
CONFERENCE ABSTRACT**Integrating Care On A Cross-Border Basis: Priorities Of Key Actors In The Irish Context**17th International Conference on Integrated Care, Dublin, 08-10 May 2017

Seán Joseph Murphy, Mandy Lee, Sara Burke

Trinity College Dublin, Ireland

Introduction: This study explores the priorities and considerations of key actors responsible for developing and implementing cross-border health policy on the island of Ireland. Whilst some degree of co-operation has always existed between both jurisdictions, there have been significant developments in cross-border co-operation following the Good Friday Agreement in 1998, and the subsequent establishment of the North South Ministerial Council to develop and enhance co-operation between both jurisdictions.

Methodology: Qualitative interviews were conducted with ten senior political and healthcare leaders across the two jurisdictions of Northern Ireland and the Republic of Ireland. Transcripts were thematically analysed to identify key themes relating to the barriers and facilitators of cross-border healthcare in the Irish context.

Results: A key focus of Irish cross-border collaboration is on improving clinical outcomes and delivering sufficient case volume and quality to ensure a sustainable service. Clinician leadership is identified as critical in this respect and through discussing good examples of cross-border healthcare initiatives, participants identified that the most successful have been those that are clinically driven and politically supported.

Features of the current environment that further support Irish cross-border health collaboration are: the extent of whole-system engagement in the cross-border agenda, and the fact that the dialogue has a strong all-island as opposed to a border frontier focus. This might be threatened however by the Brexit fall-out as identified by interviewees.

Discussion: Ireland is a unique case in that our findings indicate its cross-border healthcare confounds some of the features commonly found in other jurisdictions. Language, cultural, and travel impediments are considerably less significant as impediments in the Irish context. However, the political history of the region combined with the divergent administrative and health governance systems have previously challenged cross-border collaboration.

The current Irish focus on population health and clinical quality provides a significantly different strategic context from the more market driven projects in other jurisdictions. More emphasis is therefore on cooperation, and this is further facilitated by the broader cultural similarities with the two health systems.

Conclusion: Irish cross-border healthcare collaboration is evolving to a more strategic approach. There is clear commitment and enthusiasm from actors in both jurisdictions to embrace a cross-border collaborative approach where such a strategy can be seen to deliver enhanced patient care and effective use of resources.

Lessons Learned: Sustainable cross-border collaboration is complex and difficult to achieve. Consideration should be given to the potential for the two health systems to establish an ongoing strategic planning mechanism in order to maximise future opportunities in a systematic way, e.g. having cross-border healthcare being included in the annual service plans of both health systems. The objective being to embed a cross-border approach in the way we plan and deliver healthcare rather than being an adjunct to service delivery.

Limitations and Future Research: This is a small sample qualitative study of senior representatives involved in cross-border health policy formulation and delivery, further research could involve the participation of front-line clinicians in the bordering regions to explore their perspectives and experiences on the ground.

Keywords: health-policy; cross-border; ireland; integration; strategic-planning
