

Cross Border Health Services Mobility: Geographical Considerations?

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Context

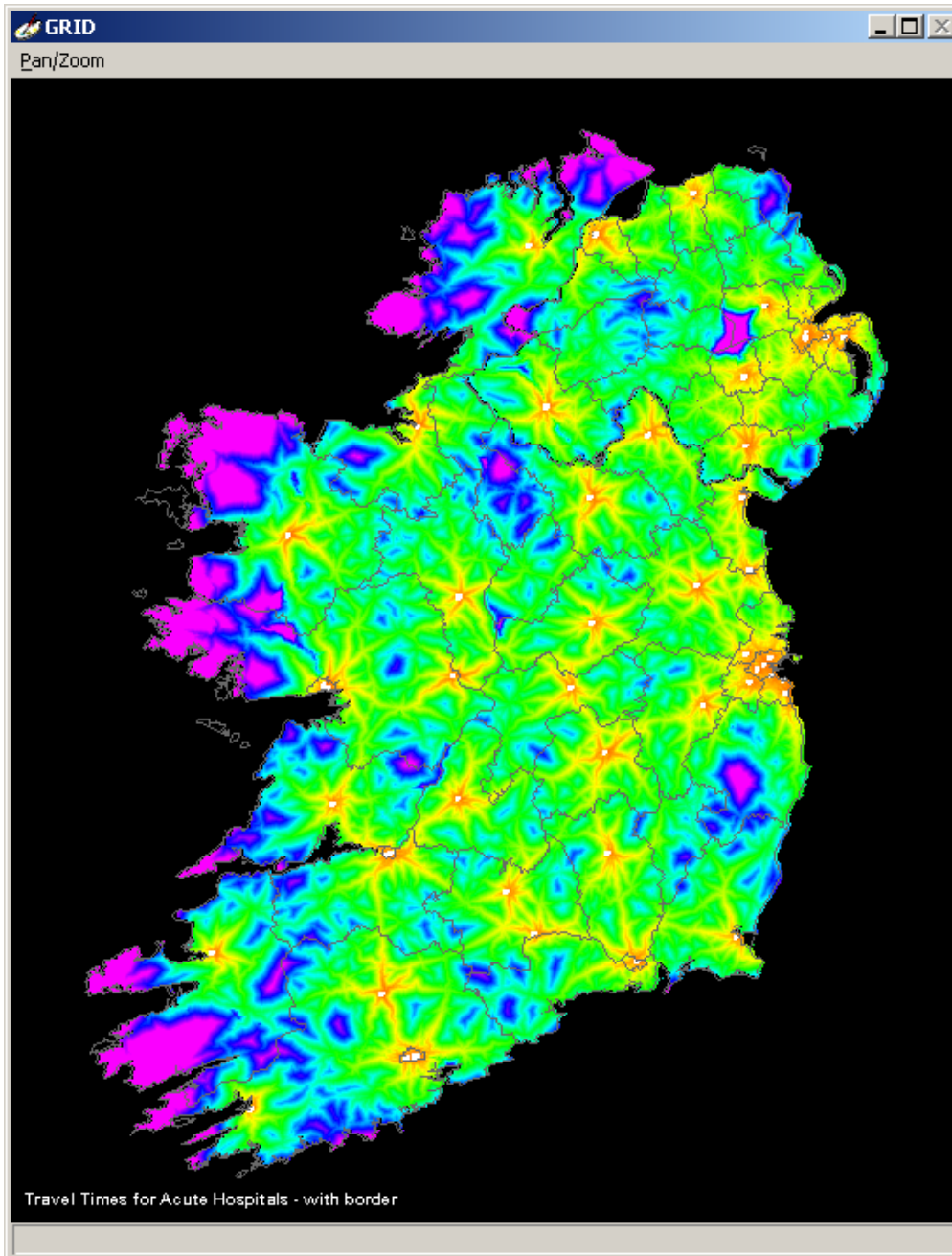
- Should ambulances stop at the border?
- Ongoing geographical policy work
- Relationship between policy proposals and evidence-based research.
- Come from a geographical background and have an interest in accessibility and utilisation
- Want to talk about how and where geography has a role

Medical/Health Geographies

- Health Care Planning as core theme
- Service Mapping & Location Planning
- Modelling Accessibility and Utilisation
- Role of GIS and Digital Spatial Data
- Medical Tourism and Cross-Border Patient Mobility.
- Spatial and Aspatial Data

*Supply Data
for Irish
Regions:
Beds per
100k*

Region	Pop 02	Beds01	PP Bed 01-02	Beds/100k 01-02
Border	432,534	1,331	324.97	307.72
West	380,297	1,283	296.41	337.37
Dublin	1,122,821	3,173	353.87	282.59
Mid East	412,625	279	1,478.94	67.62
Midlands	225,383	471	478.52	208.98
South West	580,356	1,615	359.35	278.28
South East	423,616	1,092	387.93	257.78
Mid West	339,591	616	551.28	181.39
Belfast NI	271,596	1,913	141.97	704.35
Outer Belfast NI	371,502	1,023	363.15	275.37
East of NI	404,526	1,442	280.53	356.47
North of NI	278,727	958	290.95	343.71
West and South of NI	376,277	851	442.16	226.16
ALL NI	1,702,628	6,187	275.19	363.38
ALL ROI	3,917,223	9,860	397.28	251.71
ALL ISLAND	5,619,851	16,047	350.21	285.54
Region	Pop 06	Beds05	PP Bed 05-06	Beds/100k 05-06
Border	468,375	1,373	341.13	293.14
West	414,277	1,318	314.32	318.14
Dublin	1,187,176	3,534	335.93	297.68
Mid East	475,360	335	1,418.99	70.47
Midlands	251,664	536	469.52	212.98
South West	621,130	1,561	397.91	251.32
South East	460,838	1,188	387.91	257.79
Mid West	361,028	679	531.71	188.07
Belfast NI	267,374	1,986	134.63	742.78
Outer Belfast NI	378,162	1,024	369.30	270.78
East of NI	420,874	1,392	302.35	330.74
North of NI	283,866	1,026	276.67	361.44
West and South of NI	391,343	864	452.94	220.78
ALL NI	1,741,619	6,292	276.80	361.27
ALL ROI	4,239,848	10,524	402.87	248.22
ALL ISLAND	5,981,467	16,816	355.70	281.14

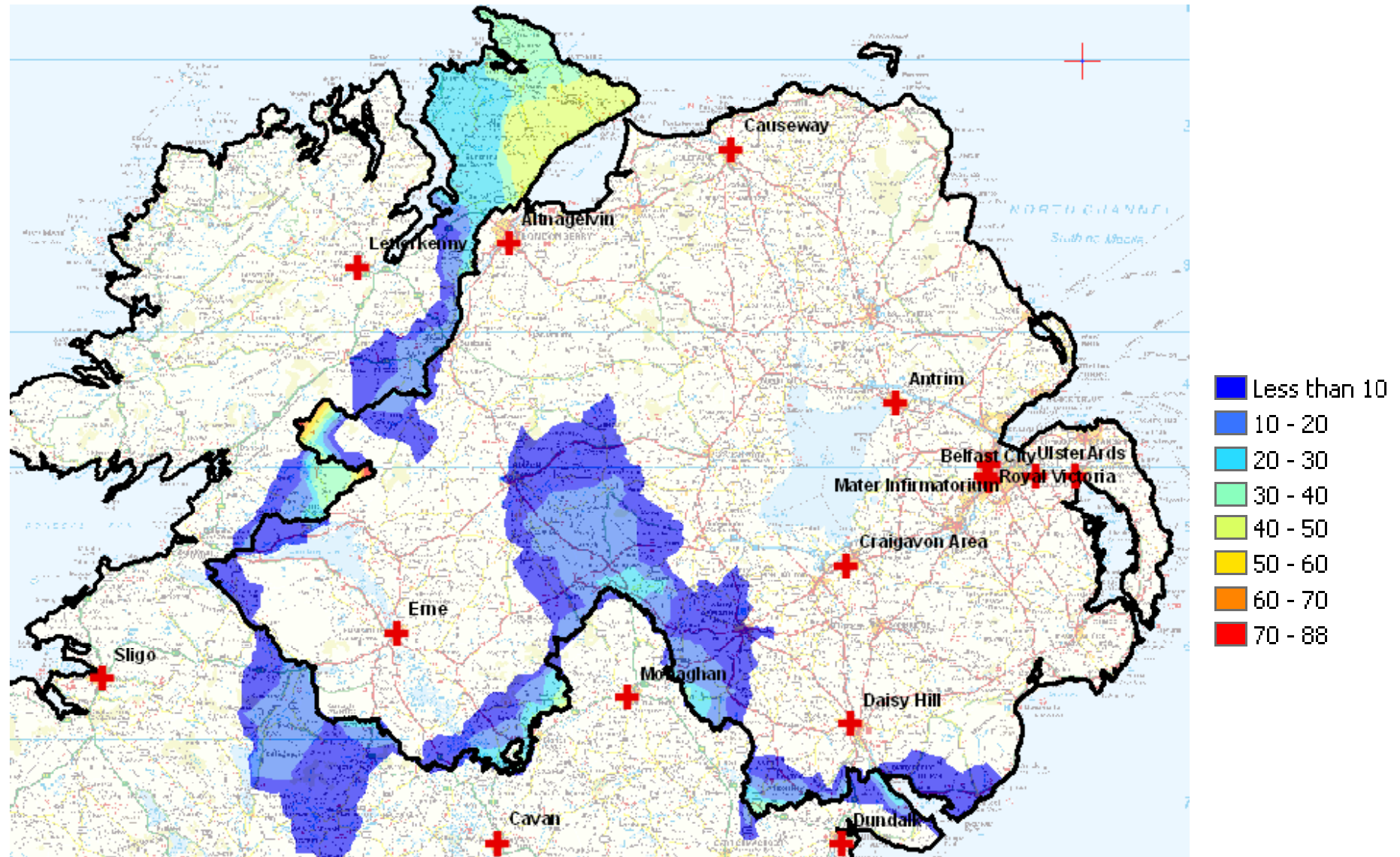


All Island Hospital Accessibility Model

Reds and Yellows show good access

Purples and Pinks show poor access

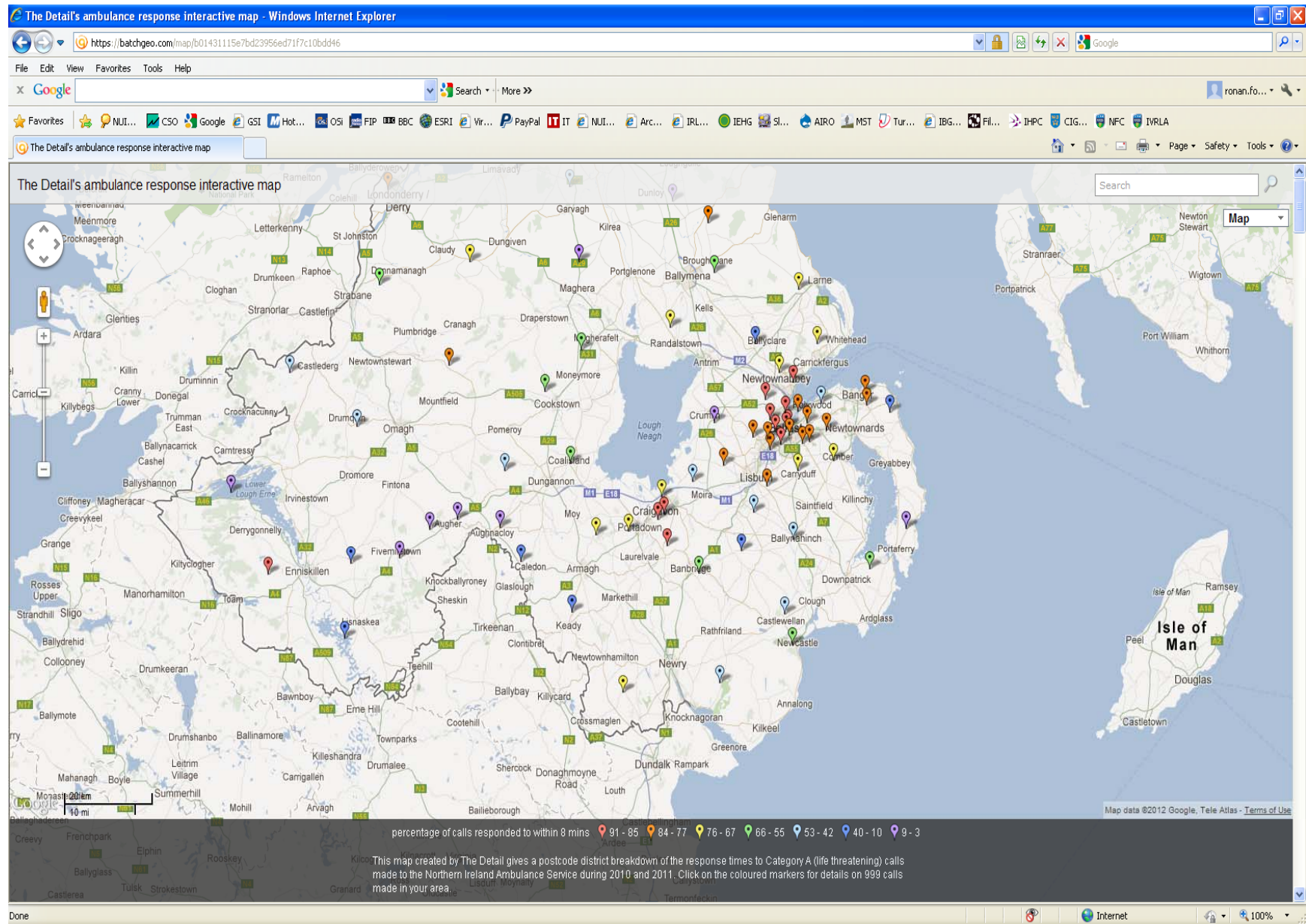
Time Impacts of Border – Increases in Travel Time



ACCESS TO EMERGENCY SERVICES MAPS

<http://www.guardian.co.uk/news/datablog/2012/mar/13/emergency-services-northern-ireland>

<http://www.thedetail.tv/issues/72/ambulance-response-times/how-quickly-did-help-arrive-where-you-live>



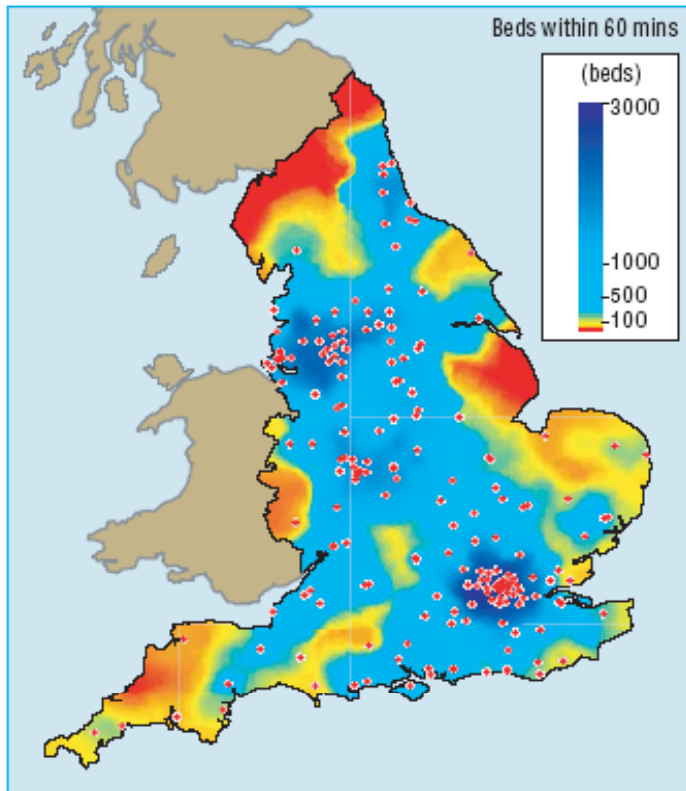


Fig 4 Number of available and unoccupied NHS beds within 60 minutes' travel time, England, 2001

Map of Choice (Supply)

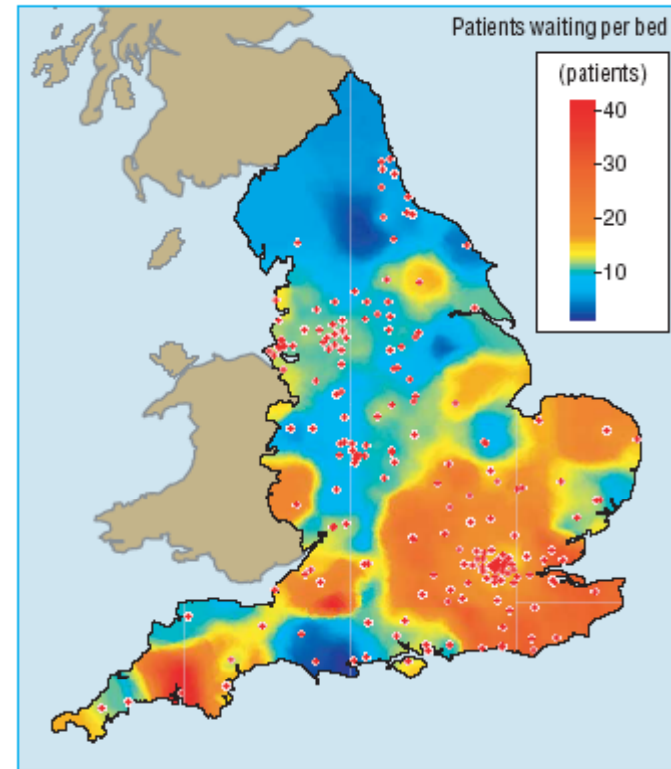
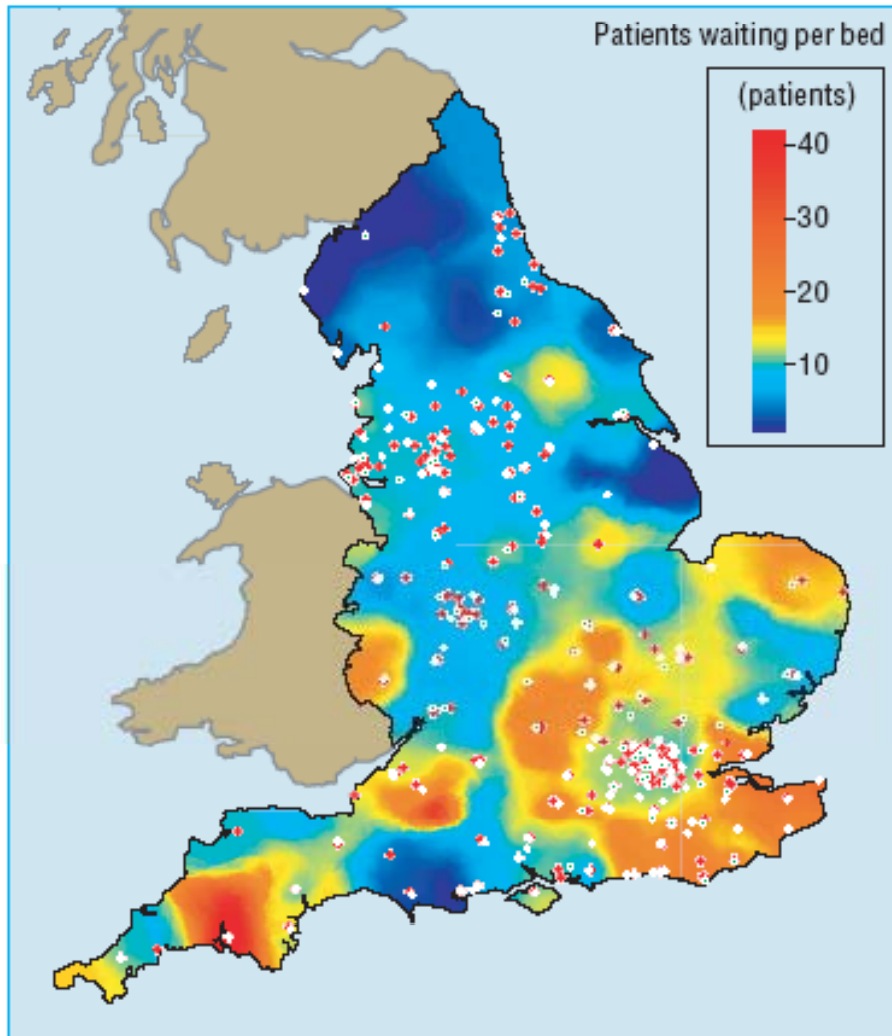


Fig 5 Number of patients waiting longer than six months for elective inpatient care per available and unoccupied NHS bed within 60 minutes' travel time

Map of Waiting Levels (Demand)



Red: Areas with Low Levels of Choice

Fig 6 Number of patients waiting longer than six months for elective inpatient care per available and unoccupied NHS bed, and private beds within 60 minutes' travel time

Issues and Problems

- Compatibility of spatial information – problems and possibilities.
- Issues of access and data availability.
- Willingness to co-operate.
- Structural aspects of health care systems.
- Much work done on public side, very little on private.

Conclusion

- Geographies important for mapping patterns and modeling scenarios
- Only ever part of story with more aspatial dimensions equally important.
- What's bottom line?
- Balancing Public versus Service View

Areas for future study

- Harmonisation of health information.
- Detailed data on utilization a key gap.
- Informal project on the mapping of cross-border patient mobility.
- Mapping relationships between primary, acute and short-term secondary care.