

REGIONAL HEALTH FORUM WEST

24th May, 2011 - QUESTIONS & RESPONSE

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NUMBER	QUESTION	RAISED BY
W33Q723	When will the reintroduction of the Rheumatology clinics at Letterkenny General Hospital take place?	Cllr Ciaran Brogan
<p>HSE Reply: The HSE has significantly developed Rheumatology Services in the North West over the past two years. This has involved the appointment of two permanent Consultant Rheumatologists in mid 2010 who are responsible for the delivery of the service for the region, i.e. Counties Donegal, Sligo and Leitrim.</p> <p>In line with international best practice the HSE intends that all inpatient rheumatology services for the region will be provided in one acute hospital setting at Sligo General Hospital. This is dependent on recognition for NCHD training posts in the specialty at the hospital.</p> <p>Both day case and outpatient sessions will continue to be provided in Our Lady's Hospital, Manorhamilton. Inpatient Rheumatology rehabilitation will also be provided at the hospital. Outpatient capacity has been increased at Our Lady's Manorhamilton, with patients from Donegal now having 60 out-patients slots per week. This is up from 45 outpatient slots previously. An outpatient clinic will be re-established at Letterkenny General Hospital when the new Emergency Department and Medical Unit is opened.</p> <p><i>John Hayes, ISA Manager, Donegal</i></p>		
W33Q724	Has there been any further discussions with regards to providing the Radiotherapy Unit at Altnagelvin Hospital between the HSE and the NHS and if so can we give an update with regards the current position?	Cllr Ciaran Brogan
<p>HSE Reply: Ongoing work between HSE & NHS continues. Seán Murphy, General Manager, LGH attended the last Radiotherapy Project Board in March and has reported significant progress is being made with regard to the interfacing of services between the two jurisdictions to ensure that plans are in place to provide seamless services to patients based on clinical need rather than geographical residence. A number of further work streams were identified in order to ensure that these clinical pathways will be in place by the time the new Radiotherapy Unit opens. In particular, Mr. Murphy noted the importance of ensuring that where appropriate, patient care associated with Radiotherapy Unit would be provided on Letterkenny side as well as Altnagelvin side and that the project were committed to this principle.</p> <p><i>John Hayes, ISA Manager, Donegal</i></p>		
W33Q725	Has work started again on the Accident & Emergency Mental Assessment Unit at Letterkenny General Hospital and if so when will this unit be completed and handed over?	Cllr Ciaran Brogan
<p>HSE Reply: Emergency Department / Medical Block Discussions with the Bondsman are well advanced, however we are unable to give definitive time scales until we receive the formal approval from the Bondsman. Once the Completion Contractor is appointed and commences on site we anticipate that the remaining works will take approximately 12 weeks. After this period of Construction Completion the building will need to be fully equipped before occupation which will take a minimum of 6 - 8 weeks.</p> <p><i>John Hayes, ISA Manager, Donegal</i></p>		
W33Q726	When will work be completed on the new purpose built acute mental health unit at Letterkenny General Hospital?	Cllr Ciaran Brogan

<p>HSE Reply: Acute Mental Health Unit. The building is almost complete from a construction perspective and we expect the building to be handed over to the HSE around the first of June. Procurement of equipment has commenced and it is anticipated that the unit will be ready for occupation in late July / early August. <i>John Hayes, ISA Manager, Donegal</i></p>		
<p>W33Q727</p>	<p>I am enquiring about the progress of the refurbishment of the St. Colmans Day Care Centre at Bunacuragh Achill Co. Mayo. I understand that there are contractors on site at the moment. Could you inform me of the work that has been carried out so far and when the completion date is set for. Constituents of mine from the surrounding area have made it clear to me that they are unsatisfied with the rate of progress regarding the refurbishment to date?</p>	<p>Cllr AF O'Malley</p>
<p>HSE Reply: Cordil is the appointed Contractor under the Public Works Form of Contract for Works Designed by the Employer. The HSE has implemented contractual rights pursuant to which it has taken control of the site. All outstanding issues are being addressed under the Terms and Conditions of the Contract. The HSE will make every effort to have work on this Development completed as soon as possible in accordance with Contract provisions. <i>Frank Murphy, ISA Manager, Mayo</i></p>		
<p>W33Q728</p>	<p>What is the current position on the future of Lifford Community Hospital.</p>	<p>Cllr F McBrearty</p>
<p>HSE Reply: Lifford Community Hospital was established in 1799 and has nightingale style wards with a total of 40 beds. The hospital is currently operating as a 20 bedded unit. The hospital provides 12 continuing care beds 4 respite beds, and 3 beds for assessment, rehabilitation and palliative care. Due to age and design the hospital does not comply with the Physical Environment element of the National Quality Standards for Residential Care Settings for Older People. HSE facilities will be fully required to fully comply with all infrastructural requirements within the next five years. The upgrading of Lifford Community Hospital to comply with legal provisions on residential care will require significant capital investment. The estimated cost of upgrading the HSE's Community Hospitals in Donegal to full compliance is in excess €40 million. Discussions are ongoing nationally to consider how this issue should be addressed. <i>John Hayes, ISA Manager, Donegal</i></p>		
<p>W33Q729</p>	<p>Can the HSE please explain the reason for the delay in providing a Primary Care Service for the people of the South Roscommon Area at Monksland, Athlone, Co. Roscommon?</p>	<p>Cllr T Ward</p>
<p>HSE Reply: The Primary Care Team meets regularly in Monksland and usually at least one GP practice is represented. The team has been meeting since early Autumn 2009. Contract discussions about the new PCT premises for Monksland are at an advanced stage and it is anticipated that the new premises will be ready for occupation in 12 months time. <i>Catherine Cunningham, A/LHM Roscommon PCCC</i></p>		
<p>W33Q730</p>	<p>Can the HSE please explain the reason for the delay in appointing a Medical Officer for County Roscommon? The outgoing Medical Officer retired in August 2010 and has not been replaced since then. There is now a huge backlog of</p>	<p>Cllr T Ward</p>

	applications which have not been dealt with and this is causing untold hardship to large numbers of people in County Roscommon.	
<p>HSE Reply: Please be advised that the post of Senior Medical Officer has gone for advertising. Shortlisting has been completed and there are eleven candidates for final interview. The proposed date for interview is June 3rd. <i>Catherine Cunningham, A/LHM Roscommon PCCC</i></p>		
W33Q731	Can the HSE Executive please inform the members of this forum of how much the HSE is paying for the rental of buildings in County Roscommon?	Cllr T Ward
<p>HSE Reply: At the beginning of the year estimated rent roll was €774,730. We will have vacated 3 premises by the 31st May and this will reduce the estimated rent roll to €711,359. Negotiations are ongoing with other landlords about securing rent reductions at present. <i>Eamon Hannan,, Manager, Support Services, Roscommon</i></p>		
W33Q732	Has the necessary staff and resources been put in place to ensure the re-opening of the Breast Cancer Service in Sligo General Hospital in accordance with Government commitments, and on what date will the re-established Breast Cancer Service in Sligo General Hospital become operational.	Cllr D Bree
<p>HSE Reply: There is no reference in the Programme for Government to breast cancer services at Sligo General Hospital and there has been no notification of a policy change in relation to the provision of breast cancer services nationally. Medical oncology and outpatient radiation oncology services will continue to be provided for breast cancer patients at Sligo General Hospital as at present. <i>Dr Mary Hynes, Cancer Network Manager West</i></p>		
W33Q733	How many former employees of the HSE has the HSE re-engaged on contract work and as part time staff and in what capacity are they currently serving in the HSE; and how many former employees of the HSE have been contracted by the HSE as consultants (non-medical); what work are they engaged in and where are they located. (The question relates to the area covered by the Regional Health Forum West).	Cllr D Bree
<p>HSE Reply: The information requested by Councillor Bree is being collated for Area West. The analysis will be completed as soon as possible and the information provided to Councillor Bree under separate cover. <i>Francis Rogers, AND Human Resources</i></p>		
W33Q734	In cases where a family is unable to make mortgage repayments due to financial difficulties and as a result an order for possession is made; what type of financial help is available to assist the family to rent private accommodation, and is it the case that the HSE will not provide rent supplement until such time as the family home is physically repossessed.	Cllr D Bree

<p>HSE Reply: Statutory Instrument No. 412 Of 2007 provides that Rent Supplement is not paid where alternative accommodation is available as in the case where a family though in financial difficulties still had access to and use of their family home.</p> <p>Section 198 of Social Welfare (Consolidation) Act 2005 provides for the payment of Rent Supplement to assist with reasonable accommodation costs of eligible persons where they are unable to meet their accommodation costs from their own resources and do not have accommodation available from any other source.</p> <p>Section 198 of Social Welfare (Consolidation) Act 2005 as amended by Social Welfare and Pensions Act 2009 (Sections 7 and 14) does not allow for Rent Supplement to be paid until a housing needs assessment is carried out by the relevant Local Authority (except if the applicant has been in private rented accommodation for 183 days of the preceding 12 months)</p> <p><i>Cara O'Neill, A/ISA Manager, Sligo/Leitrim</i></p>		
W33Q735	<p>Taking into consideration the fact that a patient (X), was transferred on Monday 9th May from Sligo General Hospital to University Hospital Galway for emergency surgery, can a full explanation be provided indicating why the emergency surgery was not performed as planned.</p>	Cllr D Bree
<p>HSE Reply: The patient transferred on Monday 9th May from Sligo General Hospital to University Hospital Galway had surgery carried out and was discharged home on the 17th May 2011</p> <p><i>Dr David O'Keefe, Clinical Director for Acute and Continuing Care, Galway & Roscommon.</i></p>		
W33Q736	<p>Has the HSE a policy on the collection of debts. What debt collection services if any do the HSE in the West use. What are the costs of debt collection incurred by the HSE west in each county. What is the amount of debt outstanding to the HSE West in Each County. HSE Reply on next page.</p>	Cllr B Meaney

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The HSE manages its debt in accordance with standards laid down by DOHC, which includes regular debt review and escalation policies for the recovery of aged debt.

Debt o/s, Debt Collecton Services and Debt Collection Costs are identified By County hereunder.

The Criteria used for reporting below is as follows:- Patient Debt as at 31st Dec 2010.

Patient Debt By County - 31-12-2010

		Patient Debt	31/12/2010	Debt Collection	
				Cost	Provider
West	Galway		26,855,903	9,839	Intrum Justitia Ireland Ltd.
	Mayo		6,361,967	283	Cash Flow Services Ltd
	Roscommon		1,424,173	16,676	Intrum Justitia Ireland Ltd.
			34,642,043	26,797	
Mid West	Limerick		19,964,220	44,010	
	Tipperary		518,045	5,531	
	Clare		1,238,143	4,020	
			21,720,408	53,561	Intrum Justitia Ireland Ltd.
North West	Donegal		2,463,070		
	Leitrim		406,997		
	Sligo		4,148,857		
			7,018,924	6,313	Cash Flow Services Ltd
Western Region		63,381,375	86,671		

Note 1

Cash Flow Services Ltd have since gone into administration. This service for 2011 is now provided in the NW by LCMS Ltd.

Note 2

Debt Collection Costs should not be compared to levels of Debt By County as Debt Collection Services are only used by the Acute Hospitals, a subset of the above total debt.

W33Q737	I request an explanation for the high security costs at Limerick Regional Hospital.	Cllr B Meaney
<p>HSE Reply: Hospital management are currently preparing a detailed profile of security costs and distribution. In the intervening period it might be of assistance in responding to the Councillor's question to note that the Mid Western Regional Hospital Dooradoyle Limerick is a large complex, spread over a site which has a number of entrances and a number of facilities which have been added on over a period of years. It is also a relatively large construction site with current works underway to construct a new critical care block. It is a facility which provides 24 hour call to three counties and a population of 370,000. It is a facility which has to engage in extensive management of visitors and public access to the Hospital as a means of dealing with infection control issues and particularly outbreaks of various infections from time to time. The management of an acute site is a complex task given the variation in presentation to the emergency department and to the inpatient facility. It is necessary to have adequate and appropriate deployment of security personnel to ensure that every effort possible is made to protect the public, patients, staff and the very expensive facilities and equipment that exist in such a facility. <i>Bernard Gloster, Area Manager, Mid West</i></p>		
W33Q738	Is there any Senior Audiological Scientist now covering Galway? What plans are in place to meet the criteria set out in the disability act i.e. children (under 5) who require a hearing test must be provided with same within three months. Can a junior position be put in place to help with the waiting lists? Basis grade audiological Scientist.	Cllr M Hoade
<p>HSE Reply: General Galway's Community Audiology Service currently operates from Sea Road, in the city centre, with outreach clinics for adults in Ballinasloe and Clifden.</p> <p>Staffing We currently employ 1 basic grade Audiologist and 1 Senior Audiologist who up until 2011, carried out hearing assessments on adults only. However, in 2011 we have expanded the scope of practice of these 2 permanent members of staff and engaged an Audiological Scientist on a sessional basis (contractor), in order to maintain service levels in respect of hearing assessments for children.</p> <p>Our Senior Audiological Scientist post has been vacant since 2002. This has led to increases in the waiting list for assessment of children's hearing in Galway. Despite numerous attempts to fill the permanent post in the past nine years, we have been unsuccessful. The main reason for this is that Senior Audiological Scientist is a scarce grade in Ireland and it has also proved difficult to attract suitably qualified candidates from overseas. The National Audiology Review Report (April 2011) states that at October 2009, there were 8.6 Whole Time Equivalent Scientists employed in the community sector in Ireland.</p> <p>There is also a vacancy in a senior clinical post in the Audiology Service in Galway University Hospitals. We have had a number of recent meetings with the relevant stakeholders in the hospital with a view to:</p> <ul style="list-style-type: none"> • Re-advertising in the near future to fill the vacant posts in the acute and community areas • Integrating the Audiology Service between the acute and community areas <p>Service Developments We are now moving away from analogue technology and developing our digital hearing aid service. This has involved significant investment in new equipment and will mean an improved and more reliable service to our clients. We are also examining the possibility of transferring the Audiology Service to a more fit-for-purpose facility in Galway city. As stated above, the integration of the acute and community Audiology Services is one of the key aims in the near future.</p>		

<p><u>National Audiology Review Report</u> The long-awaited report was published in April 2011. It will provide the blueprint for the planning, development and delivery of H.S.E. Audiology Services in the future. I have attached a copy of the report for your information. <i>Tony Canavan, A/LHM, Galway PCCC</i> <i>(issued in writing after the meeting)</i></p>		
W33Q739	Are the new management posts created by the Minister outside the recruitment embargo? How many vacant posts are there currently in the Galway Hospital's on frontline services?	Cllr M Hoade
<p>HSE Reply: Under the terms of the 2011 Employment Control Framework there is an exception clause for critical Frontline Service needs. The 3 Senior Management posts for the GUH Group were approved through this process. <i>Francis Rogers, AND Human Resources</i></p>		
W33Q740	Is there further ward closures proposed for the months of June, July and August in the Galway Hospitals. How many wards are now closed in both Galway Hospital's?	Cllr M Hoade
<p>HSE Reply: The summer seasonal arrangements for GUH (25th July- 8th August) have yet to be finalized. There is one ward closed on UHG Site (St Michaels Ward) <i>Dr David O'Keeffe, Clinical Director for Acute and Continuing Care, Galway & Roscommon.</i></p>		
W33Q741	What plans have the HSE West in place to provide residential rehabilitation for Clare people under the age of 65 suffering from brain damage as they cannot currently get admitted to this service in St. Josephs Hosp. Ennis.	Cllr T McNamara
<p>HSE Reply: The local services in Clare are currently conducting a detailed review of the matters raised in the question. In the meantime I wish to assure Cllr. McNamara that every effort is made to respond to people under the age of 65 who have acquired brain injury which may be as a result of an organic condition or as a result of an accident, as is often the case. There is substantial evidence of a total health service response to people experiencing such difficulties including inter alia the use of private facilities, the National Rehabilitation Hospital Dublin, local outpatient services, home support services and in some cases funded nursing home placements prior to the introduction of the Nursing Home Subvention Scheme. I will be happy, while further detail is being analysed, to assist the Councillor in any way if there is a particular case which he wishes to bring to my attention. <i>Bernard Gloster, Area Manager, Mid West</i></p>		
W33Q742	When do the HSE West intend opening the residential Alzheimer's unit in St. Josephs Hosp. in Ennis.	Cllr T McNamara
<p>HSE Reply: The opening of a new facility such as that intended for Alzheimer's at St. Josephs Hospital in Ennis is a complex matter. It involves, in the first instance, the reorganisation of existing staff and resources spread across a range of services. Prior to reorganising same consideration has to be given as to any consequential impact of that. Furthermore, St. Josephs, like many public facilities has experienced a significant challenge to managing capacity in view of the public service moratorium and also of the requirements to reorganise substantial parts of the Hospital in order to make every effort to be complaint with the HIQA registration and regulatory requirements. The service remains committed to doing everything possible to</p>		

<p>support patients with Alzheimer's, both those requiring inpatient services and those requiring supports at home.</p> <p><i>Bernard Gloster, Area Manager, Mid West</i></p>		
W33Q743	What plans have the HSE West in place to provide Alzheimer's Day Care for Alzheimer's sufferers in Clare.	Cllr T McNamara
<p>HSE Reply: The Councillor will be aware that there are services available in the Ennis area from the Alzheimer's Society. The society which receives some element of assistance from the HSE is, as it is in all counties, anxious to expand its level of support and within the limitations of the resources available, the HSE remains committed to this. The HSE has engaged in recent years with the Alzheimer's Society of Ireland to advance further the development of a part-time respite and other support services facility at Waterman Lodge in the Ballina/Killaloe area.</p> <p><i>Bernard Gloster, Area Manager, Mid West</i></p>		
W33Q744	Please clarify the position in relation to Tearmann Eanna- including how many patients are now resident there, the dates for the proposed transfer of further patients and when the full 7 vacancies will be occupied.	Cllr C Connolly
<p>HSE Reply: There are currently 3 residents in Tearmann Eanna with one other person moving in, in two weeks time. We continually review patients regarding their suitability, physical condition, mental health and their personal wishes around moving to this facility. There is no specific date as to when all the vacancies will be occupied.</p> <p><i>Tony Canavan, A/LHM, Galway PCCC</i> <i>(issued in writing after the meeting)</i></p>		
W33Q745	Please clarify the situation in relation to Child Development Clinics in Galway City and County including the optimum time for carrying out such development checks and the actual position on the ground in relation to delays giving the number of children waiting and the reasons why	Cllr C Connolly
<p>HSE Reply: Child Developmental Clinics are conducted by Area Medical Officers and Public Health Nurses in various locations throughout County Galway. The recommended timing of these checks is when the child is between 7 and 9 months old.</p> <p>In February of this year 945 children aged 7-9months were awaiting an appointment. In addition, a further 1,357 children over 10 months were awaiting a first appointment and 175 children were awaiting a review appointment.</p> <p>The backlog has arisen to some extent as a result of the loss of key medical and nursing staff and our inability to replace them because of the moratorium on public service recruitment. However, our analysis of this situation indicates that significant improvements can be made in the way appointments are offered, the location of clinics and our policies relating to DNA (did not attend) and review appointments. It is likely that these improvements will result in a greater proportion of children from County Galway receiving their Child Development Check between 7 and 9 months.</p> <p><i>Tony Canavan, A/LHM, Galway PCCC</i> <i>Issued after the meeting in writing</i></p>		
W33Q746	Please clarify how many private companies and/or agencies the HSE West are now using to provide services to patients in need of care including hospital staff, staffing for centres	Cllr C Connolly

	like Tearmann Eanna and all other Centres providing Mental Health Services throughout the City and County and any other centres providing health services including the total numbers employed on such a basis.	
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HSE Reply:

Across Area West 89% of our staff are permanent.
 Temporary employees are contracted on a fixed purpose contract basis or fixed term contract. Since 2008 there has been the introduction of the new Consultant Contract and also the NCHD contract which is in line with the European Working Time Directive.
 In March of this year a National Contract was entered into following a Tender Process in respect of Agency Workers across the various disciplines, i.e. Medical, Nursing, Allied Health Professionals (AHP) and Care Staff.
Francis Rogers, AND Human Resources

GUH Response

GUH engage Locum Express contracted agency for the HSE to source junior doctors for short term locums for shifts cover. These vacancies are due to vacant post due to the current junior doctor shortage. To source long term junior doctors due to the current worldwide shortage, GUH engage Locomotion, Triple West, CPL and ID Medical.
 GUH also engage ICE and TTM to source other hospital staff.
 Total numbers employed on such a basis = 23
Dr David O’Keeffe, Clinical Director for Acute and Continuing Care, Galway & Roscommon.

Portiuncula Hospital Response:

We are using Momentum for cleaning and catering. Locum Express and Global Medics for Doctors. TTM for AHP staff.
Bridgetta McHugh, GM Portiuncula Hospital

W33Q747	Please clarify how many operating theatres there are now in University Hospital Galway and in Merlin Park Hospital and clarify how many are closed at the current time, how many are closed additionally on a rolling basis, how many will be closed for the holiday period and the length of same and the numbers on both in patient and out patient waiting lists for each surgical speciality.	Cllr C Connolly
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HSE Reply:

Please clarify how many operating theatres there are now in University Hospital Galway and in Merlin Park Hospital – **20 theatres in total**
 Clarify how many are closed at the current time, - **2 theatres closed on a rolling basis**
 How many will be closed for the holiday period – **not yet agreed**
 The numbers on both in patient and out patient waiting lists for each surgical specialty – (Adult and Children)

Specialty	In-Patient	Out-Patients
EAR NOSE & THROAT	601	4870
OPHTHALMOLOGY	778	1891
ORTHOPAEDICS	772	5923
PLASTICS	913	3297
SURGERY	1060	2899
UROLOGY	798	3347
VASCULAR	292	1465
CARDIOTHORACIC SURGERY	28	
MAXILLO FACIAL	516	1485

Dr David O'Keeffe, Clinical Director for Acute and Continuing Care, Galway & Roscommon.

W33Q748	<p>To ask the Executive what are their plans if any with regard to the provision of a new Mental Health facility, in Mohill to replace the Centre located at Ashbrook House, which was recommended for closure in October '10, by the Mental Health Commission.</p> <p>The report of the commission, which was complimentary of the care provided at the centre, but that the infrastructure was not suitable for purpose.</p>	Cllr S McGowan
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HSE Reply:
 In 2010, the HSE undertook a Clinical assessment by a Multidisciplinary team of each resident living in the 6 Mental Health Community Facilities in Sligo/Leitrim. An individual care plan and an identified care pathway was put in place for each resident, including residents in Ashbrook House. The outcome of these assessments contributed to an updated strategy to accommodate residents in the facility most suitable to their needs.

The HSE acknowledges that Ashbrook House, because of the age of the building, design and high maintenance costs does not meet the requirements of a modern Community Mental Health residence. However, the report clearly identifies that there is a “high quality service provided to clients”, and “It was evident that staff had good knowledge of residents’ needs and preferences. Interaction between staff and residents was observed to be warm and lively and there was a relaxed yet structured individualised daily routine.” and I quote “despite being an old building, the house is reasonably well maintained and decorated”.

The HSE will advance the procurement of new facilities by submitting applications to National HSE for “Mental Health Capital Funding”. The outcome of these submissions will significantly influence the pace of progress. However, the HSE can assure clients and their relatives, that a professional service will continue to be provided to the residents, and the facility will continue to be maintained and decorated until alternative facilities are ready.

Cara O'Neill, A/ISA Manager, Sligo/Leitrim

W33Q749	<p>At the May meeting of the Regional Health Forum West I will ask the executive what is the bed capacity of the Monsignor Young unit at St Patrick's Hospital in Carrick-on-Shannon,</p> <p>How many of the beds are occupied at the moment, and how many beds are provided for respite?</p>	Cllr S McGowan
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HSE Reply:
 The bed capacity of Monsignor Young Unit for persons with Alzheimer's/dementia is 18 beds.
 All 18 beds are currently occupied
 Of the 18 beds 5-6 beds are used as either assessment or respite.

Cara O'Neill, A/ISA Manager, Sligo/Leitrim

W33Q750	<p>To again ask the Executive what is the up to date position in relation to the provision of the new Community hospital / day centre at Carrick-on Shannon, and when is it expected that work will commence on the Community Nursing unit in Ballinamore,</p>	Cllr S McGowan
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HSE Reply:
 Site was acquired in Carrick-on-Shannon. A development control plan was prepared citing a range of primary health care services and Community on the site. To date no funding has been allocated to progress this development.

The Ballinamore project consists of a Primary Care Centre and a 20 Bed Care Managed Unit. All the relevant approvals have been received. The project is ready to go to Tender with a view of construction commencing late 2011.
Cara O'Neill, A/ISA Manager, Sligo/Leitrim

W33Q751	To again ask the Executive of the H.S.E. North & West what is the up to date position with regard to providing G.P. service in the Primary Care Centre in Dromod, Since Dr. Peter Beirne, who provided a clinic every Tuesday morning left the area, there has been no G.P. service in the centre. The local community are anxious that the service be restored as quickly as possible.	Cllr S McGowan
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HSE Reply:
 In relation to the provision of a GP Service in the Primary Care Centre Dromod, it is not the intention of the HSE to reinstate a GP service in Dromod in the immediate future. When there was a GP service there previously, the GP was only seeing 4-5 patients per consultation whereby the GP would be seeing 15 -20 patients for the same period in Mohill. This did not maximise the best use of GP resources.
 The HSE provides the following services from Dromod Health Centre, Public Health Nursing Services, Child Development Screening, Community Welfare Services and the Home Support Organiser.
Cara O'Neill, A/ISA Manager, Sligo/Leitrim

W33Q752	Define the roll of the proposed new appointments to be made to the Galway University Hospitals Group a) Chief Executive b) Chief Operating Officer and c) Chief Financial Officer and who will they be accountable, answerable and responsible to?	Cllr P Conneely
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HSE Reply:
 Following the establishment of the hospital network (across GUH, Roscommon and Portlincula) and the appointment of a Clinical Director, Dr. David O'Keeffe, to the hospital network in June 2010, it was clear that significant management, financial and operational support would be required to work with Dr O'Keeffe to address the issues in GUH and Roscommon / Portlincula. A range of options were considered and subsequently a business case for the recruitment of these posts was prepared. The recruitment of these senior management posts is part of an ongoing focus on strengthening operations and improving overall performance across the hospital network.
 A business case was established for the creation of the posts and following ongoing consultation with the Dept of Health and in line with the Government recruitment moratorium and the HSE's overall employment control framework, the HSE proceeded to advertise these posts on Friday 6th May 2011.
 The Salary scale for the post of **Chief Executive, Galway University Hospitals Group** is €145,959
 The Salary scale for the post of **Chief Financial Officer, Galway University Hospitals Group** is €94,796; €98,801; €102,881; €107,039; €111,267; €115,579 per annum
 The Salary scale for the post of **Chief Operating Officer, Galway University Hospitals Group** is €96,211; €100,487; €104,763; €109,037; €113,315; €117, 591 per annum.
 The following is the key performance criteria related to the posts and the reporting arrangements.
 (1) **Chief Executive**
 The Chief Executive is responsible for the overall management of the Hospital Group ensuring that Services are planned, managed and controlled in accordance with HSE Policies & Regulations and within the allocated resources.
Key Performance criteria relate to the posts are;
 • The extent to which there is patient satisfaction with service received.

- The effectiveness of financial and head count management, in particular, ability to operate within Budget.
- Extent to which Service Plan objectives are being achieved.
- Extent to which good working relationships and communication is fostered and maintained throughout the Hospital Group between all disciplines.
- The effectiveness of performance in relation to Personnel Management and Development.

The Chief Executive will report directly to the Regional Director of Operations.

(2) Chief Operating Officer

To create a single point of authority and accountability in the Galway University Hospitals Group for the safe and effective operational delivery and performance of day to day Clinical Services and Departments in the Hospitals Group.

- To participate as a Member of the Galway University Hospitals Group Executive Management Team.
- To be accountable for the efficient and effective operational duties of arrange of Health & Personal Social Services under the responsibility of the HSE West, in the Galway University Hospitals Group.
- Deputise for the Chief Executive as required.

The Chief Operations Officer will report directly to the Chief Executive of the Galway University Hospitals Group

(3) Chief Financial Officer.

The Chief Financial Officer will assist the Group Chief Executive, Hospital Management and Executive Clinical Directors in gaining an appreciation of the financial challenges and assist in the development and monitoring of Breakeven Plan. Preparation of Financial Reports as required by the HSE and Group Chief Executive and to ensure a sound system of Internal Financial Control operates across the Hospitals Group.

- The primary purpose is to provide Finance support to the Chief Executive, Galway University Hospital Group and his/her Management Team and to support Executive Clinical Directors in delivering on their accountability in respect of the financial business of the Hospital and to improve organisational effectiveness.
- Work with the Group Chief Executive and Hospital Group Executive Management Team in delivering the Service Plan having regard for the financial priority. Works with the HSE West Regional Finance Team to ensure implementation of agreed Finance Strategy, Policies & Procedures.

The Chief Financial Officer will report directly to the Assistant National Director of Finance in HSE West, with direct working relationship with the Chief Executive, Galway University Hospitals Group.

Francis Rogers, AND Human Resources

W33Q753	Why do Psychiatric Patients have to attend the A&E Department to be admitted to the Psychiatric Unit at UHG – where prior to this patients could be admitted to the Psychiatric Unit by their GP – who made this decision and why, and will the HSE revert back to the GP admittance system that was more acceptable to Psychiatric Patients and their families?	Cllr P Conneely
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HSE Reply:

It has been longstanding practice over years that some patients referred for mental health assessment are seen through the A & E; there has been no change to this procedure. This is in line with best international practice, takes account of concerns regarding privacy and safety and reduces stigmatisation regarding referral; patients with mental health needs are treated in the same manner as those with medical and surgical issues.

On occasion individuals presenting with what appear to be mental health issues can actually have other

medical reasons underlying or causing their presentation and this may require investigation. We have appointed a liaison nurse and non consultant hospital doctor to facilitate this process. We have established a Garda liaison team and all involuntary assisted admissions are brought directly to the admission unit at the Department of Psychiatry. Where a patient is known to the service, they or their relatives can contact their treating team directly for early review if this is required; this can be arranged through home or outpatient assessment. Where a GP believes somebody is in need of admission this can be arranged directly to the admission unit by discussion with the liaison or treating team.

Dr David O'Keefe, Clinical Director for Acute and Continuing Care, Galway & Roscommon.

W33Q754	What were the reasons stated by Mr Myles Joyce, Colo-Rectal Surgeon at GUH to tender his resignation to UHG after only 15 months in this position and what efforts have been made to retain Mr Joyce's services at UHG?	Cllr P Conneely
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HSE Reply:

I am not permitted under the legislation governing the RHF to discuss details relating to any staff member. Currently I am not in receipt of a letter of resignation from any consultant in the hospital. All consultants in the hospital have an equivalence of theatre access.

Dr David O'Keefe, Clinical Director for Acute and Continuing Care, Galway & Roscommon.

W33Q755	Out of the €5 million paid nationally to GPs for Medical Card holders who had died – what was the amount paid to GPs in County Galway and how much of the €5million (ghost payment) have been recouped by the HSE?	Cllr P Conneely
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PCRS Reply:

PCRS have been contacted and we are awaiting the response.

Not available at time of printing.

Late Question Received

W33Q756	I request a briefing on the further budget cuts to be implemented in the HSE West and Mid West. I request a budget performance for the first four months for all acute hospitals in the West and Midwest	Cllr B Meaney
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HSE Reply:

The position with respect to HSE Mid West is that the services at the end of April 2011 are currently €17m variance when expenditure is considered against budget. This figure may alter slightly when the accounts are finalised in the current week but this would be the region of deficit currently being experienced. €14 million of this negative variance on expenditure over budget is directly associated with Acute Hospital Services.

Bernard Gloster, Area Manager, Mid West