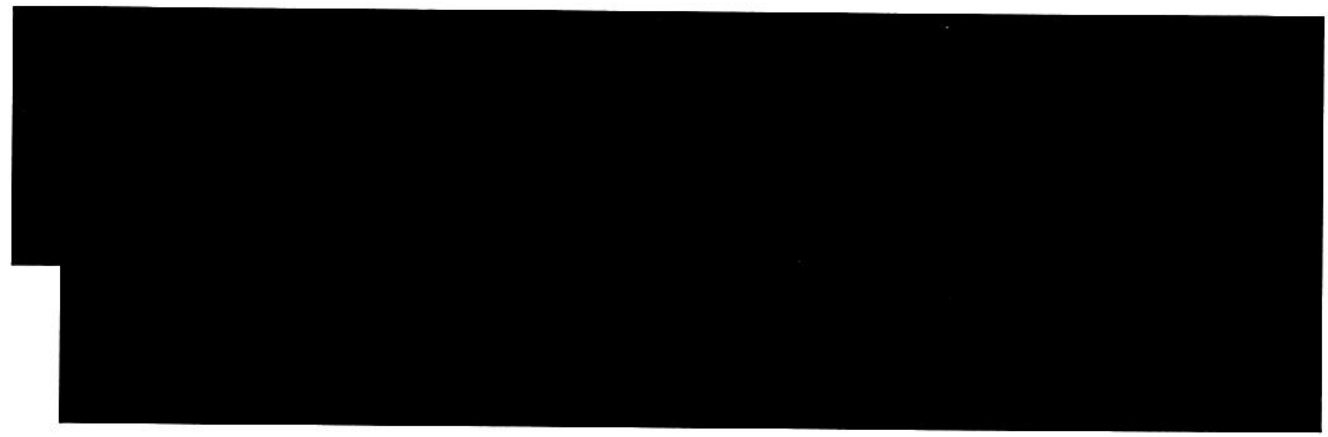
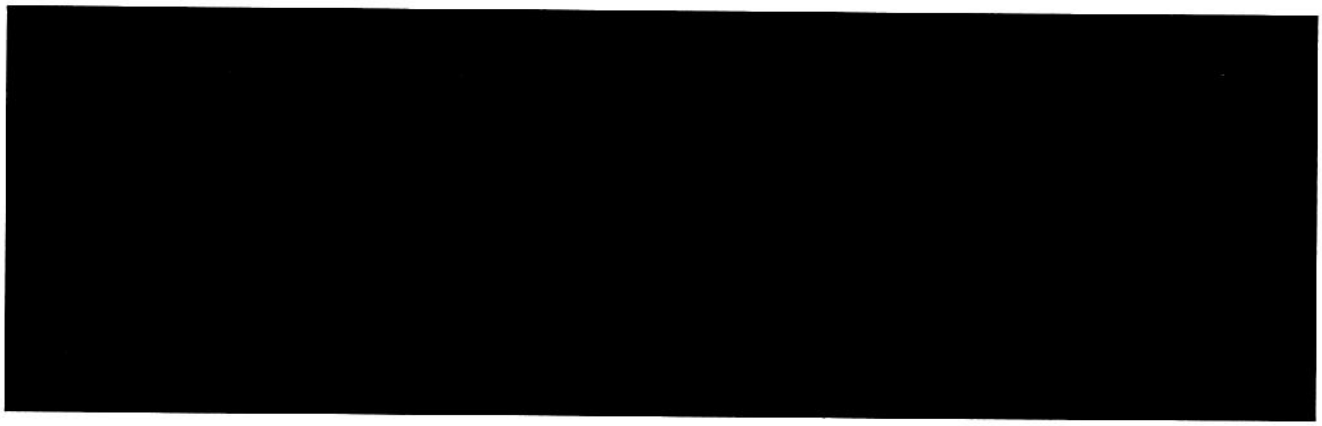
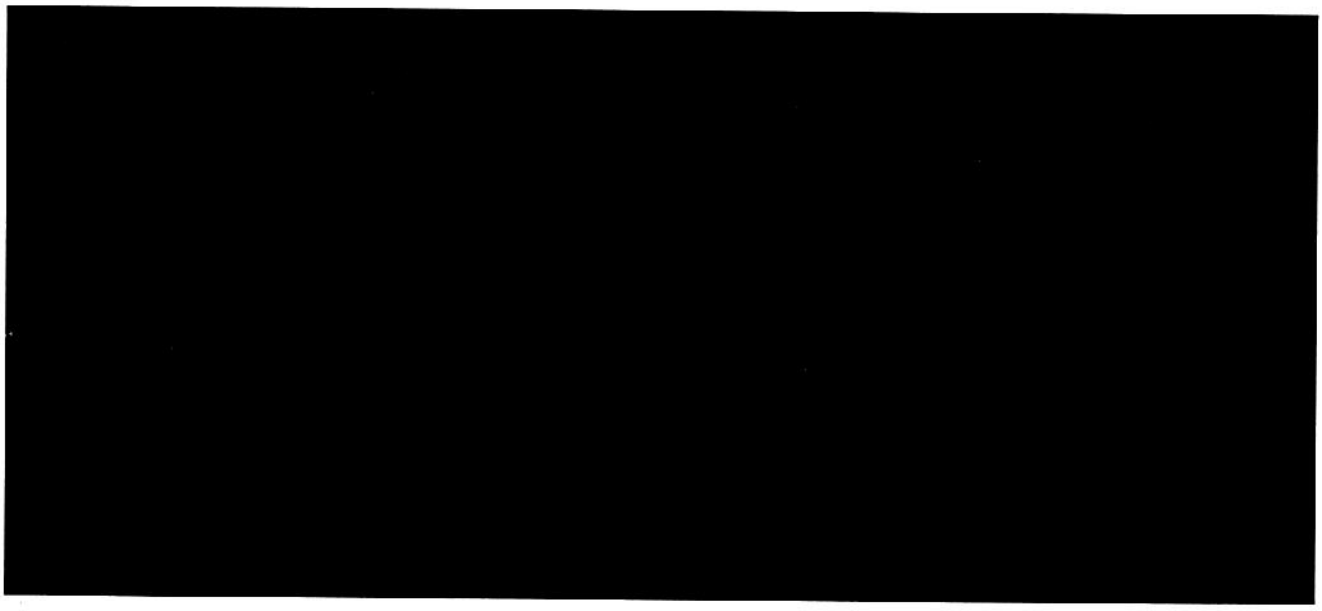
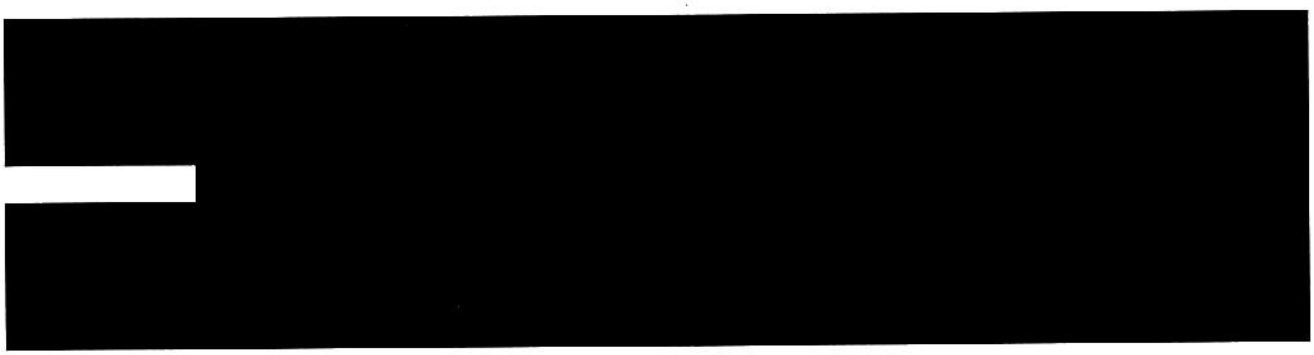
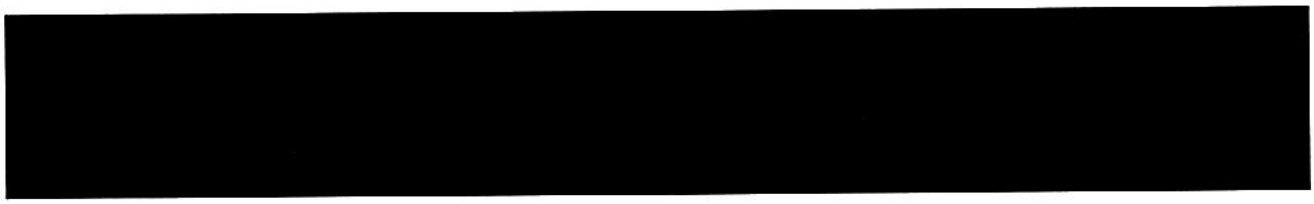
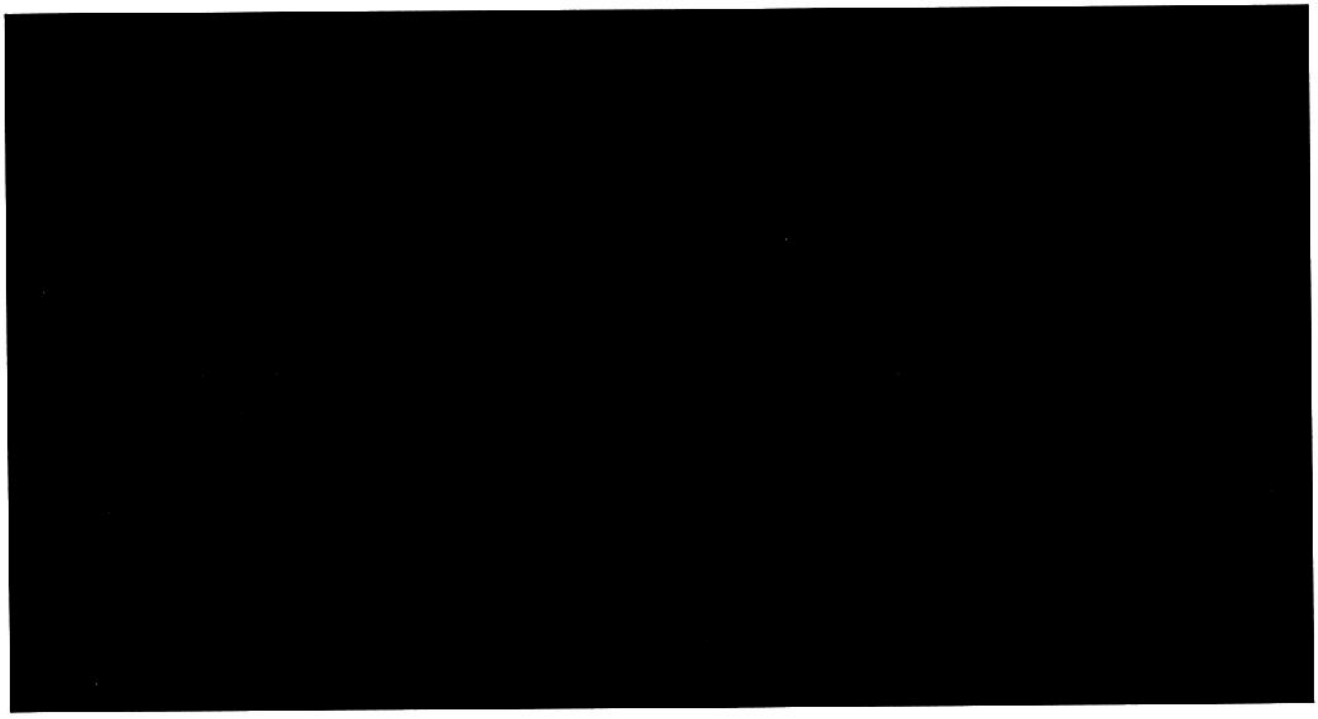


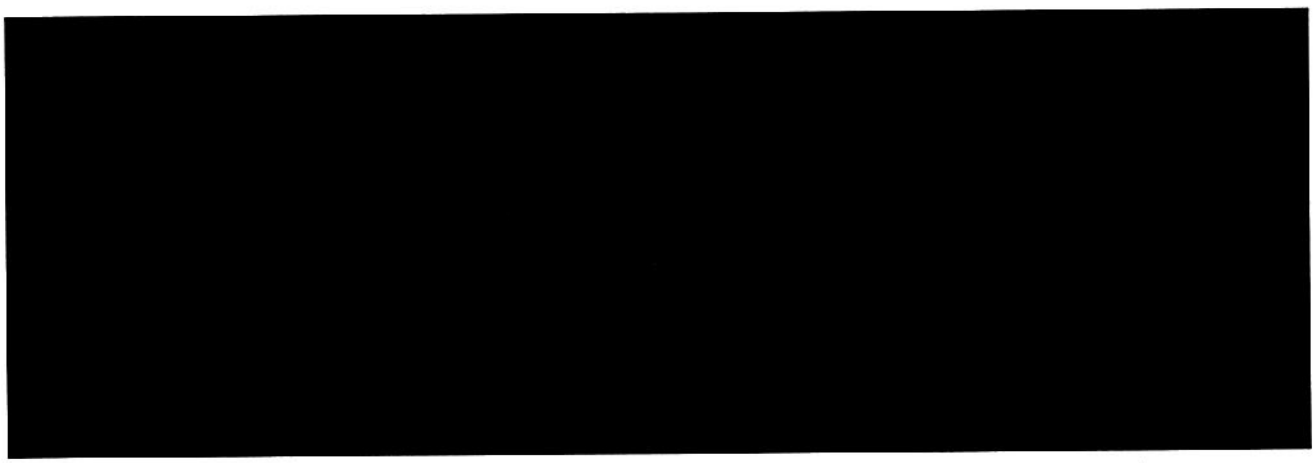


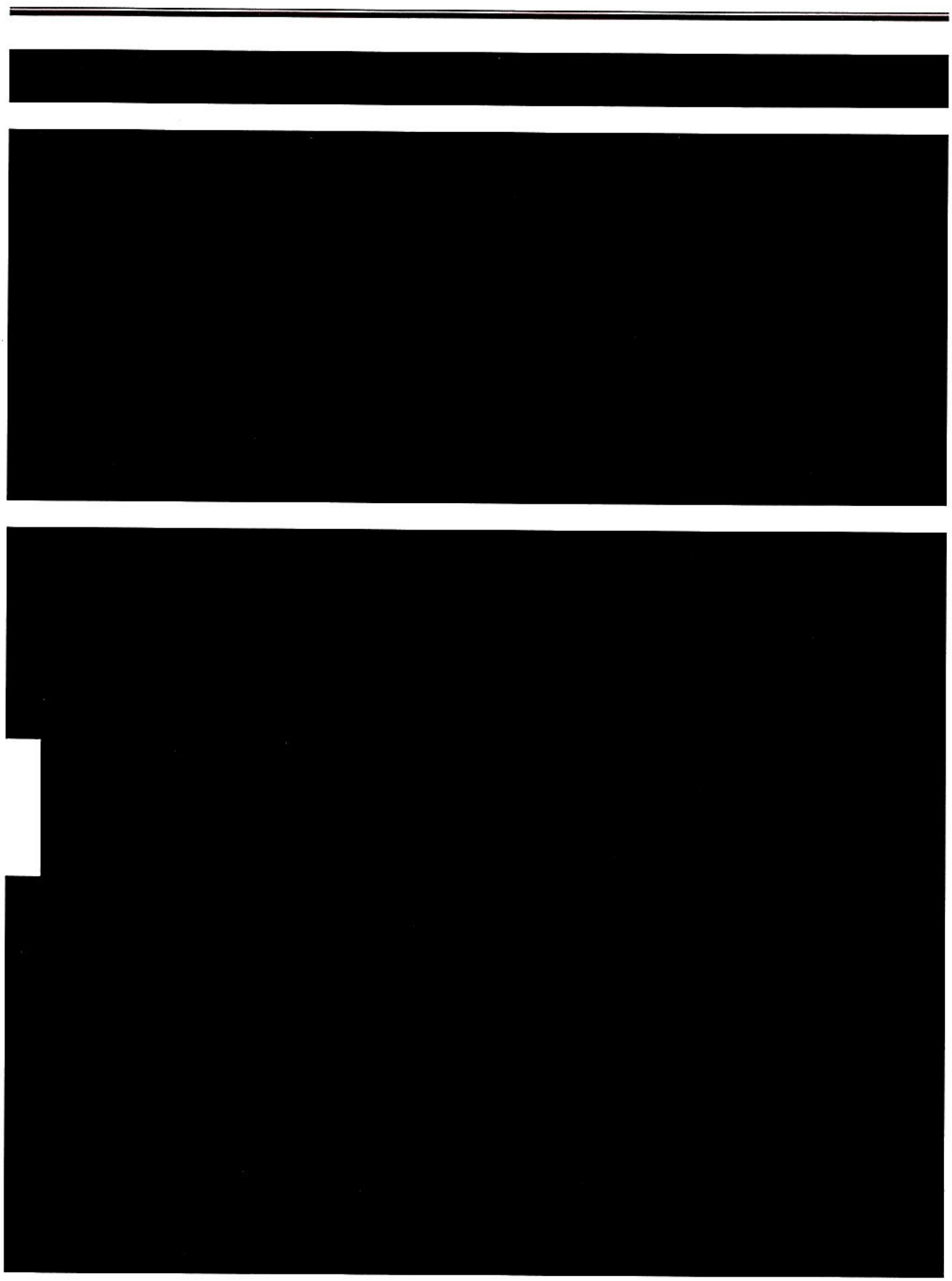












RESEARCH SERVICES AND POLICY UNIT

1. Following the establishment of The Irish Government Economic and Evaluation Service (IGEES[6]) in 2012, and in line with recommendations of an organisational review conducted by the Department of Health, the Research Services Unit was established to conduct or commission high quality, robust research and evaluation to ensure that evidence is at the core of decision making across the Department. The Unit supports evidence informed policy making across all stages of the policy life cycle: informing the definition of policy problems, supporting the evaluation of policy options, advising on the monitoring of policy implementation through the lens of effectiveness, efficiency and sustainability and supporting ex-post policy evaluation of processes outcomes and impacts. In addition, the unit expanded its remit in early 2019 to lead the development of a broad-based research roadmap and strategy for the healthcare system and to ensure that investment in health research is co-ordinated, prioritised and framed strategically in the context of the Government's science, technology and innovation agenda.

2. The RSPU promotes evidence informed decision making across the Department through its library service and series of education and awareness activities. For significant policy developments, the RSPU provides an evidence service in collaboration with the Health Research Board to provide rapid evidence reviews on important policy issues.

3. The Unit is playing an increasingly important role in appraising Value for Money in healthcare expenditure and ensuring compliance with the Public Spending Code. In addition to economic support for ex-ante policy analysis, analytical papers will be produced by the Department for the first time as part of the Government Spending Review programme. The Unit also supports financial and economic appraisals of business cases, including for capital projects.

4. The RSPU manages a 'Joint Research Programme on Healthcare Reform' with the ESRI. A significant milestone in recent years is the development of a medium-term projection model (the HIPPOCRATES model) to project demand and expenditure based on factors such as changing demographics, utilisation as well as the impact of changing prices. This model will be able to provide projections relating to alternative policy assumptions and will therefore be a critical piece of modelling infrastructure with regard to planning new policies or programmes into the future. During 2020 there is an intense emphasis on healthcare drivers, trends and expenditure projections. The ESRI recently completed a detailed comparative assessment of Ireland's healthcare expenditure in an international context during 2019-2020. This publication is due for publication shortly.

5. The RSPU plays a coordinating role for the Department and represents Ireland at the OECD Health Committee meetings. This is important for Ireland to be able to benchmark its performance and for sharing learning on common policy issues. The RSPU participates where possible in european and international health research developments and networks. For example, the RSPU is a member of a WHO network entitled "Measuring Population and Organisational Health Literacy" and is the national study centre for the European Health Literacy Survey. This will deliver regular, high-quality internationally comparable surveys of population health

[6] IGEES, an initiative introduced by DPER in 2012, is an integrated cross-Government service that supports better policy formulation and implementation through data and policy analysis and evaluation

literacy, and provide data to support strategy decisions to improve health literacy in line with Health 2020 and other national/international policy frameworks.

6. RSPU has an active research programme in applying behavioural economics and current policy applications include the redesign of patient communications to improve waiting list management and reduce non-attendance (DNAs) for hospital appointments and assessing the best way to communicate calorie information on menus and portion labels on high sugar foods.

7. The Healthy and Positive Ageing Initiative (HaPAI) is a research-for-policy programme led by the RSPU with the HSE, Age-friendly Ireland, and The Atlantic Philanthropies. HaPAI was established under Goal 4 of the National Positive Ageing Strategy (To support and use research about people as they age to better inform policy response to population ageing in Ireland). Now in its fifth year, the programme regularly reports on key indicators of security, participation and healthy ageing, and a programme of research is currently underway to support the implementation of the joint Department of Health and Department of Housing, Planning, and Local Government policy framework for housing with supports for older people.

8. On behalf of the Department the RSPU has oversight of the Irish Longitudinal Study on Ageing (TILDA) and the Intellectual Disability Supplement to TILDA. The RSPU also represents the Department on the Growing Up in Ireland study led by DCYA.

9. The RSPU has governance responsibility for the Health Research Board, the lead agency for the support of health research in Ireland. With an annual budget of approximately €50 million, the HRB supports the conduct of clinical research and clinical trials, health services research and population health research, and manages a number of national health information systems. In 2020, the HRB will finalise a new Strategic Plan (2021-2027). It is also worth noting that board vacancies will arise in November 2020.

10. The RSPU approved the establishment of a HSE Research & Evidence function in recent years and both parties work closely to advance the research and innovation agenda in the health services. Significant progress was made during 2019 to ensure that the largest organisation in the country now has a strategy for research - A 10 year Action Plan for Health Research was launched by the DG of the HSE in December 2019. Work will take place during 2020 to develop a roadmap for investment in research in the HSE aligned with priorities, and aligned with the new regional structures.

11. Ireland performs well in health research on the international stage. However, health research in Ireland lacks a regulatory and governance framework. This is increasingly important to maintain public trust and confidence in health research, to ensure that Ireland can collaborate optimally in global research endeavours, to attract high value clinical trials of drugs and medical devices to Ireland and to ensure that Ireland is well placed to play a significant role in emerging areas such as genomics and artificial intelligence. Key upcoming developments include:
    a. Health Research Regulations were made in August 2018 under the Data Protection Act 2018 to ensure appropriate protections for individuals whose personal data is being processed for health research purposes. Following ongoing engagement with the health research sector and consultations with the Data Protection Commissions amendments in

certain areas have been prepared. Those amendments have now been finalised and are anticipated by the health research sector. The Minister will need to decide whether to proceed with them.

b. An EU Clinical Trials (of Medicinal Products) and an EU Regulation on Clinical Trials of Medical Devices need to be given effect to in domestic law as quickly as possible if Ireland is not to be in breach of the Regulations.

c. A Memorandum for the Government to build a new fit for purpose research ethics approval structure was approved in July 2019. This new national ethics approval structure will be provided for in primary legislation and, where there is an EU requirement (such as the Clinical Trials Regulations above), in secondary legislation. The legislation is with the AGO for drafting and the National Office for Research Ethics to drive the process forward operationally has been established during Spring 2020. The Minister's approval to continue with this legislation will be required.

12. Two significant strategic developments in in R&D will take place during 2020. Firstly, the Department has plans to establish an R&D Forum for Health Research (a key action in Sláintecare) to advance strategic health research agendas of common interest and improve coordination between the multiple funders and actors. Secondly, the RSPU will engage in the national process to refresh the Government's Science Technology and Innovation Strategy (Innovation 2020).

13. COVID-19: The RSPU continue to support numerous aspects of the NPHET response including statistics/indicator analysis to support decision making in relation to the Roadmap to Recovery, evidence reviews, behavioural research, financial expertise and support, coordination of clinical trials, rapid response research calls, research to inform the Covid Tracker App and research support for the Nursing Home Expert Panel.

STATISTICS AND ANALYTICS UNIT

1. The Statistics and Analytics Unit supports departmental units and engages with agencies both nationally and internationally to provide updated data and analytics to support the development and implementation of policies and priorities within the Department and the health service. The unit is also responsible for developing policy for Ireland's health information system. The unit comprises of 4 Statisticians, 1 health data analyst, 1 statistical data manager, 1 HEO and 1 CO.

Health Information System Strategy

2. The Statistics and Analytics Unit are currently finalising a draft of a new Health Information System Strategy. The main aim of the Strategy is to improve the care people receive, their outcomes and the wellbeing of the population by ensuring high quality health information is available to the public, health and social care professionals, researchers and policy makers.

3. Ireland's health information system is currently made up of many siloed information systems and databases all working separately and without the strategic guidance a fully functioning health information system would expect to have. While we have many excellent quality health information assets in Ireland, the lack of coherence, scope and coverage can mean we often do not have sufficient health information required to adequately address the challenges faced by our health service.

4. The drafting of such a Strategy is in response to public consultation on a health information policy framework, an assessment by the WHO of Ireland's health information system and by engagement with key stakeholders including patient representatives.

5. The Strategy will also hope to capitalise on the Covid19 related improvements to Ireland's health information system ensuring that they are a lasting legacy of the pandemic. Unique patient identification, sharing, accessing and linkage of health information are just some of the developments that have occurred since the pandemic began and will be prioritised in the Strategy to ensure Ireland has a health information system that is fit for purpose into the future.

6. This strategy is a vital component in supporting the delivery of Slaintecare in the coming years. The Sláintecare Implementation Strategy called for the consolidation and investment in data infrastructure and capabilities to ensure that evidence is at the core of routine decision making. Integrated care as envisaged by Sláintecare will only be possible if we have integrated data, and this Strategy will address the existing deficits in our health information system to ensure high-quality health information is available for the future health service.

7. A key recommendation of the Strategy will be to address the challenges currently experienced by, in particular, researchers in accessing sharing and linking health data. The goal is to lay the foundation for a national infrastructure for data access, sharing, storage and linkage of sensitive health and social care data in line with legal and ethical requirements. This will bring Ireland in line with international best practice exemplified by services in place and widely used in other countries such as Scotland, England, Wales, Finland, Denmark, Canada and Australia

8. It will also seek to address existing gaps in our health information such as the dearth of information in social care, hospital discharge data limited to public hospitals and the very limited capture of data in primary care and general practice.

Statistical Support

9. We provide input to the Department on a range of issues including reviews being facilitated by the Department such as the independent review of delayed discharges, modelling of demand for health services, and population profiling with a focus on the introduction of Regional Health Authorities. In addition, the unit provides key support for all units on available data relevant to the health system and acts as a coordinator of information within the Department.

10. In recent months, the unit has played a key role within the Department in providing statistical analysis and support to the Covid19 team and NPHET. Statisticians from the unit work closely with public health colleagues in the Department to consistently provide key analysis since the public health emergency was declared. Covid-19 data are collected from sources such as the HSE and the European Centre for Disease Control (ECDC).

11. The unit has also led the collaboration with the HSE and the Central Statistics Office (CSO) regarding the sharing, use and analysis of various data.

12. The Unit works with health agencies to increase the data feeds that are being sent regularly for use within the Department such as with the Primary Care Reimbursement Service, the Nursing Home Support Scheme, National Treatment Purchase Fund for waiting list data, the HSE for Emergency Department Data and data from the hospital discharge registry (HIPE).

13. The unit has a strong working relationship with the Central Statistical Office and other agencies to develop innovative statistical analysis. This has included Time Series Analysis of hospital attendances and admissions and duration analysis of Waiting lists to analyse and optimise patient flows. Methodological support is also provided within the Department in relation to the design of population surveys such as the Healthy Ireland survey, as well as providing support for other health agencies such as the NTPF.

Dissemination

14. The Statistics and Analytics Unit is responsible for producing the Department's annual statistical report Health in Ireland: Key Trends. This report details trends in key health and social care indicators over the previous 10 years and looks at areas such as demography, health status, hospital, primary and community care, along with health expenditure and employment.

15. Data from the Healthy Ireland Survey is also published annually. Anonymised datafiles are also prepared for research purposes and made available via the Irish Social Science Data Archive. Requests can be made to this unit also should access to a more detailed anonymised file be needed.

16. The unit is also responsible for creating the Public Health Information System (PHIS) which contains very detailed statistical tables on topics such as demography, mortality, hospital discharges and primary care. PHIS is currently available within the Department and the HSE. Plans are at an advanced stage to make PHIS available publicly in collaboration with the Central Statistics Office.

17. The unit works closely with the National Patient Safety Office to produce the National Healthcare Quality Reporting System. The unit is responsible for the sourcing of data and the calculation and visualisation of most of the indicators that appear in this important patient safety publication.

International collaboration

18. The unit collaborates with international organisations such as the OECD, WHO and European Commission on statistical matters related to health care. The unit is responsible for submitting health data to these organisations on behalf of the State and works with key stakeholders around the health information system to ensure accurate and timely returns are made.

Building the Department's Analytical Capability

19. A key strategic objective of the Department is to become a data driven Department, enabling the use of software tools to exploit various health data sources to deliver business intelligence and insight. A key component of this objective is enabling end users in the Department on a self-service basis to easily access, explore and analyse data through the use of interactive visualisations, dashboards and reports.

20. The promotion of the data analytics tool will lead to increased usage resulting in improved data literacy and analytical capability across the Department. It allows users in the Department to quickly visualise and analyse data to understand performance, evaluate policy and strengthen the evidence base for planning the delivery of health services.

21. Most recently, the unit has enabled the wide use of such tools in the Department during the Covid19 pandemic. A range of dynamic Covid-19 related dashboards have been created for use within the Department.

eHealth Unit

1. The function of the eHealth Unit is to progress the eHealth agenda, in conjunction with the HSE, including the implementation of electronic health records, health identifiers, ePharmacy, European cross-border eHealth services and other strategic eHealth initiatives. The Unit also has oversight of ICT developments in the HSE and health agencies, including the management of capital budgets.

2. The Programme for Government states that 'Digital health services are key enablers to delivering care more effectively, empowering patients in accessing their own medical records and manage their care and providing more services in patients homes and the community'. To advance these services, the programme states that it will 'invest in a modern eHealth and ICT infrastructure, in line with Project Ireland 2040 and the eHealth Strategy for Ireland.'

3. The eHealth Unit at the Department, working with the Sláintecare team and the HSE are very well positioned to support this ambition. The unit develops and oversees the implementation of eHealth policy and the eHealth agenda including oversight of ICT developments with the HSE and other agencies under the aegis of the Department. The agenda is driven by the Government eHealth strategy *An eHealth Strategy for Ireland* and the *Sláintecare Implementation Strategy,* and the unit works closely with the HSE's Office of the Chief Information Officer and the rest of the health service to deliver on this agenda. The unit is also an active member of the EU eHealth network where it participates in many pan European eHealth initiatives.

4. Investment objectives are in line with *Project Ireland 2040* and support health digitisation activities agreed in the Programme for Government, building upon progress made during the COVID-19 emergency. The unit manages the provision of capital funding for ICT and eHealth developments for aegis bodies of the Department and the operation of an approval mechanism for ICT capital spending with the Department of Public Expenditure and Reform.

5. eHealth is about the digitalisation of health services and processes so that the right data about the right patient is in the right place at the right time to ensure safe and efficient provision of healthcare services. The value of eHealth became very apparent during the COVID crisis, as technologies for telehealth were quickly deployed at scale to reduce risk of infection to clinicians and patients. eHealth solutions provided secure electronic transfer of prescriptions from GP surgeries to pharmacies, which proved effective, mostly for repeat prescriptions, by keeping people away from surgeries and reducing waiting times in community pharmacies. Many other eHealth initiatives were accelerated during the Covid crisis.

6. The Oireachtas Committee on the Future of Healthcare recognised the importance of eHealth and the Sláintecare report recommended significant investment in digital health services over the coming decade as a fundamental enabler for reform of the health service.

7. Whilst there are many components to eHealth, the ultimate objective is to deliver safer, better care by providing an Electronic Health Record (EHR) for every patient and service user in Ireland, regardless of whether they are treated in hospitals or in the community. To do this, the correct ICT infrastructure and systems need to be deployed in multiple healthcare settings across health services nationally. It also requires overarching health information standards and the means to enable clinical and patient administration systems to communicate effectively with each other – a challenge that has largely eluded the health service up to now.

Health Information

8. High quality health information underpins the implementation of eHealth services. Health information is crucial to the delivery of key eHealth services such as electronic prescribing (ePrescribing) and EHR's. Data transmitted electronically must be trusted, secure and available. The impact of GDPR and the Data Protection Act 2018 are still being evaluated across the health service and has led to a very cautious and conservative approach to data sharing. Challenges to the use of health data for the benefit of patients and citizens must be addressed to facilitate appropriate primary and secondary use of data, if a modern delivery of health services is to be achieved. The eHealth unit actively contributes to the Health Information System Strategy, the formulation of which is currently being led by the Statistics and Analytics Unit.

Funding

9. Funding for all ICT and eHealth related initiatives is composed of capital and revenue spending which is provided for under the annual HSE Service and Capital Plan. Capital ICT expenditure is additionally subject to approval by the Office of the Government Chief Information Officer (OGCIO) at DPER.

10. ICT capital projects greater than €20 million also require additional approval by DPER Vote. Whilst Ireland still invests a smaller percentage of overall health budget in ICT and eHealth than most other EU countries, funding has increased steadily in recent years as follows:

2017	2018	2019	2020	2021
€55m	€60m	€85m	€95m	€120m

Sláintecare

11. Key enablers for Sláintecare include the following eHealth projects:
    - An Electronic Health Record for the new children's hospital;
    - The National Shared Care Record;
    - A Community based ePrescribing service;
    - Telehealth solutions to support continued delivery of health services during the Covid pandemic and beyond.
    - A modern, efficient digital workplace to enable health service professionals to provide the best care and for support staff to work efficiently;
    - On-going provision of clinical systems to support effective clinical decision by healthcare professionals working in hospitals and the community healthcare settings;
    - Improved information architecture, standards and identifiers to enable data to be shared between systems, to facilitate data 'following the patient' and support integrated care;
    - Delivery of the national Integrated Financial Management System and related corporate systems to provide greater transparency and support accountability;
    - Deployment of a single national health identifier (the Individual Health Identifier/ IHI) in line with the Health Identifiers Act 2014 and the deployment of Eircodes in respect of health and social care services.

EU, International and cross-border

12. Ireland and the UK are engaged in a number of cross border digital health initiatives and have a good level of co-operation and sharing of experience on eHealth developments.

13. As a member of the European Commission's eHealth Network, Ireland is actively involved in developing solutions for cross-border ePrescriptions and Summary Care Record services. The Unit actively engages with the EU on a broad range of digital projects to enable common approaches and shared learning in relation to the future digitalisation of health services. This was particularly important during the first months of the Covid crisis where countries shared experience with digital tools and systems relevant to Covid.

COVID-19 and Contact Tracing App

14. Within the context of the national public-health led response to Covid-19 in Ireland, a smartphone app for contact tracing is being developed by the HSE. This programme reflects significant cross-governmental and cross-sectoral collaboration between the Department of Health, the HSE, D/PER, the Irish Government Economics and Evaluation Services (IGEES), the Central Statistics Office, and the Economic and Social Research Institute. The app is intended to a) Enhance HSE contact tracing b) Inform heat maps of the spread of Covid-19 symptoms nationally and c) Provide news, information, and national updates.. The App will run on Apple iOS and Android phones in line with EU guidelines. Adoption of the app is entirely voluntary and use of all functions is consent based.

15. Other COVID-19 developments also have synergies with the Sláintecare reform agenda. In the post-COVID-19 digital environment retention and progression of some digital developments can also be continued. Enduring value can be obtained from telemedicine (GPs and outpatients), the electronic transfer of prescriptions (as a first step towards electronic prescribing) and the contact tracing app.

Electronic Health Record (EHR), Individual Health Identifier (IHI) & Eircodes

16. The New Children's Hospital has been designed as a digital hospital and requires a functional EHR as a core element of its operations. The necessary Government approval to initiate the procurement process for an EHR for the New Children's Hospital was given in July 2019, but the final business case has not yet been approved.

17. Approval from DPER for a single, national EHR solution was not secured and a revised approach is now being developed. The challenge is to develop a solution that reduces commercial exposure of the state whilst at the same time delivering a national EHR. The resulting EHR must meet the needs of all patients and healthcare professionals working in the acute, community and primary care settings, in line with Sláintecare objectives.

18. The eHealth Unit has oversight of the HSE implementation of the Health Identifiers Act 2014 and the introduction of the Individual Health Identifier. The Act provides the legislative basis for the IHI and the HSE are responsible for deployment. A unique health identifier is required to enable clinical systems to communicate with each other, in the knowledge that they are dealing with the same patient, and are a necessary pre-requisite to implementing EHRs. Parallel developments will include the roll-out of unique identifiers for health and social care providers and practitioners as well as the assignment of Eircodes to locate all health and social care services.

Key Challenges

19. The Unit faces a number of key challenges to successful delivery of its objectives:

- As a unit we are reliant on the HSE for almost all eHealth deliverables. Both capital funding and resource availability remain key challenges to the delivery of objectives including deliverables under the Sláintecare Action Plan.
- The high demands on the Unit for eHealth deliverables under Sláintecare coupled with an increasing programme of EU work is not supported by the current capacity of the Unit which consists of 1 Head of Unit (PO equivalent), 1 Assistant Principal (WTE), 1 Administrative Officer (WTE) and 1 Higher Executive Officer (0.6 WTE).
- We have a significant dependency on DPER for approval of major investments, particularly large-scale investments such as the Electronic Healthcare Record, with subsequent impacts on procurement, timelines and costs.

Overall Function of the Unit

1. Oversight of the HSE financial performance, including reporting to Department management, DPER and Government in respect of HSE expenditure; Ensuring that the Estimates bid for the Health Vote is successfully negotiated with the Department of Public Expenditure & Reform and ultimately receives Dáil approval; Provision of technical accounting expertise in relation to Accounting Standards.

2. The unit also has a central role in relation to the approval, oversight and reporting of Covid-19 expenditure.

Health Budget 2019 / 2020:

3. Following receipt of a Supplementary Estimate in 2019 of €338m, the HSE had a surplus of €56.8m resulting in no first charge into 2020.

4. In relation to funding for 2020, the following is noted:

5. On budget day €18,272m was announced for the delivery of health and social care services in 2020. (€17,418m current and €854m capital). A further €50m was approved in the original Revised Estimates for Public Services 2020

   - Within the overall Health Vote there is over €168 million which will directly assist a range of initiatives proposed in the Sláintecare Report and committed to in the Sláintecare Implementation Strategy.

   - There is also almost €11 billion in capital investment over the next 10 years in the National Development Plan.

Revised Estimates 2020 – incorporating €2 billion Covid-19 Expenditure

6. The Health Vote REV was presented to the Dáil on Wednesday 24th June and is due to be debated and voted on the week commencing 29th June.

7. For Vote 38 - Health, REV 2020 sets out a Ministerial Expenditure Ceiling of €19,878 million – (€18,823m current and €1,074m capital)

8. The REV represents a €2 billion increase on the estimate published earlier in the years and takes into account Covid-19 expenditure approved by Government to-date.

9. Further Covid-19 Actions not incorporated in the REV including additional PPE, an enhanced flu vaccination programme for next winter, a revised arrangement with Private Hospitals are not incorporated in the REV. They are currently under review by the Unit in collaboration with the Department of Public Expenditure & Reform and a Government decision will be required to progress.

10. In addition, the impact of displaced activity, redeployment of staff, reprioritisation of service developments, the achievability of NSP savings and loss of income as a result of Covid-19 are not incorporate in the REV but will need full consideration in determining a close out position for the year.

Health Actions under the National Action Plan on Covid-19 (see Appendix 4)

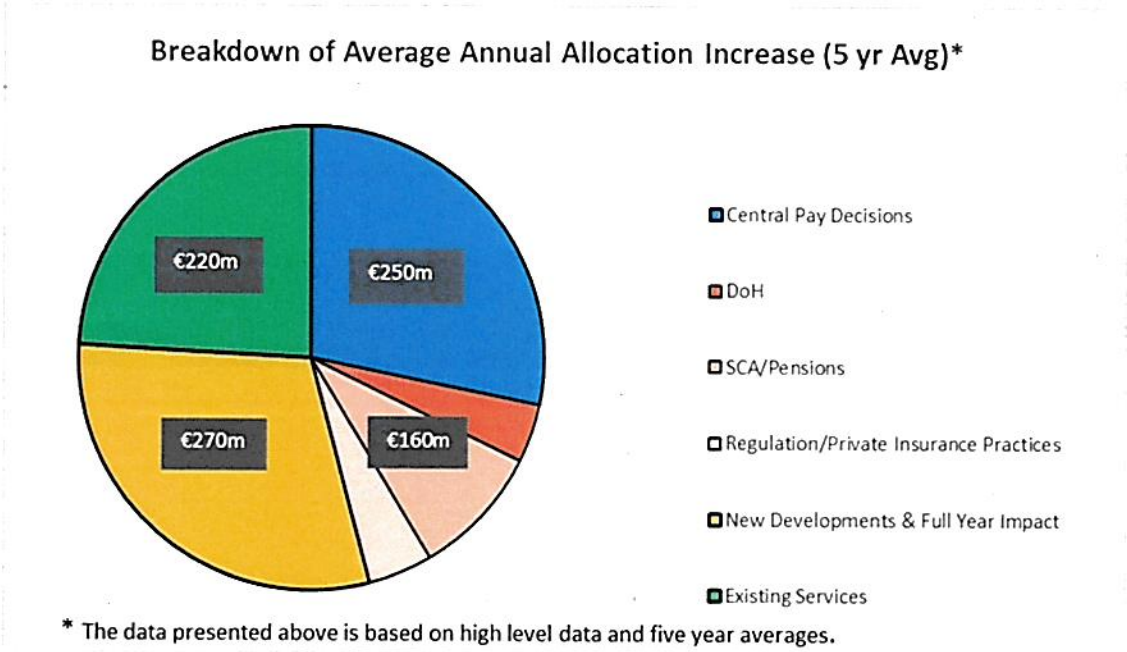
12. To date, Government has approved additional gross health expenditure of c. €2 billion. As of June 5th, Week 12 of the Covid-19 Action response, €932m (Revenue €846m, Capital €86m) of gross expenditure has been reported by the Health Service Executive;

13. As of end May 2020, gross voted current expenditure in the Health sector was €1,062m ahead of profile – the main driver is reported as being the implementation of the National Covid-19 Action Plan measures.

14. A sanctioning process has been agreed between the Department of Health and the Department of Public Expenditure and Reform in relation to Covid-19 expenditure. This process provides for streamlined decision making. Central to the process is the requirement for a Government decision on any expenditure over and above that €2 billion approved to-date.

Key drivers of Pre Covid-19 health expenditure - Movement over last 5 years

15. Over the last five years the average annual investment in health falls into four main areas, central pay decisions, health sector trends re pensions, state claims, regulation and private health insurer practices, new developments and their full year effects and existing services.



* The data presented above is based on high level data and five year averages.

16. What is clear from this analysis, is that the share of additional funding which is available to meet the costs of inflation, demographics and technological advances is less than a quarter of the average investment. With regard to demographic pressures, it is important to not just consider this as population growth and size, without consideration of the age structure of the population, the health status of the population (including factors such as morbidity, disability or dependency ratios). Similarly, non-demographic pressures on health expenditure including the impact of changing national income (elasticity of demand), relative price effects, the impact of health inflation, the impact of technological advancements (broader than the cost and volume of high

tech drugs), the impact of health system characteristics (e.g., health financing, provider payment mechanisms) and policy effects during a given period (including implementation of Government priorities and strategies).

Significant Events/Risks

17. **Covid-19:** The scale of the challenge facing the health system in Ireland from COVID-19 is unprecedented, and the need to manage the crisis situation the pandemic is causing in the health and social care sector has required urgent and immediate investment in the health system;
Significant risks have been identified from the outset of the Covid-19 response which have not been addressed within the additional gross sanctioned amount, including challenges to the achievement of savings set out in the NSP (e.g. 1% efficiency reduction in disability provider budgets, reduction in pharmacy fees, general vacancy control, agency / overtime conversion, overhead and procurement efficiencies and acute hospital income maintenance / improvement), the anticipated increase in GMS coverage as a result of unemployment and substantial pressures arising in Section 39 and other private providers not encompassed within the Nursing Home Assistance Scheme.

18. The impact of the inability to achieve savings and the impact on acute hospital income (driven primarily by the loss of private income) is likely to be substantial; savings of over a quarter of a billion, and private patient income of approximately half a billion annually are anticipated in the National Service Plan. Both will be significantly affected.

19. At this stage, it is too early to anticipate the effect that the pandemic may have on unemployment levels and the direct correlation with medical card entitlement, although this is being kept under close review. In that regard, Government decisions in relation to the continuation or otherwise of the Covid-19 Pandemic Unemployment Payment will be central to the potential for growth in medical card numbers in the coming months. The Department of Health estimates the half year cost at €5m per 10,000 additional cards.

[redacted]

Appendix 1

2020 New Development Funding

Description	2020 Budget €m
Pilot statutory Home Support Scheme	7.0
Home Support (additional hours)	25.0
Palliative Care	10.0
Assessment of Need	6.0
School leavers 2020	12.5
Respite Services	5.0
Autism	2.0
Primary Care Measures	45.0
National Strategy - Cancer	3.5
National Strategy - Maternity	1.5
National Strategy - Trauma	1.0
National Strategy - Organ Donation & Transplant Ireland	0.5
National Strategy - Children's Health Ireland	0.5
National Strategy - Ambulance	1.0
Mental Health	13.0
Enhanced Community Services including Allied Health Professionals	10.0
Care Redesign	12.0
tbc	10.0
TOTAL	165.5
Dormant Accounts Funding	2.5
Total	168.0

Appendix 2

Summary of Covid-19 Health Actions Funding allocation and expenditure to 5th June

COVID 19 MEASURE - COVID Action Plan	Planned Gross Cost	Estimated Revenue Costs	Estimated Capital Costs	Estimated costs to 05/06/2020	Specific Sanction Received
	€m	€m	€m	€m	
Communications	8	6	-	6	
ICT	10	-	13	13	
Testing	37	34	2	36	
Community Costs	135	10	10	21	
Procurement - PPE China Resources Group*	**208**	**176**	**-**	**176**	**17-Mar**
Other Procurement	44	194	-	194	
Ventilators*	**74**	**-**	**18**	**18**	**21-Mar**
GP Costs *	**110**	**53**	**-**	**53**	**16-Mar**
NAS Other Covid related costs	16	3	-	3	
Isolation facilties - Citywest*	**25**	**9**	**-**	**9**	**25-Mar**
Other Accommodation & Isolation Facilities	66	2	1	3	
Acute Hospital	146	49	37	86	
Private Hospitals *	**426**	**234**	**-**	**234**	**24-Mar**
Temporary Payment Assistance Scheme *	**73**	**27**	**-**	**27**	**03-Apr**
Community Assessment Hubs *	**27**	**3**	**5**	**8**	**01-Apr**
Absenteeism	62	1	-	1	
Redeployment to Public Health	-	2	-	2	
Contact Tracing	2	2	-	2	
COVID Related Consultancy	-	2	-	2	
Student Nurses *	**41**	**13**	**-**	**13**	**06-Apr**
Medical Interns *	**25**	**3**	**-**	**3**	**02-Apr**
Impact Cost- Other PCRS	-	21	-	21	
Balance of €1,827M Planned Gross Costs	294	-	-		
TOTAL	**1,827**	**846**	**86**	**932**	
***Specific sanctions from DPER**	**1,008**	**518**	**23**	**540**	

Appendix 3

Summary of NSP 2020 Targeted Savings.

21. The achievement of the following NSP 2020 savings is significantly challenged due to impact of Covid-19 on these services.

A. **€39m of Savings:** Embedded in the NSP is a requirement to identify further savings of €39m to fund the level of activity which is planned in the Acute sector. On approving the NSP, the Minister wrote to the Board of the HSE requesting the Board to present a plan on achieving this additional €39m of savings.

B. **€45m Pharmacy fees Savings:** The budgetary settlement and the NSP were predicated on the introduction of the SI with revised fess from 1 January. The proposed reduction in pharmacy fees is now not proceeding through SI, an alternative approach has been agreed between the Minister for Health and the Minister for Finance whereby the savings will be sought to be delivered as part of negotiations with the IPU in 2020. Where the required savings are not achievable in year a solution will be found that does not involve either the curtailment of services or the imposition of measures that would impact in other way on people's ability to access public healthcare.

C. **Other Savings:** Embedded in the NSP is a further requirement of savings of c. €78m in efficiency targets. Approximately half of this sum is required to meet the cost of incremental pay, which is not funded by the Exchequer and must be met by the HSE from within its overall resources. The HSE has required all providers and service areas to achieve a 1% efficiency target in 2020; this is creating some disquiet in the disability sector, but this Department supports the HSE in seeking efficiencies across all its spending areas.

Appendix 4

Briefing on Additional COVID-19 Related Expenditure

Summary

22. The scale of the challenge facing the health system in Ireland from COVID-19 is unprecedented, and the need to manage the crisis situation the pandemic is causing in the health and social care sector has required urgent and immediate investment in the health system.

23. To date, Government has approved additional gross health expenditure of c€2 billion. Further requests in relation to for next winter are all under review.

24. The Revised Estimates Volume for the Health Vote (Vote 38) was referred to the Dáil on Wednesday 24th June and includes c.€2 billion increase in the Health Vote. The REV takes account of Government decisions taken since March to support the Health sectors response to COVID-19. It does not take account of known additional expenditure items such as Personal Protective Equipment (PPE), Private Hospital capacity post the expiration of the current arrangement and enhanced flu vaccination programme. It also does into taken account of additional risks set out below. Further additional net costs beyond those provided for in the REV will be subject to future consideration by Government and may require a Supplementary Estimate.

Overview of Gross COVID -19 Expenditure to 5th June 2020

25. The table below outlines;
    - the main areas of planned expenditure under the COVID-19 National Action Plan,
    - the estimated gross expenditure to 5th June 2020 as reported by the Health Service Executive - week 12 of the Action Plan, is €932m (Revenue €801m, Capital €131m), and
    - measures that because of their extremely urgent and exceptional nature were subject to specific sanction by the Department of Public Expenditure and Reform.

COVID 19 MEASURE	**Planned Gross Cost**	**Estimated Revenue Costs 5/05/2020**	**Estimated Capital Costs 5/5/2020**	**Estimated costs to 5/06/2020**	**Specific Sanction Received**
COVID Action Plan	**€m**	**€m**	**€m**	**€m**	
Communications	8	6	-	6	
ICT	10	-	13	13	
Testing	37	34	2	36	
Community Costs	135	11	10	21	
Procurement - PPE China Resources Group	208	176	-	176	17-Mar
Other Procurement	44	150	45	195	
Ventilators	74	-	18	18	21-Mar
GP Costs	106	53	-	53	16-Mar
NAS Other COVID related costs	16	3	-	3	
Isolation facilities - Citywest	25	9	-	9	25-Mar