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Ospidéal na hOllscoile, Luimneach,
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11th June 2019

Ms Louise O'Reilly TD
Dáil Eireann,
Leinster House,
Kildare Street,
Dublin 2

PQ 21888/19
To ask the Minister for Health the process which was undertaken before the downgrading of Ennis and Nenagh hospitals to ensure that University Hospital Limerick would have the necessary capacity to cope with the centralisation of emergency care in the region -Louise O'Reilly

Dear Deputy O'Reilly,

The Health Service Executive has been requested to reply directly to you in the context of the above Parliamentary Question which you submitted to the Minister for Health for response.

As you are aware, the thinking behind the reorganisation of acute hospital services in the MidWest and elsewhere was articulated in the HSE Transformation Programme 2007-2010 and the policy was supported by the government of the day.

The object of reconfiguration was to provide safer care to patients with acute health problems while also striving to make specialised services more accessible to patients in their local hospital. It is not necessary here to repeat at length the reasons behind the policy. These were set out in numerous reports for the HSE and by independent bodies such as HIQA, whose (April 2009) report on quality and safety in Ennis Hospital coincided with the beginning of the reconfiguration process in this region.

Among the key objectives of the reconfiguration programme, as set out in the (Teamwork/Horwath) consultants report was the centralisation of acute and emergency medical and surgical services at the tertiary centre then still known as the MidWestern Regional Hospital Limerick (now UHL). The programme also provided for the centralisation of all critical care and trauma in Limerick; an improved ambulance service for the region and the development of appropriate services in the smaller hospitals (urgent care centres, medical assessment units, day surgery, radiology etc).

Ahead of the publication of the Teamwork/Horwath Report (January 2009), a Project Board was established by the HSE and regional clinical and executive leads were appointed, each of whom reported to the CEO of the HSE. Staff from acute and community services in the MidWest also worked with the HSE's national Transformation Programme as part of this implementation strategy.

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The Project Board and the Clinical Lead engaged extensively with internal and external stakeholders, including with clinicians and other healthcare professionals in acute, community and primary care settings. As with any major change process, significant work was undertaken in arguing the case for reconfiguration, including at public meetings, with public representatives and through the media, and a robust and healthy debate was enabled across the MidWest.

In practical terms, the process of reconfiguration commenced with the closure of the 24-7 emergency departments in Ennis and Nenagh in April 2009. These emergency departments were replaced with medical assessment units (MAUs) for GP referrals; and by local injury units/urgent care centres for self-referrals and operating 12 hours a day, seven days a week. These changes were supported by an Emergency Care Network, which had been set up in the region and led by Consultants in Emergency Medicine. These consultants, while based in Limerick, have clinical responsibility for the Injury Units in Ennis, Nenagh (and later St John's). Additional Consultants in Emergency Medicine were recruited to support these changes in addition to Advanced Nurse Practitioners for the Injury Units in the smaller hospitals and for the ED in Limerick.

These changes in emergency medicine were supported through significant improvements in pre-hospital care in the region and in particular through the deployment of ALS paramedics. In January 2009, 12 paramedics were recruited to the ambulance service to release advanced paramedics from their roster to operate new rapid response vehicles in Clare and Tipperary. A further 14 paramedics were recruited in June of that year. In addition, the deployment of intermediate care vehicles for routine inter-hospital transfers freed up emergency ambulances in the region and a new helipad came into operation at UHL, all in 2009.

The process of centralising acute surgery in Limerick concluded in October 2009 when a single department of surgery (now the Perioperative Directorate under the newer hospital group structure) was established. In advance of this, a dedicated emergency theatre was opened in Limerick. From that year, all emergency, theatre and cancer surgery was performed in Limerick, with five-day surgery and day surgery performed in St John's Hospital and day surgery/endoscopy performed in Ennis and Nenagh. Subsequently, there was significant capital investment in Nenagh (e.g. new €6.2m theatre complex opened 2015) and Ennis (e.g €2.5m endoscopy and day ward opened 2011) to secure the future of day services in these hospitals. These developments allowed for new surgical subspecialties to be introduced in Ennis and Nenagh.

Other changes which facilitated the centralisation of acute surgery at the time included the opening of a Surgical Assessment Unit in UHL and new working arrangements for consultants to facilitate more rapid treatment for acute surgical patients, including out of hours.

The Emergency Department (ED) and surgical services were reorganised in 2009. This coincided with the establishment of motorways between Ennis and Nenagh, such that the travel time by ambulance

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between the hub and spoke was never more than 30 minutes. All emergency and major complex surgery was centralised, and this model continues to this day.

The building of the new €39 million Critical Care Block at UHL was the next major development in the centralisation of emergency services. This has led to most of the region's anaesthetic services being reconfigured with the removal of intensive care units from the smaller hospitals, such that the UL Hospital Group has only one hospital with ICU and 24-hour emergency services for its entire population,

The CCB opened in 2014 includes a modern intensive care unit, high dependency unit, acute cardiac care unit, cath lab, a step down cardiac facility and a day cardiology unit. This development resulted in an expanded critical care service for the entire region.

The new Emergency Department and Dialysis Units subsequently opened in the lower two floors of the CCB in 2017 as part of a separate €25million project. These are state-of-the-art facilities delivering care to some of the most unwell patients in the region.

As you are aware, the new Emergency Department has been the subject of much commentary because of the poor patient experiences associated with overcrowding and long waits for a bed for admitted patients. It was noted in the Teamwork/Horwath Report that significant additional bed capacity would be required at UHL as part of the overall reconfiguration. That report also noted that according to the policy of the time, a proposed co-located private hospital would help address the region's shortfall in bed capacity. Policy changes and the severe challenges to the public finances in the intervening years meant that the increased beds for UHL envisioned by the Reconfiguration Project Board never materialised. UHL had 375 inpatient beds in January 2009. It has 455 today but it is acknowledged by all stakeholders that more beds are required.

It should be borne in mind, however, that the recommendation in 2009 to centralise critical care and acute surgery in Limerick was made in the interests of patient safety and that it was absolutely essential this be done as soon as possible irrespective of bed availability in Limerick.

As set out in PQ 21890/19, construction work is underway on the 60-bed inpatient block at UHL and I expect these beds will open to patients in Q3 2020. The additional 96-bed block for UHL has also been committed to under Project Ireland 2040.

While it was disappointing that we could not add more to our inpatient capacity at UHL during the worst years of the recession, healthcare providers and other public services all over the country were faced with the same economic realities. We must also acknowledge the significant capital investment that did take place in hospital infrastructure in the MidWest throughout the economic downturn and look forward to adding to our bed capacity while continuing to improve our processes in line with the broader systemic reforms set out in the HSE Transformation Programme 2007-2010, many of which

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have since been underlined through the creation of hospital groups; the Smaller Hospitals Framework and now Slaintecare.

I trust this clarifies the position. Please don't hesitate to contact me if you have any further queries.

Yours sincerely,

Colette Cowan.

Colette Cowan
Chief Executive Officer
UL Hospitals Group