

# Hanly report - making the health reform pieces fit

**Niall Hunter** previews some of the main recommendations of the imminent Hanly medical staffing report and how they may or may not fit in with the health reform proposals unveiled to date

**T**he long-awaited Hanly report on medical staffing is unlikely to be published until next month.

The report, which provides a template for a reconfiguration of hospital services, proposes the appointment of 1,870 additional consultants, more flexible hospital staff working practices and longer hours of availability for consultants, is set to go to Cabinet before the end of the month. It was originally intended to publish Hanly this month, following the publication of the other two health reform reports, Brennan and Prospectus, in June. Any delay in publishing Hanly could cause difficulties, since it outlines measures for the reduction of NCHD working hours, which is set to be enforced by EU Directive in just over a year's time.

Some of the recommendations contained in Hanly will dovetail with the management reorganisation proposals in the Prospectus report. However, other recommendations do not align so precisely.

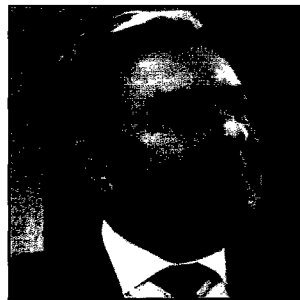
Hanly is expected to propose the creation of a national hospitals authority responsible for strategic development, resource allocation, management and workforce planning, working closely with other sectors of the health service, particularly primary care.

Prospectus proposes a National Hospitals Office (NHO) to manage, plan, and fund hospital services, working as part of the new Health Service Executive (HSE).

The Hanly report, in proposing one "major" or regional hospital

per 350,000 population, envisages around 12 such hospitals in 12 regional networks which would also include some of the existing smaller county/general hospitals, to be renamed "local" hospitals.

The report also recommends



**Mr David Hanly, Chairman of the Medical Staffing Taskforce**

that in some regions "general hospitals" be developed where for geographic or demographic reasons, access to a major hospital is difficult. Hanly, in the recent final draft of the report says each network of acute hospital should have a chief executive.

Prospectus, on the other hand, does not propose regional management structures for hospital services. It says existing major hospitals should be brought under the remit of the NHO, with their own legal identity and governance structures. Prospectus says regional hospital groupings "or combinations thereof" should be "aligned" with the areas of responsibility of its proposed four new regional health offices (RHOs) to encourage integrated planning and service delivery.

Prospectus, while it proposes four regional offices, does not provide precise boundaries for these

offices, which will have responsibility for non-acute services only. Prospectus also does not outline precisely how the 12 regional hospital structures in Hanly will align with only four regional health offices.

As regards hospital service management and planning, Prospectus appears to favour "direct rule" by the NHO. However, the logistics of alignment between the structures in Hanly and Prospectus is left fairly vague.

Hanly too steps back from prescribing precise locations for the network of regional, local and general hospitals. It says this will be the job of the second phase of its work.

The lack of specificity in Hanly on the regional/local/general hospital mix in each region, or as to exactly what each region will be, could be seen as a drawback in achieving a swift implementation of the reform process, particularly in light of the imminence of the 56-hour NCHD working week and the need to implement new work practices in line with the new hospital configuration throughout the country, presumably after the pilot projects have led the way on this issue.

Neither report provides a clue to a number of regional conundrums, such as, in the north west, will Sligo be designated a major centre and Letterkenny a general or local hospital? Or the south east, how will St Luke's Hospital, Kilkenny, a sizeable general hospital, fit into the major/local/gener-

al mode when it is pitted against Waterford Regional, that is, presuming Waterford Regional remains in the same region as St Luke's? The lack of specificity on the reconfiguration of services will leave many areas wondering whether they will retain their small hospitals, or whether they may be "reconfigured" out of existence.

Hanly, in prescribing hospital configurations, concentrates solely on the pilot projects.

In the East Coast Area Health Board pilot region, St Vincent's will be the major hospital, with St Columcille's and St Michael's functioning as the local hospitals. In the mid-west, the Mid Western Regional Hospital, Limerick will be the major hospital, with Ennis and Nenagh Hospitals functioning as local hospitals. The ECAHB hospitals will get 80 extra consultants by 2009 while the MWHB hospitals will get 146.

While the health reform debate to date has made much of the need to change consultant contracts to "rein them in", the Hanly recommendations will also provide for new contract negotiations to accommodate the new model of consultant who will be either available 24-hours on-site, frequently on-call, or infrequently on-call. Specialties categorised as 24-hour on-call will include anaesthesia, intensive care, general medicine and general surgery.

Hanly will envisage consultants being available later at night and according to sample rosters in previous drafts of the report, working

longer hours per week within a roster cycle.

In total, Hanly envisages that 1,870 new consultants will be needed by 2013.

Finally, the role of primary care in this restructuring, while obviously a crucial one, is regarded as an urgent issue in both reports.

Prospectus stresses that the principal challenge in the non-acute sector is to build the primary care teams and networks. Hanly says the implications of its proposals for hospitals on primary care should be addressed immediately.

Given the fact that the future funding of the Primary Care Strategy is uncertain, it remains to be seen how immediately these concerns will be addressed.