

5th April 2022

Association responds to the *Independent Review of Unscheduled Care Performance*

The [Independent Review of Unscheduled Care Performance](#) commissioned by the HSE was provided to the [Irish Patients Association](#) after its 17-month campaign of trying to access this document under Freedom of Information legislation. The HSE refused to provide the document but it was eventually released by the Department of Health. That a publicly funded organisation would choose to bury a review carried out by a group of external experts and ensure its non-publication is, of itself, a very significant cause for concern. That the HSE would now suggest that the review was not published because it was no longer relevant, that Covid 19 had overtaken events and some of its findings about capacity had been addressed is, at best, naïve but to those of us working in the unscheduled care system is a damning indictment of the HSE's governance of this crucially important aspect of the Irish Healthcare System. The most bizarre excuse is the claim that the HSE has addressed some of the capacity deficits – the current reality clearly contradicts this assertion.

The review lays bare some truths which have been well known to those of us working with patients on the front line which the Irish Association for Emergency Medicine has commented on many times in the past. The lack of senior HSE management will to fix; the absence of system-wide responses to the chronic capacity deficits; the increasing numbers of patients attending EDs because they have nowhere else to go with their medical issue; the lack of responsibility being taken by individual hospital management of problems under their purview and the widespread lack of support provided by services and other hospital specialties who have clear a responsibility to support patients in the Emergency Department (ED) have all been highlighted previously. It is deeply disappointing, but not surprising, that the supports necessary to ensure that EDs can be kept free flowing, treating patients efficiently and ensuring that they move to a hospital ward once a decision is made that they require admission after their emergency care in the ED is complete, are generally either weak or absent.

The HSE is currently claiming that the report's findings are no longer relevant. Surely in that situation they should invite the expert group to return and review the nine sites where they carried out their initial work and ask them to either update their findings and recommendations or confirm that no further clarification is needed. The recent extraordinary pressure that EDs are under clearly suggests that, if anything, the situation is worse and the findings and recommendations are even more relevant than they were at the time the original review was completed rather than less.

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