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The Centre for
Cross Border Studies

Exploring a co-operative approach to planning and delivering hospital services

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www.crossborder.ie and www.borderireland.info



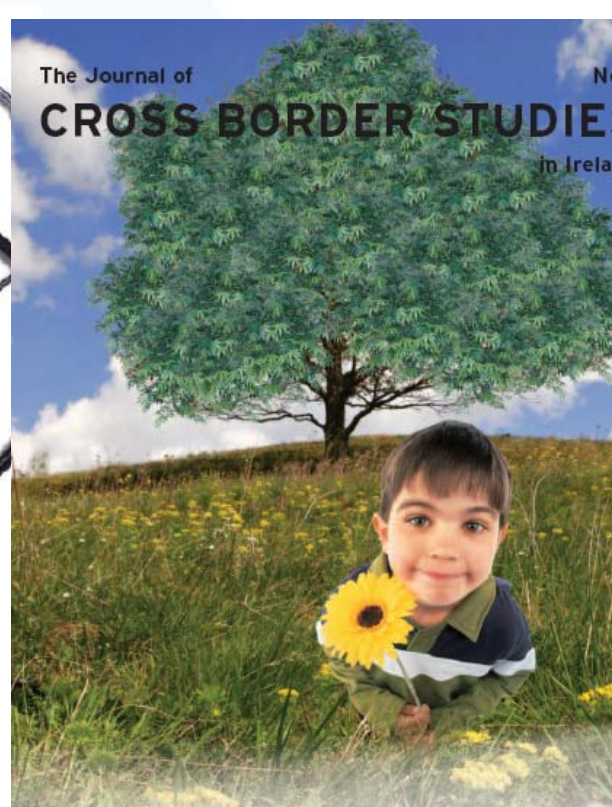
The Centre for Cross Border Studies

An independent, university-based research and development centre to stimulate new thinking and action on practical co-operation across the Irish border.





Enthusiasm and investment but little progress



Attitudes to the development of cross-border health services:
The case of GP Out-Of-Hours services



Research report prepared for the Co-operation and Working Together
GP Out-Of-Hours Project Board

Patricia Clarke, Eoin Magennis and Joseph Shields
Centre for Cross Border Studies

Final Report • October 2006



Hospital rationalisation

- Patient mobility remains low
- Current health reforms do not consider the cross-border option
- Favourable survey of public and political attitudes
- Joint hospital on France – Spain border
- Theoretical study at speciality and hospital level for island population
- Focus on plans for hospitals in an integrated border region

Patient Mobility in the European Union

Learning from experience

Edited by

Magdalene Rosenmöller

Martin McKee

Rita Baeten



Informing the debate

Removing the barriers. A report on the potential for greater cross border co-operation in hospital services on the island of Ireland. (Dr Jim Jamison and Dr Michelle Butler, December 2007)

Review of

- Current policy
 - Service provision
 - criteria for quality and accessibility
- in the two jurisdictions





Same but different

Concentrating specialist services on a smaller number of sites with smaller local hospital being used as diagnostic, outpatient, day surgery and minor injury centres.

North: 60 minute driving time limit

South: 300,000 – 500,000 population catchment





Implications

“Unlikely that resources are being used to maximum benefit, especially in the border region.”

“The interests of institutions are being placed ahead of health and safety of the population”

“Rationalisation continues to ignore the current or potential cross-border patient flows.”