



National Treatment Purchase Fund
TREATING PEOPLE, FASTER

Lo-call 1890 720 820
www.ntpf.ie



Conor Ring, from Abbeyleix, Co. Laois, is 11 years old. He was on a waiting list in a public hospital for 18 months for a tonsillectomy. After being referred to the NTPF he was treated in a local private hospital within 2 weeks.

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What is the National Treatment Purchase Fund?

The National Treatment Purchase Fund (NTPF) is an independent statutory agency established by Government with the primary aim of providing faster treatments for public patients who have been waiting longest on public hospital in-patient waiting lists for surgery. What we mean by in-patient waiting lists is that patients have been assessed by a consultant as in need of surgery and placed on a waiting list for that procedure. The NTPF purchases surgery mainly in private hospitals in Ireland.

Established in 2002 it has facilitated the treatment of almost 100,000 people to date. The NTPF receives its funding directly from the Department of Health & Children. There is no cost to the patients involved. **The service is free.**

A National Patient Treatment Register (www.ptr.ie) has been established by the NTPF, which provides waiting time information for hospitals across the country.

Anyone who has been waiting for more than three months for an operation on an in-patient public hospital waiting list may be eligible for treatment.

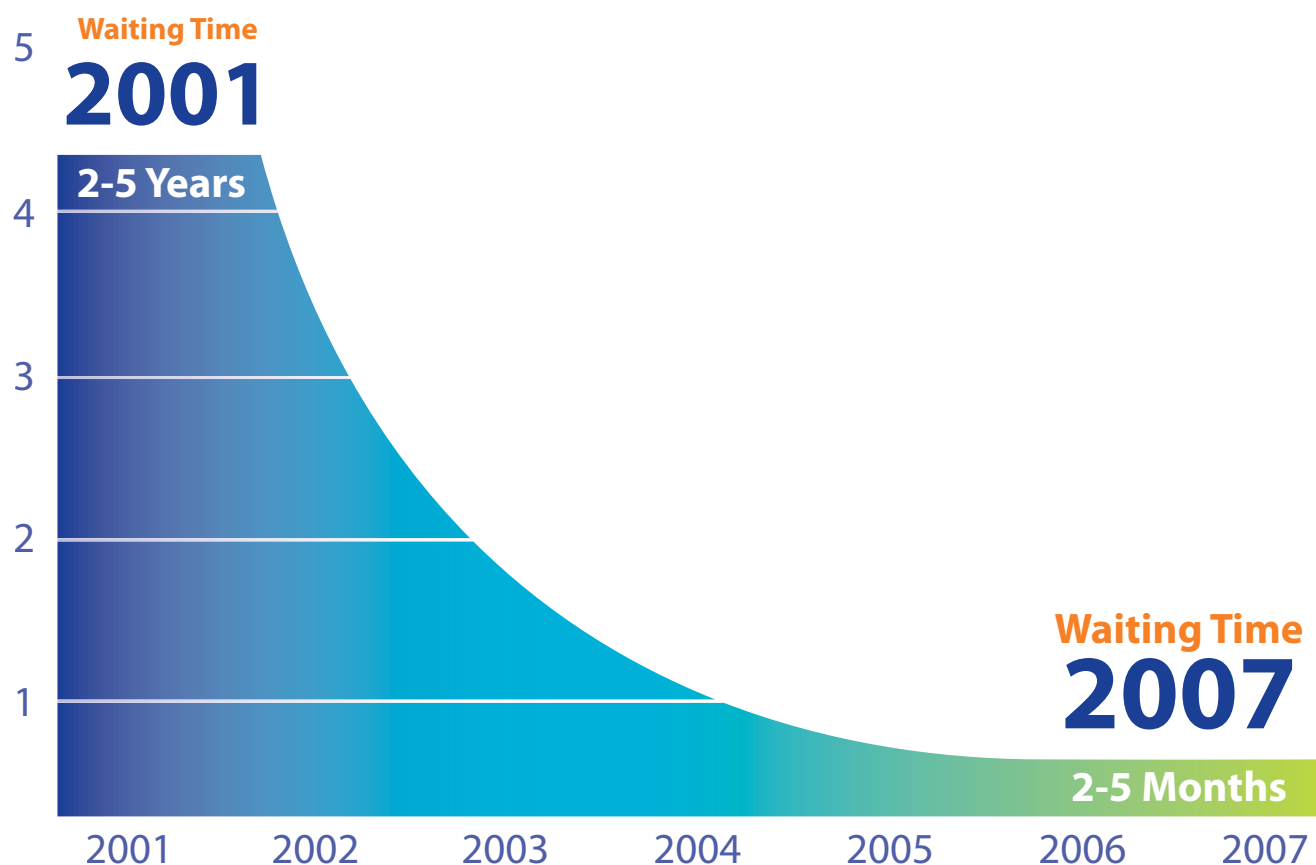
Patients, their families or GPs can call the NTPF directly on 1890 720 820.

Mission Statement

In keeping with the Government's Health Strategy, the mission of the National Treatment Purchase Fund is to reduce the length of time public patients are on hospital waiting lists by offering choice in obtaining access to treatment promptly, safely and to a high standard of patient satisfaction. The NTPF will fulfill this mission by:

- Putting patient needs first
- Assuring quality of patient care
- Measuring results and performance
- Operating a reliable National Patient Treatment Register as a basis for quantifying waiting times
- Maintaining co-operative relationships with hospitals, consultants and patients
- Operating efficiently
- Obtaining value for money

Reduction in Average Wait Times



"I was more than happy with the treatment I received. I am very grateful to you and for the first time in a long time, I feel so good."

Left – Thomas Skelton, Patient and Mary Sheedy, Patient Care Liaison Nurse (NTPF)



Chairman's Statement

John O'Dwyer, Chairman

2007 was another successful year for the National Treatment Purchase Fund (NTPF). It was a year characterised by sustained growth in the services provided and it was also the year of changeover from the first Board (whose term of office had expired) to the present Board also appointed by the Minister for Health & Children.

2007 Performance

The total number of patients facilitated by the NTPF in 2007 was 32,638 which was an increase of 33.7% on the previous year. In-patient procedures at 22,069 showed an increase of 30% on 2006. I am pleased to report similar progress in the out-patient initiative with 10,569 first-time consultations provided which represented an increase of 41.3%. 2002 was the first year of operation for the NTPF which saw a total of 1,920 patients provided with faster access to surgery. The Fund did not provide out-patient consultations until 2005. The volume of patients treated each year at in-patient and out-patient levels has shown substantial progress. At the end of 2007, almost 100,000 patients had been facilitated.

However, while the volume of patients treated in any one year tells its own story, at the end of the day it is the time that patients wait for treatment that is the critical factor. The NTPF was established in 2002 to make inroads into surgical waiting lists by offering those public patients who had seen a consultant, and who waited longest for procedures, alternatives to waiting. At that time patients waited on average from two to five years for some elective surgeries. It goes without saying that there were resultant quality of life issues for those patients when we consider issues such as debilitation, missing school, absences from work, etc. That is why it is gratifying to report at the end of 2007 that the national average median wait time for a procedure was 3.4 months.

Patients waiting over 12 months for surgery

While progress can be reported on most fronts, it is particularly disappointing to report that there are still a significant number of patients still on surgical waiting lists over twelve months. Most of these patients are in a small number of hospitals. It is unacceptable to the NTPF that these people are still waiting. In the Ireland of today there is no need for most of those patients to be waiting. The reason patients are waiting like this is because a small number of hospitals are not referring to the NTPF in sufficient numbers to impact on their waiting lists. Many of the procedures which these patients are waiting for are minor in surgical terms and the capacity is in the system to deal with these cases. That is why it is disappointing that these cases have not been referred to the Fund. It is the experience of the NTPF to date that hospitals who have engaged most with the Fund have achieved most for their patients.

Out-Patient Initiative

At the behest of the Minister for Health & Children, the NTPF started providing out-patient consultations in 2005. 2007 was the third year the NTPF was involved in this initiative. Access to see consultants at out-patient level is one of the bottlenecks facing the hospital system at present. The Fund has been involved in making arrangements for public patients to see consultants faster at out-patient clinics in a number of pilot site developments. Since 2005 approximately 50,000 patients have been contacted with approximately half of those taking up appointments. This has raised questions about the validity

of some of those lists and the need for constant waiting list maintenance. Provision for those out-patient clinics was made in private hospitals and is over and above core out-patient activity in public hospitals. The experience to date for those who have participated in these pilot initiatives has been very positive. The time is now opportune to carry out a review of the out-patient initiative in terms of where we go from here and it has been agreed that discussions should be held with the Department of Health & Children.

National Patient Treatment Register

The Patient Treatment Register (PTR) is the online database of named patients waiting on a public hospital list over three months for an in-patient or day case procedure. It provides an accurate and transparent picture of waiting times for public patients in participating hospitals at any given point. It can be used as a comparator of waiting times for procedures in different hospitals around the country. Patients, the general public and doctors can access the site. At the end of 2007 there were 41 hospitals supplying waiting list information to the PTR. The project of bringing the targeted hospitals on to the live PTR register is almost complete and will be when the three remaining hospitals, St. Michael's in Dún Laoghaire, St. Colmcilles in Loughlinstown and Mayo General Hospital are signed up.

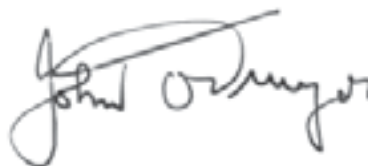
New Board in 2007

On 1 May, 2004 the National Treatment Purchase Fund was established as an independent statutory agency. Like similar bodies a Board of Directors was appointed for a period of three years. As the tenure of the first Board expired during 2007, a new Board was appointed by the Minister to administer the Fund over the next three years. I would not like to let this occasion pass without paying tribute to the first appointed Board for the important part they played in growing the NTPF to being the health provider it is today. The outgoing members are Dr. Frank Chambers, Mr. Ray Doherty, Ms. Lenore Mrkwicka and Mr. Christy Nolan. I would especially like to thank my predecessor, Ms. Maureen Lynott, for her role in chairing and steering the development of the Fund.

Going Forward

Progress achieved to date has been as a result of the co-operation received from many quarters including doctors and nurses, public hospitals and private hospitals. A special thank you to the hospital liaison personnel throughout the country.

I would like to take this opportunity to thank the Minister for Health & Children for her continuous and ongoing support. It enables us to serve the needs of patients. Also a special word of thanks to the Department of Health & Children for the assistance rendered during the year. Finally to the Board and staff of the NTPF, for your efforts and diligence during 2007, thank you.





Chief Executive's Report

Pat O'Byrne, Chief Executive

Performance

The National Treatment Purchase Fund (NTPF) continued to grow and expand the services it offered in 2007. 32,638 public patients were provided with faster treatments and access to hospital consultants. Increased co-operation from public hospitals was evident in 2007 which in turn led to an upsurge in demands on the NTPF. In addition a greater number of patients, their families and the general public are now aware of the services offered by the Fund. Annual activity targets for in-patients and out-patients agreed with the Department of Health & Children were achieved.

Over the years, the remit of the NTPF has expanded to the extent that, in addition to the core activity of making provision for public patients awaiting surgery, the Fund provides out-patient consultations, purchases MRI scans for those patients waiting longest and through the National Patient Treatment Register compiles in-patient waiting list statistics which are published. A further five hospitals were added to the National Patient Treatment Register in 2007 bringing the number of hospitals reporting waiting list information to 41. Almost 20,000 calls were dealt with through the lo-call line.

Progress to Date

When established in 2002, the NTPF faced many problems in tackling waiting lists and in getting to grips with reducing the length of time patients waited for operations. Since then the NTPF can report considerable progress in terms of public patients waiting for hospital treatment. For example in 1997, approximately 32,000 patients waited over three months. The population of our country then was about 3.7 million. At the end of 2007 23,000 patients (17,747 surgical and 5,000 medical), which includes procedures not included or reported in 1997, are waiting more than three months in a population of 4.3 million. In the same ten year period the total number of public hospital in-patient discharges increased by 50%. However, and more importantly, since the advent of the NTPF the waiting time for surgery has reduced from 2 to 5 years in 2002 to 2 to 5 months at the present time for the most common procedures.

Hospital Waiting Lists

At the end of 2007 of the 41 hospitals reporting to the Patient Treatment Register:

- 7 hospitals accounted for 50% of national waiting lists
- 4 hospitals accounted for 50% of patients waiting over 12 months for surgery

Funding

The NTPF is an independent statutory body and receives its funding from the Department of Health & Children. The revenue budget for 2007 was €91.744 million. This equated to approximately 0.5% of Government health spend. Of our budget, 95.2% was expended on patient care. Wages and salaries accounted for 2% of budget.

Continuing to obtain value for money in a quality setting is a core principle of the NTPF. We do this by negotiating competitive inclusive prices in the market that is health, having regard to public hospital case-mix costs, estimated private insurers' prices and prices of peer hospitals. The vast majority of patients referred under this initiative are treated in private hospitals. All private hospitals participating in this scheme are approved by the NTPF Medical Advisory Panel. Also all medical consultants providing services under this initiative are qualified and experienced to the standards of the Specialist Register of the Irish Medical Council.

Outlook

Our priorities going forward are to fulfill our mandate of treating as many patients as quickly as possible for available funding which in 2008 will increase to €100 million. In line with that, those patients who are longest on waiting lists will continue to be our main focus. We have set a target for 2008 of 23,300 in-patients and 13,500 out-patients. We will also complete the National Patient Treatment Register project.

I would like to thank all the hospital personnel for their contribution in 2007 which saw over 32,000 patients facilitated. This would not have been possible without your continued and ongoing support. We look forward to working alongside all our stakeholders in 2008 for the benefit of patients.

A handwritten signature in black ink, appearing to be 'Rory', followed by a long horizontal line extending to the right.

Corporate Governance

Corporate Governance is concerned with how the NTPF is managed and controlled. As a State Body the National Treatment Purchase Fund is fully accountable to the Irish public in its actions and policies. The Fund is committed to maintaining the high standards as set out under the provisions of the “Code of Practice for the Governance of State Bodies” published by the Department of Finance.



John O'Dwyer, Chairman

Board of Directors



Mary Brazil



Victor Boyhan



John Stephens



John Horan



Rita Hayes



Tony O'Sullivan



Dermot Mullane



Sean McCarthy

Role of the Board of Directors

The Board of the NTPF is responsible for the leadership, strategic direction and overall management of the Fund and has a specific role reserved to it for decision making, which covers key areas of the Fund's business including approval of financial statements, budgets, patient care and communications. The Board has delegated responsibility for the management of the Fund, through the Chief Executive, to the management team.



The NTPF Management Team

From L to R; Anna Lloyd, *Director of Patient Care*, Pat O'Byrne, *Chief Executive*, Liz Lottering, *National Waiting List Information Services Manager*, David Allen, *Director of Finance*, Maria Tyrell, *IT Manager*.

Meetings

The Board holds regular meetings and there is contact as required between meetings in order to progress the Fund's business. During 2007, the Board held eight meetings:

17 January	21 February	18 April
17 May	20 June	18 July
31 August	12 December	

Certain additional matters are delegated to Board sub-committees and are set out below.

The **Finance and Audit Committee** comprises Mr John Horan (Chairman), Mr Victor Boyhan, Ms Rita Hayes, Mr Dermot Mullane and Mr David Allen (Director of Finance) and its terms of reference are:

- To review internal controls
- To evaluate and review the Internal Audit function and its audit reports
- To review Annual & Interim Financial Statements
- To approve changes in accounting policies, compliance with legislation and any other matters that relate to the financial and internal control of the NTPF

The committee met on four occasions during 2007 as follows:

17 January	21 February
18 July	31 August

The **Patient Care Committee** comprises Ms Mary Brazil (Chairperson), Mr John Stephens, Dr Tony O'Sullivan, Dr. Sean McCarthy and Ms Anna Lloyd (Director of Patient Care) and its terms of reference are:

- To provide oversight for the Patient Care division of the National Treatment Purchase Fund
- To work, as part of the Board, to continuously review and develop the Patient Care function of the National Treatment Purchase Fund
- To advise on matters relating to customer care and service, quality assurance and systems and processes underlying the Patient Care function
- To liaise with the Board, Chief Executive, Director of Patient Care and Chief Medical Adviser in the execution of these terms of reference

The committee met on the following dates throughout 2007:

17 January	18 July	31 August
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A Clinical View of the NTPF

Professor W Arthur Tanner
Chief Medical Advisor

From a patient perspective we have witnessed another successful year, whereby through the National Treatment Purchase Fund (NTPF) 22,069 patients have received elective surgical care within a reasonable time period. It has been my aim since the inception of this programme to ensure the highest possible quality of surgical care for patients treated under the NTPF.

A system is in place which allows for monthly reporting and critical examination of all cases of unexpected extended length of stay. Certain procedures are looked at in total in a random fashion and the outcomes compared to national or international norms. Through this type of audit feedback, the high quality of surgical care delivered to NTPF patients can be maintained.

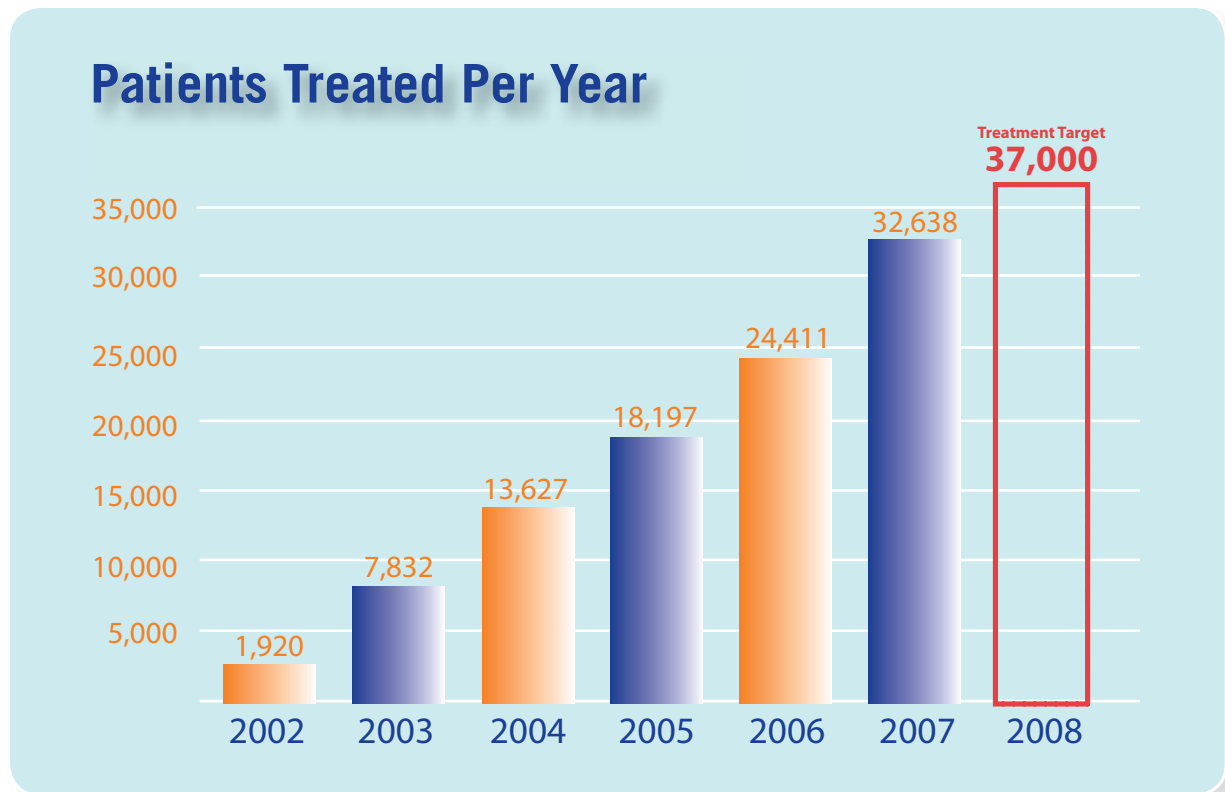
The intended pathway for some surgical patients has been altered because of unacceptably long waiting times in the public hospital system. When these patients are referred for treatments via the NTPF, this office has successfully put in place protocols in all accredited hospitals for the continuity of care of patients treated within this initiative. The vast majority of patients treated under the auspices of the NTPF are treated by a different surgeon from whose waiting list they originated. There are, however, certain surgical procedures and operations that can best be delivered by the patient's own Consultant. In these circumstances we facilitate this treatment either in the private system or within the spare capacity afforded to us by the public hospital system by the patient's original Consultant. Less than one per cent of our treated patients have their surgery carried out abroad.

In ensuring to the best of our ability this quality of care, I am deeply indebted for the help provided to me by my specialist advisers, Professor Martin Corbally, Dr Bill Blunnie and Dr John Madden.

A handwritten signature in black ink, appearing to read 'W. Tanner'.

Professor W Arthur Tanner
MD, FRCSI, FRCSEd, FFSEM.

Total Patients Treated Per Year

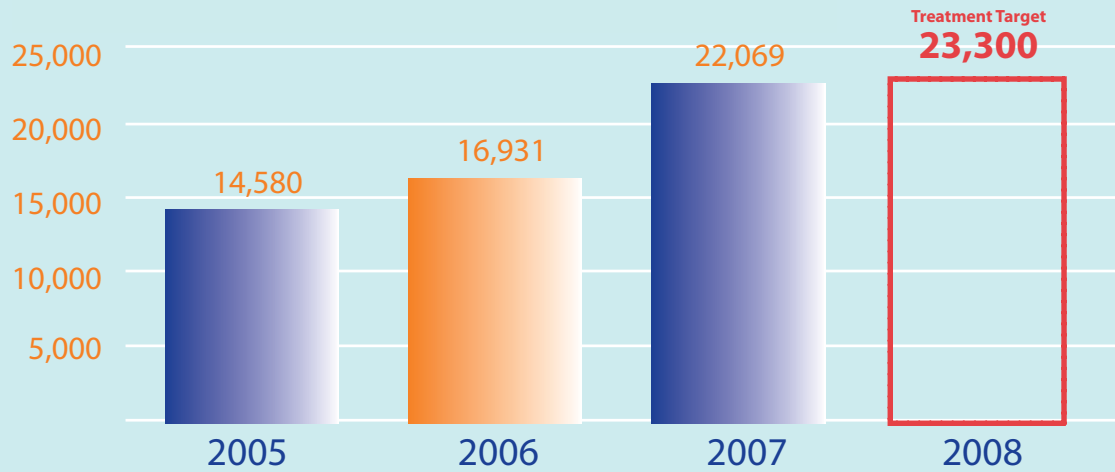


“I am very happy about the treatment. I had cataracts removed from both my eyes. My sight as a result of these operations is very good and I am happy to say I don’t need to wear glasses except for reading”.

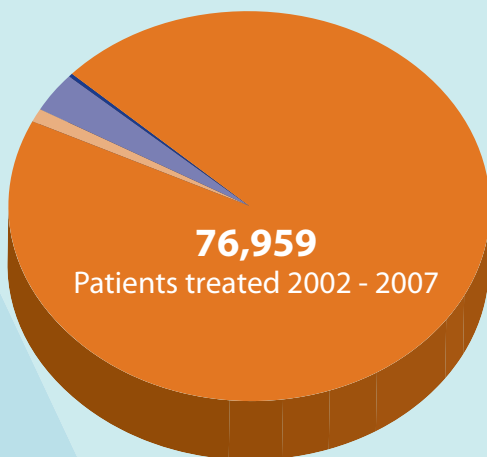
Left – Roisin Walsh, Patient Care Liaison Nurse (NTPF) and Bridget Hodgins, Patient

In-Patient Statistics Summary

In-Patients Treated By Year



In-Patients Treated By Year In 2002 - 2007

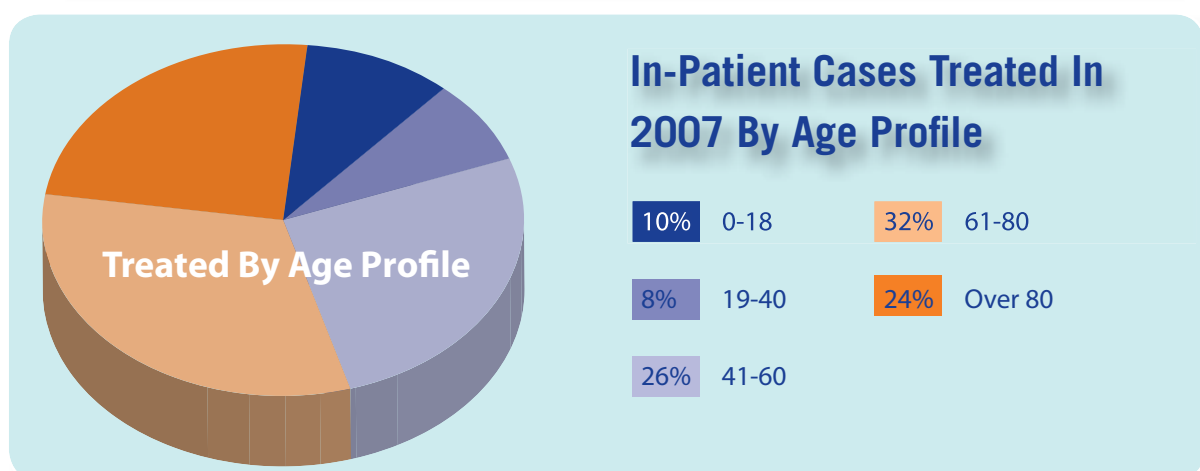
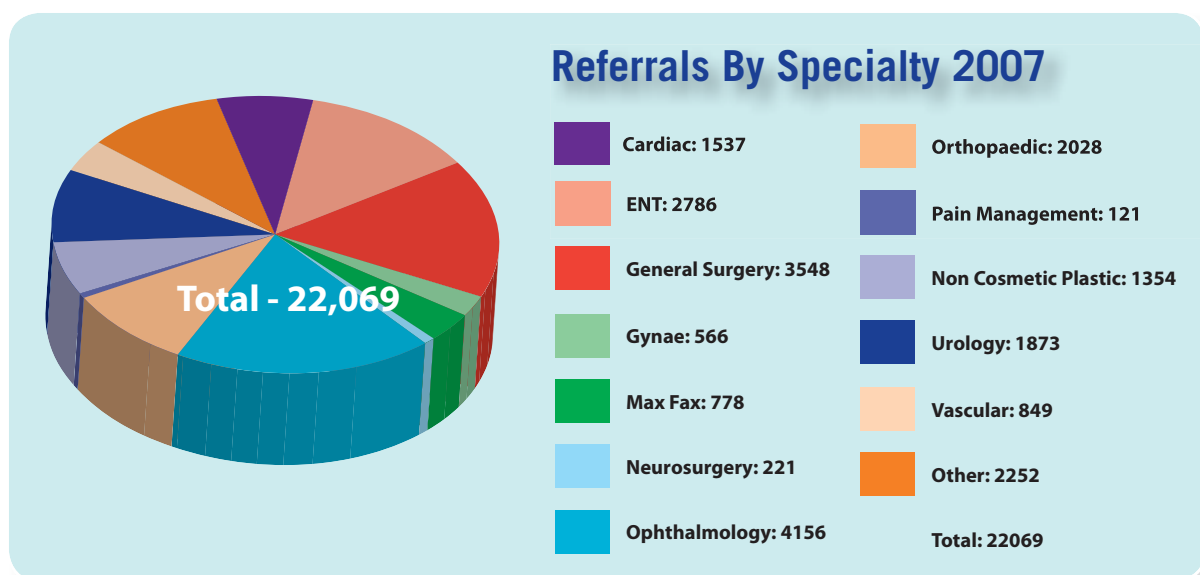
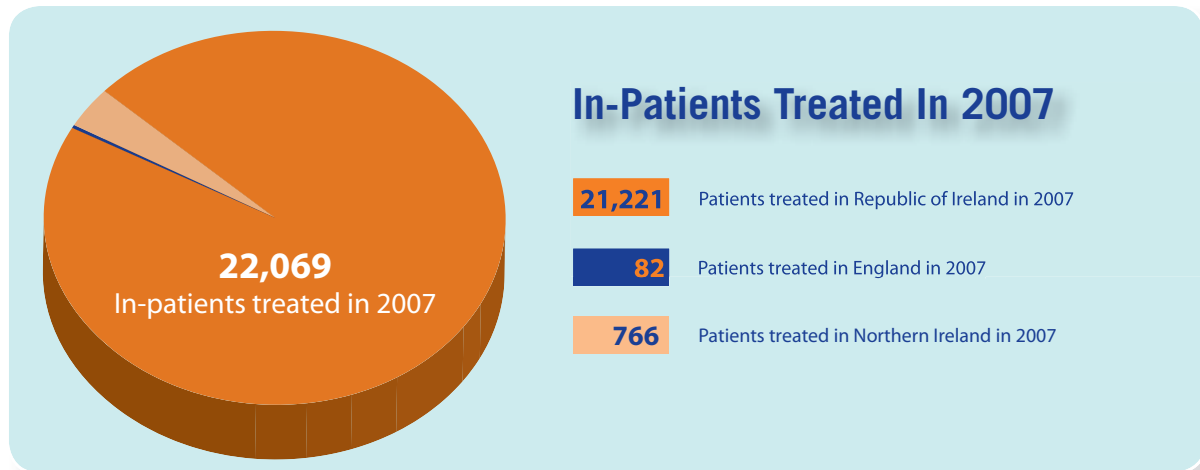


73,339 Patients treated in Republic of Ireland in 2002 - 2007

863 Patients treated in England in 2002 - 2007

2,757 Patients treated in Northern Ireland in 2002 - 2007

In-Patient Statistics Summary 2007

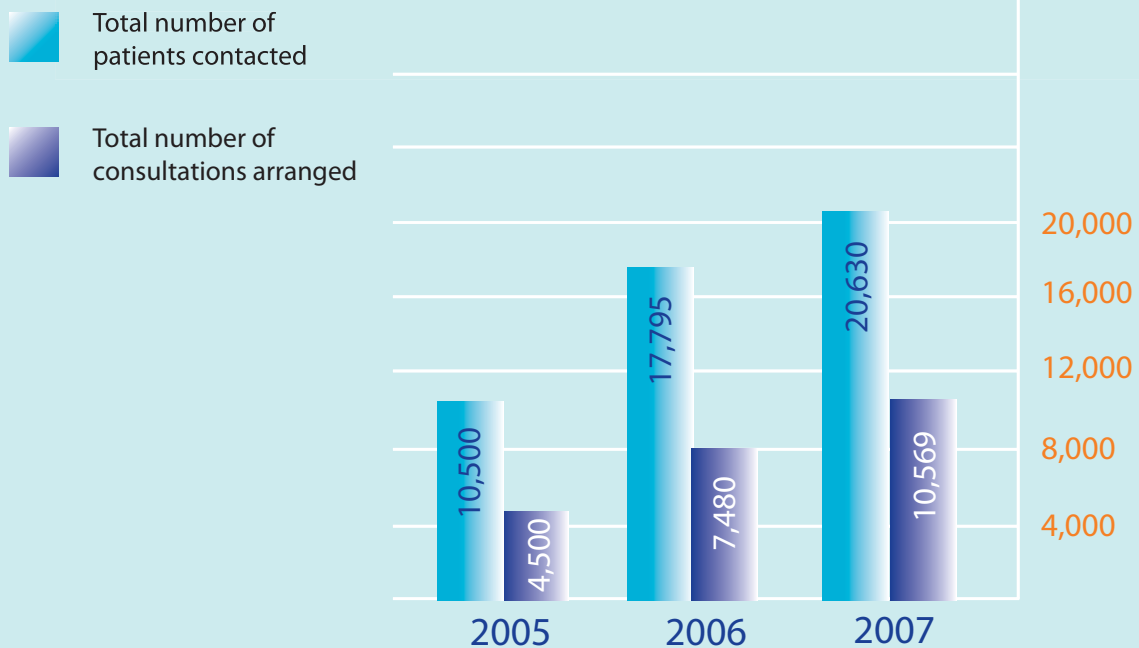


Gender Breakdown

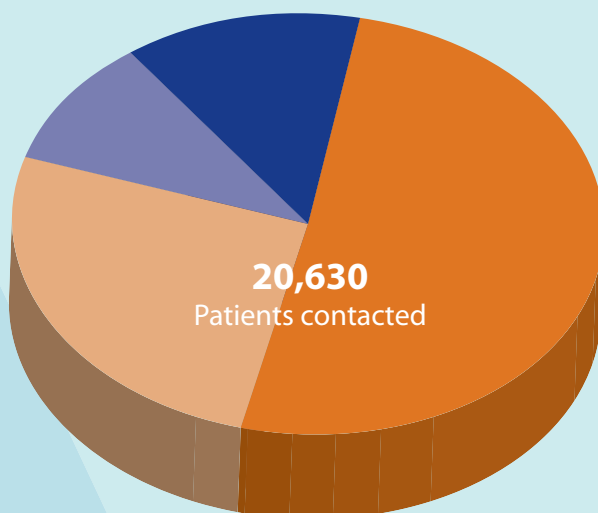


Out-Patient Initiative

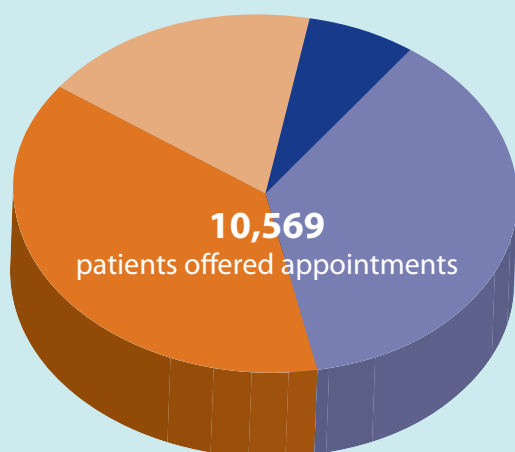
Number Of Out-Patient Consultations Arranged By Year



Out-Patients Overall Results A 2007



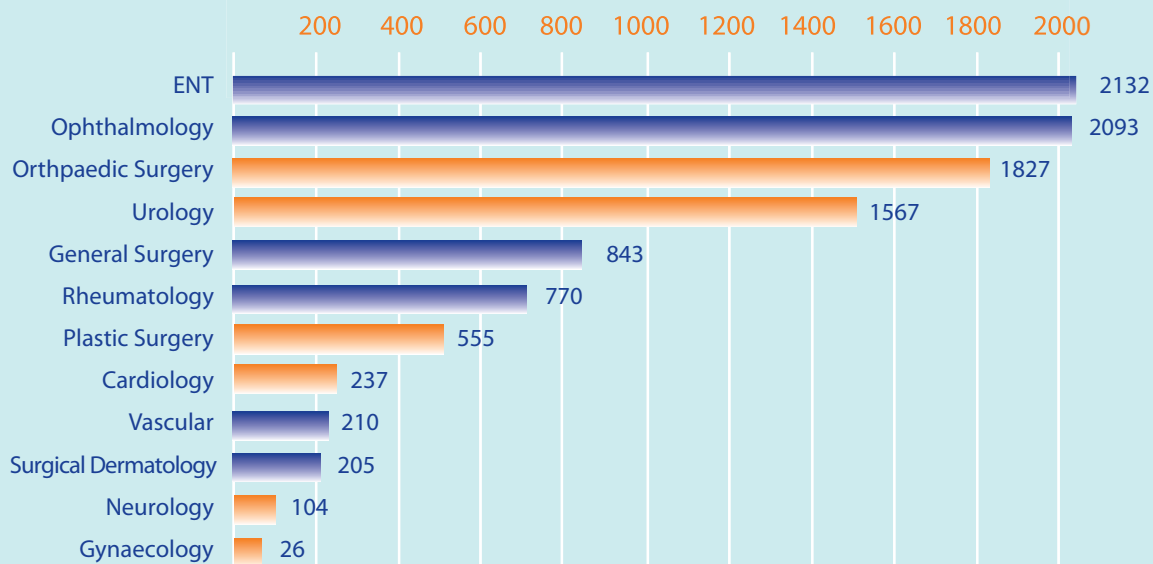
- 51% Accepted offer of NTPF OPD appointment
- 26% Removed from waiting list
- 13% Did not respond to offer and are being re-contacted
- 10% Declined offer



Out-Patients Overall Results B

- 38%** Required surgery (which was provided under this initiative)
- 37%** Discharged to GP
- 18%** Required further investigations and / or review
- 7%** Did not attend on two occasions - removed from list

Numbers Seen At Out-Patient Per Specialty





A Patient Perspective

Steve McMahon, Irish Patients' Association

"To do good and do well are interdependent."

The Irish Patients Association (IPA) has been supporting patients and their families who experience difficulty following their contact with the health care system since 1996. The fundamental principle by which we operate is that patients (and not providers) are the key people in our healthcare system. It is not so much putting the patient first but far more importantly for all providers and policy makers to keep patients at the centre of all decision making.

Since our inception, based on the many thousands of personal experiences that have been shared with us, the following are the key domains of risk to patients (see Fig.1). You will note the stem of the four leaf clover is labelled "your part". This is to give pause for thought to all those receiving an income from the public health sector. It is to prompt consideration of your individual part in the implementation of a culture of patient safety and accountability, a culture that sadly all too frequently appears to observers to require much strengthening.

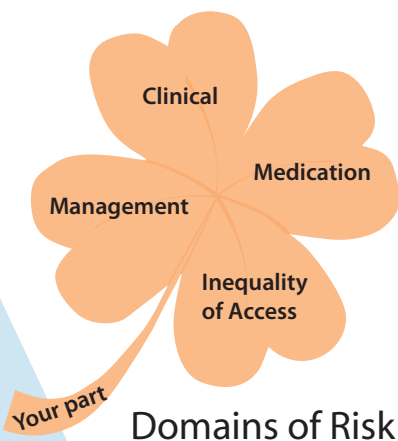


Fig. 1

Central to delivering clinically needed care today to public patients is the National Treatment Purchase Fund (NTPF). Prior to the establishment of the NTPF we, witnessed public patients waiting years for treatment. Others suffered physical and mental hardship arising from such long waiting times. The achievements delivered by the NTPF in such a short timeframe reflect the hard work done by all of the staff and its advisers. With the emerging role of the private sector, the NTPF has the opportunity to be the third force in the Irish healthcare system, by actively going into the market place and being a powerful purchaser of quality and value for money services.

It is in the area of inequality of access that the NTPF fulfills its role most effectively – over 100,000 patients have been clinically treated and safely managed. These patients could not have waited years and years for a world class healthcare system. Most now only need to wait three months. Currently there are close to 200,000 public patients awaiting their first appointment with a consultant at out-patient level. The NTPF has begun to deliver out-patient clinics on a pilot programme to fill the gap in this domain of risk. This is the final piece in the jigsaw of care and requires continued and expanded funding so that the time patients wait to see a Consultant is reduced.


Equity of access is a fundamental cornerstone of the Irish Patients’ Association – delivery of equity of access to health care for all our people is the biggest single challenge to be debated and decided. For too long equity has been forgotten. The IPA is not a lobby group, we are advocates. We strongly believe that there should be a multi stakeholder debate which would lead to a constitutional amendment to enshrine equity of access to healthcare for all.

We will continue to promote the European Patients’ Charter for Ireland in 2008 (see Fig. 2 below). We believe that it is not just aspirational as we now have the tools to deliver it. For example we have:

- the Health Information and Quality Authority (HIQA) to deliver observance of quality standards
- a New Medical Practitioners Act to further deliver quality and accountability
- the Clinical Indemnity Scheme to deliver recompense when things go wrong; and a new Statutory Complaints system

It is our view that the NTPF has consistently delivered in each of these areas to 100,000 plus patients and sets a benchmark for other providers to follow. We look forward to see the NTPF expand its responsibilities in what will be a challenging year ahead.

EUROPEAN PATIENTS’ CHARTER FOR IRELAND



Irish Patients’ Association

1. THE RIGHT TO PREVENTIVE MEASURES	9. RIGHT TO SAFETY
2. RIGHT OF ACCESS	10. RIGHT TO INNOVATION
3. RIGHT TO CONSENT	11. RIGHT TO AVOID UNNECESSARY SUFFERING AND PAIN
4. RIGHT TO FREE CHOICE	12. RIGHT TO PERSONALISE TREATMENT
5. RIGHT TO PRIVACY AND CONFIDENTIALITY	13. RIGHT TO COMPLAIN
7. RIGHT TO RESPECT OF PATIENTS’ TIME	14. RIGHT TO COMPENSATION
8. RIGHT TO THE OBSERVANCE OF QUALITY STANDARDS	

Fig. 2



Patient Care Team

Anna Lloyd, Director of Patient Care

The Patient Care Team is a busy and dynamic team within the NTPF. It is the largest single team in the organisation and is comprised of a mix of experienced nursing staff and healthcare administrators. It's members oversee and manage all patient related matters from taking patients' phone calls seeking faster treatment, liaising with GPs and the public and private hospital systems, maintaining records in relation to patient referrals and treatments to managing the NTPF Quality Programme.

In 2007 the team managed the referral and treatment of almost 20,000 in-patients and 2,300 patients who needed MRI scans. In addition to this the Out-Patient Programme saw over 20,000 patients contacted, of whom 10,569 accepted first time appointments. Twenty thousand lo-calls were taken by the team from patients, families and GPs who enquired about accessing faster treatment with the NTPF.

Summary of Patient Care Team Functions:

- Patient Care liaison with patients, GPs and hospitals to arrange faster treatment – the Team oversees the Patient Journey (see next page)
- Management and operation of NTPF lo-call system
- Management of Patient Referral System and Case Authorisation System
- Establishment and maintenance of high quality referral routes
- Acts as a resource of clinical knowledge within NTPF
- Development of patient care policies and processes
- Manage NTPF Quality Programme

(The NTPF Quality Programme is delivered by the Nursing Team, supported by the NTPF Medical Advisory Panel)

The NTPF Quality Programme has Five Components:

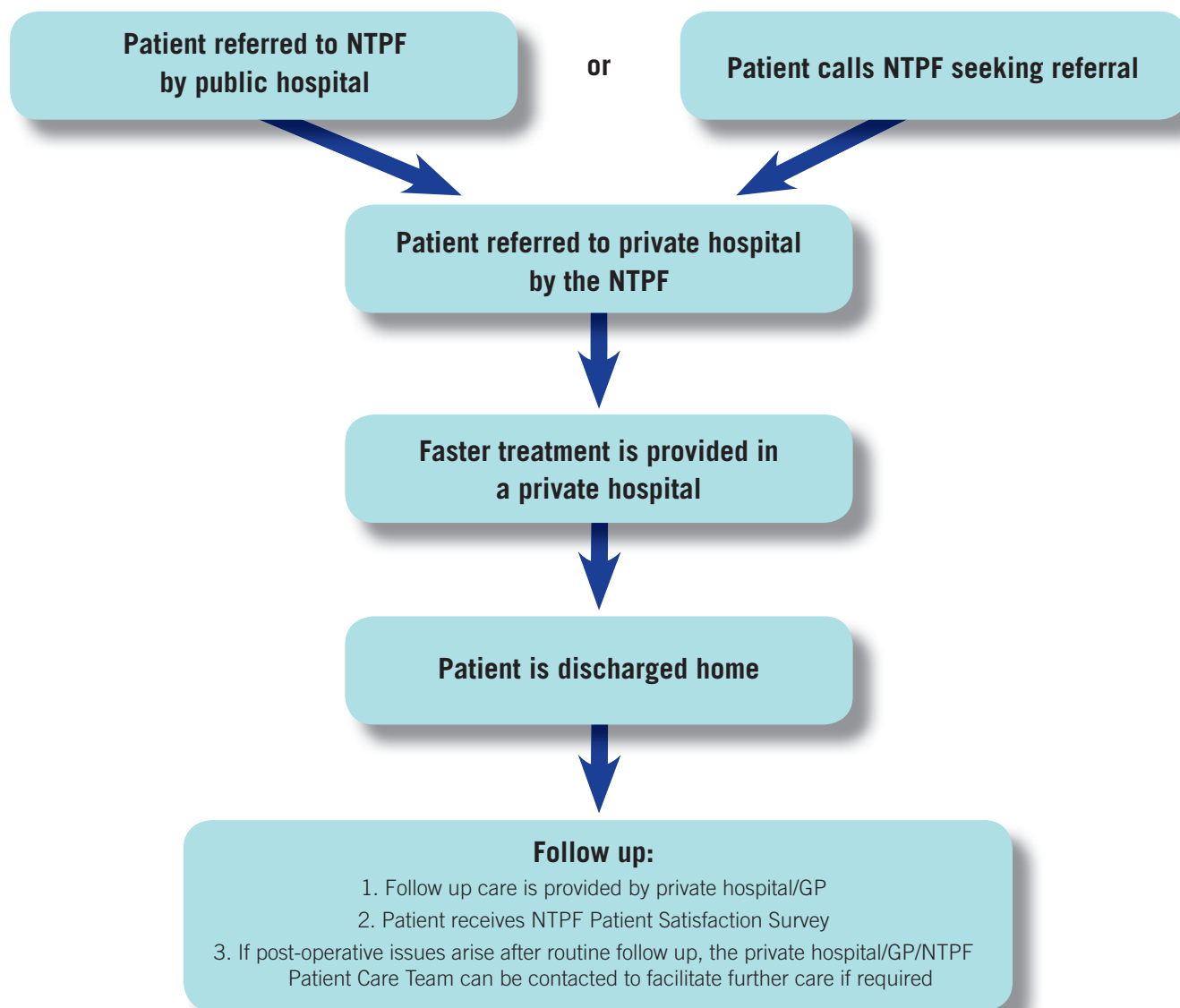
- 1 Provider Assessment
- 2 Patient Feedback
- 3 Monitoring of Patient Care
- 4 Communications
- 5 NTPF Patient Care Team Development

The Patient Care Team

Back row – left to right: Anna Lloyd (Director of Patient Care), Kerrie Breeze, Mary Sheedy, Janice Harford, Anna Egan, Mairead Kelly, Stephanie Foskin, Roisin Walsh, Melanie McManus, Suzanne Moran
Front row – left to right: Olyvia Power, Gillian Smith, Andrina Hanly.



The Patient Journey



2007 Patient Care Team Summary Activity Statistics

1. In-patients treated	19,769	6. Discharge summaries received	36,229
2. MRIs provided	2,300	7. New providers approved	7
3. Out-patients seen	10,569	8. New consultant registrations	351
4. Lo-calls received	19,603	9. Current provider re-inspections	12
5. Patient Satisfaction Surveys sent / received	19,612 / 7,586	10. Team development events	12

(Clinical updates, Journal Club, Poster Presentations)

While this summary can offer only a brief insight into the Patient Care Team the work of the Team is uniquely directed towards delivering faster, high quality treatment to public patients who are longest on hospital waiting lists for surgery and in some instances to those who are waiting to see a Specialist at Out-patient level.



National Patient Treatment Register (PTR)

Liz Lottering, National Waiting List Information Services Manager

Main Highlights 2007

- 41 public hospitals reporting nationally to the register
- National Review and Analysis Program launched
- National Education and Training Program launched
- National Guidelines for In-Patient and Day-Case Waiting List Data Management launched
- Enhanced reporting to hospitals on waiting list data developed and rolled out
- Almost 1 million hits to the website recorded for 2007

What the register delivers

The PTR is a national on-line register of all in-patient and day-case waiting lists in Ireland. The register collects details in respect of every patient, their status on the waiting list and the type of procedure they are waiting for. The PTR website (www.ptr.ie) allows patients, General Practitioners and health care professionals to access up to date information on -

1. Top 20 procedure waiting times for adults, and the top 10 procedure waiting times for children
2. General Practitioners can now access the waiting times for over 7,500 procedures
3. Hospitals can access information on a procedural level and status basis for all patients
4. The NTPF can directly contact patients who have been waiting over three months for procedures on the waiting list
5. A comprehensive picture of hospital waiting times is now available nationally on-line

Review and Analysis Program and Education and Training Program

In 2007, in line with international best practice a Review and Analysis program was established to ensure consistent and accurate reporting of waiting list information. A total of 32 hospitals were visited in 2007.



The Patient Treatment Register Team

Left to right – Laura Cotter, Review & Analysis Coordinator; Jason Sibley, Deputy Waiting List Information Services Manager; Liz Lottering, National Waiting List Information Services Manager; Elva Powell, Assistant to the Project; Kerrie-Anne Galvin, Review & Analysis Coordinator.

Statistical Highlights – December 2007

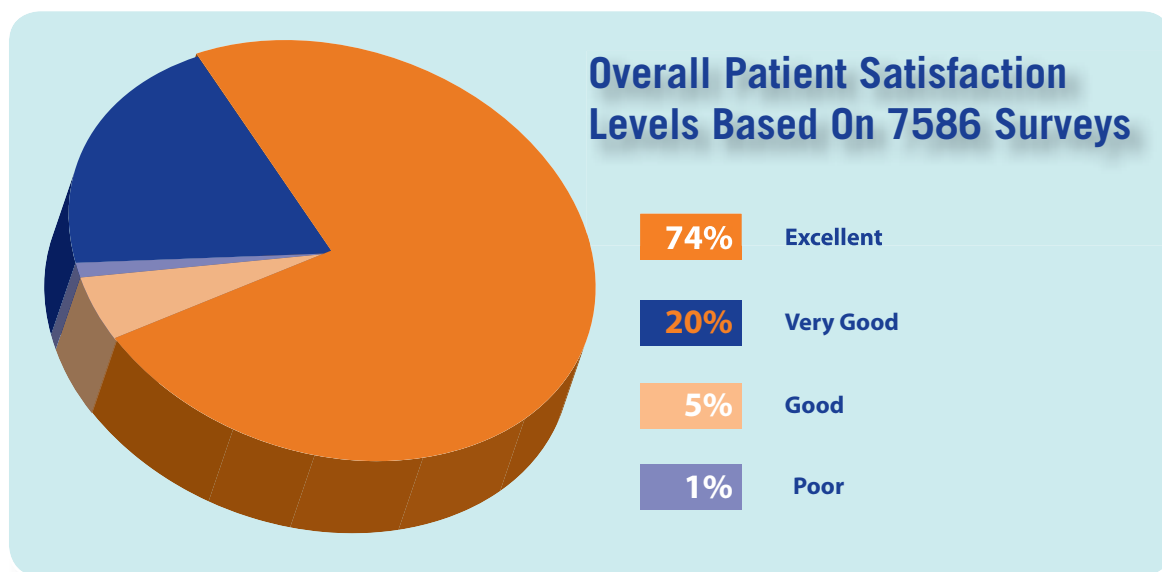
- Median wait time for all patients on surgical and medical waiting lists was 3.4 months. The median wait times are calculated from the date the patient is placed on the waiting list by the consultant
- A total of 17,747 were waiting over 3 months for a surgical procedure
- A total of 4,637 patients were waiting over 12 months for a surgical procedure. This represented a decrease of 18% on the previous year
- 7 hospitals accounted for 50% of national waiting lists
- 4 hospitals accounted for 50% of patients waiting over 12 months for surgery

Surgical Waiting List - 2007

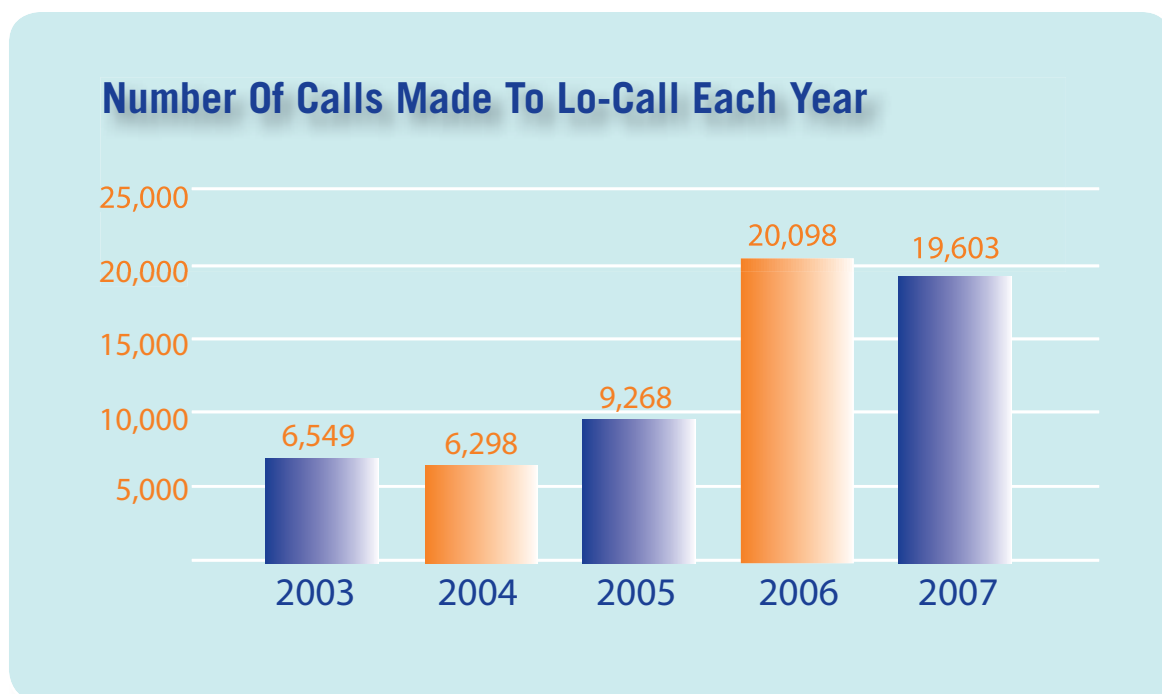
DUBLIN NORTH/NORTH EAST AREA	TOTAL	3 - 6 mths	6 - 12 mths	12 mths+
BEAUMONT HOSPITAL	918	372	358	188
CAPPAGH NATIONAL ORTHOPAEDIC	809	360	253	196
CONNOLLY (Blanchardstown)	124	68	38	18
MATER MISERICORDIAE HOSPITAL	764	469	204	91
CHILDRENS UNIVERSITY HOSPITAL	376	117	117	142
CAVAN GENERAL HOSPITAL	46	33	10	3
LOUTH COUNTY HOSPITAL, DUNDALK	278	140	90	48
MONAGHAN GENERAL HOSPITAL	45	35	8	2
OUR LADY OF LOURDES DROGHEDA	402	174	186	42
OUR LADY'S NAVAN	96	44	27	25
	3858	1812	1291	755
MIDLANDS/ DUBLIN EAST COAST/ DUBLIN SOUTH WEST	TOTAL	3 - 6 mths	6 - 12 mths	12 mths+
AMNCH (TALLAGHT)	1505	386	538	581
NAAS GENERAL HOSPITAL	1	1	0	0
OUR LADY'S HOSPITAL FOR SICK CHILDREN	505	209	167	129
ROYAL VICTORIA EYE AND EAR	282	178	84	20
ST. JAMES'S	345	309	35	1
ST. VINCENTS	848	335	282	231
MIDLAND REGIONAL AT MULLINGAR	108	59	39	10
MIDLAND REGIONAL AT PORTLAOISE	289	92	83	114
MIDLAND REGIONAL AT TULLAMORE	1485	460	511	514
	5368	2029	1739	1600
SOUTHERN AREA/SOUTH EAST	TOTAL	3 - 6 mths	6 - 12 mths	12 mths+
BANTRY GENERAL HOSPITAL	0	0	0	0
CORK UNIVERSITY HOSPITAL	908	339	320	249
KERRY GENERAL HOSPITAL	354	255	77	22
MALLOW GENERAL HOSPITAL	0	0	0	0
MERCY UNIVERSITY HOSPITAL	188	104	73	11
SOUTH INFIRMARY - VICTORIA HOSPITAL	190	108	64	18
KILCREENE ORTHOPAEDIC	112	40	37	35
SOUTH TIPPERARY GENERAL	39	28	11	0
ST. LUKES KILKENNY	205	57	137	11
WATERFORD REGIONAL HOSPITAL	745	82	304	359
WEXFORD GENERAL HOSPITAL	289	175	98	16
	3030	1188	1121	721
NORTH WEST/WEST/MID-WEST	TOTAL	3 - 6 mths	6 - 12 mths	12 mths+
LETTERKENNY GENERAL HOSPITAL	1845	338	547	960
MERLIN PARK HOSPITAL, GALWAY	98	85	13	0
MID-WEST DOORADOYLE	826	313	361	152
MID-WEST ORTHOPAEDIC CROOM	19	8	8	3
MID-WEST ENNIS	0	0	0	0
MID-WEST NENAGH	0	0	0	0
SLIGO GENERAL HOSPITAL	1126	390	302	434
UNIVERSITY COLLEGE HOSPITAL GALWAY	1491	1037	442	12
PORTIUNCULA GENERAL HOSPITAL	0	0	0	0
ROSCOMMON COUNTY HOSPITAL	0	0	0	0
ST. JOHNS HOSPITAL LIMERICK	86	79	7	0
	5491	2250	1680	1561
OVERALL	TOTAL	3 - 6 mths	6 - 12 mths	12 mths+
	17747	7279	5831	4637

"A patient is defined as being on an in-patient waiting list if they are waiting over three months. Waiting times i.e. medians are measured from the date a patient is placed on a waiting list for in-patient or day-case hospital treatment, surgical or medical."

Patient Satisfaction



Lo-Call Line



Treating Hospitals



Dublin Blackrock Clinic; St. Vincent's Private Hospital; Bon Secours, Glasnevin; Mater Private Hospital; Mount Carmel Hospital; Northbrook Clinic; Beacon Hospital; Hampton Clinic; Hermitage Clinic

Mullingar St. Francis Private Hospital, Mullingar

Clane Clane General Hospital

Cork Bon Secours, Cork; Shanakiel Private Hospital, Cork

Tralee Bon Secours, Tralee

Kilkenny Aut Even Hospital

Limerick Barringtons Hospital

Galway Bon Secours, Galway; Galway Clinic

Sligo St. Joseph's Garden Hill

Waterford Whitfield Clinic

Northern Ireland

Belfast All Clear Clinic; Hillsborough Clinic

Ballykelly Northwest Independent Hospital

England

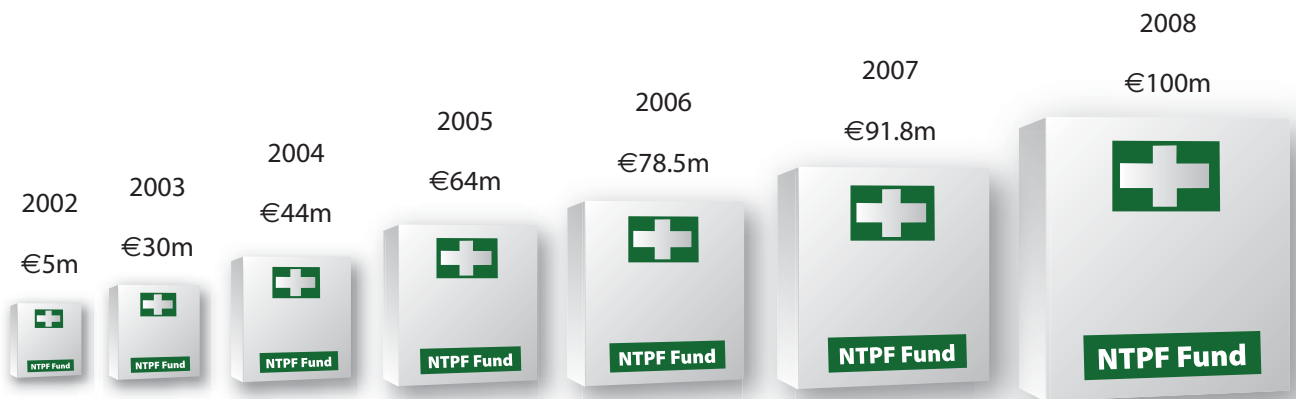
Basingstoke BMI Hampshire Clinic



Summary Financial Information

David Allen, Director of Finance

From a financial perspective 2007 has also been a satisfactory year. Demand on the Fund continues to grow and it is important in this context that control is exercised in order to meet NTPF's financial targets. In particular the total volume of patients authorised for treatment at any given time should be within the funding available.



Value for money remains paramount. Delivering quality patient care at the best market prices are key goals of the NTPF and we continue to develop our financial systems and general checks and balances to make sure this is being achieved. Patients are routinely directed to hospitals that are suitable, not only in terms of quality of care and location, but also from a value for taxpayers' money perspective.

This is achieved by subjecting prices offered by hospitals to a number of value for money tests including comparison against:

- Prices available to NTPF in other private hospitals
- Cost information for similar treatments in public hospitals
- An NTPF estimate of a reasonable price based on the component parts of the treatment (eg professional fees, theatre, prosthesis, drugs etc)
- Prices paid by private medical insurers (where publicly available)
- International data on treatment prices

Treatment prices are agreed in advance and are all inclusive in that the costs of the patient's routine visits before and after surgery are also included. The Fund meets these costs and consequently the treatment is provided free to NTPF patients.

In the event that we cannot agree on a price with a particular private hospital, treatment arrangements will be made to have the patient treated elsewhere.

Sample 2007 Procedures

The all inclusive approach to pricing has proven to be a simple, efficient way of achieving value while also keeping administration to a minimum.



Treatment	Volume
Cataract Removal & IOL	3635
Removal of Tonsils and/or Adenoids	1399
Colonoscopy	1,018
Vascular Surgery	888
Cardiology Procedure	820
Excision of Lesion	812
Upper Endoscopy	778
Surgical Extraction of Teeth	740
Hip Replacement	659
Grommets	472
Knee Replacement	378
Cystoscopy	311
Hernia Repair	253
Cardiac Surgery	209
Septoplasty	205
TURP	176
Laparoscopic Cholecystectomy	139
Maxillary Osteotomy	75

Despite the growth in activity our administration costs remain less than 5% of the Fund including 2% on salaries. On average last year, it cost the NTPF €154 per patient to administer applications to the Fund, arrange treatment referrals, check treatment details and arrange payment to treating hospitals.

Looking to 2008, the Fund has grown to €100 million and additional new private hospitals and new capacity in the more established hospitals is welcomed. It is proposed that NTPF will play a role concerning pricing in the new Fair Deal Nursing Home Scheme for older people.

Summary Revenue Position

For the year ended 31 December 2007	€	%
Revenue Grant Received	91,744,000	
Payments during the Year		
Total Care Payments	87,251,098	95.17%
Salaries Paid	1,835,335	2.00%
Other Administration Expenses Paid	2,596,517	2.83%
	91,682,950	100.00%

The annual financial statements of the NTPF Board are subject to audit by the Office of the Comptroller and Auditor General. Once this audit has been completed separate financial statements will be submitted and presented (in accordance with Section 11 of the Comptroller and Auditor General (Amendment) Act 1993.

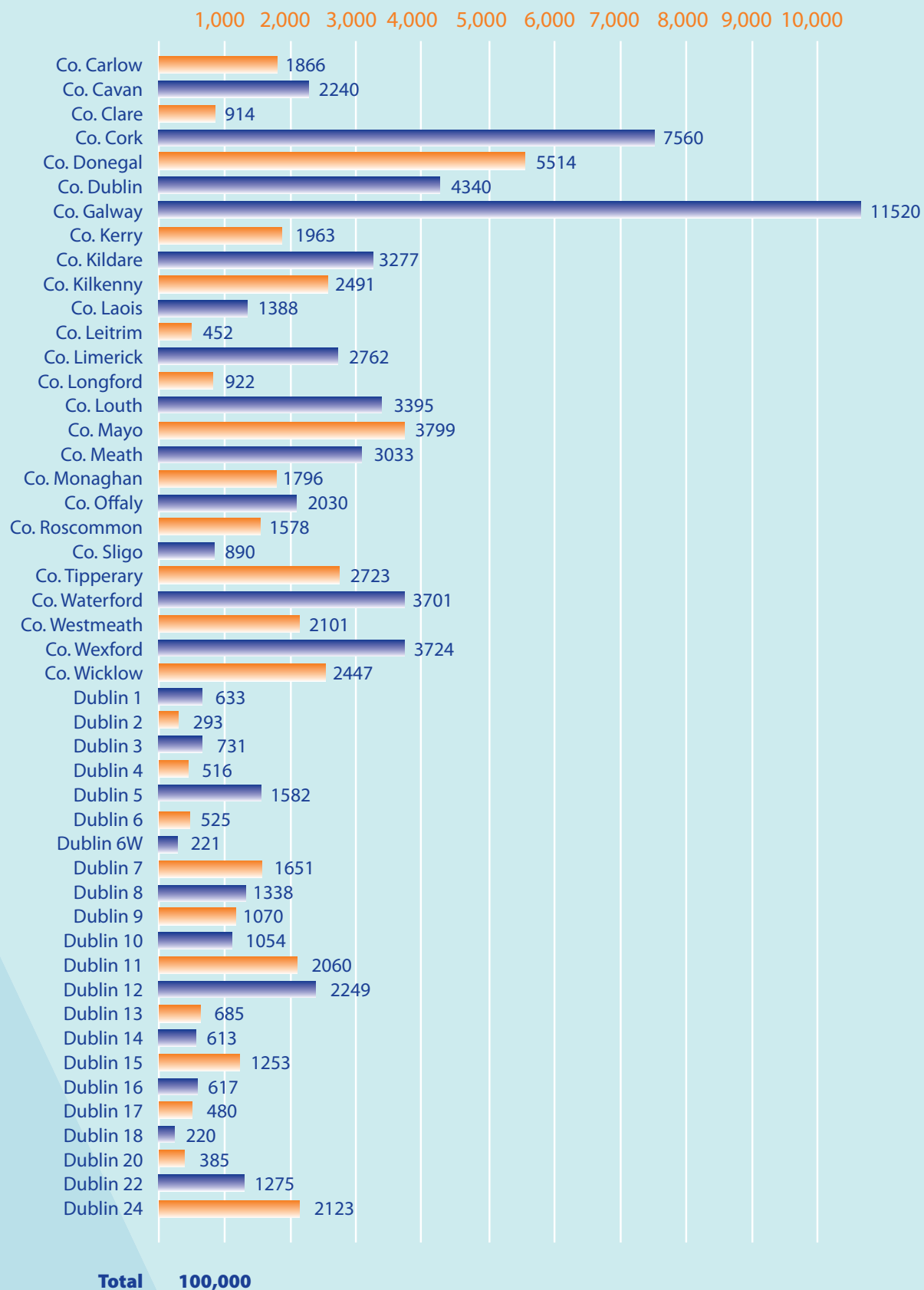
The figures shown above under Summary Revenue Position are cash received and paid out. Treatments and expenses not invoiced and/or not paid at 31 December, 2007 are not included. Capital grants totalling €718,748 were also received during 2007.



“I would like to thank all involved in my surgery and recovery – a big thank you. All the staff were great and could not be nicer or more friendly”.

William Kelly, Patient

Breakdown By County Of 100,000 Patients



What Patients say about the NTPF

"I was very happy and pleased with the way the NTPF arranged my appointments and surgery and I would recommend the NTPF to all that ask about my surgery. I would like to thank you all very much."

"I had no problems - found it all quick and easy. Well done to this service. Many thanks."

"It was badly wanted in the system. I was waiting 3 years."

"Received a fantastic service from friendly professional staff. All in all a great experience for both my 4 year old and myself."

"Since the both of my children needed operations, I was indeed very stressed and worried. The NTPF gave an excellent service and great information, helping me look after my girls and not having to worry about the rest. I would have to recommend the NTPF to family and friends. Many thanks."

"Overall the whole experience was excellent and very professional. I would recommend this to anybody. Thank you."

"I cannot but admire the speed and efficiency of the NTPF. Within one week of my calling the NTPF I was informed of my surgery date. Thank you very much."

- Over 100,000 patients have been facilitated to date by the NTPF
- If you, or a family member, have been on a public hospital waiting list for surgery for more than three months, the NTPF may be able to help
- Contact us on 1890 720 820 to find out more

This report is issued by:
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National Treatment Purchase Fund
TREATING PEOPLE, FASTER