Minutes of the Health Budget Oversight Meeting (HBOG)
30th April 2020
Conference Call 2:30pm

Health Service Executive:	**Stephen Mulvany, Angela Fitzpatrick, Tim Cummins, Colum Maddox, Joe Sheeky, Jennifer O Callaghan, Sinead Stone, Tony Patterson, Nigel O Keefe, Alan Ryan, John Sheil,**
Department of Health:	**Paul Bolger, Gerry O'Brien, Kevin Colman, Louise Carrigan, Caoimhe Dolan, Aonraid Dunne, David Bolger, Denise McCarthy, Eoin Halpin, Evan Walker, Fiona Prendergast, Rhona Broderick, Matthew Dignam, Megan Coll, Sharon Gilligan, Aidan Gilchrist, Donn Maguire, Kevin Colman**
D/Public Expenditure & Reform:	**Ronnie Downes (Chair), David Owens, Terry Jennings, Robert Scott, Patrick Moran, Albert Morris, Seán Prior, Cian McCarthy, Kevin O'Farrell.**

1: Minutes of Meeting of 23rd April

Previously submitted amendments from D/Health and a clarifying amendment from the HSE were accepted.

2: Update on HSE COVID-19 Action Plan

Logged queries – state-of-play:

DPER acknowledged the valuable discussions and exchanges of information over the previous week with D/Health and HSE colleagues on a range of topics, and including responses to the various logged queries. It was noted that some queries are still live and new queries are forthcoming.

The Group was informed that the Joint Memo on expenditure under the Covid-19 Action Plan had been duly approved by Government.

3: COVID-19 Reporting and Monitoring

Private Hospitals

Issues regarding the Private Hospitals agreement were discussed at length including with a focus on public health impact and maintaining value-for-money. It was noted and agreed that any decisions regarding the continuation of this agreement, or otherwise, would need to be made by Government on the basis of evidence on these and other dimensions, with ongoing assessment to allow for an initial decision before the end of May. While no strictly defined decision criteria were in place, it was noted that any decision would need to take into account a balance between reasonable levels of occupancy and utilisation, in the context of the overall NPHET assessment and Government decisions at that point regarding modelling of future

outbreaks. The collection and timely provision of data and information to inform such decisions was underlined, having regard also to the evolving fiscal situation of the State.

A new note on the Agreement has been circulated and will be considered by all parties.

Utilisation of asset: Private Hospitals are currently estimated to be at 33% occupancy, but there is opportunity in May and June to increase usage subject to public health advice and clinical and operational judgement. It was acknowledged that the maintenance of capacity could be important in the context of the overall response to Covid-19.

City West

Monitoring metrics have been agreed by all parties. There was acknowledgement that the occupancy rate is currently low, reflecting, *inter alia*, positive developments in the management of the pandemic in Ireland. However, the planned intensification of testing is expected to result in more persons needing to self-isolate.

Research is being undertaken to scope out other potential uses of the facility, including the conference centre which had originally been reserved for use as a field hospital.

It was reiterated that, similarly to the Private Hospital agreement, the future need for this measure must be continually assessed so that a well-informed decision regarding its extension post month 7, or otherwise, can be made in a timely way.

GP revised contract

The activity underpinning the majority of the fees has been within the projected levels leading to lower costs than expected. However, expenditure of €22m has been accumulated in just over 4 weeks and the point was made that just 75% of GPs have made claims to date.

The health policy rationale and cost of continuing these fees in any form will require careful consideration and a discussion will take place closer to the date of expiry of the current arrangements.

Private Nursing Homes

Expenditure on the Private Nursing Home support scheme is coming in under the upper bound, but parties are still awaiting more data. The importance of monitoring other supports given to nursing homes by HSE, including PPE and staff, was noted, so that an overall view of supports given to the sector is available.

The ongoing challenges regarding staff unavailability/absenteeism in Nursing Homes were noted, and discussions between PER and DOH are ongoing regarding financial support for workers in this sector. The need to consider the full range of supports such as redeployed staff, training, PPE etc. in the context of the take-up of the scheme was noted.

PPE Procurement

The Group was informed that following inspection 39% (by value) of China Resource procured PPE is considered to meet or exceed the specification in the healthcare sector, that 57% is acceptable if the preferred product is unavailable and the remaining 4% has been purchased by the OGP for use in other sectors.

A sanction request is being prepared regarding increased PPE and freight costs. Future cost estimates will be based on a clinical requirement and supply model, taking account of expanded guidance of PPE usage by Healthcare workers only. Current estimates that the future costs will be of significant scale. It was agreed that this issue will be discussed in greater detail in a separate forum, having regard to the potential significant costs that will arise

Testing

A Memo is being prepared for Government outlining a plan to increase testing capacity to 100,000 per week. This measure is expected to incur substantial additional costs, above the level that has been agreed by Government to date.

It was noted that there is a need to consider the costs and sustainability of the model for potential large-scale testing, as this may be necessary until vaccine is available.

Updates – Workforce

A consolidated report on staffing will be circulated in the coming days. DPER queried whether the scheme of temporary reassignment is yet being adequately utilised in support of activities such as contact tracing, and it was noted that more information on this and related matters would need to be ascertained in discussion among relevant parties.

Action: DPER pay side to arrange meeting of IR Tripartite to discuss workforce matters.

A query was raised regarding an "Additional staff cost" of €1.1m in the flash report. This will be added to list of HBOG queries for the HSE.

4: AOB

The appreciation for all of the information shared during the week, and numerous separate meetings, was restated.

A proposed schedule for the D/Health monthly Memos on expenditure updates will be circulated by D/Health for observations.

It was noted that there are various areas of healthcare spending for which EU funding is available, and that D/Health are monitoring this closely and ensuring that no potential sources of funding are missed.

The issue of proposed funding for the Community and Voluntary Sector via the Dormant Accounts funds was raised by D/Health. Whilst supportive of the measure, D/H is strongly of the view that as disbursement of the funds will be via Pobal, that it is appropriate for DCRA to manage the programme, rather than having funds transferred into various different Votes. DPER acknowledged this approach.

The Group acknowledged that the ever-increasing costs of this pandemic for the Healthcare sector, as well as the broader fiscal pressures for the State, necessitates a great deal of scrutiny and analysis of all measures in line with the agreed sanctioning process and Governance arrangements established by Government in relation to Covid-19. The context and need for all activities will evolve over time in line with the progression of the disease, and the Government must continue to be fully informed, in a timely manner, so that it is put in the best possible position to continue to make decisions about the future of all such measures.