

# Towards universal healthcare in Ireland?

## DATE

27<sup>th</sup> February 2019

## VENUE

Foundation for Fiscal Studies  
seminar, Irish Tax Institute

## AUTHOR

Sheelah Connolly



# Background

- Ireland unusual in not providing universal, equitable access to primary or hospital care
- However increasing interest in introducing universal healthcare
- 2011 Government committed to a universal healthcare system financed by universal health insurance
  - *Wren et al* (2015) Potential costs of UHI in Ireland
  - Proposals abandoned due to cost in 2015

# Background

- 2016 all-party parliamentary committee established with the aim of achieving a long-term vision for healthcare and the direction of health policy in Ireland
- 2017 Sláintecare report published

# Sláintecare report – some recommendations

- Reduce and remove charges
  - Inpatient, ED and prescription charges
- Primary care expansion
  - Universal GP and primary care
- Social care expansion
  - Universal palliative care
- Expanding public hospital activity
- Legislation
- Funding

# Implications of Sláintecare proposals?

- Outcomes
  - What outcomes?
    - Access?
    - Financial protection?
    - Health?
- Costs
  - €2.8 billion over ten-year period + transition fund of €3 billion?
  - But ...

# Some considerations

1. Definition of universality
2. Design features
3. Role of the private system
4. Supply side
5. Total expenditure versus public expenditure
6. Political will
7. Financial commitment

# Definition of universality

- Varying definitions in report
  - *“Care should be provided free at point of delivery based entirely on clinical need”* (p 43)
  - *“Cost of using services does not put people at risk of financial harm”* (p 57)
  - *“The vision of the Committee is a universal health system accessible to all on the basis of need, free at the point of delivery (or at the lowest possible cost)”* (p 58)
- Implications for outcomes (access and financial protection) and costs

# Design features - How do we get “there”?

- Extent of user charges?
- What services?
- Role of the private system?



# Role of the private system

- Strong attachment to private market
- Those with private insurance less likely to support universal healthcare (Darker et al., 2018)
- Providers – potential loss of income

## The supply side

- Enhanced eligibility may require an increase on supply side
- How increase supply?
  - GP visit cards for under 6s (2015) – capitation rate for GPs higher than they previously received for medical card holders

# Public expenditure v total expenditure

- Total healthcare expenditure = Public + private expenditure
- Some of the increased public expenditure will be offset by a reduction in private expenditure

# Political will

- Cross-party membership of committee
- But ...
- Divergence in views about how universality should be defined and implemented?
  - Removal of tax subsidies for private health insurance

## Government response – Sláintecare implementation strategy

- Sets out governance and accountability arrangements in order to implement plan
- *10 strategic action*
  - Strategic action 6 – expand eligibility on a phased basis to move towards universal healthcare ....
- *By 2021*
  - Review income thresholds for GP visit cards
  - Review eligibility framework to develop a roadmap to achieve universal entitlement

# Budget 2019

- Some additional funding for some Sláintecare proposals
  - ↓ prescription charges
  - ↑ GP visit card threshold
- But limited ...

# Where to from here?

- Ireland is at a cross-roads in relation to universal healthcare
- Sláintecare useful starting point
- But awaiting commitment from Government on funding and implementation of proposals
- Need clarity on a number of issues...
- Proposals come on top of
  - Ageing and growing population (Wren et al., 2017)
  - An already high cost system?

# Ongoing relevant ESRI research

1. The Hippocrates model of healthcare demand and expenditure
2. HRB funded project *Alternative approaches to achieving universal healthcare in Ireland*



# References

1. Connolly et al (2018). Universal GP care in Ireland: Potential cost implications. *ESR* 49(1): 93-109
2. Keegan et al (2018). An examination of activity in public and private hospitals in Ireland, 2015. ESRI Working Paper
3. Darker et al (2018). Demographic factors and attitudes that influence the support of the general public for the introduction of universal healthcare in Ireland: A national survey. *Health Policy* 122 (2): 147-156
4. Wren et al (2017). Projections of demand for healthcare in Ireland, 2015-2030: First report from the Hippocrates Model. ESRI Research Series report
5. Wren et al (2015). An examination of the potential costs of universal health insurance in Ireland. ESRI Research Series report