20.00%	0.00%	20.00%	
Otolaryngology	33.40%	20.00%	50.00%	20.00%	
General Surgery	31.90%		58.80%		
Opthalmology	5.70%		0.00%		
Dermatology	20.00%		0.00%		
Paediatrics	20.00%	20.00%	0.00%	20.00%	
Orthopaedics	32.30%	30.00%	70.80%	30.00%	
General Surgery	46.80%		20.70%		
General Medicine	23.40%		26.90%		
Gynaecology	22.60%		5.80%		
Palliative Medicine	32.60%	30.00%	0.00%	30.00%	
General Surgery	17.90%	27.00%	38.50%	30.00%	
Obstetrics	0.00%		0.00%		
Obstetrics	41.40%		0.00%		
Paediatrics	19.10%	21.00%	0.00%	2.00%	
Orthopaedics	28.80%		68.80%		
General Surgery	17.60%	27.00%	32.60%	30.00%	
Orthopaedics	46.50%		0.00%		
Endocrinology	0.00%	N/A %	0.00%	N/A %	
Orthopaedics	27.80%		66.70%		
Cardiology	36.10%	30.00%	18.90%	30.00%	
Gynaecology	32.80%	30.00%	8.00%	30.00%	
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Obstetrics	4.50%		0.00%	Created on 0	5/07/2010
Gynaecology	1.50%		0.00%		
Orthopaedics	26.50%		100.00%		
Paediatrics	14.50%		13.80%		
General Surgery	0.00%		0.00%		
General Medicine	37.60%		0.00%		
Gynaecology	58.90%		0.00%		
Obstetrics	68.80%		0.00%		
Gynaecology	39.90%	30.00%	7.30%	30.00%	
Orthopaedics	100.00%		0.00%		
Tropical	0.00%		0.00%		
Paediatrics	10.30%		0.00%		
Orthopaedics	53.00%		0.00%		
General Medicine	22.30%	20.00%	0.00%	20.00%	
Palliative Medicine	21.80%	20.00%	0.00%	20.00%	
Haematology	37.20%		0.00%		
Dermatology	100.00%	30.00%	0.00%	30.00%	
General Surgery	89.50%	30.00%	18.80%	30.00%	
General Surgery	28.10%		46.80%		
Orthopaedics	21.30%	20.00%	27.40%	20.00%	
Orthopaedics	27.70%	20.00%	37.70%	20.00%	
Paediatrics	10.30%	20.00%	8.60%	20.00%	
Orthopaedics	0.00%		0.00%		
Pathology	0.00%		0.00%		
Anaesthetics	31.10%	20.00%	30.70%	20.00%	
Anaesthetics	25.00%	N/A %	28.20%	N/A %	

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	Anaesthetics	29.10%	20.00%	32.70%	20.00%	
	Anaesthetics	23.20%	30.00%	54.70%	30.00%	
	Anaesthetics	28.60%	30.00%	32.20%	30.00%	
	Anaesthetics	23.00%	30.00%	23.70%	30.00%	
	Anaesthetics	14.20%		12.40%		
	Anaesthetics	26.40%		39.50%		
	Anaesthetics	29.30%	30.00%	41.10%	30.00%	
	Anaesthetics	30.10%	N/A %	25.40%	N/A %	
	Obstetrics	7.50%		0.00%		
	Anaesthetics	20.80%	30.00%	43.40%	30.00%	
	Anaesthetics	38.00%	20.00%	23.10%	20.00%	
	Anaesthetics	25.90%		50.00%		
	Anaesthetics	28.70%		74.60%		
	General Surgery	26.30%		0.00%		
	General Medicine	27.80%		0.00%		
	Microbiology	35.00%		0.00%		
	General Medicine	0.00%		0.00%		
	General Medicine	23.90%		0.00%		
	Anaesthetics	0.00%		0.00%		
	Paediatrics	14.30%	20.00%	0.00%	20.00%	
	Orthopaedics	0.00%		0.00%		
	Orthopaedics	22.50%	20.00%	0.00%	20.00%	
	General Medicine	10.00%		0.00%		
	General Medicine	39.90%		0.00%		
	Paediatrics	26.60%		0.00%		
	General Medicine	6.80%		0.00%		
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General Surgery	0.00%		0.00%	Created	on 05/07/2010
General Medicine	7.40%	20.00%	24.50%	20.00%	
General Surgery	23.70%	21.00%	28.90%	30.00%	
Gynaecology	0.00%		0.00%		
Geriatric Medicine	8.60%	20.00%	33.60%	20.00%	
Orthopaedics	0.00%		0.00%		
Anaesthetics	49.00%	30.00%	57.20%	30.00%	
General Surgery	20.10%		37.90%		
General Surgery	30.40%		45.70%		
General Medicine	14.70%	20.00%	0.00%	20.00%	
Orthopaedics	17.40%	30.00%	28.40%	30.00%	
General Medicine	2.10%		0.00%		
Orthopaedics	50.90%		64.40%		
Orthopaedics	31.80%		48.30%		
Gynaecology	100.00%		34.10%		
Orthopaedics	14.60%		15.30%		
Rheumatology	11.80%	20.00%	34.50%	30.00%	
General Medicine	13.00%	20.00%	0.00%	20.00%	
Orthopaedics	3.70%	20.00%	7.10%	20.00%	
Orthopaedics	0.00%	20.00%	0.00%	20.00%	
Orthopaedics	0.00%		0.00%		
Radiology	0.00%	30.00%	0.00%	30.00%	
Anaesthetics	34.40%	30.00%	54.70%	30.00%	
Anaesthetics	22.40%	20.00%	21.40%	20.00%	
Anaesthetics	5.90%	20.00%	15.10%	20.00%	
Anaesthetics	21.50%	20.00%	43.80%	20.00%	

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General Surgery	12.00%	20.00%	0.00%	20.00%	
General Medicine	8.50%	20.00%	0.00%	20.00%	
General Surgery	7.10%		0.00%		
Orthopaedics	0.80%		3.10%		
Rheumatologist	8.90%		12.80%		
Gynaecologist	35.70%		35.50%		
Anaesthetist	46.70%		57.70%		
Respiratory Physician	10.20%		0%		
Rheumatologist	4.20%		15.00%		
Gastroenterologist	11.90%		18.90%		
Cardiologist	15.10%		13.50%		
Microbiologist	16.12%		15.12%		
Radiologist	16.12%		15.12%E		
Ophthalmic Surgeon	0%		0%		
Cardiologist	2.80%		0%		
Histopathologist	21.97%		15.45%		
Microbiologist	16.12%		15.12%		
Radiologist	16.12%		15.12%		
Endocrinologist	8.60%		27.80%		
ED Consultant	0.00%		0.00%		
Neurophysiologist					
Surgeon	11.60%		9.90%		
Rheumatologist	7.30%		0%		
Dermatologist	0%		0%		
Microbiologist	16.12%		15.12%		
Cardiologist	10.50%		0%		
•	•	•	•	• •	

Dermatologist	0%	0%	Created on 05/07/2010
Dermatologist	U70	070	
Histopathologist	21.97%	15.45%	
Gastroenterologist	7.80%	9.70%	
Endocrinologist	7.80%	0.00%	
Haematologist	5.90%	1.90%	
Histopathologist	21.97%	15.45%	

This report shows the estimated in-patient and day case ratios for each consultant on the basis of the measurement system agreed for the consultant contract.

Consultant Private Workload Summary Report

	G . 1.	In-patie	nt %	Day cas	se %
Consultant	Specialty	Private Workload as a Percentage of Total	Contract Limit	Private Workload as a Percentage of Total	Contract Limit
	Geriatric Medicine	26.10%	N/A %	0.00%	N/A %
	Opthalmology	34.60%	N/A %	0.00%	N/A %
	Rheumatology	39.40%		0.00%	
	Paediatrics	17.00%	N/A %	0.80%	N/A %
	Obstetrics/Gynaecology	0.00%	30.00%	33.30%	30.00%
	Respiratory Medicine	10.80%	N/A %	21.30%	N/A %
	Opthalmology	23.50%	30.00%	11.90%	30.00%
	Cardiology	0.00%	N/A %	0.00%	N/A %
	Dermatology	10.10%		0.00%	
	Cardio Thoracic Surgery	70.90%	30.00%	0.00%	30.00%
	Gynaecology	24.30%	N/A %	0.00%	N/A %
	Haematology	0.00%		0.00%	
	Oncology	60.60%	30.00%	63.60%	30.00%
	Neurosurgery	38.90%	30.00%	36.60%	30.00%
	Opthalmology	16.10%		60.90%	
	Gastro Enterology	34.00%	30.00%	55.10%	30.00%
	Accident & Emergency	17.80%	N/A %	0.00%	N/A %
	Surgery	23.50%		84.40%	
	Paediatrics	33.40%	30.00%	0.00%	30.00%
	Urology	40.10%	30.00%	33.20%	30.00%

Endocrinology	25.20%	30.00%	38.90%	30.00%
General Surgery	51.20%		36.50%	
Cardio Thoracic Surgery	52.00%	30.00%	100.00%	30.00%
Neurology	63.30%	30.00%	60.20%	30.00%
Cardiology	31.30%	30.00%	29.50%	30.00%
Dermatology	30.40%		0.00%	
General Medicine	36.30%	30.00%	0.00%	30.00%
Haematology	47.60%	771.00%	49.10%	771.00%
Radiology	31.10%	30.00%	15.60%	30.00%
Oncology	45.10%	30.00%	53.40%	30.00%
Gastro Enterology	46.00%		37.10%	
Surgery	31.70%		76.10%	
Geriatric Medicine	26.10%		0.00%	
Accident & Emergency	24.30%		0.00%	
Orthopaedics	27.00%	30.00%	35.30%	30.00%
Cardiology	0.00%		49.20%	
Neurosurgery	52.00%		38.90%	
Neurosurgery	44.60%		36.00%	
Anaesthetics	38.60%	20.00%	34.60%	20.00%
Nephrology	47.40%	30.00%	2.30%	30.00%
Gynaecology	64.70%		50.00%	
Accident & Emergency	19.30%	N/A %	0.00%	N/A %
Accident & Emergency	9.80%	N/A %	0.00%	N/A %
Geriatric Medicine	20.50%	30.00%	0.00%	30.00%
Neuroradiology	21.90%	N/A %	0.00%	N/A %
Gastro Enterology	33.90%	20.00%	24.50%	20.00%

Gynaecology	61.30%		31.90%	
Clinical Neurophysiology	43.70%	30.00%	0.00%	30.00%
Paediatrics	28.50%	30.00%	100.00%	30.00%
Urology	0.00%		0.00%	
Opthalmology	28.90%	30.00%	60.20%	30.00%
Radiology	45.60%	30.00%	24.30%	30.00%
Radiology	38.50%	30.00%	20.90%	30.00%
Radiology	28.80%	N/A %	0.00%	N/A %
Radiology	27.10%	30.00%	16.00%	30.00%
Radiology	30.20%	30.00%	23.30%	30.00%
Palliative Medicine	47.20%	30.00%	0.00%	30.00%
Haematology	31.40%	30.00%	38.20%	30.00%
Vascular Surgery	46.60%	30.00%	45.40%	30.00%
Gastro Enterology	25.40%	30.00%	53.10%	30.00%
Opthalmology	40.40%		64.20%	
Obstetrics	0.00%		0.00%	
Otolaryngology	0.00%		0.00%	
Dermatology	52.30%		0.00%	
Accident & Emergency	9.60%	N/A %	0.00%	N/A %
Haematology	0.00%	20.00%	0.00%	20.00%
Anaesthetics	0.00%	N/A %	0.00%	N/A %
Anaesthetics	59.70%	30.00%	50.10%	30.00%
Anaesthetics	30.80%	30.00%	91.70%	30.00%
Radiology	27.10%	30.00%	79.70%	30.00%
Paediatric Neurology	8.20%		12.90%	
Orthopaedics	32.10%	20.00%	27.80%	20.00%

Gynaecology	12.30%		0.00%	
Paediatrics	28.60%	N/A %	26.40%	N/A %
Gynaecology	36.30%		55.20%	
Anaesthetics	43.80%	30.00%	44.90%	30.00%
Anaesthetics	53.00%	N/A %	39.60%	N/A %
Anaesthetics	65.30%	N/A %	100.00%	N/A %
Anaesthetics	32.20%	30.00%	56.30%	30.00%
Anaesthetics	39.80%	30.00%	41.20%	30.00%
Anaesthetics	51.20%	30.00%	40.50%	30.00%
Anaesthetics	17.30%		100.00%	
Anaesthetics	44.10%	30.00%	44.70%	30.00%
Anaesthetics	54.00%	30.00%	33.30%	30.00%
Anaesthetics	36.00%		48.30%	
Anaesthetics	48.10%	30.00%	35.80%	30.00%
Respiratory Medicine	27.60%	30.00%	21.90%	30.00%
Anaesthetics	38.40%	30.00%	53.10%	30.00%
Anaesthetics	45.40%	30.00%	48.70%	30.00%
General Medicine	38.80%		46.60%	
Cardiology	19.10%		15.10%	
Surgery	0.00%		0.00%	
Geriatric Medicine	29.50%		0.00%	
Orthopaedics	38.00%		30.90%	
Cardiology	14.80%	30.00%	10.20%	30.00%
Oncology	26.80%	30.00%	39.50%	30.00%
Neurology	28.60%	30.00%	58.00%	30.00%
Neonatology	27.50%	30.00%	50.00%	30.00%

Surgery	37.80%		47.20%	
Anaesthetics	50.20%	30.00%	59.60%	30.00%
Nephrology	39.10%	30.00%	0.10%	30.00%
Radiology	41.20%		0.00%	
Oncology	12.70%		39.70%	
Paediatrics	18.20%		25.80%	
General Medicine	25.60%	30.00%	36.80%	30.00%
Nephrology	34.20%	30.00%	0.40%	30.00%
Cardiology	28.10%		0.00%	
Obstetrics/Gynaecology	46.10%		55.60%	
Oncology	15.70%	30.00%	20.80%	30.00%
Oncology	0.00%		25.60%	
Anaesthetics	32.00%	30.00%	30.90%	30.00%
Cardio Thoracic Surgery	40.60%		0.00%	
Surgery	13.40%		3.50%	
Obstetrics/Gynaecology	35.50%		0.00%	
Paediatrics	26.20%	30.00%	26.10%	30.00%
Anaesthetics	30.60%	N/A %	31.50%	N/A %
Obstetrics/Gynaecology	71.60%		100.00%	
Obstetrics/Gynaecology	27.30%		39.90%	
Radiology	0.00%		0.00%	
Orthopaedics	0.00%	N/A %	0.00%	N/A %
Anaesthetics	39.80%		34.10%	
Neonatology	31.90%	30.00%	0.00%	30.00%
Respiratory Medicine	22.90%	30.00%	25.80%	30.00%
Obstetrics/Gynaecology	14.10%	20.00%	13.80%	20.00%

Paediatric Oncology	0.00%		0.00%	
Anaesthetics	41.90%	30.00%	37.30%	30.00%
Oncology	5.00%		41.40%	
Obstetrics/Gynaecology	85.60%		51.70%	
Urology	24.40%		8.90%	
Obstetrics/Gynaecology	38.40%		83.30%	
Paediatrics	14.40%	30.00%	32.90%	30.00%
Orthopaedics	83.70%		0.00%	
Orthopaedics	0.00%	N/A %	100.00%	N/A %
General Surgery	38.80%	20.00%	0.00%	20.00%
Haematology	0.00%		0.00%	
Rheumatology	9.40%	N/A %	14.20%	N/A %
General Surgery	35.50%	30.00%	48.60%	30.00%
Neuroradiology	28.60%	30.00%	51.00%	30.00%
Obstetrics/Gynaecology	0.30%	N/A %	0.00%	N/A %
Vascular Surgery	0.00%		0.00%	
Obstetrics/Gynaecology	30.20%		0.00%	
Paediatrics	24.40%	20.00%	22.50%	20.00%
Anaesthetics	33.30%		0.00%	
Obstetrics/Gynaecology	0.00%	20.00%	0.00%	20.00%
Endocrinology	21.00%	30.00%	7.70%	30.00%
Vascular Surgery	21.10%	30.00%	9.90%	30.00%
Radiology	31.40%	30.00%	55.40%	30.00%
Gastro Enterology	27.40%	30.00%	7.20%	30.00%
Cardiology	7.10%		34.30%	
Orthopaedics	36.00%		42.40%	

Radiology	27.70%		0.00%	
Anaesthetics	0.00%		0.00%	
Anaesthetics	41.40%		40.30%	
Haematology	0.00%		16.30%	
General Medicir	41.80%		0.00%	
Radiology	0.00%		0.00%	
Anaesthetics	0.00%		0.00%	
Orthopaedics	18.10%	20.00%	27.00%	20.00%
Obstetrics/Gynaeco	logy 7.60%	20.00%	60.50%	20.00%
Opthalmology	11.90%	20.00%	10.80%	20.00%
Neurology	41.60%	20.00%	38.50%	20.00%
Orthopaedics	20.70%	20.00%	26.20%	20.00%
Neuroradiology	25.10%	20.00%	37.50%	20.00%
Cardiology	4.90%	20.00%	2.00%	20.00%
Anaesthetics	30.60%	20.00%	31.30%	20.00%
Paediatrics	23.30%	20.00%	22.80%	20.00%
Orthopaedics	0.00%	20.00%	0.00%	20.00%
Respiratory Medic	ine 13.10%		0.00%	
Radiology	100.00%	20.00%	0.00%	20.00%
Gynaecology	0.00%		65.30%	
Obstetrics/Gynaeco	logy 0.00%		0.00%	
Palliative Medici	ne 0.00%		0.00%	
Geriatric Medicin	ne 0.30%	30.00%	0.00%	30.00%
General Medicir	1.60%	N/A %	0.00%	N/A %
General Surgery	0.00%	N/A %	0.00%	N/A %
General Medicir	e 0.00%	N/A %	0.00%	N/A %

Radiology	0.00%	30.00%	0.00%	30.00%	
General Medicine	13.10%	N/A %	10.10%	N/A %	
Paediatrics	11.40%	N/A %	0.00%	N/A %	
Orthopaedics	33.00%	N/A %	28.90%	N/A %	
Paediatrics	37.90%	N/A %	41.40%	N/A %	
General Surgery	28.60%		8.90%		
Anaesthetics	36.50%	N/A %	42.70%	N/A %	
Radiology	20.20%		0.00%		
Radiology	26.20%		59.20%		
Psychiatry	54.40%		0.00%		
Otolaryngology	34.10%	30.00%	41.70%	30.00%	
Opthalmology	72.10%		0.00%		
Psychiatry	0.00%		0.00%		
Psychiatry	12.00%		0.00%		
General Medicine	30.40%	30.00%	23.20%	30.00%	
Obstetrics	31.90%		38.90%		
Gynaecology	34.20%		5.30%		
General Surgery	22.80%		4.70%		
Orthopaedics	37.00%		19.10%		
Neurology	63.40%	30.00%	0.00%	30.00%	
Paediatrics	25.70%	N/A %	65.30%	N/A %	
General Medicine	17.90%	20.00%	0.00%	20.00%	
Palliative Medicine	37.00%	30.00%	0.00%	30.00%	
Psychiatry	0.00%		0.00%		
Anaesthetics	24.10%	30.00%	37.80%	30.00%	
Anaesthetics	33.40%	30.00%	29.70%	30.00%	

General Medicine	12.60%	30.00%	0.00%	30.00%	Created on 05/07/2010
Psychiatry	35.00%		0.00%		
Orthopaedics	39.30%	30.00%	30.90%	30.00%	
Psychiatry	45.70%		0.00%		
Nephrology	11.30%	30.00%	0.00%	30.00%	
Obstetrics	29.40%		40.40%		
Oncology	8.20%	30.00%	0.00%	30.00%	
General Surgery	18.70%		2.00%		
Paediatrics	17.10%	N/A %	0.00%	N/A %	
Cardiology	17.10%		0.00%		
Radiology	20.00%		45.50%		
Anaesthetics	35.90%	30.00%	21.90%	30.00%	
Anaesthetics	35.10%	30.00%	34.10%	30.00%	
Anaesthetics	22.30%	30.00%	29.00%	30.00%	
General Surgery	34.00%	30.00%	65.80%	30.00%	
General Medicine	34.60%	30.00%	47.80%	30.00%	
Otolaryngology	39.70%	30.00%	67.20%	30.00%	
General Surgery	35.70%	30.00%	38.70%	30.00%	
General Medicine	16.60%	N/A %	19.80%	N/A %	
Geriatric Medicine	9.00%	30.00%	35.20%	30.00%	
Anaesthetics	38.10%	30.00%	53.50%	30.00%	
Anaesthetics	0.00%	20.00%	0.00%	20.00%	
General Surgery	25.10%	30.00%	9.50%	30.00%	
Anaesthetics	45.30%		63.70%		
Anaesthetics	31.60%		41.70%		
General Medicine	36.60%		0.00%		
Anaesthetics	44.50%		68.10%		

Anaesthetics	100.00%		0.00%	
General Medicine	21.40%	N/A %	13.80%	N/A %
Neurology	43.40%	30.00%	55.10%	30.00%
General Surgery	48.70%	N/A %	39.70%	N/A %
General Surgery	48.50%	30.00%	43.30%	30.00%
Otolaryngology	100.00%		82.40%	
Haematology	59.00%	30.00%	53.40%	30.00%
Radiology	40.10%	30.00%	45.10%	30.00%
Anaesthetics	55.60%	30.00%	61.90%	30.00%
Oncology	48.90%	30.00%	45.30%	30.00%
Gastro Enterology	28.90%	30.00%	48.80%	30.00%
General Surgery	57.90%		61.30%	
Geriatric Medicine	18.70%	30.00%	0.00%	30.00%
General Surgery	0.00%		0.00%	
Urology	49.80%	30.00%	40.50%	30.00%
General Surgery	43.60%	30.00%	56.10%	30.00%
Opthalmology	88.90%	30.00%	93.10%	30.00%
General Medicine	0.00%		0.00%	
Paediatrics	30.80%	30.00%	10.90%	30.00%
General Medicine	44.30%	20.00%	49.10%	20.00%
Paediatric Neurology	39.20%	30.00%	19.50%	30.00%
Respiratory Medicine	31.60%	30.00%	23.60%	30.00%
Cardiology	35.20%	30.00%	38.50%	30.00%
General Medicine	21.00%		0.00%	
Respiratory Medicine	33.00%	30.00%	41.80%	30.00%
Geriatric Medicine	31.30%	20.00%	0.00%	20.00%
Cardiology	0.00%		0.00%	
Paediatrics	100.00%	N/A %	22.40%	N/A %

Ge	neral Surgery	48.20%	30.00%	48.90%	30.00%	'
A	Anaesthetics	65.70%		64.90%		
Paedia	tric Haematology	12.70%	30.00%	15.30%	30.00%	
	Oncology	19.00%		31.30%		
Clinic	al Pharmacology	29.10%	30.00%	7.70%	30.00%	
	Urology	25.70%	30.00%	22.00%	30.00%	
	Synaecology	0.00%		100.00%		
	Synaecology	7.20%	20.00%	30.90%	20.00%	
	Paediatrics	49.50%	30.00%	25.90%	30.00%	
	Radiology	41.60%	30.00%	28.50%	30.00%	
	Radiology	41.00%	30.00%	30.90%	30.00%	
	Radiology	41.40%	30.00%	28.10%	30.00%	
A	Anaesthetics	52.20%	30.00%	68.90%	30.00%	
A	Anaesthetics	57.00%	30.00%	64.20%	30.00%	
A	Anaesthetics	58.90%	30.00%	82.20%	30.00%	
A	Anaesthetics	36.80%	30.00%	73.20%	30.00%	
A	Anaesthetics	36.20%	30.00%	65.90%	30.00%	
A	Anaesthetics	50.80%	30.00%	25.80%	30.00%	
A	Anaesthetics	0.00%	N/A %	0.00%	N/A %	
	Radiology	0.00%	20.00%	0.00%	20.00%	
Ge	neral Surgery	30.90%	30.00%	33.10%	30.00%	
	Dermatology	0.00%	30.00%	0.00%	30.00%	
	Neurology	100.00%		0.00%		
	Gynaecology	58.60%		81.30%		
R	heumatology	27.90%	30.00%	66.00%	30.00%	
Ot	olaryngology	34.40%		33.40%		

Rheumatology	33.70%		0.00%	
Dermatology	17.30%	30.00%	46.20%	30.00%
Oncology	0.00%		54.00%	
Surgery	62.20%		78.70%	
Cardiology	45.60%	30.00%	21.00%	30.00%
Anaesthetics	38.70%	30.00%	65.30%	30.00%
Geriatric Medicine	14.80%	30.00%	0.00%	30.00%
Anaesthetics	38.10%	30.00%	64.30%	30.00%
General Surgery	41.40%	30.00%	49.60%	30.00%
General Surgery	24.40%	30.00%	17.00%	30.00%
Gynaecology	42.00%	30.00%	34.30%	30.00%
Otolaryngology	42.70%	30.00%	49.60%	30.00%
Dermatology	71.00%	30.00%	70.40%	30.00%
Respiratory Medicine	39.20%		0.00%	
Geriatric Medicine	18.00%		0.00%	
Surgery	27.30%		54.10%	
General Surgery	55.80%		52.40%	
Endocrinology	0.00%		66.70%	
Cardiology	33.80%	30.00%	14.60%	30.00%
Radiology	0.00%	30.00%	100.00%	30.00%
Anaesthetics	35.70%	30.00%	39.40%	30.00%
Anaesthetics	25.20%	30.00%	28.00%	30.00%
Otolaryngology	34.60%	30.00%	34.00%	30.00%
Anaesthetics	46.20%	30.00%	51.60%	30.00%
Endocrinology	18.50%	30.00%	47.60%	30.00%
Anaesthetics	56.90%		33.70%	

General Surgery	21.40%	20.00%	28.60%	20.00%
General Medicine	27.90%	21.00%	26.90%	30.00%
General Medicine	13.80%	N/A %	0.00%	N/A %
General Surgery	24.50%	24.50%	18.60%	20.00%
Paediatrics	30.20%	21.30%	11.50%	30.00%
General Surgery	32.70%	20.00%	53.70%	20.00%
General Medicine	17.40%	20.00%	0.00%	20.00%
Paediatrics	16.60%	20.00%	0.00%	20.00%
Oncology	16.60%	30.00%	34.10%	30.00%
General Medicine	31.40%	29.40%	67.00%	30.00%
General Medicine	12.20%	20.00%	0.00%	28.50%
Paediatrics	22.50%	22.00%	0.00%	30.00%
General Surgery	53.40%	30.00%	0.00%	30.00%
Obstetrics/Gynaecology	35.70%		52.90%	
Obstetrics/Gynaecology	22.90%	23.10%	42.00%	30.00%
Paediatrics	14.60%	20.00%	0.00%	20.00%
General Surgery	0.00%	20.00%	0.00%	20.00%
General Surgery	29.90%	20.00%	7.60%	20.00%
Radiology	0.00%		0.00%	
Radiology	0.00%		0.00%	
Anaesthetics	35.80%	30.00%	43.20%	30.00%
Anaesthetics	25.90%	N/A %	46.20%	N/A %
Anaesthetics	24.90%		18.90%	
Anaesthetics	30.10%	29.00%	26.80%	30.00%
Anaesthetics	27.50%	29.00%	5.10%	30.00%
Obstetrics/Gynaecology	11.70%	20.00%	0.00%	20.00%

Obstetrics/Gynaecology	1.40%	20.00%	23.00%	20.00%
Obstetrics/Gynaecology	31.10%	30.00%	42.80%	30.00%
General Surgery	22.40%	25.20%	8.80%	20.00%
Paediatrics	31.10%	N/A %	0.00%	N/A %
General Medicine	20.60%	20.00%	27.30%	30.00%
Anaesthetics	8.90%	20.00%	25.00%	20.00%
General Surgery	24.60%	20.00%	5.30%	20.00%
Paediatrics	27.50%	26.30%	27.00%	30.00%
General Medicine	15.70%	20.00%	7.40%	30.00%
General Medicine	18.60%	20.00%	2.10%	30.00%
Oncology	37.40%		13.70%	
General Medicine	13.90%	20.00%	0.00%	20.00%
General Medicine	17.20%	20.00%	4.00%	30.00%
Palliative Medicine	0.00%		0.00%	
Obstetrics/Gynaecology	26.70%	20.00%	12.40%	20.00%
Paediatrics	32.00%	29.30%	20.00%	30.00%
General Medicine	9.00%	20.00%	0.00%	20.00%
Paediatrics	29.70%	28.50%	62.40%	30.00%
Obstetrics/Gynaecology	29.80%	20.00%	3.90%	20.00%
General Medicine	100.00%	20.00%	0.00%	20.00%
General Surgery	22.00%	25.20%	9.30%	20.00%
Anaesthetics	26.90%	20.00%	22.00%	20.00%
Anaesthetics	47.00%	20.00%	0.00%	20.00%
Anaesthetics	10.00%	30.00%	11.80%	30.00%
Anaesthetics	29.20%	20.00%	20.10%	20.00%
Surgery	19.70%		49.90%	

Orthopaedics	33.30%	30.00%	65.60%	30.00%
Orthopaedics	0.00%		0.00%	
Anaesthetics	0.00%	30.00%	51.00%	30.00%
Anaesthetics	0.00%	30.00%	4.60%	30.00%
Orthopaedics	1.90%	20.00%	0.00%	20.00%
Anaesthetics	21.00%	30.00%	28.20%	30.00%
Anaesthetics	11.30%	30.00%	100.00%	30.00%
Anaesthetics	62.00%		47.70%	
Anaesthetics	26.20%	30.00%	30.30%	30.00%
Orthopaedics	44.20%		47.20%	
Surgery	15.90%		62.00%	
Anaesthetics	47.10%	30.00%	52.40%	30.00%
Anaesthetics	14.30%	30.00%	14.00%	30.00%
Anaesthetics	43.20%	N/A %	50.50%	N/A %
Orthopaedics	0.00%	N/A %	0.00%	N/A %
Anaesthetics	27.80%		48.40%	
Anaesthetics	15.00%	30.00%	59.70%	30.00%
Orthopaedics	0.00%		0.00%	
Orthopaedics	16.90%		41.20%	
Anaesthetics	32.10%		48.50%	
Orthopaedics	7.30%	20.00%	0.00%	20.00%
Orthopaedics	20.00%	20.00%	66.10%	20.00%
Anaesthetics	21.20%	30.00%	25.30%	30.00%
General Surgery	33.10%	30.00%	59.60%	30.00%
Opthalmology	32.70%	20.00%	26.40%	30.00%
Otolaryngology	12.60%	N/A %	6.30%	N/A %
		-		

General Surgery	31.10%	30.00%	35.50%	30.00%
Paediatrics	30.40%	30.00%	5.90%	20.00%
General Medicine	18.60%	25.00%	45.60%	30.00%
General Medicine	18.00%	20.00%	0.10%	20.00%
Orthopaedics	30.80%	20.00%	12.80%	30.00%
Orthopaedics	0.00%		0.00%	
Haematology	35.90%	20.00%	38.50%	20.00%
Orthopaedics	16.40%	25.00%	28.30%	30.00%
Orthopaedics	0.00%		0.00%	
Paediatrics	0.00%		0.00%	
Orthopaedics	26.10%	20.00%	22.90%	20.00%
Dermatology	17.00%	20.00%	26.30%	20.00%
General Medicine	21.70%	20.00%	46.50%	30.00%
Otolaryngology	20.80%	20.00%	24.70%	20.00%
General Medicine	24.50%	20.00%	43.50%	20.00%
Orthopaedics	19.20%	30.00%	50.00%	30.00%
Orthopaedics	29.20%	25.00%	39.80%	30.00%
Oncology	29.20%	25.00%	32.20%	30.00%
Orthopaedics	33.90%	30.00%	53.70%	30.00%
Paediatrics	43.20%	30.00%	22.60%	20.00%
Radiology	17.70%	30.00%	18.00%	30.00%
Obstetrics/Gynaecology	27.00%	30.00%	37.00%	30.00%
Obstetrics/Gynaecology	31.60%	30.00%	49.60%	30.00%
Obstetrics/Gynaecology	33.10%	30.00%	31.60%	30.00%
Otolaryngology	27.10%	30.00%	60.50%	30.00%
General Medicine	24.70%	30.00%	14.70%	20.00%

Haematology	35.50%	30.00%	40.50%	30.00%
Opthalmology	0.00%	30.00%	0.00%	30.00%
Anaesthetics	37.60%	30.00%	38.20%	30.00%
General Surgery	28.70%	30.00%	34.80%	30.00%
Haematology	25.70%	30.00%	21.50%	30.00%
Palliative Medicine	38.10%	N/A %	0.00%	N/A %
General Medicine	50.00%	27.00%	54.10%	30.00%
Oncology	35.10%	20.00%	25.30%	20.00%
General Medicine	0.00%	20.00%	15.70%	30.00%
General Surgery	12.90%	30.00%	22.10%	30.00%
General Medicine	39.30%	20.00%	0.00%	20.00%
General Medicine	15.30%	25.00%	43.00%	25.00%
General Medicine	16.30%	20.00%	10.20%	20.00%
General Medicine	13.40%	20.00%	0.20%	20.00%
Opthalmology	10.00%	20.00%	32.00%	20.00%
General Surgery	26.90%		10.70%	
General Medicine	20.60%	20.00%	13.90%	20.00%
Oncology	19.70%	30.00%	34.80%	30.00%
General Medicine	32.60%	20.00%	100.00%	20.00%
Neurology	23.70%	20.00%	0.00%	20.00%
Palliative Medicine	33.20%	N/A %	100.00%	N/A %
Radiology	28.50%	20.00%	19.30%	20.00%
General Medicine	23.20%	28.00%	26.40%	30.00%
General Surgery	28.90%	20.00%	20.50%	20.00%
Paediatrics	30.00%	25.00%	6.20%	20.00%
General Surgery	0.00%		0.00%	

General Medicine	14.20%	20.00%	36.20%	20.00%
Orthopaedics	33.40%	20.00%	16.80%	20.00%
Otolaryngology	5.10%	20.00%	0.00%	20.00%
Orthopaedics	27.60%	20.00%	40.80%	20.00%
Otolaryngology	24.50%	20.00%	34.80%	20.00%
Anaesthetics	0.00%		0.00%	
Anaesthetics	26.20%	30.00%	50.10%	30.00%
Anaesthetics	33.30%	30.00%	27.20%	30.00%
Anaesthetics	30.70%	30.00%	32.60%	30.00%
Anaesthetics	28.30%	30.00%	27.10%	30.00%
Anaesthetics	35.50%	30.00%	51.00%	30.00%
Anaesthetics	100.00%	N/A %	0.00%	N/A %
Anaesthetics	31.50%	30.00%	37.40%	30.00%
Anaesthetics	32.90%	30.00%	45.10%	30.00%
Anaesthetics	22.00%	30.00%	45.20%	30.00%
Opthalmology	23.90%	20.00%	2.30%	20.00%
Opthalmology	24.60%	20.00%	0.90%	20.00%
Anaesthetics	43.40%	20.00%	26.00%	20.00%
Palliative Medicine	18.30%	N/A %	0.00%	N/A %
Anaesthetics	37.40%	20.00%	11.00%	20.00%
Orthopaedics	18.70%	20.00%	0.00%	20.00%
Palliative Medicine	100.00%	N/A %	0.00%	N/A %
Paediatrics	22.30%	N/A %	11.70%	N/A %
General Medicine	31.50%	30.00%	41.40%	30.00%
Paediatrics	23.90%	20.00%	47.60%	30.00%
Obstetrics/Gynaecology	32.90%	30.00%	31.90%	30.00%
General Surgery	21.90%	20.00%	16.50%	20.00%
•	•	•	•	•

General Medicine	21.90%	20.00%	19.70%	30.00%
Oncology	100.00%		40.30%	
Obstetrics/Gynaecology	25.50%	30.00%	31.00%	30.00%
Paediatrics	30.40%	N/A %	0.00%	N/A %
General Medicine	16.20%	27.00%	54.20%	30.00%
General Medicine	18.90%	28.00%	30.90%	30.00%
General Surgery	23.20%	23.05%	7.40%	30.00%
General Medicine	17.40%	20.00%	42.80%	30.00%
Anaesthetics	39.60%	20.00%	20.10%	20.00%
General Surgery	22.10%	20.00%	8.80%	20.00%
Obstetrics/Gynaecology	19.40%	30.00%	33.50%	30.00%
General Medicine	0.00%	26.00%	0.00%	30.00%
Anaesthetics	36.10%	30.00%	24.60%	30.00%
Anaesthetics	31.90%	30.00%	30.10%	30.00%
General Medicine	14.30%	20.00%	17.50%	20.00%
Anaesthetics	0.00%		0.00%	

This report shows the in-patient and day case ratios for each consultant on the basis of the measurement system agreed for the consultant contract.

Chapter 39 Health Service Executive

Implementation of the Medical Consultants' Contract

Implementation of the Medical Consultants' Contract

39.1 In July 2008, agreement was reached between the Health Service Executive (HSE) and the consultants' representative organisations on a new Consultant Contract (Consultant Contract 2008). The new contract positions consultants, for the first time, as employees – working under terms and conditions similar to those in place for workers across the health service. It brings about alterations in consultants' working hours, reporting relationships, the structure of their employment and the terms governing private practice. It also introduces disciplinary procedures for consultants similar to those applying to other employees.

Previous Review of Medical Consultants' Contract

39.2 In April 2007, a Special Report was published on an examination of the operation of the previous Medical Consultants' Contract. It reported on the extent to which the terms of that contract, agreed in 1997, were being implemented in the acute hospital sector. The report found that there was a persistent disagreement over a period of ten years in regard to the time commitment of consultants and there was little monitoring of the delivery of those commitments by hospital management.

39.3 In May 2008 the Public Accounts Committee of Dáil Éireann considered the findings of the examination. In its report 133 the Committee recommended that

- The new consultants' contract should provide absolute transparency on the time commitment to public hospital duty of consultant staff and that those commitments should be monitored and enforced in order to ensure that value is received for the salaries paid to consultants.
- The HSE should introduce a stringent monitoring regime of public and private caseloads in hospitals and data on the level of private practice in public hospitals should be published on a consultant by consultant basis.
- The terms of the 1997 contract should be strictly enforced in respect of those consultants who do not transfer to the new contract so that those consultants are seen to deliver services in accordance with their commitments.
- The contract implementation group, that will oversee the change process, should provide six-monthly progress reports to the Minister for Health and Children.

New Contractual Arrangements

39.4 Under the new arrangements there are four contract types as outlined in Figure 143.

Dáil Éireann Committee of Public Accounts – Third Interim Report on the 2006 Report of the Comptroller and Auditor General – Expenditure on Health Services (November 2008).

Figure 143 Types of Consultant Contract under the New Contractual Arrangements

A A	Consultants who work exclusively for the public hospital and are solely remunerated by way of salary.
В	Consultants who may engage in private practice including
	 new entrants who may engage in limited private practice on-site in a ratio of 80% public to 20% private.
	 existing consultants who may engage in private practice in a ratio of 70% public to 30% private practice and retain off-site out-patient private practice.
B*	Existing consultants who may engage in private practice in a ratio of 70% public to 30% private practice and retain off-site in-patient and out-patient private practice.
С	New consultants entitled to engage in off-site in-patient and out-patient private practice. (Only to be created in exceptional circumstances where there is a demonstrable benefit to the public health system).

39.5 The HSE was voted a Supplementary Estimate, amounting to €68 million in 2008. The bulk of this (about €65 million) was intended for payment of consultant's pay arrears arising from acceptance and implementation of the new contract terms. The payments did not take place in 2008 and under cash accounting rules governing voted expenditure, the funds were surrendered to the Exchequer. Payments on foot of the contracts began in May 2009. A provision of €91 million was allocated to meet them.

Key Provisions – Consultant Contract 2008

- 39.6 The principal features of Consultant Contract 2008 are as follows
- The 2008 contract defines the commitment of each consultant as a scheduled 37-hour week delivered over the period 8am 8pm Monday to Friday, an increase of four hours on the previous scheduled working week. In addition, consultants can now be rostered to work on-site for up to five hours on Saturday, Sunday or public holidays.
- The contract provides for team working which comprises the provision of diagnoses, treatments and care to patients that are under the care of other consultants on the same team. This extends to discharge and further treatment arrangements in order to facilitate a more timely discharge of patients and speedier admission of patients to hospital.
- Each consultant is required to report to a Clinical Director who will, *inter alia*, prepare a Clinical Directorate Service Plan setting out how clinical services are to be delivered, how consultant resources are to be deployed and managed through rosters (with an emphasis in the short to medium term on the move to an 8am 8pm day and obtaining value from the additional four hours of consultant time per week).
- Each consultant while remaining clinically independent in relation to decisions on the diagnosis, treatment and care of individual patients will now also be subject to the corporate policies and procedures of their employing hospital including, inter alia, clinical governance and patient safety initiatives, participation in competence assurance arrangements, operation of quality and risk frameworks, maintenance of risk registers, and provision of education and training to other clinicians.
- The Consultant Contract 2008 introduces a set of measures designed to improve equity for public patients, including a 20% limit on private practice for new consultants. Consultants who were previously employed under Consultant Contract 1997 may engage in up to 30% private practice. A common waiting list is to be introduced for out-patient diagnostics (including radiology and laboratory services). These services are subject to the permitted

public: private practice ratio and the employer must be satisfied that billing for these services reflects the permitted ratio.

Audit Focus

Critical to the successful management of change in this area are the following

- conclusion of contracts with a critical mass of consultants and verification that the centrally negotiated terms are applied
- confirmation that the time commitments are being reflected in on-the-ground rosters and that there are arrangements in place to confirm adherence to public: private ratios
- ensuring that clinical directorate models are in place and, where not, that interim
 arrangements sufficient to guarantee delivery of the new arrangements are in place
- enforcement of the delivery of commitments by those consultants who remain on the 1997 contract.

The audit sought to ascertain the progress made in regard to each of the above.

Audit Findings

39.7 In 2009, the consultant workforce was composed of a mix of permanent, temporary and locum appointees. The whole time equivalent workforce eligible for offer of Consultant Contract 2008 comprised 1,888 permanent employees and 312 locum or temporary employees – a total of 2,200.

39.8 By July 2009, 1,688 consultants out of the 1,888 permanent consultants had opted into the new contract arrangements. The breakdown in respect of these contracts was as outlined in Figure 144.

Figure 144 Filled Consultant Posts by Contract Type

Туре	Number
A	629
^ В	703
-	356
Approximate the first discount of the second	
	1,688

This represents an acceptance rate of around 89%.

39.9 While a large majority of locum or temporary employees accepted the offer of Consultant Contract 2008, many of these have left health service employment, due to the expiry of their contracts by I June 2009.

39.10 The five Universities employing Academic Consultants have – from June 2009 – begun the offer of Consultant Contract 2008 to those consultants that are in their employment. At 7 July 2009, around 50% of Academic Consultants had accepted the terms of the new contracts.

39.11 Of 326 consultant posts created by the HSE between 1 March 2008 and 1 April 2009 (a 13 month period), 76 were Type A, 250 Type B and none Type C.

Verification of Adherence to Contract Terms

39.12 The HSE informed me that its Internal Audit Unit carried out a review to verify that the 1,667 contract documents as signed at March 2009 had not been altered from the agreed standard contract.

39.13 In regard to the scope of the work carried out, the review was at a high level but examined all contracts issued and accepted by consultants employed in the HSE and HSE funded agencies. Each contract was reviewed to identify any alterations to the standard terms and conditions contained in the *pro forma* contract agreed with the medical representative bodies in July 2008.

39.14 The review found

- The vast majority of contracts signed by consultants and authorised by the employer were in accordance with the standard terms and conditions.
- A relatively small percentage of contracts had been signed as approved by the employer prior to being issued to the employee (none of these contained any anomalies).
- A small percentage of contracts were not physically signed as authorised by the employer, but these were included in the employer's records as issued contracts.
- A very small number of contracts did contain manual amendments relating to the treatment
 of private out-patients, however, these were not found to materially affect the standard
 terms and conditions.

39.15 In regard to the extent of deviations found by Internal Audit, the Accounting Officer informed me that deviations were limited to a small number of contracts signed by the consultant but not signed or authorised by the Hospital Manager or CEO and two instances where consultants had signed a contract categorised as Type C - even though Type C was not on offer to those consultants.

Rostered Time Commitments and Private Work

39.16 HSE Human Resources (HR) Directorate conducted a verification of work schedules to ensure that they reflected a 37-hour commitment and an additional four scheduled hours dedicated to clinical work including

- the service gain resulting from the increase from 33 to 37 scheduled weekly working hours
- the extent of service delivery over an extended working day as required (8am to 8pm in contrast to 9am to 5pm)
- the introduction of scheduled overtime on Saturdays, Sundays or bank holidays in place of C Factor payments for duties performed by consultants on-site while on-call outside their scheduled hours, the service gain arising and cost basis for same
- measurement arrangements regarding each of the consultant's clinical activities, including in-patient, daycase, out-patient and diagnostics
- the extent to which there is compliance with the specified ratio of public : private practice
- the extent to which a single waiting list for out-patient diagnostics has been introduced.

These relate to payments, on a per call-out basis, for the provision of on-site services by a consultant while on-call outside their scheduled 37-hour week commitment.

39.17 The extent to which work schedules were compliant with the agreed changes was recorded as part of the verification process. Only complete schedules were verified while incomplete schedules were set aside for revision and further review. The further review has now been completed.

39.18 The Accounting Officer informed me that the verification by HR was undertaken immediately after the deadline for acceptance of Consultant Contract 2008 in order to ensure that key elements of the contract were in place prior to payments being made thereunder. The verification exercise entailed confirming the presence of each of the elements rather than recording the extent of same.

39.19 A small number of hospitals are still dealing with data collection difficulties, particularly with the reporting of on-site private out-patient department activity and diagnostics. Consultants in these hospitals have been asked to supply details of their private practice activity but this has not been provided to date. This is being followed up by the Hospital Managers in the particular hospitals concerned. Further discussions are continuing with the Dublin Maternity Hospitals on the particular requirements of the Maternity service for the measurement of private practice.

39.20 The HSE National Hospitals Office (NHO) is currently progressing the introduction of a common waiting list in out-patient diagnostics.

Monitoring Private Practice

39.21 Since September 2008, the HSE has introduced systems for reporting public and private inpatient and daycase activity on a consultant by consultant basis. Reports from these systems – which record individual consultant public and private practice in relation to in-patients, daycases, out-patients and diagnostics are being produced. Currently, these monthly reports are five months in arrears. The HSE informed me that it will be able to report the percentage of eligible consultants operating within the limits specified by Consultant Contract 2008 in addition to overall compliance at hospital level in the second half of 2009. At that point, the information will begin to be used to inform the decisions of clinical directorates.

39.22 The report will be circulated to the Clinical Director and the Hospital Manager and an overall status report will be prepared for internal HSE monitoring and management purposes and shared with the Department and the representative associations of consultants.

39.23 The Accounting Officer stated that a key requirement for the implementation of Consultant Contract 2008 was the monitoring of private practice activity by consultants individually. Prior to, during and since the verification exercise, new measurement systems had been developed in order to fulfil this requirement in the manner set out in the Contract negotiations, i.e. measuring clinical activity adjusted for case mix. The features of the measurement system included

The development of the measurement system in conjunction with the Economic and Social Research Institute (ESRI). This has now been introduced in the 49 acute hospitals through the Hospital In-Patient Enquiry (IHPE) System¹³⁵. The measurement system records inpatient and day case activity (as weighted for casemix¹³⁶) by consultant and reports on the level of private practice on a monthly basis

The HIPE System collects demographic, clinical and administrative data on patients in acute general hospitals nationally.

Casemix provides a means for standardising data collected on activity and costs within acute hospitals, so that meaningful comparisons can be made between different areas of activity and different hospitals.

- Residual activity which is not yet captured by the HIPE system including details of on-site
 private out-patient activity and certain diagnostic activity is being collected manually by the
 hospitals as an interim measure pending the development of automated data collection
 systems.
- There is an inevitable time lag (minimum of 4 months) in providing reports, due to the time required for coding activity from the patient charts. The first measurement reports covering the January 2009 activity period were coming on stream in mid 2009 and have been issued to individual consultants.
- These reports are being prepared for the attention of Clinical Directors and Hospital Managers for compliance monitoring purposes.

39.24 Consultants have been receiving individualised reports each month since the beginning of 2009.

Implementation and Operation of Clinical Directorates

39.25 The revised arrangements make provision for a new service wide senior management position – that of Clinical Director. Clinical Directors are expected to

- ensure that service standards and governance requirements are met
- monitor and manage the public : private mix
- develop and manage consultants' rosters, deal with grievances and disputes
- manage the initial stages of the disciplinary process and
- help organise medical education and training.

39.26 In December 2008, the HSE commenced the appointment process for Clinical Directors. As of 1 July 2009, 46 Clinical Directors had been appointed across the hospital system from amongst those consultants who accepted the Consultant Contract 2008. The HSE expect further Clinical Director appointments to be made over the next two years as services evolve.

39.27 Clinical Directors appointed under Consultant Contract 2008 receive an allowance of €50,000 per annum.

39.28 Work has not commenced on the verification of the operation of Clinical Directorates. The terms of reference for an audit have yet to be agreed. It is intended that it will concentrate on evidence available to support increased working hours, improved flexibility in accessing theatres, improved discharge rates, compliance with agreed public: private ratios, reduced waiting times in Emergency Departments.

39.29 The Accounting Officer stated that changes are being implemented by local and regional hospital management with support and guidance from HR and the NHO. In relation to change management, the HSE is currently pursuing an integrated services programme which entails the appointment of Regional Operations Directors and Clinical Directors in key areas. The Clinical Directors – appointed under Consultant Contract 2008 are taking lead roles in aligning services to patient need, meeting care and quality standards and structuring consultant commitments accordingly. Clinical Directors function as senior managers in the larger hospitals reporting at hospital or regional level.

39.30 Prior to the introduction of Consultant Contract 2008, there were a range of Clinical Director, Medical Director and other clinical leadership posts in place, under historical local arrangements in various hospital and community settings. There was little consistency in the roles

assigned to those posts and in most instances, consultants holding them did not have a management role in relation to other consultants. Consultants who held remunerated leadership roles under Consultant Contract 1997 may retain those roles and receive payments under Consultant Contract 2008 pro-rata to their payments under Consultant Contract 1997. The number of consultants benefiting from these arrangements are not maintained centrally and were not available at the time of the review.

39.31 The Accounting Officer informed me that in many instances consultants holding Clinical Director or other leadership roles under the previous contract has either secured new appointments as Clinical Directors under Consultant Contract 2008 or has taken a different role in new management structures. Where that had not happened, management were seeking to build on the benefits associated with the consultant's existing role, align it to the new management structures and ensure maximum cost effectiveness.

Consultants who remain on Previous Contracts

39.32 Consultants who remain on Consultant Contract 1997, the Academic Consultant Contract 1998, the Consultant Contract 1991 or previous contractual arrangements will not be subject to the terms and conditions of Consultant Contract 2008. The HSE stated that they will, however, be required to work closely with Clinical Directors as senior managers in the health service. The HSE has informed me that it anticipated that approximately 200 consultants would remain on their previous contractual arrangements.

39.33 The HSE has stated that it will ensure consistency in application of the various contractual arrangements applying to consultants. In relation to Consultant Contract 1997 and the Academic Contract 1998, this will include full implementation of those provisions relating to the consultant's time commitment to the public hospital and to their entitlement to engage in private practice. The HSE has indicated that it will commence implementation of these provisions once initial payments under Consultant Contract 2008 are completed.

Conclusions

89% of permanent consultants have opted into the new contract arrangements. Work has been done to ensure that the contracts signed by hospitals accord with the standard terms and that schedules incorporate the extra time commitment negotiated.

Arrangements to monitor private practice, introduce changes associated with the Clinical Directorate model and monitor contractual compliance for consultants who remain on contractual arrangements that predate Consultant Contract 2008 have yet to be bedded in.

The HSE needs to push ahead with arrangements to verify that the envisaged gains resulting from increased resource availability and changed management processes are being realised in practice.

Implementation of Consultant Contract 2008 – Briefing Note

21st October 2009

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1. Key points

Consultant Contract 2008 introduces a range of reforms which will benefit patients, help develop a consultant-provided service and ensure that maximum value for money is obtained from the investment in existing and additional Consultant posts.

Key changes include:

- a longer working week,
- a longer working day,
- weekend working when required,
- greater equity for public patients through a public-only contract type, limits on private vs. public practice and a common waiting list in diagnostic services,
- measures to ensure high quality services and patient safety,
- the introduction of Clinical Directors to manage Consultants and ensure clinicians have a senior role in planning and managing services, and
- a significant increase in Consultant posts over the past 12 months.

In early 2009 the HSE engaged in a detailed verification process regarding implementation of Consultant Contract 2008. This was designed to ensure that the changes described above were being implemented for patients and that value for money is achieved.

2. Longer, more flexible working hours

Consultant Contract 2008 provides for a 37 hour working week delivered over the period 8am – 8pm Monday to Friday. In addition, Consultants rostered on-call may be scheduled to work on-site for up to 5 hours on Saturday, Sunday or public holidays.

This contrasts with the Consultant Contract 1997, which provided for a 33 hour week, delivered over the period 9am – 5pm Monday to Friday with no provision for scheduled onsite work at weekends.

3. Greater equity for public patients

Together with a series of measures introduced by the HSE in recent months, Consultant Contract 2008 introduces a series of measures designed to improve equity for public patients, including a limit on private practice – for new Consultants – of 20% of clinical activity. Existing Consultants may engage in up to 30% private practice.

Consultant Contract 2008 provides for two main contract types:

- i. Type A: Works exclusively for the public hospital and will be remunerated solely by way of salary.
- ii. Type B: Works exclusively for the public hospital by may engage in limited private practice on campus (80% public, 20% private).

The measure include requirements that all patients – public or private – requiring diagnostic or treatment procedures following an outpatient consultation must be placed on a Common Waiting List if there is a waiting period for access to the procedure.

A Common Waiting List is one which includes all patients – irrespective of public or private status – awaiting a particular procedure.

Patients must be called from Common Waiting Lists regardless of public or private status:

- i) in order of clinical priority, followed by
- ii) length of waiting time.

Any outpatient diagnostic or treatment services / sessions / clinics organised to meet demand must be open to both public and private patients called in order of clinical priority and length of waiting time.

Separate outpatient diagnostic or treatment services / sessions / clinics for private patients are not permitted within contracted hours or otherwise.

Section 21 of Consultant Contract 2008 sets out the circumstances under which the Consultants employed under Consultant Contract 2008 may charge private fees in relation to private patients undergoing diagnostic investigations, tests and procedures on an outpatient basis. These are as follows:

- the volume of such private practice not exceeding the set ratio of public to private practice (a maximum of 30% for existing Consultants in employment when offer of Consultant Contract 2008 was made in July 2008, 20% for new appointees).
- all billing being processed by the Consultant in a manner that is satisfactory to the
 hospital and in the event that insufficient information is available for verification
 purposes recourse may be had to the measures provided for at Section 20 (d) and (e)
 of the Contract. Section 20 (d) notes that the Employer has full authority to take all
 necessary steps to ensure that for each element of a Consultant's practice, s(he)
 shall not exceed the agreed ratio.
- A common waiting list operated by the public hospital applying to both public and private patients undergoing diagnostic investigations, tests and procedures (including radiology and laboratory procedures) on an out-patient basis in public hospitals (including referrals from General Practitioners). Status on the common waiting list will be determined by clinical need only. The list will be subject to clinical validation by the relevant Clinical Director.

All outpatient diagnostics are included as regards the Common Waiting List. For example, outpatient diagnostic tests and procedures in cardiology, neurophysiology and gastroenterology.

4. Regulation of public: private mix

Section 20 of the Consultant Contract 2008 deals with the regulation of private practice and the mechanisms for ensuring compliance with the 80:20 / 70:30 ratio of public to private practice. It provides that the volume of private practice may not exceed the specified ratio in any of the Consultant's clinical activities including inpatient, day-patient and outpatient.

The volume of practice refers to patient throughput adjusted for complexity through the casemix system. It does not include non-clinical activities, nor does it apply to time.

Section 20 of the Contract states that the Employer has full authority to take all necessary steps to ensure that for each element of a Consultant's practice, s(he) shall not exceed the agreed ratio.

Other relevant sections include Section 4 b), which states that

"both the Consultant and the Employer shall co-operate in giving effect to such arrangements as are put into place to verify the delivery of the Consultant's contractual commitments"

and Section 12 I), which requires the Consultant

"to participate in and facilitate production of all data/information required to validate delivery of duties and functions and inform planning and management of service delivery."

5. Delivering and measuring public:private mix

A key requirement for the implementation of Consultant Contract 2008 is the monitoring of private practice activity by Consultants individually. Since September 2008 the HSE has developed new measurement systems in order to fulfil this requirement in the manner set out in the Contract negotiations, i.e. clinical activity adjusted for case mix;

- The ESRI has been central to the development of the measurement system, which has now been rolled out to the 49 acute hospitals through the HIPE (Hospital In-Patient Enquiry) system. The measurement system captures inpatient and day case activity (as weighted for case mix) per consultant and reports on the level of private practice on a monthly basis.
- Where residual activity which is not yet captured by the HIPE system (e.g. details of onsite private OPD activity and certain diagnostic activity) is being collected manually by hospitals as an interim measure pending the development of automated data collection systems.
- Each Consultant in the employment of the public health service irrespective of whether they hold Consultant Contract 2008 or not should be issued with a public private mix measurement report every month since January 2009. This documents their activity in relation to inpatient, daycase, outpatient and diagnostic activity over the previous three months. The report is also issued to the relevant Clinical Director and Hospital Manager / CEO for consideration and to facilitate action to ensure with Consultant Contract 2008.
- An overall status report is also prepared for internal HSE monitoring and management purposes and monitoring. From the January 2009 reporting period this report is considered as informing decisions by Clinical Directors and managers on individual Consultant compliance on a contractual basis. It will be provided monthly to the HSE Board, the Department of Health and Children and will be available under FOI.
- There is an inevitable time lag (minimum of 4 months) in providing reports due to the time required for coding activity from the patient charts.

A small number of hospitals are still dealing with data collection difficulties, particularly with the reporting of on-site private OPD activity and diagnostics.

In this context, the HSE has instructed that - should Consultants engage in private outpatient practice on campus such practice should, like all other public or private activities undertaken on the public hospital campus, be subject to measurement as part of the 80:20 / 70:30 ratio of public to private practice under Consultant Contract 2008. Measurement includes co-located hospitals on campus, private rooms on campus and private clinics on campus – with three exceptions. The exceptions are the private outpatient practice of existing Consultants in private clinics (as of 26th July 2008) on the campus of St James', Beaumont and Cork University Hospital.

The HSE has issued a substantial volume of guidance on the measurement of public: private practice, including three volumes of guidance on the implementation of Consultant Contract 2008, separate guidance on the measurement of inpatient and daycase activity, diagnostic and outpatient activity most recently, in September 2009, comprehensive guidance on the treatment of public and private patients.

6. Ensuring patient safety

Consultant Contract 2008 requires that the Consultant – while clinically independent – is subject to statutory and regulatory requirements and corporate policies and procedures. Consultants will be expected to work in teams, participate in competence assurance arrangements and provide education and training to other clinicians.

The Contract also requires that new appointees to Consultant posts must now be eligible for membership or have membership of the relevant division of the Register of Medical

Specialists maintained by the Medical Council. This means that patients can be assured that Consultants meet the highest standards – both when appointed and throughout their careers.

7. Teamworking

Under Consultant Contract 2008, Consultants must work as part of a team of Consultants - this means that the Consultant provides diagnosis, treatment and care to patients under the care of other Consultants on his/her Consultant team and vice versa. This may include discharge and further treatment arrangements thereby facilitating a more timely discharge of patients and speedier access of patients into hospital.

8. Better services for patients

Consultant Contract 2008 offers a significant opportunity for hospitals to achieve greater flexibility in relation to the delivery of services to patients and move to a Consultant-provided service.

Consultants are on-site for longer periods – meaning that there is a greater senior clinical decision-making presence on-site. Key service enhancements can include:

- Improved decision making in Emergency Departments utilising 8am to 8pm by 7 day cover as appropriate and the additional 4 hours for Consultants to reduce inappropriate admission waits;
- Rostered daily ward rounds that deliver improved Discharge Planning to address bed occupancy rates;
- Reduced overtime costs for NCHDs arising from a Consultant-provided service –
 €100 million in savings currently being negotiated with NCHDs.
- Theatre Schedules that reflect a shift to day work and address elective waiting times and deliver improved equity across specialties. This should ensure inappropriate queue-jumping related to patient designation is addressed;
- Re-designation of inpatient beds to day beds to improve day case throughput;
- Re-designation of 7 day to 5 day beds that promotes reduced length of stay, allows for improved budgetary performance and eases pressure on WTE rostering and staff;
- · Improved day of surgery admission rates;
- OPD schedules that reflect increase in new patient consultations while decreasing return patient reflecting new ratios and reductions in DNA's to 5% target through improved scheduling.
- Improved access rates for GP's to diagnostic services by ring-fencing additional Consultant hours to direct access initiatives for GP diagnostic radiology, scoping etc;
- Improved clinical governance through the Clinical Directorate model that facilitates the relevant Quality and Risk frameworks, Serious Untoward Incident policies and maintenance of Risk Registers;
- Improvements in compliance with Hospital Accreditation, Medical Records Audit, and Hygiene standards

9. Clinical Directors appointed to manage Consultants

Consultant Contract 2008 introduces a new senior management position across the health service – that of Clinical Director. Consultant Contract 2008 describes Clinical Directors as key members of the local corporate management team. Clinical Directors are expected to plan how clinical services are to be delivered, how resources are employed, contribute to strategic planning and achieving service and organisational priorities and deploy and manage Consultants.

The Contract requires that each Consultant will report to a Clinical Director who ensures service standards and governance requirements are met; monitors and manages public:private mix; develops and manages rosters (with an emphasis in the short to medium term on move to an 8am – 8pm day and obtaining value from the additional 4 hours per

Consultant per week) and deals with grievances and disputes, manages the initial stages of the disciplinary process, and helps organise medical education and training.

The HSE is working with the Forum of Postgraduate Medical Training Bodies and a number of sub-groups to develop the role of and support the work of Clinical Directors

10. 49 Clinical Directors in place

In December 2008, taking account of significant engagement with Clinicians, management and other health service staff over a period of months, the HSE commenced an appointment process for Clinical Directors under Consultant Contract 2008.

To date, 35 Clinical Directors have been appointed across the hospital system from amongst those Consultants who accept Consultant Contract 2008. A further 14 have been appointed in the Mental Health Services. Further Clinical Director appointments will made over the next two years as services evolve. Up to 77 appointments may be made in total. Appendix I refers.

11. High uptake of Consultant Contract 2008

The Consultant workforce is composed of a mix of permanent, temporary and locum appointees. The whole time equivalent (wte) workforce eligible for offer of Consultant Contract 2008 comprised 1,888 permanent employees and 312 locum or temporary employees – 2,200.

Of the 1,888 permanent Consultants, negotiations continue between the Universities, the Department of Education and Science and the Higher Education Authority on the offer of the contract to 150 Academic Consultants.

An element of the HSE vote for 2009 was transferred to the Department of Education and Science and subsequently to the HEA and the Universities to fund the offer of Consultant Contract 2008 to Academic Consultants. The HSE has no further involvement in the matter.

In June, some of the Universities employing Academic Consultants began the offer of Consultant Contract 2008 to those Consultants in their employment. At 7 July 2009, around 50% of Academic Consultants had accepted the terms of the new contracts.

By July 2009, 1,688 consultants out of the 1,888 permanent consultants had accepted the offer of Consultant Contract 2008. This represents an acceptance rate of approximately 90%. The breakdown by Contract Type is as follows:

Type A: 629Type B: 703Type B*: 356

12. Large increases in Consultant workforce

In March 2008 the IMO and IHCA agreed to advertisement of Consultant posts under Consultant Contract 2008. Following this agreement, the HSE approved 128 Consultant posts which were advertised by the Public Appointments Service throughout April.

In the period up to 31st December 2008, a further 155 posts were approved – for a total of 283 posts in 2008. 156 of these were new posts and 127 replacement.

During 2009 and noting the constraints imposed by the Government Recruitment Moratorium which requires the abolition of two NCHD posts for every Consultant post approved, the HSE approved 127 Consultant posts – 65 additional and 68 replacement. Of the posts approved in 2009, 18 were Type A, 109 Type B, none Type C.

This means that during the period March 2008 to September 2009 the HSE approved 221 new Consultant posts and 195 replacement. This represents an increase of 10.4% in the number of Consultant posts in an 18-month period. There are now 2,342 Consultant posts in the Irish public health service.

Tables setting out the current distribution of Consultant posts and the distribution of additional posts between March 2008 and September 2009 are set out below:

Additional C		osts approved rch 2008 – Sep	d under Cons otember 2009	ultant Contra	ct 2008
		HS	E Area		
Specialty	Dublin Mid- Leinster	Dublin North East	South	West	Total
Anaesthesia	6	5	4	1	16
Intensive Care	2	2			4
Emergency Medicine	4	2	1	3	10
Medicine	15	11	10	15	51
Obstetrics & Gynaecology	3	3		1	7
Paediatrics	2	7	5	5	19
Pathology	6	2	5	8	21
Psychiatry	12	8	10	6	36
Radiology	12	8	7	8	35
Surgery	4	6	4	8	22
Total	66	54	46	55	221

Permanent Consultant posts in the Irish public health system September 2009					
Specialty	HSE Area				
	Dublin Mid- Leinster	Dublin North East	South	West	Total
Total	748	570	497	527	2342

13. Verifying contract delivery

Each signed Consultant Contract was reviewed and documented by HSE Internal Audit as part of an internal audit process. This was a key means of ensuring that the significant contribution made by Consultants to the delivery of health services was recognised and recorded, that there was absolute transparency on the delivery of public hospital services and that value was achieved for the resources allocated to contract implementation.

The review examined all contracts issued and accepted by consultants employed in the HSE and HSE funded agencies. Each contract was reviewed to identify any alterations to the standard terms and conditions contained in the *pro forma* contract agreed with the medical representative bodies in July 2008. The review found:

 The vast majority of contracts signed by consultants and authorised by the employer were in accordance with the standard terms and conditions;

- A relatively small percentage of contracts had been signed as approved by the employer prior to being issued to the employee (none of these contained any anomalies);
- A small percentage of contracts were not physically signed as authorised by the employer, but these were included in the employer's records as issued contracts;
- A very small number of contracts did contain manual amendments relating to the treatment of private out-patients, however, these were not found to materially affect the standard terms and conditions.

The HSE Human Resources Directorate also engaged in a verification process for the 1,385 permanent Consultants who have accepted the offer of Consultant Contract 2008 to confirm that the arrangements below were in place.

- a) Appropriate standardised Contract documentation
- b) Increased working hours, particularly:
 - i. the service gain resulting from the increase from 33 to 37 scheduled weekly working hours.
 - ii. The extent of service delivery over an extended working day as required (8am to 8pm in contrast to 9am to 5pm).
 - iii. The introduction of scheduled overtime on Saturdays, Sundays or bank holidays in place of C Factor payments, the service gain arising and cost basis for same.
- c) New measurement arrangements for Public Private Mix, particularly:
 - i. measurement arrangements regarding each of the Consultant's clinical activities, including Inpatient, daycase, outpatient and diagnostics Section 20 and 21 of Consultant Contract 2008 refer.
 - The extent to which there is compliance with the specified ratio of public:private practice
 - iii. The extent to which a single waiting list for outpatient diagnostics has been introduced in line with Section 21.
- d) The appointment of Clinical Directors

The verification process concluded in March 2008.

14. Payment to Consultants

Following the HSE's verification process and to ensure the gains to patient services from the new contract were secured, the Minister for Health & Children set out in a statement on the supplementary budget of the 7th April 2009 that the Consultant Contract was to be implemented on the basis of part payment of the new Consultant Contract salary rates.

Approximately half of the differential between the 1997 and 2008 salary rates was to paid in 2009 as and from 1st January 2009. The original payment schedule had identified the new rates for Consultants accepting the new contracts to apply from the 1st June 2008. The other half scheduled for the 1st June 2009 was not sanctioned and has not been sanctioned to date.

The HSE has no authority to make payments other than those approved by the Minister for Health & Children.

15. Implementing Public Accounts Committee recommendations

The 3rd Interim Report of the Public Accounts Committee on the 2006 Report of the Comptroller and Auditor General regarding health service expenditure recommended that:

- the new contract should provide absolute transparency on the time commitment to public hospital duty of Consultant staff: These commitments should be monitored and enforced in order to ensure that value is received for the salaries paid to Consultants
- the HSE should introduce a stringent monitoring regime of public and private caseloads in hospitals and publish data on the level of private practice in public hospitals;
- the terms of the 1997 contract should be strictly enforced in respect of those consultants who do not transfer to the new contract so that these consultants are seen to deliver services in accordance with their commitments
- six-monthly progress reports should be provided to the Minister for Health and Children.

The HSE's implementation of key provisions of the 2008 Contract has significantly addressed the recommendations of the Oireachtas Public Accounts Committee regarding Consultant Contracts.

In addition, the HSE has moved to ensure that the provisions of Consultant Contract 1997 regarding the Consultant's private practice being aligned with the number of designated private beds is enforced.

The HSE will be taking further measures to implement these recommendations in coming months.

Appendix I – Clinical Directors appointed under Consultant Contract 2008

Clinical Directors in the acute hospital setting						
Hospital Network and Network Manager		Hospital Groups	Clinical Director			
	1	Louth Meath Hospital Group	Interviews in Mid-October 2009			
North East	2	Regional remit	Dr Alan Finan, Consultant Paediatrician			
	3	Cavan Monaghan Hospital Group	Dr James Hayes, Consultant Physician & Gastroenterologist			
	4	Beaumont (Incl. the National Rehabilitation Hospital)	Prof Shane O'Neill			
Dublin North	5	Mater Misericordiae Hospital (Incl. Cappagh National Orthopaedic Hospital)	Prof J Conor O'Keane			
	6	Rotunda Hospital	Dr Sam Coulter Smith, Consultant Obstetrician & Gynaecologist			
	7	Connolly Hospital	Dr Patricia McCormack, Consultant Geriatrician			
	8	St. James' Hospital	Dr Barry White			
Dublin South S		St. Vincent's University Hospital (Incl. St. Michaels), St. Colmcille's & The Royal Victoria Eye & Ear Hospital	Dr Risteard O Laoide			
	10	National Maternity, Holles Street	Dr Peter Boylan, Consultant Obstetrician & Gynaecologist			
	11	ADMiNCH Tallaght	Dr John Barragry, Consultant Physician			
	12	Naas General Hospital	Dr Catherine Collum			
Dublin	13	Tullamore General Hospital	Dr Gerard Crotty, Consultant Haematologist			
Midlands	14	Mullingar General Hospital	Dr Ron Charles, Consultant Anaesthetist			
	15	Portlaoise General Hospital	Dr John Connaughton, Consultant Physician			
	16	Coombe Women's Hospital	Dr Chris Fitzpatrick (Master of Coombe) filling position on temporary basis pending interview process			
South East	17	Waterford Regional Hospital	Dr Rob Landers, Consultant Histpathologist			
	18	Wexford General Hospital	Dr Colm Quigley, Consultant Physician			
	19	St. Luke's Hospital, Kilkenny	Dr Garry Courtney, Consultant Physician			

	20	South Tipperary General Hospital	Dr Aamir Majeed	
	21	CUH (Incl. Mallow & Bantry)	Professor Richard Greene	
O a vitta a via	22	Kerry General Hospital, Tralee	Dr Richard Liston, Consultant Physician	
Southern	23	South Infirmary/Victoria Hospital	Mr Denis Richardson, Consultant General Surgeon	
	24	Mercy University Hospital		
Mid-west	25	Mid-western Regional Hospital	Dr Anthony Dempsey, Consultant Obstetrician & Gynaecologist	
	26	Galway University Hospitals	Mr Jack McCann	
	27	Portiuncula Hospital (Incl. Roscommon)	Dr Gerry Clarke, Consultant Physician	
West/North- west 28		Mayo General Hospital, Castlebar	Dr Michael O'Neill, Consultant Paediatrician	
	29	Sligo General Hospital	Dr Paul Mullaney	
	30	Letterkenny Hospital	Dr Paul O'Connor, Consultant Anaesthetist	
	31	National Renal Programme	Dr Liam Plant	
Other Clinical Directors	32	Southern Reconfiguration	Prof John Higgins	
	33	MidWestern Reconfiguration	Mr Paul Burke	
	34	National Cancer Control Programme	Mr Arnie Hill	
	35	National Cancer Control Programme	Prof Donal Hollywood	
	36	National Cancer Control Programme	Prof Maccon Keane	
		Total Appointed Acute Sector	35 and 1 outstanding	

Clinical Directors in Mental Health						
Area		Remit	Clinical Director			
	1	Limerick Mental Health Services Located at Churchtown Day Hospital	Dr Jack O'Riordan Con Psychiatrist (Adult)			
	2	Sligo Mental Health Services Located at Ballytivnan Sligo	Dr Owen Mulligan Consultant Psychiatrist (Adult)			
West	3	Galway Mental Health Services Located at St Brigids Hospital Ballinasloe	Dr Kieran Power Clinical Director			
	4	North Lee/North Cork Adult Mental Health Services Located at North Lee	Dr Maeve Rooney Consultant Psychiatrist (Adult)			
	5	South Lee/WestCork/Kerry Adult Mental Health Located at South Lee	Dr Eamon Moloney Clinical Director			
South	6	Waterford/Wexford	Dr Noel Shepard Consultant Psychiatrist			
	7	Carlow/Kilkenny	Dr Francis Kelly Consultant Psychiatrist			
	8	North Dublin Mental Health Located at St Ita	Dr. Mary Cosgrave Consultant Psychiatrist (Old Age)			
Dublin North	9	Louth/Meath/Cavan/Monaghan	Dr Anne Jackson, Consultant Psychiatrist			
East	10	North West Dublin/Dublin North Central	Dr Margo Wrigley Consultant Psychiatrist (Old Age)			
	11	Wicklow Adult Mental Health Service located at Newcastle Hospital	Dr Justin Brophy A/Clinical Director			
	12	Dublin West, South West Adult Mental health Service located in St Lomans Palmerstown	Dr Ian Daly Clinical Director			
Dublin Mid-	13	Laois Offaly Mental Health Service	Dr Maurice Gervin A/Clinical Director			
Leinster	14	National Forensic Mental Health Service Located at Central Mental Hospital Dundrum	Dr Harry Kennedy Clinical Director			
		Total Appointed in Mental Health Services	14			
		Overall Total	49 (one post to be filled)			

Note on measurement of public private mix under Consultant Contract 2008 – 21st October 2009

Set out below is an update from each Hospital Network by HSE Area on the issues related to compliance with public private measurement under Consultant Contract 2008.

HSE Dublin North East

The Network Manager in the Dublin North area has written to Hospitals in that group pointing out the number of non compliant Consultants in each Hospital and Hospital Managers have been requested to issue formal letters immediately. Compliance levels are particularly high in this area.

The number of non compliant Consultants in the North East area is small and informal meetings have taken place at the Louth, Meath and Cavan, Monaghan Hospital groups. Individual action plans to address non compliance have been agreed with the Clinical Directors and timelines agreed.

HSE Dublin Mid-Leinster

Private Day Case activity levels at Crumlin are recorded as significantly higher than contractual limits, as is the percentage of Consultants with activity in excess of the permitted limits. The Network Manager in the Dublin Midland area has written to all Hospitals in that group pointing out the number of non compliant Consultants in each Hospital and Hospital Managers have been requested to issue formal letters immediately.

The National Maternity Hospital, Holles Street and the Royal Victoria Eye and Ear are recording a high percentage of Consultants in excess of their contractual limits and high overall private activity levels. The Network Manager in the Dublin South area has written to the two Hospitals with problems highlighted in that group pointing out the number of non compliant Consultants in each Hospital and Hospital Managers have been requested to issue formal letters immediately. The Network manager has also identified this as a priority for the new CEO at RVEEH who took up post on 21/9/2009. The Clinical Director has also been involved.

HSE West

Consultants in the West area have been contacted individually. The number of non compliant Consultants is small and issues surrounding the volume of emergency workload are emerging i.e. the difficulty of managing large emergency case loads within the confines of the 2008 Contract. This is being followed up with the Network Manager.

The Mid Western Regional Hospitals and St. Johns Hospital in Limerick are recording very high percentage rates for Consultants in excess of their permitted private activity levels and high overall hospital activity levels. It should be noted that private bed designations in Limerick have been traditionally high due to the absence of a private inpatient facility in the city e.g. the designation of private beds by the Department of Health and Children for St. John's Hospital is 45%. In addition, only 3 Consultants in St. Johns Hospital have taken up the 2008 Contract. Consultants at the regional Hospitals who are not compliant have received letters in relation to same from the Hospital Manager.

HSE South

A significant percentage of Consultants in Waterford Regional Hospital are outside of their contractual limits, however, the rolled-up figures for private activity at the hospital are under 30%, suggesting that Consultants may be marginally exceeding their limits. The South East Network

area has been particularly active on this both formally and informally. 14 letters have issued to Consultants who are outside of their contract limits to date.

Over 50% of the contract holders at Cork University Hospital are exceeding their contractual limits for private practice, with significant non-compliance indicated in day case activity levels. The Mercy and South Infirmary Hospitals are reporting a very high percentage of Consultants outside of their contractual limits, as well as high rolled-up levels of private activity at overall hospital level. The Clinical Directors in the Southern Network area are reviewing the private practice activity data and ratios. They are now progressing to formal meetings and correspondence.

Measurement issues

A small number of measurement issues remain outstanding.

- The backlog of HIPE coding in the South East is a continuing issue and means that reports are being produced on the basis of 80% approximately of activity coded on HIPE.
- PAS generated reports (as opposed to HIPE) still feature at the Mercy and Bantry Hospitals in the South. Measures to address this are underway.
- Diagnostic data is not being furnished at Mayo and Limerick Hospitals. It should be noted that all Consultant Radiologists in Limerick Regional opted to remain with the 1997 Consultant Contract.
- HIPE coding issues remain outstanding at Tallaght and diagnostic activity manual data is not being supplied.
- Diagnostic activity data for the manual generation of reports is not being supplied by Consultants in Crumlin.

Patterns and Trends 2009

Performance in relation to the collection and measurement of activity has improved significantly during the course of 2009, with only a handful of outstanding issues to be dealt with as outlined above. The pilot on-line collection of OPD activity is working well and should address residual issues over the next few months.

Review of the private activity figures for the bigger hospitals suggests little change on a month by month basis in relation to the majority of hospitals. Activity patterns in the following hospitals have moved as follows in the period from January 2009 to September 2009.

Waterford No significant change in inpatient activity. Private day-case activity has

increased from 10% to 25%.

Cork University Hospital No significant change in inpatient activity. Private day-case activity has

increased from 31% to 45%.

Tallaght Private inpatient activity has moved from 17% to 31% - however there

have changes in the activity coding arrangements from mid year.

Crumlin Private inpatient activity has reduced from 34% to 25%.

Preparation of the next monthly report is underway. It is anticipated that it will include the number of Consultants holding Consultant Contract 2008 per hospital and standard deviations. It will also include a monitoring mechanism for follow up on compliance.

Oireachtas Committees from 1st September 2009 – 14th June 2010-06-24

Committee	Date	Topic
Joint Oireachtas Committee	8 th September 2009	Issue relating to swine flu
on Health (JCHC)	7 th October 2009	Update on Health & HSE
		issues
	9 th February 2010	Update on Health & HSE
		issues
	9 th March 2010	Healthy Eating, Combating
		Obesity and Eating
		Disorders
	23 rd March 2010	Centralisation of Medical
		Card Services
	20 th April 2010	Mental Health
	1 st June 2010	National Drug awareness
		campaign under the
		National Drug Strategy
Public Accounts	5 th November 2009	2008 C&AG Chapter 37 &
Committee (PAC)		39
	17 th December 2009	Special Report Number 64
		Drug Addiction Treatment
		& Rehabilitation
	4 th March 2010	2008 C&AG Chapter 38 &
		40; & the 2008 Financial
		Statement
	10 th June 2010	Correction of evidence
		given to the Committee on
		the 4 th March meeting

Public Accounts Committee 5th November 2009 Private Patient Income Briefing Note

Actions taken on foot of Comptroller and Auditor General's Report 2008

The Health Service Executive fully accepts that the delay in recovering private insurance accommodation claims is excessive and has set in motion a number of initiatives to resolve this issue. The timeliness of debt recovery is a cash flow issue for the H.S.E. and 97% of all private insurance claims are ultimately paid by the insurer.

No patient services have suffered as a result of this delay in cash payments.

A number of actions have been initiated by the H.S.E. to address this particular issue:

Hospital Managers have been instructed by Senior Management to reduce their debtor days down to 60 days initially and budget sanctions will be imposed on Managers who fail to reach this target in 2010. Our ultimate target is to move to 30 days.

The H.S.E. has negotiated with the V.H.I. to introduce an improved payment arrangement. A cash acceleration of €50m has been agreed with V.H.I. for a period of six months from receipt, this money is anticipated in the last quarter of 2009. We are now pushing for all private insurers to accelerate payment or we will take further steps to achieve this.

We are introducing incentives for consultants to sign their claim forms on a timely basis. This is linked to a more general issue relating to the coding of hospital cases on a timely basis. Specifically we are considering the possibility of direct billing patients where the consultant has not signed the claim form within 30 days of discharge and also possible limitations on admission rights if there is no improvement over time. Targets for income for all hospitals in 2010 will be based upon a reduced number of days and this will be implemented through the budgeting process.

A concentration of effort on Private Insurance income collection has been ordered by me. The focus at individual hospital level on the issue will be concentrated on;

1.

- Follow up of claims which have been submitted already but not yet settled, i.e. any outstanding queries to be addressed as a matter of urgency.
- Compile and clear any outstanding claims that are awaiting submission to the Health Insurer.

- 2. All the Hospital CEO's and Finance Managers/Accountants are being circulated again with the National Director's memo dated 21/10/2009, instructing urgent action on this issue (copy attached Appendix I) and followed up with a phone call to the Hospital Chief Executive from the respective Regional Director of Operations (R.D.O) to highlight the importance and urgency of addressing outstanding private insurance payments.
- 3. Clinical Directors are being asked to assist as necessary in addressing difficulties that may arise at individual Consultant level.

Liaison with all Private Insurance Companies

A high level group chaired by a Hospital Network Manager and with representatives from H.S.E Finance and Voluntary Hospitals continues to negotiate with the Private Insurance Providers on business processes and the reduction of debtor days and with the following terms of reference.

- Streamlining transaction processing and data exchange
- Setting parameters for private and semi-private charges by public hospitals both voluntary and statutory
- Billing and payment methods
- Implications of new Consultants contract.
- Level of debt
- Administration of Private Insurance claims process.

Service Level Agreement

The ultimate focus of the above high level group is to formulate a Service Level Agreement with the private insurers to streamline agreed business terms and ensure payment of hospital accommodation bills within 30 days in accordance with normal business terms and conditions.

Electronic Submission of Claims

Negotiations are ongoing with the Private Insurance providers to implement electronic exchange of data which will significantly speed up the claims and payment process. The H.S.E is working with the Department of Health and Children and the Department of Finance with a view to implementing electronic submission of claims data in the bigger Voluntary and H.S.E hospitals in the first instance.

Signoff by Consultants

The H.S.E has secured agreement with the major insurance providers for signoff of claims by a secondary Consultant Clinician where the primary Consultant has failed for whatever reason to signoff in a timely manner.

Centralised Billing

Approval has been obtained from the Department of Health and Children and the Department of Finance to commence the centralisation of the entire H.S.E billing system which will lead to streamlining of this process and focus the attention on collection of all outstanding debts.

Bed Designation

The H.S.E is working with the Department of Health and Children with a view to implementing flexibility in the Private bed designation of individual hospitals throughout the public hospital system notwithstanding the realisation that it is government policy not to increase the overall number or percentage of private beds. This will facilitate maximum generation and collection of private patient income.

Audit Committee of the H.S.E

Debt collection is now a standing item on the agenda for the H.S.E. Audit Committee and the focus continues to be on the performance of individual hospitals in the management of their patient debt. Hospital Managers have been informed that failure to improve on their debt collection rates where applicable will result in budget sanctions which equate with the level of non compliance.

Consultants Contract Category A

The H.S.E continues to be of the view that private patients who wish to avail of private accommodation and are admitted by Category A consultants are liable for private accommodation charges where these are availed of by the patient. We are currently clarifying this matter with the Department of Health and Children.

Finance Directorate

28th October 2009

Report on Consultant Private Practice Measurement

Monthly Report (covering HIPE Reporting Period February, March & April 2009)

South Eastern Hospitals Group - Feb 09 - Apr 09

	Inpatient & Day Care Reports	% overall Private Practice (Case mix adjusted)	Percentage of eligible Consultants within contract limit	OPD Reports	Diagnostic Reports
	Current Status			Current Status	Current Status
Wexford General Hospital	Reports issued	IP 23% DC 22%	IP 83% DC 72%	Reports Issued	Awaiting data from Radiology Dept to issue report
Waterford Regional Hospital	Reports issued	IP 27.7% DC 25.8% Based on 82% coded on HIPE	IP 56.7% DC 53.73% Based on 82% coded on HIPE	Reports Issued	Reports Issued
St. Luke's General Hospital, Kilkenny	Reports issued	IP 22% DC 13%	IP 86% DC 95%	Reports Issued	Reports Issued
Lourdes Orthopaedic Hospital, Kilcreene, Kilkenny	Reports issued As part of WRH				
South Tipperary General Hospital, Clonmel	Reports issued	IP 23% DC 37%	IP 61% DC 76%	Reports Issued	Reports Issued

Note:

^{*}IP = Inpatients,

^{*}DC = Daycases.

^{*}PAS = Patient Administration System

Report on Consultant Private Practice Measurement Southern Hospitals Group - Feb 09 - Apr 09 Inpatient & Day Care Percentage of eligible OPD Reports Diagnostic Reports % overall Reports Private Practice Consultants within contract limit (Case mix adjusted) Current Status Current Status Current Status **Cork University Hospital** Reports issued **IP**:34.8% **IP:** A:100% Radiology Reports Exempt **DC**:45.8% B:46.8% Issued B*:66.7% **DC:** A:100% B:36.7% B*: 33.3% St. Mary's Orthopaedic **IP**:31.3% Reports issued **IP:** A:100% N/A Radiology Reports Hospital, Cork **DC**:30.1% B:69.2% Issued B*:N/A **DC:** A:100% B:46.2% B*:N/A **IP**:41.2% **IP**: 23% PAS reports Not known when Mercy University Hospital, Reports issued (PAS) reports will be available Cork **DC**:44.5% DC: 41% available next month Reports issued **IP**:40.6% **IP**: 50% No Private Practice Reports Issued South Infirmary-Victoria Hospital, Cork* **DC**:44.4% **DC**: 50% Mallow General Hospital **IP**:33.1% **IP:** A:100% No Private OPD N/A Reports issued **DC**:46.3% B:37.5% B*:N/A **DC:** A:100% B:37.5% B*:N/A

Report on Consultant Private Practice Measurement								
Southern Hospitals Group	Southern Hospitals Group - Feb 09 - Apr 09 (continued)							
Kerry General Hospital	Reports issued	IP:24.8% DC:9.4%	IP: A:100% B:69.23% B*:100% DC: A:100% B:61% B*:100%	No Private OPD	Reports Issued			
Bantry General Hospital	Reports issued (PAS)	3.6%		No Private OPD	Reports Issued			

^{*}Please note 54.6% of cases were uncoded when the HIPE reports were run.

Status Report on Consultant Private Practice Measurement

West/North Western Hospitals Group - Feb 09-Apr 09

	Inpatient & Day Care Reports	% Private Practice (Case mix adjusted)		Proportion of Consultants within contract limit		OPD Reports	Diagnostic Reports
	Current Status	Inpatient	Daycase	Inpatient	Daycase	Current Status	Current Status
Letterkenny General Hospital	Reports issued	15%	11%	100%	100%	Reports issued	Reports issued
Sligo General Hospital	Reports issued	17.3%	25.4%	90.1%	71.4%	Reports issued	Reports issued
Roscommon County Hospital	Reports issued	24.3%	20.1%	45%	60%	Reports issued	Reports issued
Portiuncula Hospital	Reports issued	30.30%	40%	58.82%	82.35%	Reports issued	Reports issued
University College Hospital, Galway	Reports issued	25.6%	15.9%	55.6%	76.2%	Reports issued (1/4ly as agreed)	Reports issued (1/4ly as agreed)
Merlin Park Regional Hospital	Reports issued	16.2%	9.2%	79.9%	78.3%	Reports issued (1/4ly as agreed)	Reports issued (1/4ly as agreed)
Mayo General Hospital	Reports issued	19.4%	24.8%	62%	54%	No private OPD Service	Information requested but not yet provided by consultants.

Report on Consultant Private Practice Measurement Mid Western Hospitals Group - Feb 09 - Apr 09 Inpatient & Day Care Percentage of OPD Reports Diagnostic Reports % overall eligible Consultants Reports Private Practice (Case mix within contract limit adjusted) **Current Status** Current Status Current Status Nenagh General Hospital IP 20.9% IP 66.6% No Private OPD Reports issued N/A DC 36.2% DC 66.6% Reports issued Mid Western Regional IP 16.8% IP 87.5% Reports issued N/A Hospital, Ennis DC 16.9% DC 87.5% Mid Western Regional Reports issued IP 41.7% IP 41% Reports issued Information requested Hospital, Dooradoyle DC 49.7% DC 50% but not yet provided by consultants. Mid Western Regional Reports issued IP 38.7% IP 55% N/A N/A **Maternity Hospital** DC n/a DC n/a Mid Western Regional Reports issued IP 60.7% IP 36.8% Participating in pilot N/A **Orthopaedic Hospital** DC 60.9% DC 36.8% web based solution. St. John's Hospital IP 46.4% Reports issued Reports issued IP 16% No Private OPD DC 38.2% DC 60%

Report on Consultant Private Practice Measurement							
North Eastern Hospitals Group	- Feb 09 - Apr 09						
	Inpatient & Day Care Reports	% overall Private Practice (Case mix adjusted)	Percentage of eligible Consultants within contract limit	OPD Reports	Diagnostic Reports		
	Current Status			Current Status	Current Status		
Louth County Hospital	Reports issued	IP 21.20% DC 33.50%	IP 66.66% DC 33.50%	No Private OPD	Data collected from August (Nov Report)		
Our Lady of Lourdes Hospital, Drogheda	Reports issued	IP 27.00% DC 19.70%	IP 54.00% DC 73.00%	No Private OPD	Data collected from August (Nov Report)		
Our Lady's Hospital, Navan	Reports issued	IP 19.40% DC 33.40%	IP 83.00% DC 55.50%	Data collected from August (Nov report)	Data collected from August (Nov Report)		
Monaghan General Hospital	Reports issued	IP 16.44% DC 33.84%	IP 66.67% DC 33.33%	Reports issued	Reports issued		
Cavan General Hospital	Reports issued	IP 16.05% DC 3.71%	IP 85.71% DC 85.71%	Reports issued	Reports issued		

From August 2009, information on OPD reports and Diagnostic Reports in the Louth/Meath Hospital Group are recorded.

Report on Consultant Private Practice Measurement Dublin Midlands Hospitals Group - Feb 09 - Apr 09 Percentage of OPD Reports Inpatient & Day Care % overall Diagnostic Reports Private Practice eligible Consultants Reports (Case mix adjusted) within contract limit Current Status **Current Status** Current Status Adelaide & Meath & National Automation of IP 31% IP 86% diagnostics is still work Children's Hospital, Tallaght Reports issued DC 31% DC 64% Reports issued in progress Coombe Women's Hospital Reports not issued IP 27% We estimate overall Percentage of private Based on private DC 45% compliance is being patients booking into activity in hospital, the achieved. the hospital is 16%. CWIUH estimate that overall compliance has been achieved. Our Lady's Hospital for Sick Diagnostic Consultants have been requested to Children, Crumlin supply the information and templates have IP 51 consultants out of total of 77 ie 66% been issued for within allowed collection of same. the workload ratio. activity in the total DC 32 consultants Reports have been denominator. out of total of 77 ie produced but we have 41% within allowed not received the % to 25.5 IP 43.9 DC workload ratio. Reports Issued date.

Naas General Hospital	Reports Issued Weighted HIPE report used	2.0 IP 14 DC	No breaches	Confirmation received of 1 Consultant doing private OPD work Consultant 1 – 6% Private	The GM has confirmed that of the 4 consultant radiologists 2 have confirmed they can and will supply the information. The GM expects all will supply the figures. Radiologist 1 – 4% private Radiologist 2 – 4% private Naas operate a common waiting list for radiology.
Midland Regional Hospital, Mullingar	Reports Issued	14.2 IP 21.3 DC	3 cons> target IP 78.57 compliance 5 cons > target DC 64.29 compliance	3 of 11 Consultants have given private OPD figures, others have just not responded.	Requests for data issue and template supplied. Update requested.
Midland Regional Hospital, Tullamore	Reports issued	26.3 IP 25.1 DC	IP 74% DC 81%	Reports issued	Reports issued.
Midland Regional Hospital, Portlaoise	Reports Issued	IP 20% DC 45%	IP 2 cons > target 86.67 compliance	4 Consultants returning OPD. Private Ratios are as follows –	1 Consultant Anaesthetist returning diagnostics. Private

DC 4 cons > target Dr. 1 - 22% private ratio is as follows – 77.78 compliance Dr. 2 - 25% private Dr. 1 - 34% private Dr. 3 - 13% private Dr. 4 -15% private
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Report on Consultant Private Practice Measurement Dublin South Hospitals Group - Feb 09 - Apr 09 Inpatient & Day Care Percentage of eligible OPD Reports Diagnostic Reports % overall Consultants within Reports Private Practice (Case mix contract limit adjusted) Current Status Current Status Current Status St. Vincent's. Elm Park IP 21% IP78% No Private OPD Reports issued Reports Issued DC 1% DC 92% IP 83.18% No Private OPD St. Michael's, Dun Laoghaire Reports issued IP 16.82% Reports Issued DC 16.58% DC 83.42% St. Colmcille's Hospital, No Private OPD Reports issued IP 9.4% Reports Issued Loughlinstown DC 34.2% 92% National Maternity Hospital, Reports issued IP 32% Reports Issued Reports Issued IP 41% **Holles Street** DC 39% DC 32% Royal Victoria Eye & Ear IP 44.4% IP 33% Reports Issued Reports issued Reports Issued DC 37.4% DC37% IP 75% St. James's Hospital Reports issued IP 23% No Private OPD Reports Issued DC 20% DC 94%

Report on Consultant Private Practice Measurement									
Dublin North Hospitals Group – Feb 09 – Apr 09									
	Inpatient & Day Care Reports	% overall Private Practice (Case mix adjusted)	Percentage of eligible Consultants within contract limit	OPD Reports	Diagnostic Reports				
	Current Status			Current Status	Current Status				
Mater Misericordiae University Hospital	Reports issued	*IP 23% DC 14%	*IP 70% DC 82%	No private OPD	Reports issued				
Beaumont Hospital	Reports issued	IP 30.2% DC 14%	IP 70.89% DC 81.01%						
Connolly Hospital	Reports issued	IP 13.3% DC 12.3%	IP 100% DC 100%	No private OPD Clinics	Reports Issued				
Rotunda Hospital	Reports issued	IP 32% DC 54%	IP DC						
Children's University Hospital, Temple Street	Reports issued	IP 29.8% DC 35.7%	IP 71.21% DC 60.61%	Information requested from Private Clinic	Reports Issued 100% compliant				
Cappagh National Orthopaedic Hospital	Reports issued	IP 27.40% DC 30.50%	IP 67% DC 64%	Reports Issued	Reports Issued				

^{*} Data for Feb to April period awaited. Figures quoted are for the Jan to March period.