HSE Estates and Acute Hospitals Division

Re: Submission to Department of Transport, Tourism and Sport consultation request for the new Statement of Strategy 2017 – 2019

Introduction

The HSE welcomes the opportunity to make a submission to the Department of Transport, Tourism and Sport (DTTS) as part of their current consultation process to inform their next Statement of Strategy for 2017 – 2019.

This submission and the points for consideration outlined herein have been prepared on behalf of HSE Acute Services Division and HSE Estates.

HSE Acute Hospitals Division

The Acute Hospitals Division works closely with the seven Acute Hospital Groups to deliver hospital services throughout the country. Each group provides a variety of urgent and planned care on an inpatient and outpatient basis to their respective communities. These services include Inpatient Scheduled Care, unscheduled/emergency care, Maternity Care Services, Outpatient and diagnostic services.

Groups include combinations of Model 1, 2, 3 and 4 hospitals which provide care at various levels of complexity, with a Model 4 hospitals having full Emergency and intensive care services and often also providing national specialty services e.g. transplant surgery or cardiac surgery.

The Acute Hospital Division’s priorities include:

- Improving waiting times for access to care in public hospitals;
- Ensuring the Hospital Groups are fully operational, with quality and patient safety at their core;
- Strengthening financial accountability, human resource planning and overall performance;
- Continuing the development of the new Children’s Hospital.
HSE Estates Directorate

HSE Estates is responsible for maximizing the value of HSE properties and facilities, to ensure that the appropriate infrastructure is in place when and where required in order to enhance patient, client and staff wellbeing, by managing the organizations €10 billion existing capital infrastructure and its annual capital plan. HSE Estates plays a key role in addressing identified priority healthcare needs, through the management of significant investment in the continued development and modernisation of the Irish healthcare estate.

The Corporate Estates Office develops protocols, policies and strategies, manages national programmes and strategic capital projects and liaises with HSE senior management, the Department of Health and other Government departments, external agencies and bodies on these and other pertinent issues.

Capital Plan 2016 – 2021


Standing at just over €3 billion, the planned investment in health infrastructure over the life of the Capital Plan, accounts for 11% in sectoral share of the overall Exchequer Capital Envelope. In structuring the deployment of such investment, The Department of Health has identified the following five main priority areas to commence a long term programme of transformation of health care facilities across the country:

1. Children and Maternity
2. Mental Health
3. Cancer Care
4. Social, Community and Primary Care
5. System wide investment in Information Communication Technology

In line with these areas, several key strategic infrastructure developments are currently at advanced stages of planning and construction, most notably including:

The National Children’s Hospital at St James’s Hospital
The new National Children’s Hospital (NCH) at St James’s Hospital, with satellite centres at Blanchardstown and Tallaght, will bring together the three existing children’s hospitals in Dublin into a single entity on one campus. This project represents the largest health infrastructure project ever undertaken in Ireland.

The National Maternity Hospital at St Vincent’s University Hospital
The Capital Plan supports a reorganisation of maternity service provision across the country, the objectives for which have been further outlined in The National Maternity Strategy published in January 2016. This includes for the planned relocation of the three maternity hospitals in the
Greater Dublin Area, to adult acute hospital sites commencing with the move of The National Maternity Hospital out to St Vincent’s University Hospital campus.

The National Forensic Mental Health Services Hospital
In the area of mental health, the replacement of the existing Central Mental Hospital in Dundrum will be realised through the construction of the new National Forensic Mental Health Services (NFMHS) Hospital in St Ita’s, Portrane.

National Plan for Radiation Oncology
New radiation oncology facilities at St. James's Hospital and Beaumont Hospital have been completed and opened under Phase 1 of the National Plan for Radiation Oncology (NPRO). Phase 2 of the NPRO will address future needs and will provide additional capacity, preparation for which is currently at the early stages of planning.

Primary Care Centres PPP Programme
The development of primary care remains central to the Government’s objective to deliver a high quality, integrated and cost-effective health care service at the community level. Over the period of the Plan, primary care facilities will be provided right across the country, with the HSE managing the current delivery programme of 14 primary care centres.

Points for Consideration

Every year, over 600,000 patients are admitted to acute hospitals, over 1 million have day case procedures and over 3.2 million patients attend hospital out-patient clinics, some of whom are older persons, children and patients with disabilities and all of whom need to travel to and from our 48 hospitals.

Activity data for each hospital is published on www.hse.ie every month and should be referred to in the next Statement of Strategy for Transport in terms of providing an indication of patient transport requirements within each county.

The promotion of sustainable modes of transport remains a key requirement for the continued operation and future development of hospital campuses. However, in order for such efforts to be successful in the long term, they need to be appropriately supported through the development and delivery of complementary infrastructure.

Capital healthcare projects, including those noted above, delivered by HSE Estates represent a considerable critical mass of commuting journeys which can, and ultimately do, have a real impact on the strategic objectives and measurable targets as set out by the DTTS and the transportation bodies under its aegis. It also needs to be recognised that the majority of healthcare investment and capital development is undertaken within the existing constraints of a legacy estate.
There are a number of matters that we are submitting for consideration by DTTS as part of the development of the new Statement of Strategy. They are directly informed by both the contemporary and historical experience of both operating and delivering strategic healthcare infrastructure.

1. Healthcare Infrastructure – Existing Operations

The HSE would recommend that optimum transport links and public transport services are provided to all acute hospitals to reduce travelling times for patients attending hospitals, ensure ease of access for those travelling by bus, rail, taxi and private car, especially for those with special needs, and that healthy transport choices e.g. cycling or walking to hospital for treatment or for work can be facilitated by cycle lanes, paths and ‘park and ride’ facilities where possible.

The need to ensure the provision of appropriate transport infrastructure equally applies on a wider, national basis throughout the country particularly to support the required development of primary care, promoting a move from a hospital centric service to one located in the community, at local level. The need to continue provision of bus lanes to support improved access for emergency vehicles.

2. Healthcare Infrastructure - Future Planning

Modes of transportation and associated infrastructure constitute integral considerations in the development of sustainable future planning strategies for healthcare campuses. Whilst it is the role of the planning authorities to determine whether or not proposed healthcare developments are appropriate in respect of their impact on the local and citywide environment in planning, sustainability and environmental terms, there is nonetheless an emerging trend in pre-planning consultations for information regarding future site development strategies – notably including the provision or enhancement of supporting transportation infrastructure.

This has been evidenced recently in several capital projects, through the preparation of site capacity studies and master planning exercises to inform the overall planning process. The HSE would recommend that in forming the new Statement of Strategy, and the policies flowing from same, the DTTS should actively take account of and liaise with the HSE in relation to planned future healthcare infrastructure objectives as set out in the Capital Plan 2016 – 2021, endorsed by the Programme for a Partnership Government.

3. Mobility Management and Sustainable Modal Split Planning

There is an ever present requirement in the planning and management of healthcare sites to balance car access and car parking requirements against the provision of accessible public modes of transport. It is recognised that the most appropriate means for setting out such objectives on an operational level is the adoption and implementation of Mobility Management Plans.
It is recognised that the provision of key support structures are essential for maximising the effectiveness of such mobility strategies for major employment centres (such as hospital campuses) which generate considerable transport demand. Key considerations which need to be borne to mind in the development and implementation of such mobility management plans include, *inter alia*:

- Prioritisation of the need for people (including those are mobility impaired) to be as physically active as possible in their daily routines;
- Provision of the requisite supports for the promotion of walking, cycling and using other modes of public transport – on both macro (network of maintained routes) and micro levels (localised facilities e.g. changing);


4. Promotion of Cross Sectoral Collaboration

The HSE would recommend that the DTTS, through the development of the Statement of Strategy should foster co-operative action between the appropriate Government Departments and Bodies to assist in the delivery of the key objectives as outlined therein.

In particular, we would welcome the implementation of a close working relationship between the DTTS, the Department of Housing, Planning, Community and Local Government (DHPCLG), the Department of Health (DoH) and the HSE to actively and regularly collaborate to coordinate approaches to healthcare planning and development.

This consultative approach would be particularly welcomed in respect of the development of a new National Spatial Strategy to ensure the collateral opportunities presented by capital healthcare developments undertaken in the State are leveraged to their fullest extent, in the context of the development of other Departments strategic objectives.

This can ultimately be achieved through a collaborative approach between DTTS, DHPCLG, DoH and the HSE.