

CC/DC/MC

Email: pgmidwestacute@hse.ie

18th July 2022

Mr David Cullinane TD,
Dáil Eireann,
Leinster House,
Kildare Street,
Dublin 2

RE: PQ 35370/22

To ask the Minister for Health the plans that are in place to expand capacity at hospitals in Ennis and Nenagh to take pressure away from the Emergency Department at University Hospital Limerick; and if he will make a statement on the matter. -David Cullinane

Dear Deputy Cullinane

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

UL Hospitals Group operates as a single provider of acute hospital care across our six sites. As you are aware, significant reform has occurred in the delivery of healthcare in the Mid-West over the last decade. These reforms have taken place with patients at the core of all such programmes. The publication of The Report of the Acute Medicine Programme (2010) classifies all acute hospitals under four generic models that describe in precise detail what services may safely be provided at each site.

Within UL Hospitals Group, we have two Model 2 Hospitals located at Ennis and Nenagh. St John's Hospital is classified as a Model 2S Hospital, i.e., it can carry out intermediate surgery which requires in-patient stay and accommodation in addition to day case surgery. These hospitals have a pivotal role to play in the delivery of high-quality patient care within the region.

Quality and safety of services across UL Hospitals Group is subject to regular clinical audit and review. Such reviews are published annually by the HSE National Office of Clinical Audit and other relevant bodies. The annual reports of the National Healthcare Quality Reporting System are available on the Department of Health website and are another useful resource on quality and safety of services in UL Hospitals Group in the national and international (OECD) context.

Government policy titled 'Securing the Future of Smaller Hospitals: a Framework for Development', published in February 2013 shaped the future of Ennis and Nenagh and reaffirmed the integral role these hospitals have to play in the future growth of healthcare in the Mid-West region: in the provision of ambulatory care, chronic disease management, day surgery, endoscopy, Injury Units, Medical Assessment Units and much more.

Patients attending the Injury Units in Nenagh and Ennis benefit from the expertise and care of a consultant-led team of doctors, Registered Advanced Nurse Practitioners (RANPs), nurses, and other healthcare professionals who are highly experienced in the treatment of injuries that may not be threatening to life and limb, but which

nonetheless require medical attention and treatment. There has been increased activity in our Injury Units with an annual growth in attendances (YTD April 30th) of 68% at Nenagh Injury Unit so far this year and 27% at Ennis Injury Unit. In April 2022, Nenagh Injury Unit had its busiest month to date and Ennis, its second busiest.

In addition, the Medical Assessment Units at Nenagh and Ennis provide diagnosis and treatment for patients referred with medical conditions including chest infections, COPD (chronic obstructive pulmonary disease), pneumonia, urinary tract infections, fainting episodes, clots in the leg, anaemia, or non-acute cardiac problems. Through additional staffing resources and targeted initiatives such as the NTPF, both Ennis and Nenagh MAUs have expanded their services over the past two years, making more assessment slots available for GPs in the MidWest. Attendances at our Medical Assessment Units in Ennis and Nenagh grew by a combined 19% between 2019 and 2021. In the first five months of this year they have seen a further annual increase of 17% combined.

We are committed to investing in our Model 2 Hospital sites to enhance non-acute patient care. We recently opened a new Outpatients Department at Ennis Hospital, an offsite location on the Kilrush Road. The new OPD in Ennis has 15 clinical rooms, in addition to a phlebotomy bay, four waiting areas, offices and staff changing rooms. The new department will allow for the relocation of services such as cardiac rehabilitation, radiology and general X-Ray.

The enhanced facilities for patients and staff will allow for the future extension and expansion of services for the overall improvement of the patient experience at Ennis Hospital. The development of the facility has been a priority for UL Hospitals Group in improving local access to non-acute patient care.

In addition, a new €1.4 million extension to the outpatients department in Nenagh opened recently. The first services operating out of this new facility, an ambulatory gynaecology service and menopause clinic are part of a wider regional hub for women's health, have now commenced.

The development also includes a dedicated Ophthalmology Injection Suite and Endoscopy Suite. The OPD will improve the patient experience for the adjacent X-ray department in the existing hospital building by adding a new patient changing room and waiting room for the CT service.

It is vital for our patients that day surgery services at all our model 2 hospitals continue to expand. A theatre upgrade was also recently approved for Ennis Hospital as part of the HSE's Capital Programme for 2022. The approved capital budget for this project is €9.95m and is currently at the design stage.

Historical bed capacity shortages in the Mid-West region have been well documented. ULHG has the lowest inpatient bed capacity when benchmarked per population against other Model 4 Hospitals, an additional 200 inpatient beds would be required to bring ULHG in line with the national average.

The reconfiguration of health services in the region led to bed closures in Nenagh and Ennis Hospitals. Unfortunately, sufficient capacity was not provided in UHL to make up for these shortfalls, principally due to the global financial crisis of 2008.

Below is a breakdown of how inpatient bed capacity and emergency attendances at UHL compare to other Model 4 hospitals:

Hospital	Inpatient beds	ED attendances 2021
St James' Hospital	698	48,397
UHL	530	76,473
Mater	614	89,335
SVUH	510	60,748
GUH	618	68,887

We welcome the recent significant investment and bed capacity provided in response to the COVID-19 pandemic, however it does not sufficiently address the well-documented bed capacity deficits in the Mid-West region, nor does it adequately address the continuing growth in demand for emergency care.

In addition to inpatient bed capacity shortages, there is a need to significantly increase the number of NCHDs employed at University Hospital Limerick in order to alleviate growing pressures and to support new Consultant posts approved by government in recent years. An additional 68 NCHDs are required to adequately address the shortcomings outlined above. Please see below for a breakdown:

Staff Grade	WTE required
Registrar	31.00
Senior House Officer	31.00
Senior House Officer (ED)	6.00
Total	68.00

In addition, the CEO of UL Hospitals Group has commissioned Deloitte to conduct an external review of patient flow at University Hospital Limerick. This review is intended to provide an independent and comprehensive overview of patient flow through the ED at UHL while at the same time looking at the use of resources, processes in place and identifying any constraints. Our community and GP colleagues in the MidWest are also being consulted as part of this review and the final report from Deloitte is expected in the coming weeks.

We believe that an Elective Hospital to serve the well-described needs of the patients in the Mid-West is now imperative. Pressure on our Emergency Department at UHL, with over 80% of all admissions relating to emergency care, is such that our ability to provide scheduled care is hampered and patients are cancelled with increasing regularity.

As you know, UL Hospitals Management team met the Minister for Health on the 17th February 2022. Clinicians outlined the crisis for elective care and reiterated the core requirement for Elective Hospital in this region. Concerns were raised regarding the Mid-West not being included in national plans for elective hospital sites, agreed in the Sláintecare plan for Galway and Cork.

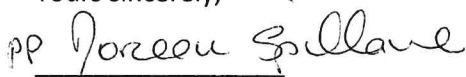
In line with codes for public spending, we have identified a number of options, including a 120 bed facility with theatres for St. John's Hospital. This would require a government directive to fund at both capital and revenue levels.

Limerick City and County Council and members of Limerick 2030 plan have also engaged with the University of Pittsburgh Medical Centre (UPMC) on developing lands in a Limerick regeneration area on the northside of the city. Limerick City and County Council sought UL Hospitals to meet with UPMC to outline the specific health needs of the Mid-Western region which informed UPMC's proposal to build a 150 bed hospital, providing capital funding. They have proposed the model of a Section 38 Hospital jointly run by UPMC and UL Hospitals Group. We understand UPMC has also engaged with St John's Hospital and with political representatives on their proposal.

Such decisions are beyond the scope of UL Hospitals Group. They require government approval and thereafter sanction from the HSE and we will be looking for support to deliver this vital service through the most appropriate means.

I trust this clarifies the position, please contact me if you have any further queries.

Yours sincerely,



Prof Colette Cowan
Chief Executive Officer
UL Hospitals Group