Office of A.N.D. Older People and Palliative Care - Strategy
Services for Older People
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14th October, 2020

Deputy John Lahart, TD
Dáil Eireann,
Leinster House,
Kildare Street,
Dublin 2.

Dear Deputy Lahart,

The Health Service Executive (HSE) has been requested to reply directly to you in the context of the following Parliamentary Question, which was submitted to this Department for response.

PQ 27583/20
To ask the Minister for Health the location of 530 repurposed community beds pledged in the HSE Winter Plan to support the home first pathway; the services from which they are being repurposed; and the alternative provision being made in the services from which these beds are being repurposed in tabular form.

Part of the Winter Plan and the overall strategic change associated with managing care in the community includes the use of additional intermediate care beds. These intermediate care beds are intended to enable people to avoid going into acute hospitals or when admitted to acute hospitals to enable to go home more quickly following a period of rehabilitation. The additional 617 beds associated with intermediate care are spread across the 9 Community Healthcare Organisations nationally. These beds are intended to service the requirements for intermediate care which includes the rehabilitation post hip fracture or post acute illness. There is a spread of facilities within Community Health Organisations that provide such facilities currently. These include community hospitals within community healthcare organisations and are well established as part of a response to early supported discharge from hospital. The spread of beds across each of the Community Healthcare Organisations are an enhancement of the functions that these existing units currently provide. Facilities such as community nursing units which comprise the majority of these facilities already provide rehabilitation and transitional care functions. To that end the repurposing of these beds is an enhancement of the staffing and function, clinical governance and associated supports that are required to enable early hospital discharge. A quantum of beds within each community healthcare organisation has been determined with the local Chief Officer and team that would provide an enhanced level of care to older people in circumstances described above. The additional funding going into funding to enhancing community care specifically the development and enhancement of community health networks, the provisions of specialists teams in the community and linkages to acute hospital are part of the overall response associated with repurposing of beds. These Units were selected on the basis that they already provide this function and that their utility, expertise of staff

within these services and experience associated with rehabilitation of patients is fully utilised. The number of units across each CHO and the beds is set out in the table below. The repurposing of beds does not involve any displacement of any existing patients within the long term care functions that these areas provide. The bed capacity within the 617 beds includes a number of measures. They comprise of existing capacity that will be supported through capital and revenue in order to make the capacity of these beds available. This does not reduce the capacity of the existing units and does not disrupt their function but instead adds a rehabilitation and transitional function to their capacity which is appropriate given the opportunity they represent.

The exact mix, composition and use of the beds are determined at a local level by the Chief Officer and their team and these units will be supported by additional invested in multi-disciplinary teams.

Community Healthcare Organisations	Bed Numbers:
CHO 1	76
CHO 2	65
CHO 3	31
CHO 4	126
CHO 5	32
CHO 6	15
CHO 7	102
CHO 8	90
CHO 9	80
Total Beds	**617**

Yours sincerely,

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P.J Harnett
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