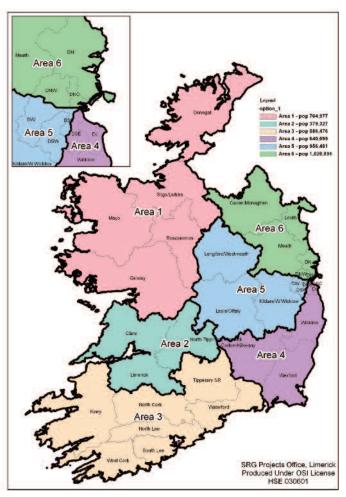
6.4.1 Option 1 - Based on Hospital Groups

This option sets out a proposal which suggests six successor Community Healthcare Organisations to the existing ISAs (from hereon this shall be referred to as "Option 1"). These areas are based on an amalgamation of former LHO areas which are grouped together based on the new Hospital Groups, as far as possible given the constraints around the Hospital Group configuration. The map below illustrates same and a description of each area in terms of population and localities contained within, is provided.



Population & Description Table – Option 1		
Area	Total 2011	Description
1	704,977	Donegal LHO, Sligo/Leitrim/West Cavan LHO, Galway, Roscommon and Mayo LHOs
2	379,327	Clare LHO, Limerick LHO and North Tipperary/East Limerick LHO
3	886,476	Kerry LHO, North Cork LHO, North Lee LHO, South Lee LH, West Cork LHO, Tipperary South LHO and Waterford LHO
4	640,099	Carlow/Kilkenny LHO, Wexford LHO, Wicklow LHO, Dún Laoghaire LHO and Dublin South East LHO
5	956,481	Kildare/West Wicklow LHO, Dublin West LHO, Dublin South City LHO and Dublin South West LHO, Laois/Offaly LHO, Longford/Westmeath LHO
6	1,020,891	Louth LHO and Meath LHO, Cavan Monaghan LHO, Dublin North LHO, Dublin North Central LHO and Dublin North West LHO
Average	764,709	
Max	1,102,891	
Min	379,327	

- o The Hospital Groups do not cover catchment areas as such. In areas such as the Mid West the geographical area covered by the Hospital Group is clear, however in other areas particularly in the eastern half of the country there are overlaps in the areas that the Hospital Groups cover.
- This is due to the high density of the hospitals in that half of the country and agreed academic alliances between the major teaching hospitals. As such it is very difficult to correlate former LHO areas to all Hospital Groups.
- This option maximises co-terminosity between the Hospital Groups and new areas, with four of the six Hospital Groups only having to link with one new proposed Area (a table is provided after the analysis of each criterion to illustrate same).

The following table details the advantages and disadvantages of this option against each criterion.

ASSESSMENT AGAINST CRITERIA – Option 1				
Criteria	Advantages	Disadvantages		
Internal Integration	 This option maximises in so far as possible the co-terminosity with the new Hospital Groups which would clearly support maximising the integration agenda between hospital trusts and Community Healthcare Organisations Former LHO boundaries are maintained by this option and they are the key building blocks for these areas The key primary care secondary care linkages are broadly maintained 	 The South/South West Hospital Group is in Area 3 in this option with the exception of Lourdes Orthopaedic Hospital which is in Area 4 The Dublin East Hospital Group is in Areas 4, 5 and 6 Existing ISA Boundaries (South East) are not maintained Regional boundaries are not maintained. Mental Health areas are not maintained in all areas, i.e. South East 		
Demographics / Deprivation		The average population size for these areas is 764,709, with a large range between 379,327 and 1,102,891		
Self Sustaining /Manageability Factors	Each area has sufficient population size to be self -sustaining	As community services are very geographically spread, some of the larger areas would require a number of layers of management in order to cluster services		
Geographical / Physical /Cultural		 Due to the configuration of the Dublin East Hospital Group it is not possible to form a community area which is coterminous with it as contiguity is a prerequisite for same. In this option the former South East area is divided between two new areas, this may be a significant change from a public perspective, however road networks indicate that this should not be a problem 		
External Integration Issues		This option does not offer any advantage for improving cross border connectivity beyond what currently exists		

Given that it was not possible to match Option 1 with the current Hospital Group configuration the table below associated each proposed area and their relevant hospitals and Hospital Groups. The table also highlights the two Hospital Groups which are split between four areas in this option. In practice given the specialised nature of the hospitals in question (with the exception of Midland Regional Hospital, Mullingar) the impact of this would be that Area 5 and 6 would have to deal with two Hospital Groups. Similar tables are provided for the other options in Appendix H.1 for comparison purposes.

Area	Hospital	Hospital Group
1	Mayo General Hospital Roscommon County Hospital University Hospital Galway / Merlin Park	West/North West West/North West West/North West
	Letterkenny General Hospital Portiuncula Hospital Sligo Regional Hospital	West/North West West/North West West/North West
2	Mid Western Regional Hospital, Limerick Ennis General Hospital	Midwest Midwest
	Nenagh General Hospital Mid West Regional Maternity Hospital Mid-West Regional Orthopaedic Hospital St John's Hospital, Limerick	Midwest Midwest Midwest Midwest

Area	Hospital	Hospital Group
	Cork University Hospital (incorporating CUMH)	South/South West
	Mercy University Hospital	South/South West
	Waterford Regional Hospital	South/South West
3	Bantry General Hospital	South/South West
	Kerry General Hospital	South/South West
	South Infirmary Victoria University Hospital	South/South West
	South Tipperary General Hospital	South/South West
	Mallow General Hospital	South/South West
	Lourdes Orthopaedic Hospital, Kilcreene	South/South West
	Wexford General Hospital	Dublin East
4	St Luke's Hospital, Kilkenny	Dublin East
	St Michael's Hospital, Dún Laoghaire	Dublin East
	St Vincent's University Hospital	Dublin East
	St Colmcille's Hospital	Dublin East
	Midland Regional Hospital, Mullingar	Dublin East
	National Maternity Hospital	Dublin East
	Royal Victoria Eye and Ear Hospital	Dublin East
_	Naas General Hospital	Dublin Midlands
5	Coombe Women & Infant Hospital	Dublin Midlands
	Midland Regional Hospital, Portlaoise	Dublin Midlands
	Midland Regional Hospital, Tullamore	Dublin Midlands
	St James's Hospital	Dublin Midlands
	Adelaide & Meath Hospital (ANMCH), Tallaght	Dublin Midlands
	Cavan General Hospital	Dublin North East
	Our Lady of Lourdes Hospital, Drogheda	Dublin North East
	Rotunda Hospital	Dublin North East
	Beaumont Hospital	Dublin North East
6	Connolly Hospital	Dublin North East
	Louth County Hospital	Dublin North East
	Monaghan General Hospital	Dublin North East
	Our Lady's General Hospital, Navan	Dublin East
	Cappagh National Orthopaedic Hospital	Dublin East
	Mater Misericordiae University Hospital	Dublin East

Colour coding has been used in the above table to identify instances where Hospital Groups cross the boundaries of areas identified in this option.

Resources

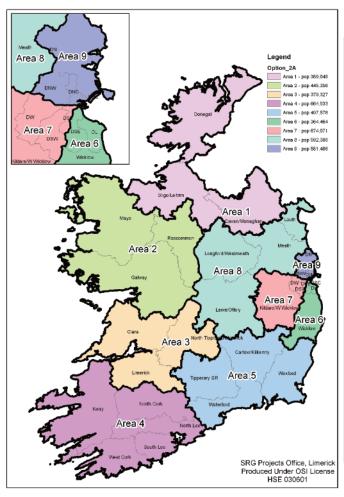
OPTION1	2013 Budget €m*	WTE
Area 1 Donegal LHO, Sligo/Leitrim/West Cavan LHO, Galway, Roscommon and Mayo LHOs	621	6,417
Area 2 Clare LHO, Limerick LHO and North Tipperary/East Limerick LHO	308	3,713
Area 3 Kerry LHO, North Cork LHO, North Lee LHO, South Lee LH, West Cork LHO, Tipperary South LHO and Waterford LHO	674	8,108
Area 4 Carlow/Kilkenny LHO, Wexford LHO, Wicklow LHO, Dún Laoghaire LHO and Dublin South East LHO	563	6,065
Area 5 Kildare/West Wicklow LHO, Dublin West LHO, Dublin South City LHO and Dublin South West LHO, Laois/Offaly LHO, Longford/Westmeath LHO	668	7,582
Area 6 Louth LHO and Meath LHO, Cavan Monaghan LHO, Dublin North LHO, Dublin North Central LHO and Dublin North West LHO	763	8,972
National Total	3,597	40,857

^{*}The financial figures are indicative of the budget within the proposed Community Healthcare Organisations in this option and do not include PCRS and Fair Deal resources.

6.4.2 Option 2 – Based on Maximising Primary and Secondary Care Activity, Pathways and Relationships

Option 2A

This option sets out a proposal which suggests nine successor Community Healthcare Organisations to the existing ISAs (from hereon this shall be referred to as "Option 2A"). These areas are based on previous work which identified seventeen ISAs based on potential catchments to maximise primary/secondary care pathways (Appendix H.2). This option was based on Primary Care Teams, and while the original proposal for seventeen ISAs which was recommended in 2011 broke LHO boundaries, the option below, through amalgamations, rejoins many of these. The map below illustrates same.



Population & Description Table – Option 2A		
Area	Total 2011	Description
1	389,048	Donegal LHO, Sligo/Leitrim/West Cavan LHO and Cavan/Monaghan LHO.
2	445,356	Galway, Roscommon and Mayo LHOs
3	379,327	Clare LHO, Limerick LHO and North Tipperary/East Limerick LHO.
4	664,533	Kerry LHO, North Cork LHO, North Lee LHO, South Lee LHO and West Cork LHO
5	497,578	South Tipperary LHO, Carlow/Kilkenny LHO, Waterford LHO and Wexford LHO
6	364,464	Wicklow LHO, Dún Laoghaire LHO and Dublin South East LHO
7	674,071	Kildare/West Wicklow LHO, Dublin West LHO, Dublin South City LHO and Dublin South West LHO
8	592,388	Laois/Offaly LHO, Longford/Westmeath LHO, Louth LHO and Meath LHO
9	581,486	Dublin North LHO, Dublin North Central LHO and Dublin North West LHO
Average	509,806	
Max	674,071	
Min	364,464	

The emphasis of Option 2A is to align community catchments with local secondary care pathways. Based on this work nine new areas have been identified, taking cognisance of the following key influencing factors:

- PCT boundaries were the building blocks to achieve maximum co-terminosity between primary and secondary care and this has been maintained;
- Cross border cooperation could potentially be further developed using this configuration;
- Maximising co-terminosity with local authorities
- A minimum population in excess of 350,000 was determined as being a critical mass for a selfsustaining Community Healthcare Organisation.

The following map illustrates a more detailed view of the Dublin area for option 2A

