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It is, and always will be, a fact of life in the health services (no matter the country) that there will never be sufficient financial resources to treat all the patients in the most ideal way possible. Given that financial resources are, and always will be, a limiting factor, surely it is obvious that if these resources are managed to best effect, that more patients can be treated for the same amount of money (to use a colloquialism, “more bang for our buck”).

Problems with the existing health services

The Brennan Commission found problems in the financial management in many aspects of the health services.¹

- Management and control of services and resources is too fragmented. There are 65 different agencies managing the health services. This proliferation of agencies leads to inefficiencies in that they do not all “sing from the same hymn sheet”.
- There is no one person or agency with managerial accountability for how the executive system performs. A chief executive with overall responsibility for day-to-day management of the health services should be appointed.
- Systems are not designed to develop cost consciousness among those who make decisions to commit resources and provide no incentives to manage cost effectively.
- Those who make decisions to commit resources (mainly consultants and other medical practitioners) are not accountable for deciding the outputs to be delivered.
- The usefulness of data for resource management and for strategic planning purposes is limited because doctors treating the patients are not interpreting the data and patient cost information is not available.
- Systems of governance, financial control, risk management, and performance management need to be developed further.

¹ The report sold out on publication and is no longer available in hard copy. However, it can be accessed at <http://www.finance.gov.ie/publications/otherpubs/brennan.pdf>

- The capacity of existing systems to provide relevant, timely and reliable information for linking resources to outputs/outcomes is severely limited.
- There is insufficient evaluation of existing expenditure and too much focus on obtaining funding for new developments.
- There is inadequate investment in information systems and management development.

Taxpayers do not necessarily resent spending in excess of €6,800 per annum of their money on treating patients. However, they do resent their money being wasted. Therefore, before taxpayers are asked to spend even more money on the health services, they are entitled to expect that the money is well spent.

Four core principles

The Commission adopted four core principles in addressing the problems identified above:

1. The health service should be managed as a national system
2. Accountability should rest with those who have the authority to commit the expenditure.
3. All costs incurred should be capable of being allocated to individual patients.
4. Good financial management and control should not be seen solely as a finance function.

Recommendations

The Commission made 136 recommendations, the main ones being:

- Establishment of an Executive to manage the Irish health service as a unitary national service.
- A range of reforms to governance and financial management, control and reporting systems to support the Executive in the management of the system
- The designation of clinical consultants and general practitioners as the main units of financial accountability in the system
- Substantial rationalisation of existing health agencies
- All future consultant appointments to be on the basis of contracting the Consultants to work exclusively in the public sector.

- Reform of the medical card (GMS) scheme to include a Practice Budget for each GP, monitoring of activity and referral patterns etc.
- Introduction of a process of evaluating clinical and cost effectiveness for publicly-funded drug schemes

Conclusion

The Government has commenced implementation of some of these recommendations by appointing a board for the interim Health Services Executive. I have been appointed to the interim board. Having chaired the group that led to establishing this new agency, I feel a very personal, urgent and determined commitment to see the Brennan Commission recommendations implemented, to deliver real changes to the system and to show that the Brennan Commission has made a significant contribution to the better working of our health services.

There is no magic wand to solve all the complex problems facing our health services. However, if the recommendations of the Brennan Report are implemented this will bring about significant improvements that will lead to better value for hard-earned taxpayers' monies spent on our health services. This would be good for patients - more of whom could be treated for the same amount of taxpayers' money which is, and will always be, in limited supply.