

## **Annual Report**

### **2011**

**Treating Patients Faster**

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## CHAIRMAN'S STATEMENT



**John Horan**  
Chairman

I am pleased to welcome you to the 2011 Annual Report for the National Treatment Purchase Fund (NTPF). Like much of the Irish health system, 2011 was a period of significant change and transition for the NTPF, with the role of the Fund changing significantly mid-year following the establishment of the new Special Delivery Unit (SDU). By direction of the Minister for Health, the Fund has, since July 2011, assumed a new role in performance improvement to support the SDU's mission of ensuring that public patients are treated within the shortest timeframe possible. The Fund no longer routinely accepts referrals of patients waiting over three months, but rather targets identified backlogs in the system while also carrying out a performance improvement role with the public hospitals in order to support a low waiting time regime for public patients. The NTPF Board, management team and staff have embraced the Fund's new role, utilising the vast experience we have built up over the past 10 years to work in tandem with the Special Delivery Unit in the delivery of shorter waiting times for the public patients we serve.

Late 2011 saw the appointment of a new Chief Executive at the NTPF, Tony O'Brien. The Board was very pleased to have someone of Tony's experience and calibre join the NTPF and we are looking forward to continuing to work with him over the next number of years. On behalf of the NTPF Board, I would also like to take this opportunity to thank the Fund's former Chief Executive, Pat O'Byrne, for all of his hard work and dedication over the years and wishing him all the best in his retirement.

In the period to July 2011, the Fund arranged faster treatment for a total of 19,217 patients. This included 14,482 in-patient procedures, 2,951 first time out-patient consultations and 1,784 radiology scans and brought to a total of 217,305 the number of public patients who received faster treatment by the Fund in this manner since its establishment in 2002. Following the formal change in the role of the Fund, we worked in partnership with the SDU to ensure that all public hospitals had no patients waiting more than 12 months by the end of 2012. 95% of hospitals in the country succeeded in completely eliminating their active waiting lists over 12 months for in-patient and daycase surgery, representing significant progress for patients. The Fund arranged treatment for 1,159 patients to help ensure the hospital system achieved its target and has been empowered to source such care from both the public and private systems.

In 2011, the Fund once again undertook a programme of providing first time consultations with the aim of clearing a number of identified bottlenecks at out-patient level facing the public hospital system. Sixteen hospitals took part in the initiative across 8 specialties. Appointments were arranged for 2,951 patients, while a further 1,652 patients were removed from public hospital waiting lists as they no longer required an appointment when contacted. It is clear that considerable problems remain at out-patient level which must be tackled.

2011 was the third year of the Fair Deal scheme with the Fund continuing its role of negotiating prices with private and voluntary nursing homes. At the close of 2011, a total of 437 private nursing homes had pricing contracts with the NTPF and the overall national price of long term residential care amounted to €877 per week. The equivalent figures at the end of 2010 were €873 per week for 438 homes. Given the current climate we will be continuing to ensure that value is achieved for the taxpayer and that the funding made available to the Fair Deal is maximised for the benefit of those assessed as being in need of long term care. I wish to acknowledge the professionalism and courtesy shown by nursing home proprietors to our representatives during sometimes difficult pricing negotiations and look forward to continue doing business with them in 2012.

In 2011 95% of the Fund's €85.6m budget was discharged directly on the delivery of care for the public patients we serve.

### Conclusion

While 2011 was a challenging year in many ways for the NTPF, much progress was achieved. The Fund has made the transition to its new care role and is now integrated with the SDU. The NTPF is committed to continuing to support the SDU in 2012, as both the Fund and SDU work together to further decrease waiting times across the hospital system. I would like to take this opportunity to thank Minister Reilly for his support since taking on the Ministry and to acknowledge the assistance provided by the Department of Health. Finally, to the management team and the staff of the NTPF, thank you for your continued hard work and dedication.

## CHIEF EXECUTIVE'S REPORT



**Tony O'Brien**  
Chief Executive

2011 was a watershed year for the NTPF, as the Fund's responsibilities changed considerably following the introduction of the Special Delivery Unit (SDU) in the Department of Health and subsequent alignment of both functions.

The close working relationship was cemented further with my own appointment as the NTPF's Chief Executive at the end of November. I was honoured to accept the post, which I have combined with my existing role as Chief Operating Officer of the SDU.

Since its establishment in 2002, the Fund has fulfilled an important role in the public health service, on behalf of public patients. I am looking forward to working with the highly trained and experienced staff team as the NTPF and SDU work side by side to eliminate excessive waiting lists and times from the public health system.

I would also like to take this opportunity to thank my predecessor, Pat O'Byrne, for his service to the NTPF. Pat retired this year after almost ten years leading the NTPF and a distinguished earlier career in the Irish civil service. As Chief Executive, Pat made an immense contribution to the success of the Fund, overseeing the reduction of waiting times in the public system, the introduction of the Patient Treatment Register and ultimately ensuring that over 200,000 public patients received their treatment faster.

### Alignment with the SDU

Following the establishment of the SDU as part of the Government's health reform programme, the Minister for Health announced a number of changes in the role of the NTPF so as to support the mission of the SDU.

There were three main changes involved:

- The Fund assumed a hospital performance management role, with an end goal of providing the incentive for public hospitals to manage their lists proactively in the interests of their patients.
- Rather than routinely accept referrals of patients waiting over three months, the focus of the NTPF was changed to target waiting lists more strategically, with particular focus on identified backlogs.
- The requirement that the NTPF had to purchase 90% of treatments in the private sector was ended. The Fund can now purchase treatments wherever it gets the best value in either the public or the private sector.

To deliver on the Fund's new role, a major redesign of the NTPF's operating model was necessary and undertaken, and our liaison teams working with the hospitals have been further empowered to help identify and meet the challenges that a large system can present.

### + 12 Month Waiters

While the vast majority of patients are now receiving their treatment within a short timeframe, and many are being seen in less than three months, the Minister assigned the NTPF and SDU the task of working with the public hospitals to ensure that no patients were waiting more than 12 months at the end of 2012. This effectively meant the introduction of a maximum waiting time or ceiling across the hospital system. The initiative was a success, with 95% of hospitals in the country succeeding in completely eliminating their active waiting lists over 12 months for in-patient and daycase surgery by the end of the year.

This represented significant progress for patients – at the end of 2010, 28 public hospitals had patients waiting over a year, but at the end of 2011 there was only one hospital where this was the case – UCHG / Merlin Park. The new waiting list management processes and performance monitoring practices introduced by the Fund enables us to target a reduction in maximum waiting times to 9 months by the end of 2012.

### 2012 Outlook

While it is important to emphasise that the process of bringing about sustained improvement in waiting times is only just beginning, the overall performance of the hospital system with the NTPF and SDU in responding to the test of reducing maximum waiting times has been effective. With one exception, every hospital in Ireland succeeded in achieving the 12 month target.

In the coming year we intend to build on this hard won progress, working to meet the Minister's set target of a maximum waiting time of 9 months across the hospital network. The 9 month target represents a challenge, but it is one the NTPF, SDU and hospital system will rise to.

In conclusion, I would like to take this opportunity to extend my sincere thanks to the Board of the NTPF for their assistance and guidance during 2011. I also wish to acknowledge the work and continued contribution of the staff of the NTPF.

### Nursing Homes Support Scheme

The NTPF is also the designated body with responsibility for negotiating prices with nursing homes for the Nursing Home Support Scheme known as "Fair Deal." In light of the overall demand for the scheme, total public expenditure in this area, and the economic position of the country in 2012, we will be seeking to maximise value for money for the state as the ultimate purchaser of care under this scheme.



## CORPORATE GOVERNANCE

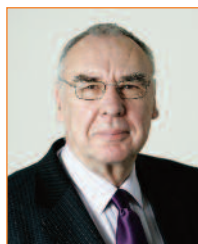
### Members of the Board



John Horan,  
Chairman



Dermot Mullane



Tom Murphy



Dr Sean McCarthy



Rita Hayes



Mary Brazil



Joan Ryan



Corah Caples

The key functions of the Board of the NTPF are set out under Statutory Instrument 179 – National Treatment Purchase Fund (Establishment Order, 2004 and the Nursing Homes Support Scheme Act No 18 of 2009). In addition, the Board observes best practice standards to comply with the Framework for Corporate and Financial Governance for Agencies Funded by the Department of Health and Children (April 2006) and the Code of Practice for the Governance of State Bodies (May 2009).

#### Committees of the Board

Specific board functions are delegated to Sub-committees of the Board:

##### Patient Care Sub-Committee

Members: Ms. Mary Brazil (Chair), Dr. Sean McCarthy, Ms. Corah Caples and Ms. Joan Ryan.

The Patient Care Sub-Committee has responsibility for overseeing the Patient Care Function. Its terms of reference are:

- To provide oversight for the patient care division of the NTPF;
- To work, as part of the Board, to continuously review and develop the Patient Care Function;

- 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 Advisor in the execution of these terms of reference.

##### Finance and Audit Sub-committee

Members: Mr. Dermot Mullane (Chair), Ms. Rita Hayes, Mr. Tom Murphy.

The Finance and Audit Sub-Committee assists the Board in discharging its legal, financial and accounting responsibilities and its terms of reference are the following:

- To review internal controls and risk management;
- To review internal audit and evaluate its reports;
- To review the Comptroller and Auditor General reports and ensure recommendations are implemented;
- To consolidate and approve changes in accounting policies, compliance with legislation and all other matters that relate to the financial and internal control of the NTPF.

## CORPORATE GOVERNANCE

### Board Meetings and Attendance

The Board holds regular meetings in order to discharge its functions. In 2011 the Board held 10 Board meetings, 4 meetings of its Patient Care Sub-Committee and 5 meetings of its Finance and Audit Sub-Committee.

TABLE 1			
BOARD MEMBERS	Board Meetings 10	Finance and Audit Meetings 5	Patient Care Meetings 4
Ms. Mary Brazil	8/10	N/A	4/4
Mr. John Horan	10/10	N/A	N/A
Dr. Sean McCarthy	8/10	N/A	3/4
Mr. Dermot Mullane	9/10	5/5	N/A
Ms. Rita Hayes	9/10	4/5	N/A
Mr. Tom Murphy	10/10	5/5	N/A
Ms. Corah Caples	9/10	N/A	4/4
Ms. Joan Ryan *	9/10	N/A	4/4

Note: N/A means the Board member is not a member of that committee.

\*Ms. Ryan was appointed to the Board on 17th January 2011 and was unable to attend the Board of 19th January 2011.

## OVERVIEW OF 2011



**Anna Lloyd**  
Director of Patient Care

### Patient Care

During 2011 the role of the Patient Care Team altered considerably in line with the overall adjustments to the remit of the organisation as a whole. For the first part of the year the team focused its efforts on arranging treatments for those public patients waiting longest on hospital waiting lists, as in previous years.

In July 2011, the new Minister for Health introduced radical changes detailed elsewhere in this report, to the public healthcare system. For the Patient Care Team this meant, for the latter half of the year, moving towards becoming an integral part of a systems management approach for the scheduled care system.

Clear targets were set for the system, i.e. that a maximum waiting time guarantee of 12 months for all patients would be achieved by the end of 2011. The Patient Care Team essentially rolled out and managed a new strategic approach to managing delivery of this target – this approach being the utilisation of Primary Targeting Lists (PTLs). The PTL is not the waiting list – rather it is a subset of the list, detailing specific patients that are required to be treated in order for a hospital to achieve a target. The PTL is simply a tool employed within an overall context of managed performance and increased accountability for delivery of shorter waiting times by hospitals.

The team engaged in a range of new activities to support delivery of shorter waiting times:

- Consistent and sustained focus on delivery of shorter waiting times employing new strategic tools;
- Development of new systems, processes and reporting systems to underpin the new remit and role expansion;
- Undertaking detailed assessments with hospitals of key areas where delivery of the new access standard was at risk;
- Arrangement of alternative offers of treatment for patients when hospitals were unable to deliver timely treatment;
- Development of a support, training and development role with nominated hospital staff to underpin delivery of shorter waiting times.

At end 2011 all hospitals, excepting one, met the 12 month maximum waiting time target and, before year end, revised management structures and systems were planned for early 2012 at that location. Page 16 shows national progress towards the 12 month maximum waiting time target between August and December 2011. Page 16 gives details of the volumes of patient treatments that were arranged and supported by the NTPF in late 2011 in order to facilitate delivery of the 12 month maximum waiting time target. The challenges presented to the team in terms of implementing new work practices, rapid role expansion and adapting to radically new approaches and systems were met with flexibility, enthusiasm and determination to support the delivery of shorter access times for public patients.

### IT Developments

The impact of the aforementioned changes was also reflected in the significant IT system and process modifications that were necessary in order to support the delivery of the new PTL targets. The NTPF systems had, up to this point, been based on monthly processing and reporting cycles. The IT team engaged with the Patient Care Team, PTR Team and Hospitals to assist in delivering the objective of weekly PTLs, and in a very short time produced:

- A Weekly National Waiting List Database;
- New Reporting and Business Intelligence;
- New business and IT processes.

These changes were done entirely in-house and necessitated rapid understanding and integration of the new requirements into existing systems which underpinned the skillset, flexibility and co-operation of the IT team.

# OVERVIEW OF 2011



**Liz Lottering**

National Patient Treatment Register Manager

## The National Patient Treatment Register

### Overview

The National Patient Treatment Register (PTR), collects waiting list information on an individual patient basis for surgical and medical in-patient and daycase waiting lists in Ireland.

### National Waiting Lists at a glance 30/12/2011

- National median waiting time was at 2.8 months for all medical and surgical patients nationally.
- >12 months were at 372 which was the lowest figure reported to date.
- Only one hospital had patients waiting over 12 months – University College Hospital Galway / Merlin Park Hospital, Galway.

## Review and Analysis Programme

The Review and Analysis Programme was established in 2007 to ensure consistent reporting and compliance with the National Policy for the Management of In-patient and Day Case Waiting List Data. Reviews are carried out with each hospital bi-annually and in 2011 a total of 7,200 waiting list entries for patients who had waited over 9 months were reviewed. The results identified issues nationally with the administrative management of waiting lists despite National Policy Guidance and availability of training programmes for each hospital. It is expected during 2012 as part of our integrated NTPF/SDU work programme that changes to the data gathering and management requirement will be implemented and monitored throughout the system.

**TABLE 2 – DATA SAMPLE**

Number of hospitals with waiting lists over 9 months	36
Total sample of records examined	7,200
Total sample of surgical records examined	5,598
Total sample of medical records examined	1,602

## Summary Table Results

<b>Awaiting Treatment</b> – These patients were awaiting a date for their treatment	43%
<b>Patients awaiting administrative follow-up</b> – These patients had not responded to correspondence or attended a scheduled date for appointment	27%
<b>Re-categorised when guidelines were applied</b> – These patients were temporarily unfit or no longer required their treatment	27%
<b>Declined an offer of treatment elsewhere</b> – These patients had declined to have their treatment under the NTPF scheme in another hospital	3%



## OVERVIEW OF 2011



**David Allen**  
Director of Finance

### Summary Financial Information

#### Hospitals and Waiting Lists

While 2011 was a year of transition for NTPF the principle of maximising the value of funds allocated remained a priority. From a financial perspective the Fund continues to operate on a 'money follows the patient' basis. In other words prices for treatments are agreed up-front with hospitals. Once appropriate medical documentation is provided payment is then made on a patient-by-patient basis. This approach means there is control and certainty as to the likely financial demands on the Fund and allows NTPF, as a purchaser, to compare prices offered by different hospitals for the same treatment.

Working in partnership with the Department of Health's SDU (Special Delivery Unit) some of the Fund has also been utilised in 2011 to support initiatives to help reduce waiting times in emergency care settings in public hospitals. While this was a new departure for the organisation the traditional NTPF financial control principles were applied whereby 'purchase orders' were placed for delivery of specific tasks and targets and payment terms were agreed in advance.

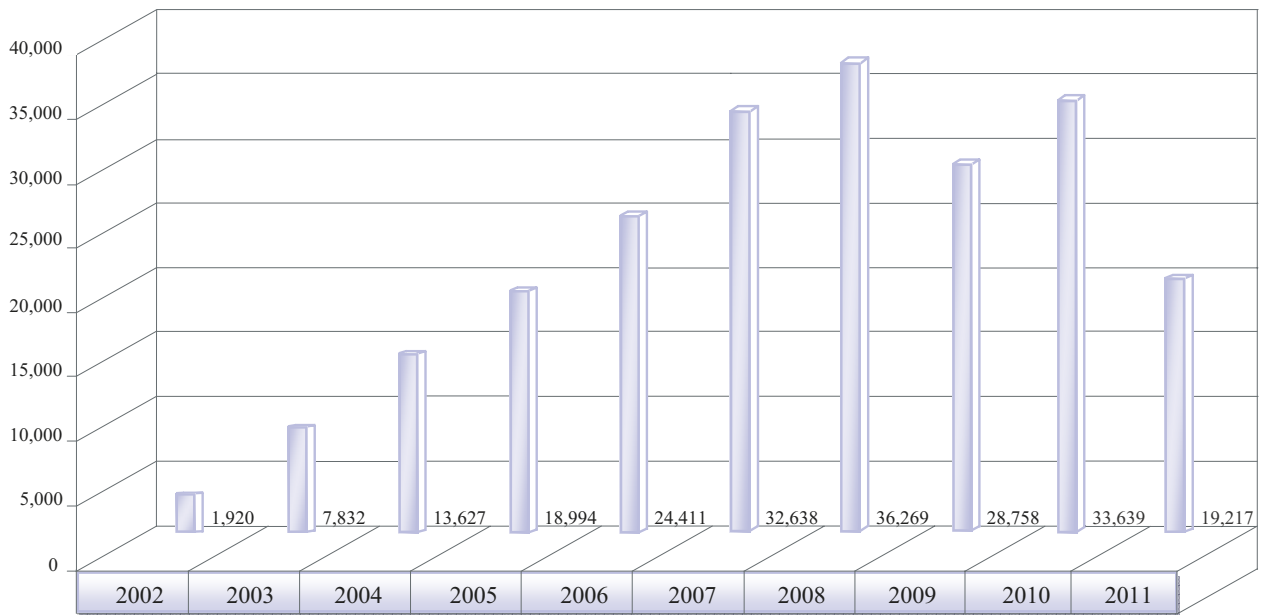
In this way we can ensure there is transparency of output for the funds made available to NTPF (€85.6m for 2011).

#### Financial Accounts

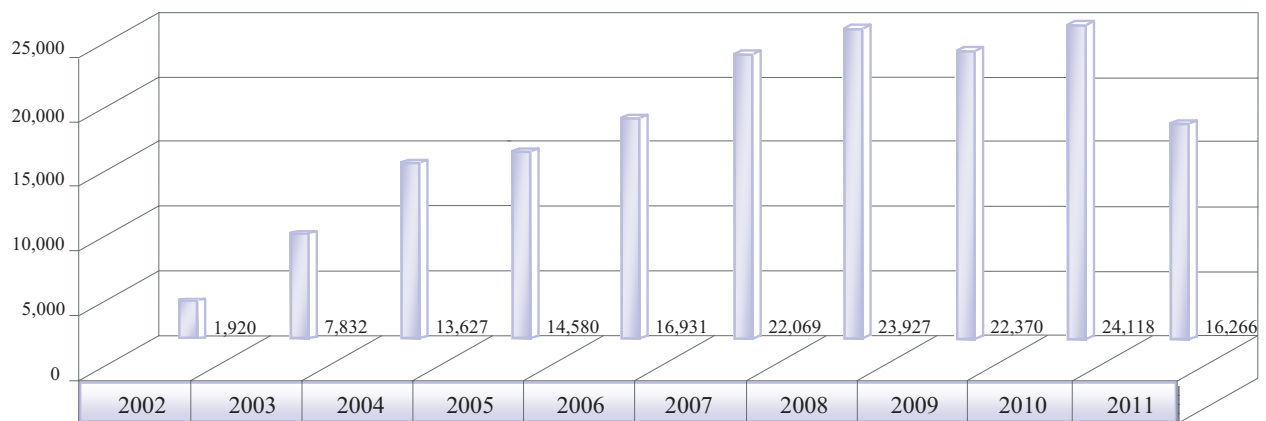
The annual financial statements of the NTPF Board are subject to audit by the Office of the Comptroller and Auditor General. Once this audit has been completed in respect of 2011 separate financial statements will be submitted and presented in accordance with Section 11 of the Comptroller and Auditor General (Amendment) Act 1993.

## SUMMARY – PATIENT TREATMENT VOLUMES 2002-2011 (Patients referred up to July 2011)

**Total Patients Treated Per Year 2002 – 2011 (In-Patients, Out-Patients and Radiology Patients) – Total = 217,305**

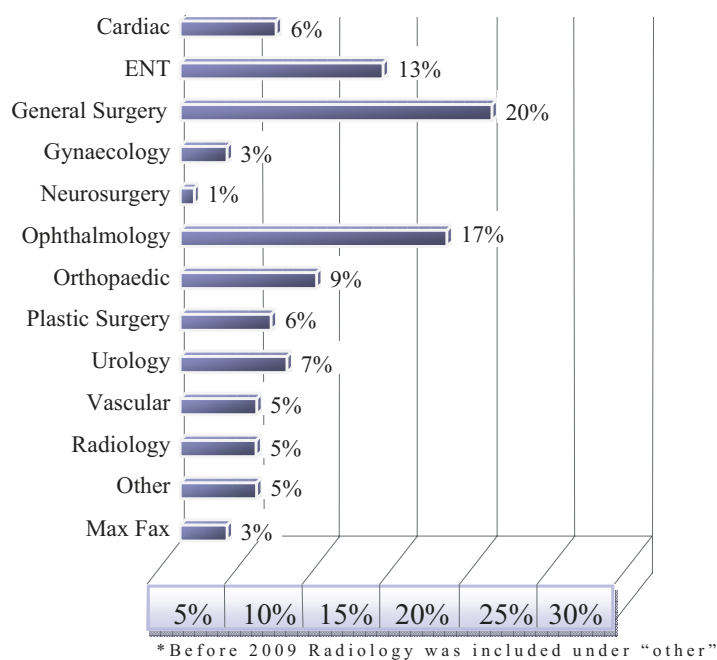


**Total In-Patients Treated Per Year 2002 – 2011 (Including Radiology) – Total = 163,640**

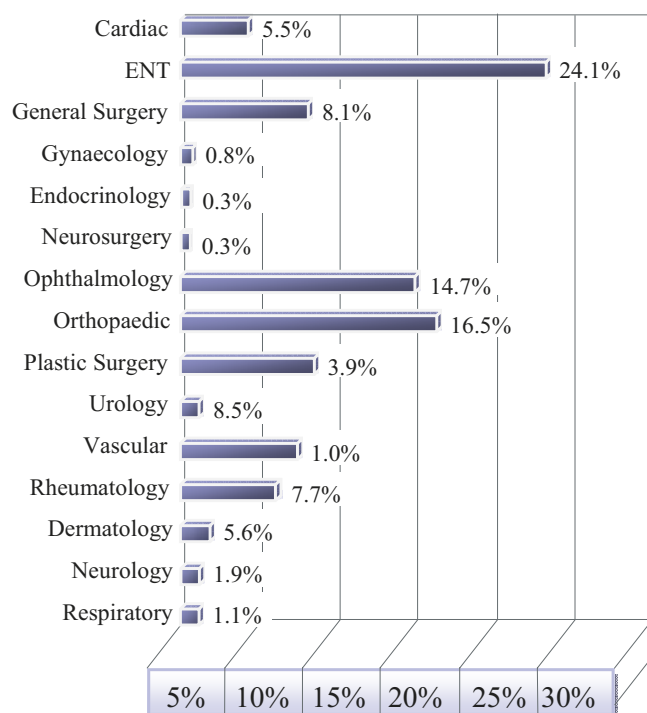


## SUMMARY – PATIENT TREATMENT VOLUMES 2002-2011 (Patients referred up to July 2011)

**Volume of In-Patients Treated Per Specialty (Including Radiology)  
2002–2011 – Total = 163,640**

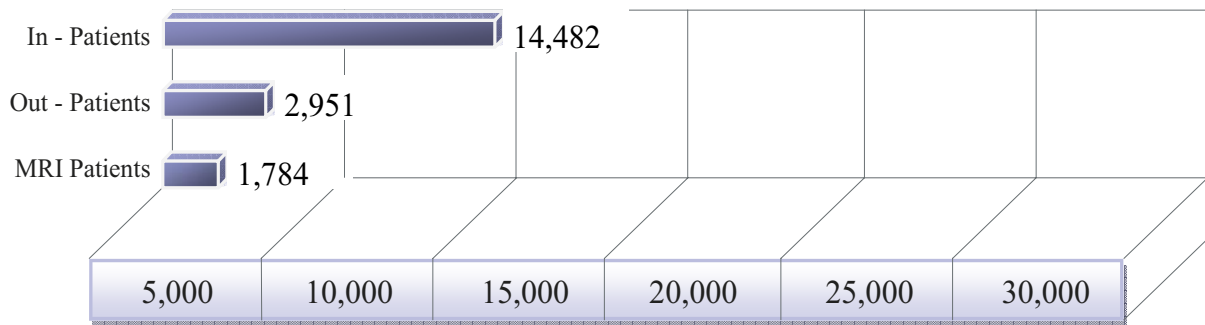


**Volume of Out-Patients Treated Per Specialty 2005–2011 – Total = 53,665**

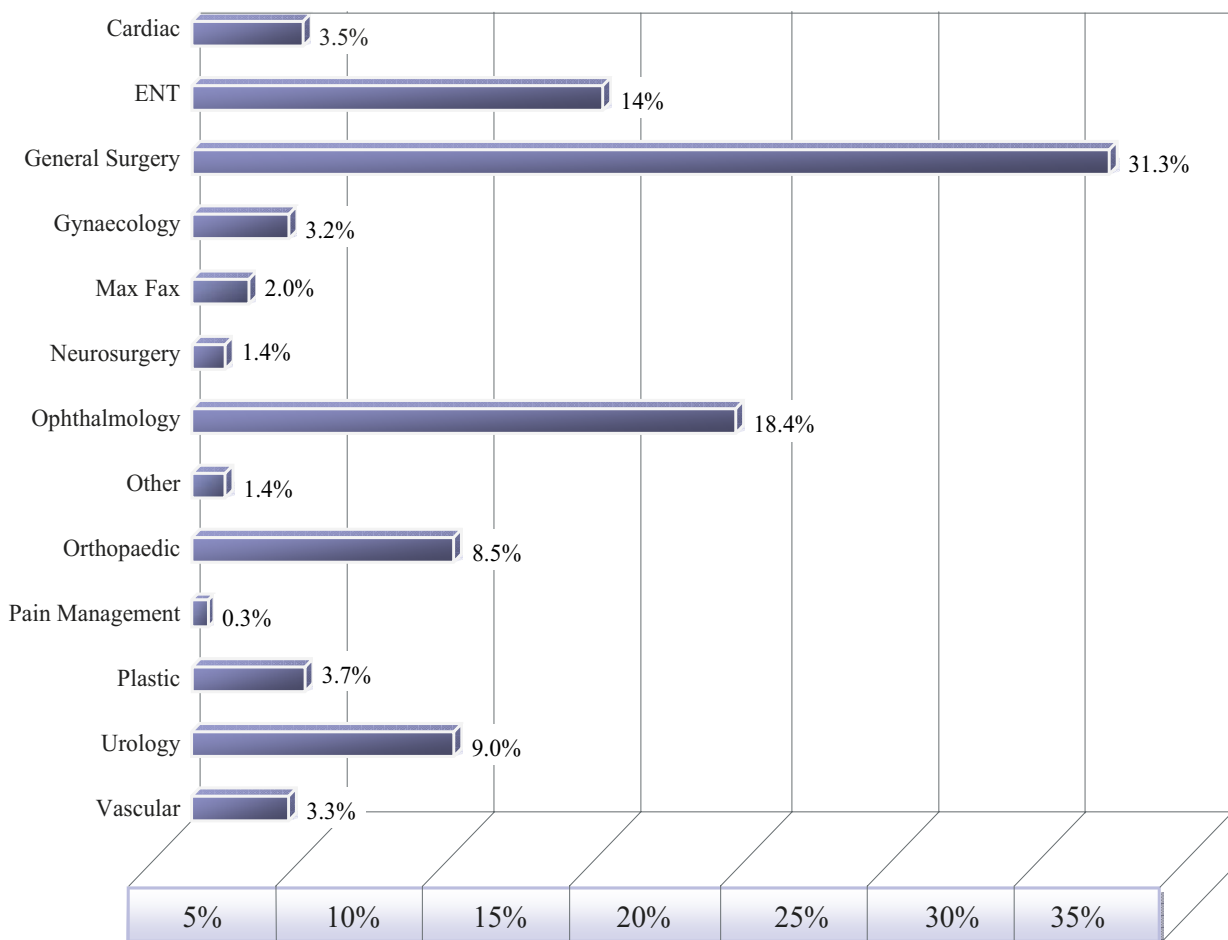


## 2011 SUMMARY – PATIENT TREATMENT VOLUMES (Patients referred Jan to July 2011)

**Total Patients Treated in 2011 – Total = 19,217**

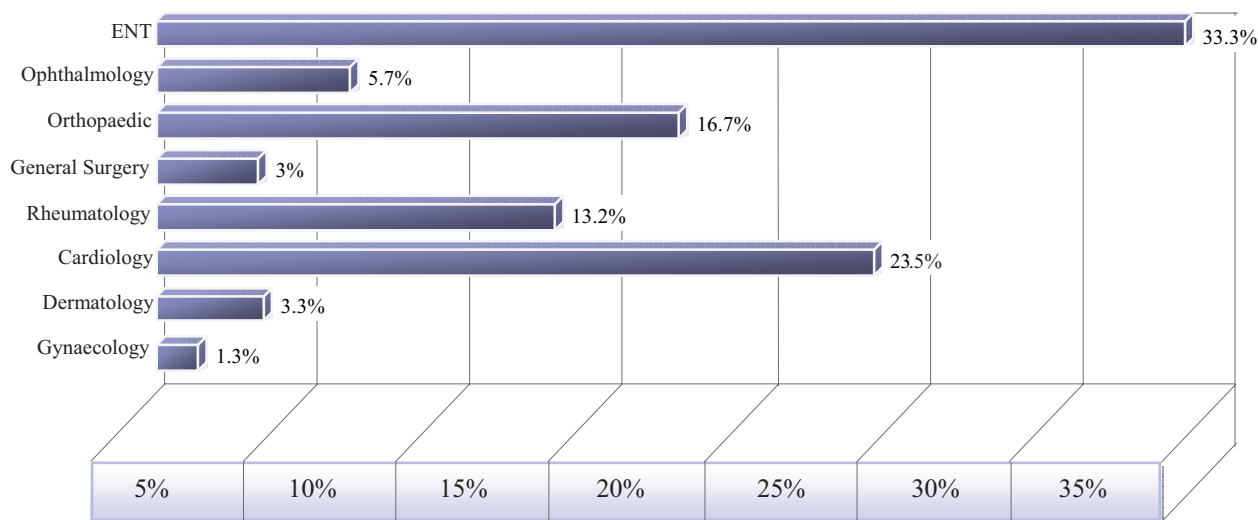


**Volume of In-Patients Treated Per Specialty 2011 – Total = 14,482**

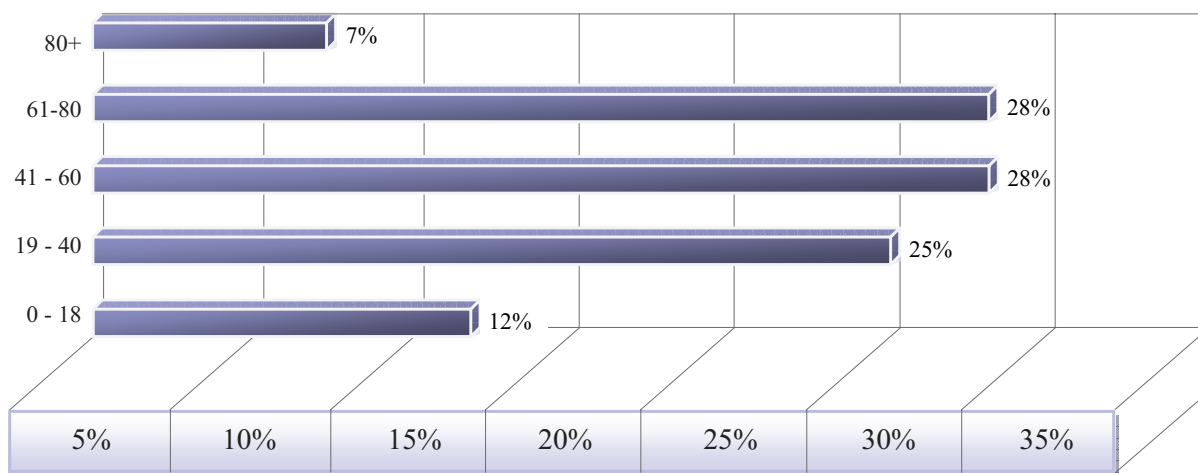


## 2011 SUMMARY – PATIENT TREATMENT VOLUMES (Patients referred Jan to July 2011)

Volume of Out-Patients Treated Per Specialty 2011 – Total = 2,951

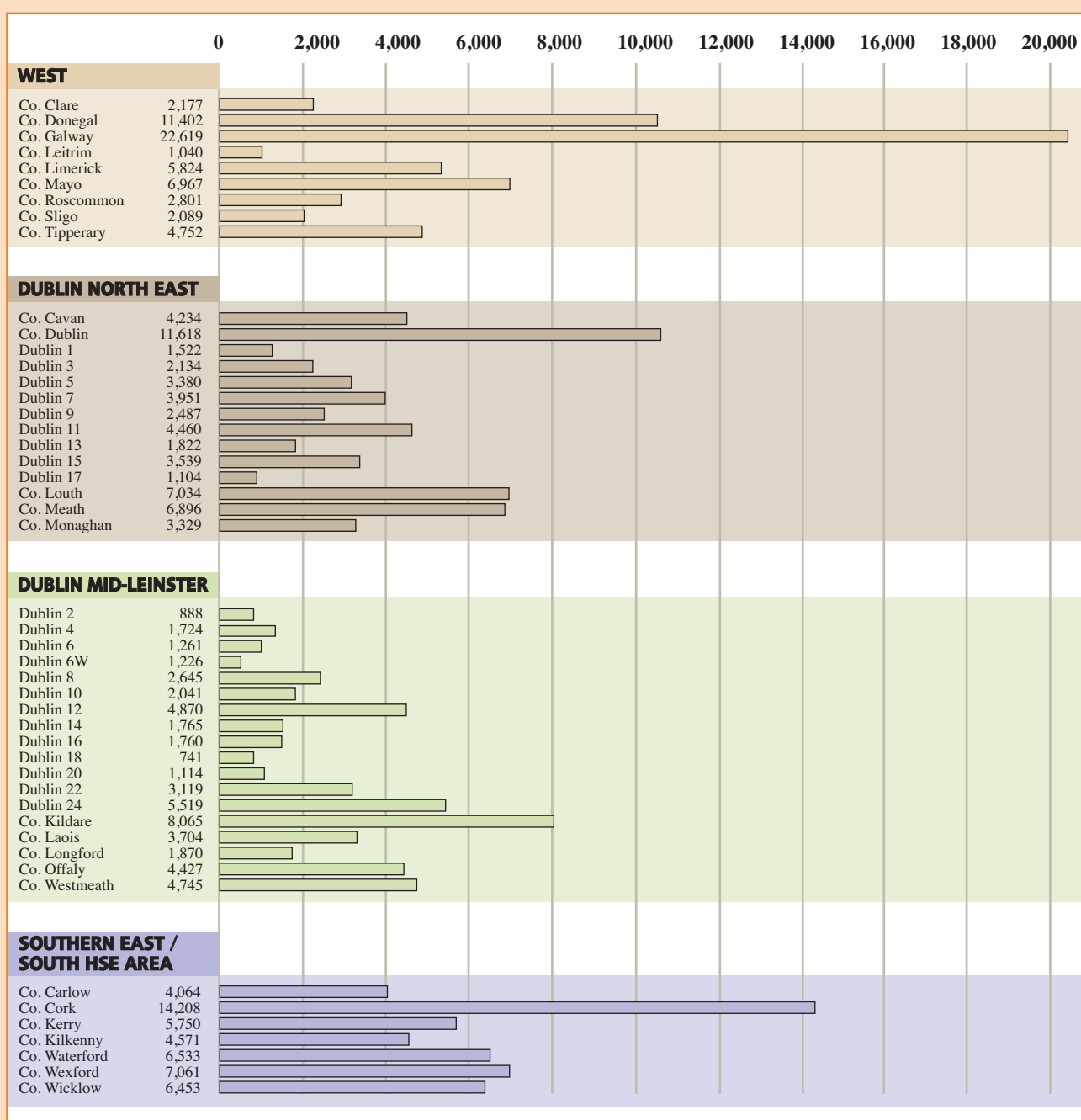
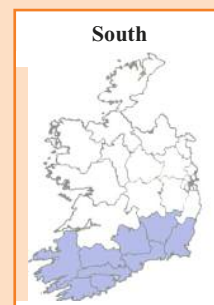
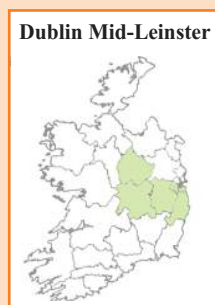


Age Profile of In-Patients Treated in 2011 – Total = 16,266





## BREAKDOWN BY COUNTY OF 217,305 PATIENTS TREATED 2002 – July 2011



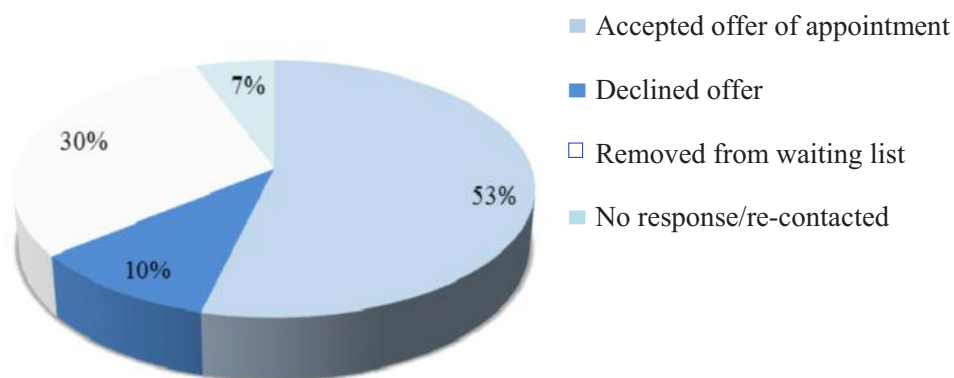
## OUT-PATIENT INITIATIVE 2011

### Introduction

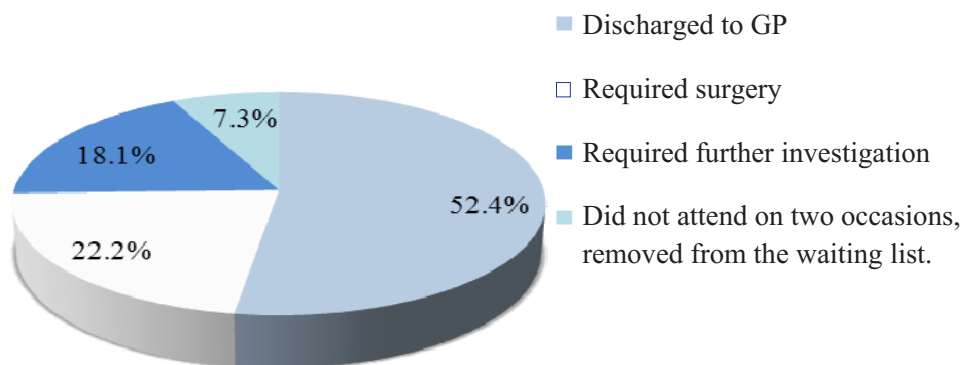
The goal of the Out-Patient initiative (OPD) was to reduce the waiting times for out-patient consultations for an agreed volume of public patients on public hospital waiting lists and to operate this OPD programme over a number of surgical and medical specialties. The Out-Patient initiative in 2011 offered out-patient consultations to over 5,000 public patients waiting to see a Consultant for the first time. Since the inception of the NTPF OPD initiative a total of just over 79,000 people have been given OPD appointments or have been removed from the lists. In order to achieve this, it was

necessary to initiate contact with 103,992 patients. During 2011 a total of 2,951 patients from 16 public hospitals were referred to 15 treating hospitals across 8 specialties. In addition to the 2,951 patients who were referred in 2011, a further 1,652 people were removed from out-patient waiting lists as they no longer wanted or needed the service. A further 312 patients did not respond to the offer and the public hospitals are currently attempting to re-contact these people. Many of these will also ultimately be removed from the waiting lists.

### 5,481 PATIENTS CONTACTED



### 2,951 CONSULTATIONS ARRANGED



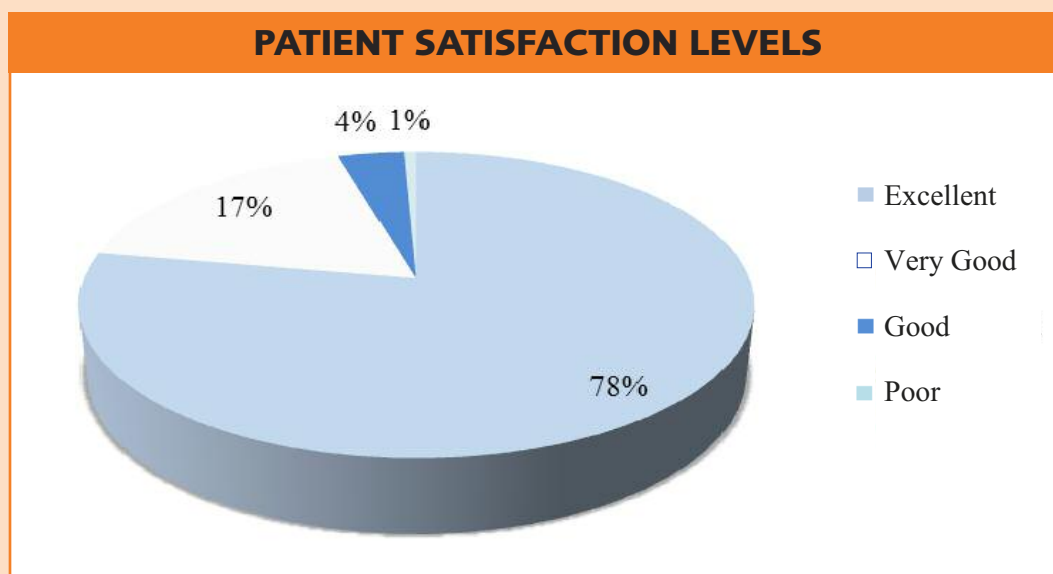
## PATIENT SATISFACTION SURVEY REPORT

### January – December 2011

Number of patients surveyed 2011 – 15,386    Number of responses 2011 – 7,257

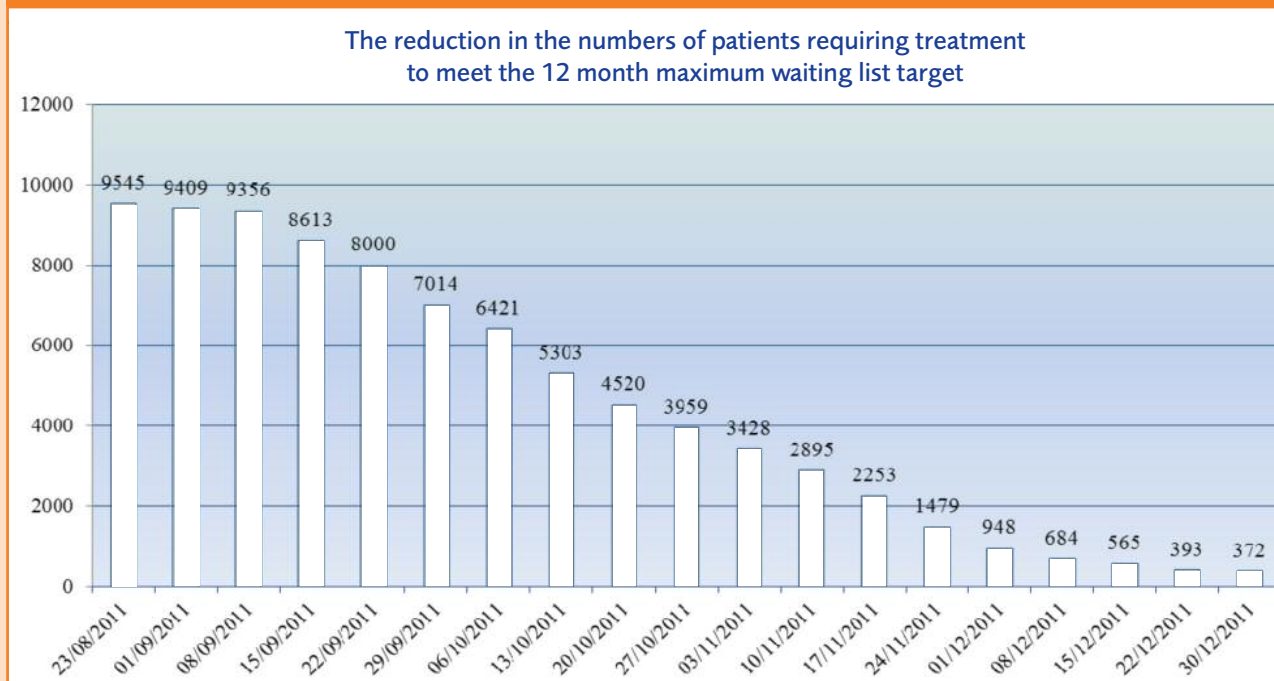
Response Rate – 47%

Overall Satisfaction Rating – 99%



#### Patient Quotes

- “The service and hospital were exceptionally good. The consultant was very attentive and explained everything in a clear and concise manner. I would recommend it to anyone.”
- “I would like to thank the NTPF for the care and attention they afforded me. Very professional and unlimited compassion.”
- “The welcome and clear instructions that I received on the day were excellent. There was no worry or anxiety about what to do next, the staff (admin and medical) informed me at every stage about what happens next. This left me feeling calm and re-assured. It was an excellent service. Thanks to everyone, keep up the good work.”
- “I was treated with the most courteous and friendly attention throughout, the medical treatment was just superb. I would strongly recommend this treatment to anyone.”
- “My treatment was first class, everyone from medical staff to ancillary staff made me feel special, thank you.”
- “NTPF provide an excellent service and are a very beneficial service to those who are on long term waiting lists.”

**TABLE 3 NATIONAL PROGRESS TOWARDS 12 MONTH MAXIMUM WAITING TIME****TABLE 4 PATIENT TREATMENT VOLUMES – POST JULY 2011**

HSE WEST REGION	Specialty	Supported in own hospital	Supported in private sector
Letterkenny	Orthopaedics	14	0
UCHG/Merlin	General Surgery	31	72
	ENT	27	108
	Ophthalmology	85	37
	Orthopaedics	10	0
	Plastics	56	0
	Urology	23	30
	Vascular	1	27
	Cardiology	5	0
	Neurology	3	0
	Max Fax	3	107
Limerick	Max Fax	21	0
	ENT	0	9
Sligo	Orthopaedics	0	1
<b>HSE SOUTH REGION</b>			
Cork	Plastics	24	6
	Urology	8	0
	Neurology	0	4
Waterford	ENT	0	18
<b>HSE DUBLIN MID-LEINSTER REGION</b>			
Tallaght	Orthopaedics	19	0
Crumlin	Cardiology	5	2
Temple Street	General Surgery	32	0
Tullamore	Orthopaedics	40	0
<b>HSE DUBLIN NORTH EAST REGION</b>			
Mater	ENT	5	3
	General Surgery	32	14
	Gynaecology	3	1
	Ophthalmology	22	0
	Orthopaedics	5	0
	Plastics	12	13
	Urology	15	10
Beaumont	Neurosurgery	28	0
	ENT	2	0
	Plastics	6	0
Drogheda	Urology	0	31
Cappagh	Orthopaedics	129	0
<b>TOTAL</b>	<b>1159</b>	<b>666</b>	<b>493</b>

# NATIONAL MEDICAL AND SURGICAL WAITING LIST VOLUMES

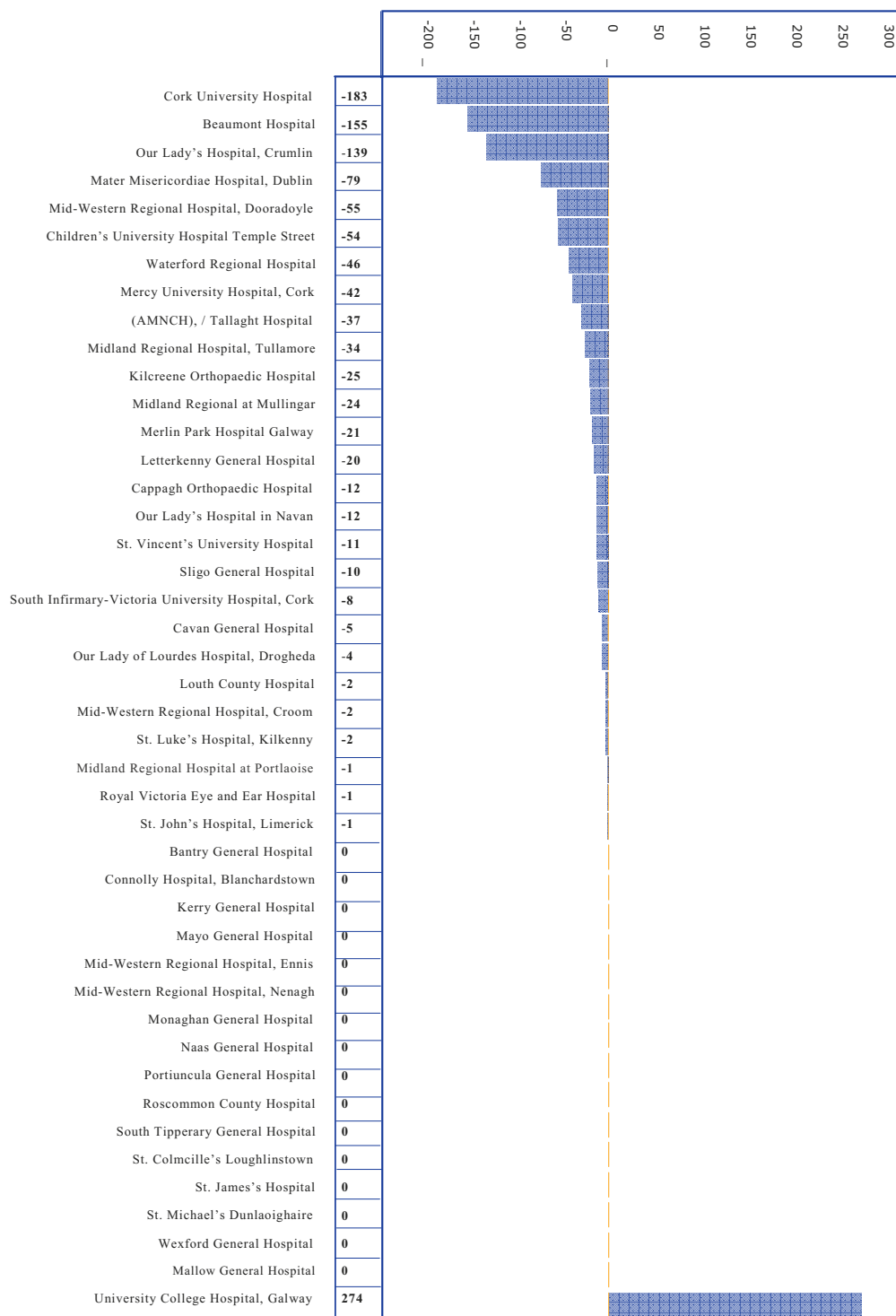
## December 2011

TABLE 5

	3-6 MTHS	6-12 MTHS	12 PLUS	TOTAL
<b>DUBLIN NORTH / NORTH EAST HSE AREA</b>	<b>4494</b>	<b>3934</b>	<b>0</b>	<b>8428</b>
Beaumont Hospital	1491	1377	0	2868
Cappagh Orthopaedic Hospital	293	180	0	473
Cavan General Hospital	146	44	0	190
Connolly Hospital	551	324	0	875
Mater Misericordiae Hospital	1533	1547	0	3080
Our Lady's of Lourdes Hospital, Drogheda	289	275	0	564
Our Lady's Hospital, Navan	108	47	0	155
The Children's University Hospital, Temple Street	83	140	0	223
<b>DUBLIN EAST COAST/DUBLIN SOUTH WEST/MIDLAND HSE AREA</b>	<b>3647</b>	<b>1912</b>	<b>0</b>	<b>5559</b>
Louth County Hospital	38	34	0	72
Midland Regional Hospital, Mullingar	131	109	0	240
Midland Regional Hospital, Portlaoise	96	115	0	211
Midland Regional Hospital, Tullamore	434	638	0	1072
Naas General Hospital	84	35	0	119
Our Lady's Hospital for Sick Children, Crumlin	381	386	0	767
Royal Victoria Eye and Ear Hospital	315	251	0	566
St. James's Hospital	1009	41	0	1050
St. Vincent's Hospital	430	96	0	526
Tallaght Hospital	729	207	0	936
<b>SOUTHERN EAST/SOUTH HSE AREA</b>	<b>2093</b>	<b>1679</b>	<b>0</b>	<b>3772</b>
Bantry General Hospital	0	0	0	0
Cork University Hospital	867	672	0	1539
Kerry General Hospital	123	2	0	125
Lourdes Orthopaedic Hospital	110	71	0	181
Mallow General Hospital	19	0	0	19
Mercy University Hospital	456	536	0	992
South Infirmary Royal Victoria Hospital	306	232	0	538
South Tipperary General Hospital	29	4	0	33
St. Luke's Hospital, Kilkenny	183	162	0	345
<b>NORTH WEST/WEST/MID-WEST HSE AREA</b>	<b>5708</b>	<b>5011</b>	<b>372</b>	<b>11091</b>
Letterkenny General Hospital	721	569	0	1290
Mayo General Hospital	255	46	0	301
Merlin Park Hospital, Galway	2	1	4	7
Mid - Western Regional Hospital, Croom	52	45	0	97
Mid - Western Regional Hospital, Dooradoyle	759	555	0	1314
Mid - Western Regional Hospital, Ennis	193	229	0	422
Mid - Western Regional Hospital, Nenagh	213	144	0	357
Sligo General Hospital	593	414	0	1007
St. John's Hospital, Limerick	276	230	0	506
University College Hospital, Galway	1932	2222	368	4522
Waterford Regional Hospital	576	532	0	1108
Wexford General Hospital	136	24	0	160
<b>TOTALS</b>	<b>15942</b>	<b>12536</b>	<b>372</b>	<b>28850</b>



## ANALYSIS OF VARIATION IN MEDICAL AND SURGICAL VOLUMES > 12 Months December 2010 -v- December 2011



\* Volumes > 0 indicate those hospitals whose volume of longest waiters has increased in 2011

\* Volumes < 0 indicate those hospitals whose volume of longest waiters has decreased in 2011

## NURSING HOMES SUPPORT SCHEME

NTPF's role in supporting this Scheme is one of negotiating and agreeing prices with private and voluntary nursing home owners. Section 40 of the Nursing Homes Support Scheme Act 2009 sets out that:

"The Minister shall, as soon as is practicable, by notice in writing designate a person to negotiate with persons carrying on the business of a nursing home for the purposes of reaching an agreement referred to in the definition of an approved nursing home."

Before commencement of the full Scheme, sections 40 and 41 of the Nursing Homes Support Act were commenced in advance (3 July 2009) to enable NTPF as that corporate person. The Act also contains a provision concerning examination of records and accounts of participating nursing homes:

*"In performing its function the Board may examine the records and accounts of an approved nursing home or of a nursing home the proprietor of which proposes to enter into arrangements under the scheme."*

It is important to note that the role is confined to negotiating prices with private and voluntary nursing home proprietors. Administration of the scheme, public nursing home costs, processing of applications and general management of the Fair Deal fund rest with the HSE.

The Scheme commenced on 27 October 2009 with an initial list of agreed prices showing 430 private and voluntary homes.

Each pricing agreement is set out in a written deed of agreement showing amongst other matters:

- The definition of long term residential care;
- Responsibilities of the contracting parties (the nursing home proprietor and NTPF);
- The agreed price.

NTPF considers pricing proposals of private and voluntary nursing homes under four headings (not in any order of priority):

- Costs reasonably and prudently incurred by the nursing home and evidence of value for money;
- Price(s) previously charged;
- The local market price; and
- Budgetary constraints and the obligation on the State to use available resources in the most beneficial, effective and efficient manner to improve, promote and protect the health and welfare of the public.

Negotiations are with each nursing home (as apposed to collective negotiations with a representative body). This typically involves a series of contacts and face-to-face meetings with each proprietor.

At the close of 2011 a total of 437 private nursing homes had pricing contracts with NTPF and the overall national price of long term residential care amounted to €877 per week. The equivalent figures for end of 2010 were €873 for 438 homes.

We will be continuing to ensure that value is achieved for the taxpayer and that the fund made available to Fair Deal is maximised for the benefit of those assessed as being in need of long term residential care.

We wish to acknowledge the professionalism and courtesy shown by nursing home proprietors to our representatives during, sometimes difficult, pricing negotiations and look forward to continue doing business with them in 2012.



▲ Patient Care Team ►



◀ National Patient Treatment Register Team

Nursing Homes Support Team ►



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