

Publication of the Report of the Independent Review Group established to examine private activity in public acute hospitals

Frequently Asked Questions

Q – What is being published today?

The Minister for Health has published the Report of the Independent Review Group established to examine private activity in public acute hospitals. The All-Party Oireachtas Committee on the Future of Healthcare recommended that private activity be progressively removed from public hospitals and that an independent impact analysis would be conducted. This Report is the result of that analysis.

Q – When is this going to be implemented?

The Government has not yet made a decision on the recommendations in the Report. The Minister for Health intends consulting with key stakeholders and to consider further key issues of implementation before returning to Government in due course with proposals for a response.

Q – What does this mean for patients if it is implemented?

There will be fair and equal access for all patients to healthcare, based on their medical need and not on ability to pay.

The waiting time for public patients will decrease. In some cases, the waiting time could reduce by as much as 25%.

Q – What is the impact on private health insurance?

Around 810,000 people currently receive private care in public hospitals. On average, people pay €1,200 gross each year for health insurance.

A separate report, commissioned by the Department of Health on behalf of the Independent Review Group, concludes it is likely that the numbers buying health insurance will decrease.

The cost of health insurance is likely to reduce, although there will also be a significant fall-off in premium income to insurers.

The full report contains considerable additional detail in relation to likely impacts on health insurance. [Link XXXX](#)

Q – Will I no longer be able to access private care? Does this not remove patient choice?

Implementing the recommendations in the Report means there will be fair and equal access for all patients to public hospitals based on medical need and not on ability to pay.

People who wish to access services in private hospitals will still be able to do so.

Q – What does this mean for Consultant pay?

The report concludes consultants in Ireland are among the best paid internationally. If the recommendation about consultant pay is accepted by the Government, it would mean that the starting pay of a newly appointed Consultant would increase significantly.

Q - How will this affect consultant contracts?

The proposals recommended in the Report will allow change over a considerable period of time so there is no suggestion of removing existing rights to conduct private activity. It is hoped that all of the consultants currently employed in public hospitals will eventually change contracts to the new one which exclusively allows treatment of public patients.

Q – Is this affordable? How much is it going to cost?

The costs which would arise from removing private activity from public hospitals mainly arise in relation to the increased cost of consultant pay (for those taking up the public-only contract) and the increased cost of treating greater numbers of public patients. The exact cost will depend on how quickly the scale of private activity reduces and public activity increases. There will be modest cost increases in the initial years, increasing over time as the scale of private activity reduces and public activity increases.

Q – What happens next?

Detailed consideration of the Report by Department officials is ongoing and covers a range of issues, which have also been discussed in engagement with the Department of Public Expenditure and Reform and the Department of the Taoiseach. The Government has not yet had an opportunity to consider and take decisions on the proposals in the report.

Q – How does the Irish public hospital system compare internationally?

Ireland is extremely unusual in an international context in terms of the difficulties in accessing care for public patients.

As a share of expenditure on health, Ireland spends more through private health insurance than all other EU countries except Slovenia and just ahead of Cyprus. Even in those countries where health insurance is used as a co-payment (e.g. in France), Ireland's share is out of step.

The vision in Sláintecare is to make sure that all patients have fair, equitable access to the healthcare they need. This means that access should be solely on the basis of clinical need, not on whether a patient can afford to pay.