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Blackrock Clinic



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PC-IE-100811 V1 Date of preparation: May 2020

## State mandates new agreement with private hospitals

By Valerie Ryan 23rd July 2020

### Talks between the various State parties to an agreement with private hospitals are ongoing

The Health Service Executive (HSE) is seeking to finalise a new agreement with the private hospital sector on acute hospital capacity for this coming winter with three aspects to it, according to CEO Paul Reid.

How the HSE is to deal with firstly, a potential surge; secondly, time-dependent surgery that needed to be addressed and, thirdly, some of the challenges for elective care.

The new Government has mandated the HSE to negotiate a new agreement with the private hospitals sector.

Separately, the new arrangements aim to provide access to private hospital services to address HSE priority needs in providing essential ongoing care arising from the enduring impact of Covid-19 on the overall public system capacity due to the need to reduce occupancy rates, and ensure safe distancing.

At present, talks are ongoing as agreed by the Government, between the HSE, the National Treatment Purchase Fund and Departments of Health and Public Expenditure.

The last Government decided that the three-month framework agreement with the private hospitals should be terminated on June 30, in line with the Heads of Terms.

Activity in the private hospitals from April to June this year, had seen 13,000 inpatient discharges from the private hospitals in excess of 53,000 day cases; more than 85,000 people attended for diagnostics and 52,000 for outpatients, according to Chief Operations Officer at the HSE, Anne O'Connor.

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Ms Margaret O'Donnell, the Medical Director of Blackrock Clinic, said: "Volumes are nearly back to normal at the hospital after starting back more slowly." The capacity provided at the Blackrock Clinic in Dublin was slightly different from some of the other private hospitals as it was requested at the start of the Covid-19 crisis to be a surgical hospital for urgent cancer and cardiac care.

Throughout the three months, the facility had been admitting patients from St James's, St Vincent's, Tallaght, Beaumont and Holles Street hospitals with some of the surgeons from the base hospitals operating there. Follow-up on cases was carried out through multidisciplinary teams at the base hospitals.

"We have been busy throughout the whole process dealing with patients from the public hospitals," said Ms O'Donnell.

Blackrock Clinic staff were now resuming services and were now going ahead with their lists. The protocols had been working well so they had an improved system in place.

"There have been a lot of joint replacements not seen as urgent so as the balance shifts, and people are in pain, the need for surgery is still there.

"The throughput will be less because of protocols and there are extra precautions. We won't get as many cases done. We will have reduced capacity, and a time lag between patients," she added.

It was anticipated there would be a backlog, and for certain patients who may be immunologically compromised it would be best to defer surgery.

During the crisis, the Emergency Department had not been functioning as normal and was used as the pre-assessment area, but would now be reverting back to emergency work.

Ms O'Donnell stressed the need to be conscious that Covid-19 was "still out there". Blackrock Clinic would continue using infection control and prevention (ICP) processes with an emphasis on scheduling, ICP measures and pre-assessment protocols to protect staff and patients.

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