

**REGIONAL HEALTH FORUM WEST – 29<sup>th</sup> April 2014**  
**QUESTIONS AND RESPONSES**

<b>NUMBER</b>	<b>QUESTION</b>	<b>RAISED BY</b>	<b>PAGE NO</b>
<b>W51Q1370</b>	Reduction in residential care capacity	<b>Cllr Brian Meaney</b>	<b>2</b>
<b>W51Q1371</b>	How many requests as provided for in section 13 and Section 27 of the Mental Health act have been sought in the Mid-West in 2012 and 2013?	<b>Cllr Brian Meaney</b>	<b>2 - 3</b>
<b>W51Q1372</b>	Numbers of incidents of child abuse or neglect reported to the Children and Family Service section of the HSE from the Mid West	<b>Cllr Brian Meaney</b>	<b>3-4</b>
<b>W51Q1373</b>	A Single location for the provision of all PCCC services in Ennis.	<b>Cllr Brian Meaney</b>	<b>4</b>
<b>W51Q1374</b>	Orthodontic treatment and waiting times?	<b>Cllr P Conneely</b>	<b>4</b>
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<b>W51Q1384</b>	Any additional services transferred to Justice Walsh Road?	<b>Cllr L Blaney</b>	<b>7</b>
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<b>W51Q1389</b>	Wheelchairs and infection control risks?	<b>Cllr M Hoade</b>	<b>10</b>
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<b>W51Q1391</b>	Long delays in the ED departments for minor injuries	<b>Cllr M Hoade</b>	<b>11</b>

NUMBER	QUESTION	RAISED BY
W51Q1370	Noting with concern, in the summary of the WNW HG acute service plan that “ In the absence of significant capital investment to bring public long stay residential care facilities in line with HIQA standards, there may be a reduction in residential care capacity with a resulting increase in long term patients in hospital, and increased hospital waiting times” what in opinion of the HSE is the amount of capital investment necessary in the WNW and the Mid-West. Can the HSE west provide all political representatives in the West and Mid-West a summary of what should be provided to alleviate this concern?	Cllr Brian Meaney

The Health Information and Quality Authority was established to drive continuous improvement in Ireland’s health and social care services. Part of its mandate is the setting of standards for health and social services. HIQA launched the *National Quality Standards for Residential Care Settings for Older People in Ireland* in 2009. These Standards set out what a quality, safe service for an older person living in a residential facility should be. For service providers, these Standards provide a road map of continuous improvement to support the continued development and provision of person-centred care.

The Standards cover seven broad sections that encompass 32 individual standards.

Standard 25 relates to the physical environment and contains a number of criteria in order to support the Standard.

A 10 year action plan for residential units in the HSE West was developed to broadly outline the need for future development to attain HIQA compliance and meet capacity challenges into the future.

Any work to be undertaken by the HSE will be to optimise HIQA compliance. It is not the intention of the HSE that these works would reduce the care capacity of the system.

**Paschal Moynihan, Specialist, Services for Older People, HSE West**

W51Q1371	Having regard to the Memorandum of understanding between An Garda Síochána and the HSE <a href="http://www.hse.ie/eng/services/Publications/services/Mentalhealth/Memo_of_Understanding_between_HSE_and_Garda_.pdf">http://www.hse.ie/eng/services/Publications/services/Mentalhealth/Memo_of_Understanding_between_HSE_and_Garda_.pdf</a> ) and the Mental Health Act 2001, how many requests as provided for in section 13 and Section 27 of the Mental Health act have been sought in the Mid-West in 2012 and 2013?	Cllr Brian Meaney
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**Preamble: Kalbay are contracted nationally to provide assisted admissions.**

**Clare and North Tipperary Mental Health Services avail of the contracted service provided by Kalbay for all assisted admissions.**

**Limerick Mental Health Service do not avail of the contracted services provided by Kalbay rather they have a Limerick county internal assisted admission service.**

#### LIMERICK MENTAL HEALTH SERVICES

Acute Unit, Limerick	2012
Section 13 (Removal)	Assisted Admissions Total No: 54 Assisted by Gardai: 35 (20 of these patients stayed Involuntary)
Section 27	2 involuntary patients absconded <ul style="list-style-type: none"> <li>The APU informs Gardai when involuntary patients go absent without leave and request their assistance to bring the patient back.</li> <li>The APU also notify local Gardai when a <u>voluntary</u> patient fails to return to Unit.</li> </ul>

**\* Note: 6 Applications were made by the Gardai in 2012**

<b>Acute Unit, Limerick</b>	<b>2013</b>
<b>Section 13 (Removal)</b>	<b>Assisted Admissions Total No: 51</b> <b>Assisted by Gardai: 33 (20 of these patients stayed Involuntary)</b>
<b>Section 27</b>	1 involuntary patient absconded  <ul style="list-style-type: none"> <li>The APU informs Gardai when involuntary patients go absent without leave and request their assistance to bring the patient back.</li> <li>The APU also notify local Gardai when a <u>voluntary</u> patient fails to return to Unit.</li> </ul>

\* Note: 6 Applications were made by the Gardai in 2012

#### CLARE MENTAL HEALTH SERVICES

<b>Acute Unit ,Ennis</b>	<b>2012</b>
<b>Section 13 (Removal)</b>	<b>Assisted Admission Total No: 43</b> <b>Assisted by Gardai: Information not available from Kalbay</b>
<b>Section 27</b>	2 involuntary patients absconded  <ul style="list-style-type: none"> <li>The APU informs Gardai when involuntary patients go absent without leave and request their assistance to bring the patient back.</li> <li>The APU also notify local Gardai when a <u>voluntary</u> patient fails to return to Unit.</li> </ul>

\* Note: 20 Applications were made by the Gardai in 2012

<b>Acute Unit ,Ennis</b>	<b>2013</b>
<b>Section 13</b>	<b>Assisted Admission Total No: 45</b> <b>Assisted by Gardai: Information not available from Kalbay</b>
<b>Section 27</b>	4 involuntary patients absconded  <ul style="list-style-type: none"> <li>The APU informs Gardai when involuntary patients go absent without leave and request their assistance to bring the patient back.</li> <li>The APU also notify local Gardai when a <u>voluntary</u> patient fails to return to Unit.</li> </ul>

• Note: 18 Applications were made by the Gardai in 2013

#### Bernard Gloster, Area Manager, MW PCCC

<b>W51Q1372</b>	What are the numbers of incidents of child abuse or neglect reported to the Children and Family Service section of the HSE from the Mid – West by county in 2012 & 2013. How does this compare to the national average?	<b>Clr Brian Meaney</b>
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<b>2012</b>	<b>ABUSE Referrals</b>	<b>WELFARE Referrals</b>	<b>TOTAL of all Referrals</b>
Limerick	593	1049	1642
Clare	597	707	1304
North Tipperary	344	621	965
MW TOTAL	1534	2377	3911
HSE West TOTAL	4108	6066	10174
National TOTAL	19044	21143	40187

2013	ABUSE Referrals	WELFARE Referrals	TOTAL of all Referrals
Limerick	696	947	1643
Clare	486	684	1170
North Tipperary	367	651	1018
MW TOTAL	1549	2282	3831
HSE West TOTAL	2925	4230	7155 * NB The cumulative HSE West 2013 data is only available up to Qtr. 3. The total yearly figure will not be available before May.
National TOTAL	13983	16249	30232 * NB The cumulative national 2013 data is only available up to Qtr. 3 at 31.10.2013. The total yearly figure will not be available before May.

**John Smyth, Regional Director Children & Family Services HSE West**

W51Q1373	I request an update on the proposal to develop a single location for the provision of all PCCC services in Ennis.	Cllr Brian Meaney
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This matter remains the subject of ongoing attention but does require a developer proposal with adequate GP agreement in order for the HSE to enter a lease agreement. As the Councillor is aware the proposed PPP model for Ennis did not proceed as there was not the necessary agreement with GPs for that particular model. We have had recent preliminary indication of some renewed GP/developer interest in a new PCC lease proposal for Ennis but no substantive submission has been received as yet.

**Bernard Gloster, Area Manager, MW PCCC**

W51Q1374	How many (under 18 years) are awaiting Orthodontist treatment in the HSE West Regions and how long is the waiting time for treatment?.	Cllr Pdraig Conneely
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**HSE WEST**

The number of children awaiting treatment in the HSE West (Galway, Mayo and Roscommon) is 2,879. The treatment waiting list is 32 months.

**NORTH WEST**

No response at time of printing.

**Bill Maher, CEO, West North West Hospital Group**

**MID WEST REPLY**

There are 1585 patients on the Orthodontic treatment waiting list under the age of 18 years. The waiting time for treatment is approximately 36 months from the date of assessment.

**Bernard Gloster, Area Manager, MW PCCC**

W51Q1375	How many elective surgeries have been cancelled in UHG/Merlin Park in 2013 and to date in 2014?	Cllr Pdraig Conneely
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This is a repeat of the information supplied to you in response to question **W49Q1300** in February 2014:

In 2013, GUH carried out 38,482 inpatient procedures and met the SDU waiting list target that no adult waited more than 8 months for a procedure and no child waited more than 20 weeks and all scopes were carried out within 13 weeks.

1158 elective inpatient procedures were deferred by the hospital in 2013 for a variety of reasons including: cancelled/deferred by the consultant as a clinical decision, no bed available or no theatre available. In addition 309 procedures were deferred/cancelled

by patients for reasons including not clinically fit or by request of a guardian/parent. To put this into context cancellations represent approximately 3% of the total number of inpatient procedures carried out.

There were 81,580 day case procedures carried out by GUH in 2013 and again, the hospital met the SDU waiting list target for day cases.

2699 elective day case procedures were deferred by patients in 2013 – of this number 991 failed to attend and 1700 were deferred by request of a guardian/parent. 2178 elective day case procedures were deferred by the hospital in 2013 and the main reason (1601) being based on a deferral by a consultant as a clinical decision.

It is notable that more day case procedures were deferred by the patient rather than by the hospital. The total number of hospital deferrals represents approximately 2.5% of all day case procedures.

2014

We are currently working on the 2014 figures and will issue them to you in due course.

**Bill Maher, CEO, West North West Hospital Group**

W51Q1376	What is the cost to have Setanta Communications Management attend Regional Forum Meetings and the total amount paid to Setanta for PR in 2014.	Cllr Padraig Conneely
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Attendance at a Regional Health Forum Meeting and other public events where there is media interest in the activities of the West / North West Hospitals Group is part of the package of support services provided by Setanta Communications Ltd to the Group. There are no additional travel or any other expenses charged by Setanta for attendance at meetings in Galway.

The HSE has not provided a WTE headcount to the WNWHG to deal with communications matters. There is an interim arrangement in place whereby a member of the HSE West Communications team provides part-time support to the Group, two or three days per week. However, this is not sufficient for the national and local media demands and other communications requirements (including the provision of 'out of hours' cover) for a group of six hospitals serving a catchment in excess of 700,000 people.

Fees incurred for first quarter of 2014 are €36,390 plus VAT @23%

**Bill Maher, CEO, West North West Hospital Group**

W51Q1377	What is the income from the 'Pay Parking' in UHG for 2013 and 2014, and who benefits from the income?	Cllr Padraig Conneely
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Car Park Income

2013	€1,290,839.75
2014 YTD 31/3/14	€ 350,484.88

The hospital and services provided benefit from the income, which is used for maintenance of services.

**Bill Maher, CEO, West North West Hospital Group**

W51Q1378	Because of the high number of dialysis patients living in the vicinity of Roscommon County Hospital, many of whom are elderly, I am calling on the HSE West to establish a dialysis unit at Roscommon County Hospital.	Cllr L Fallon
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The National Renal Office (NRO) is responsible for planning, co-ordinating and managing the strategic framework of Renal Services across the country. The NRO informs the service planning process and the decision making process regarding allocation of resources for Renal Services and facilitate an integrated focus on priority areas of concern in relation to Renal Services. Haemodialysis is currently available in Mayo General Hospital, Merlin Park University Hospital for outpatients and Acute Dialysis in University College Hospital Galway for patients who are ill and in hospital.

101 patients are receiving treatments in Galway - 15 of whom are from Roscommon.

62 patients are receiving treatment in Mayo - 3 of whom are from Roscommon

Roscommon patients are facilitated in the nearest location, free transport is provided to and from dialysis centres for all dialysis patients

Mayo general hospital has recently increased their capacity for dialysis

Peritoneal Dialysis - which is a home based dialysis treatment, currently treats 21 patients, 1 of whom is from Co. Roscommon.

A new service commenced in 2013 for Home Haemodialysis. Currently 3 patients receive this treatment, none of whom are from Roscommon.

Home Therapies development is a priority at the moment, this requires a short period of training in MPUH followed up by a number of Home visits

There are currently 16 patients from Roscommon receiving treatment in Galway. This small number would not justify the overall setup costs of a separate unit in Roscommon.

**Bill Maher, CEO, West North West Hospital Group**

W51Q1379	What was the result of the advertisement for the position of geriatrician at Portiuncula Hospital and when will the acute stroke unit be re-established at the Hospital?	Cllr L Fallon
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The vacant Consultant Geriatrician post has been advertised and the closing date was the 27<sup>th</sup> March 2014. It is intended that interviews will be held at the end of May 2014 and will be organised via the Public Appointment Service. There is currently a Locum Consultant Physician in place.

**Bill Maher, CEO, West North West Hospital Group**

W51Q1380	I understand there are a number of telemedicine stroke machine for remote diagnostics purchased but never used I am asking the HSE to install one at Portiuncula Hospital and one at Roscommon Hospital to protect lives?	Cllr L Fallon
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Not available at time of printing – Cllr Fallon to provide further clarification of the question and a follow up reply will issue directly to the Councillor.

**Bill Maher, CEO, West North West Hospital Group**

W51Q1381	I am seeking clarification in the actual assessment criteria for people applying for medical cards. I wish to know what is the difference in the assessment between two similar patients who require weekly visits to hospital one patient resides 1km from hospital and the other resides 100km away from the hospital. What is the difference in actual terms of the assessment criteria between the first and second patient and at what household income will the first patient receive a medical card and at what household income will the second patient receive a medical card? (Both patients would have the same serious medical condition)	Cllr L Fallon
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Under the Health Act 1970, the assessment for a medical card is determined primarily by reference to the means, including the income and expenditure, of the applicant and his or her partner and dependants. Persons with specific illnesses or disabilities are not automatically entitled to medical cards.

A Medical Card is either approved on foot of a means assessment, which meets the current financial guidelines, or where the means test does not meet the guidelines and the HSE having considered all of the circumstances has applied discretion and granted a medical card because the family cannot access General Practitioner and other medical services without undue financial hardship.

The National Assessment Guidelines are available on the HSE Website or through the Local Health Office.

In determining whether undue hardship might apply for those people that are in above the income thresholds, an assessment to determine if eligibility should be granted on a discretionary basis does include an examination of travel costs to hospitals or

clinics. **See Paragraph 4.6.3 of the National Assessment Guidelines.**

The applicant must set out clearly the expenses incurred, with as much detail as required, to enable an informed assessment of reasonable costs to be completed.

Where public transport is not available or suitable and a car is required, reasonable travel costs (to hospitals or clinics) will be allowed, as set out hereunder:

- 18c per km/30c per mile
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**Kieran Healy, PCRS**

<b>W51Q1382</b>	As the orthodontic service at Letterkenny General Hospital is in crisis in terms of staffing levels resulting in hundreds of children on waiting lists long term, can you outline what measures are intended to be put in place to remedy this situation as a matter of urgency?	<b>Cllr L Blaney</b>
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Not available at time of printing.

**Bill Maher, CEO, West North West Hospital Group**

<b>W51Q1383</b>	Are there Consultant Neurologist posts at Letterkenny General Hospital and if so are there any vacancies there or plans to expand the service?	<b>Cllr L Blaney</b>
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There is no Neurology Consultant in Letterkenny General Hospital. This is a regional service based in Sligo Regional Hospital. The Consultant is providing the service with a one-day week Out Patients Department out-reach to Letterkenny General Hospital. There is no approved Neurology post in Letterkenny General Hospital.

**Bill Maher, CEO, West North West Hospital Group**

<b>W51Q1384</b>	Were any services other than Out-Patients Department relocated to premises at Justice Walsh Road following the flood at Letterkenny General Hospital (even on a temporary basis) and if so what were the costs associated with such a move?	<b>Cllr L Blaney</b>
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There are no other services from Letterkenny General Hospital, other than outpatient services which were relocated to Justice Walsh Road.

**Bill Maher, CEO, West North West Hospital Group**

<b>W51Q1385</b>	That this Health Forum receive full clarification on the bed capacity in each of the public nursing homes and/or community hospital (s) in Galway City and County including Units 5 and 6 at Merlin Park, the actual number of beds occupied, the waiting list including where the applicants are waiting and reasons for same including the number of applicants currently waiting in any hospital for a public nursing home bed.	<b>Cllr Catherine Connolly</b>
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Details of bed capacity and numbers of beds occupied are shown in the table below.

There are no Waiting Lists for Nursing Home beds under the national Nursing Home Support Scheme. All eligible applicants are offered a bed in a public or private care facility. Where applicants cannot be accommodated in their location of first preference, they are offered accommodation in their second preference location. Where a patient in a private Nursing Home subsequently advises that they have settled there and no longer wish to move to a Community Nursing Unit originally listed as a first preference, they are taken off the waiting list for the CNU. There are no patients waiting in hospital for public Nursing Home beds as they are transferred to a Nursing Home (whether public or private), with hospital funding, if awaiting the release of national NHSS funding to local level. Other than patients accommodated in private Nursing Homes, the HSE does not hold information as regards where patients are waiting.

The numbers of patients currently waiting for a public bed as a first preference location are listed below along with details regarding those currently accommodated in private Nursing Homes.

Location	No of Beds	No of beds occupied	Waiting List
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St. Brendans, Loughrea	100	99 (4 short stay)	6 of which 2 are in Private Nursing Homes.
Aras Mac Dara, Carraroe	55 (3 short stay)	38 + 1 admission in progress 15 beds closed currently	7
St. Anne's, Clifden	24	23 + 1 admission in progress	3 ( in Private Nursing Homes)
Aras Ronan, Inis Mor	12 (2 short stay)	9 + Respite for admission	No waiting list
Aras Mhuire, Tuam	18 ( 2 short stay)	17	No waiting list in place
Units 5 & 6, Merlin Park	52 (12 short stay)	40	No waiting list
Clifden District Hospital	33 (28 convalescent beds, 5 respite beds)	22	No waiting list

**Catherine Cunningham, Area Manager, Galway Roscommon PCCC**

<b>W51Q1386</b>	Please clarify the position re the provision of Child Development Clinics in the City and County including clarification on the appropriate time for such development checks and where the clinics are held and the frequency of same including details and breakdown of all waiting lists (i.e. numbers, ages and duration ) for these Child Development Clinics.	<b>Cllr Catherine Connolly</b>
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Child Health Clinics are held daily in areas of high child health caseloads. In other areas, child health clinics are scheduled on different days each week.

Child Health Development Screening clinics provided by a Public Health Nurse and Area Medical Officer have scheduled dates each week for central clinic sites in each of the Primary Care Network areas.

Clinics are held in the following health centres throughout Galway

Abbeyknockmoy,  
Ahascragh,  
Ardrahan  
Athenry Primary Care Centre  
Ballinasloe,  
Ballygar  
Carna,  
Carraroe,  
Clifden,  
Clonbur  
Corrandulla  
City East Primary Care Centre, Doughiska.  
Dunmore,  
Eyrecourt,  
Glenamaddy/Williamstown  
Gort  
Headford  
Inishboffin  
Inishere  
Inishmeain  
Inishmore  
Kinvara  
Killimore  
Leenane  
Lettermore  
Loughrea  
Mervue  
Milltown  
Mountbellew  
Moycullen  
Oughterard  
Portunma,



Roundstone Rosmuc Shantalla Health Centre St. Francis' Health Centre Spiddal Tully/Ballinahowan, Tully Renvyle Tuam Turloughmore, Woodford.	
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The Caseload and breakdown of waiting list is as follows:

Total Number of Pre School Children Caseload 0 – 5 years	19,817
Number of children awaiting Development clinic 7 – 9 months	25
Number of children awaiting developmental clinics 10 months and over	101
Number of children awaiting review clinic appointment	244
Number of children awaiting 3 month check	67
Number of children awaiting 18 – 24 month check	504
Number of children awaiting 3.25 – 3.50 year check	495

Every effort is made to meet targets. This is being addressed particularly through the provision of centralised clinics and ongoing review of skills mix of Public Health Nurses and Registered General Nurses in the community. In addition, 7 PHN posts and 8 RGN posts were approved for filling. 2 of these posts are new posts and the remainder became vacant as a result of retirements. 5 PHN posts and 4 RGN posts were filled in November and the recruitment process for the other 6 will be completed within 2 to 3 months. Approval has also been received for an additional 5 Student PHN posts which will be filled in Sept. Where delays arise, owing to staffing shortages resulting from the public sector moratorium on recruitment, they range in duration from 1 month to 6 months at the maximum. Children are never discharged from the Pre-School Caseload until the 3.5 year old check is complete, which at the very latest is at 4 years of age.

**Catherine Cunningham, Area Manager, Galway Roscommon PCCC**

<b>W51Q1387</b>	Please clarify the position re the proposed new hospital on the Regional Hospital site including when planning permission was granted and where precisely the proposed site is, when planning permission runs out and more particularly clarification on the nature of this hospital in terms of the proposed admission policy and/or any relevant policy vis a vis public health patients and patients with private health insurance or private funds.	<b>Cllr Catherine Connolly</b>
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This planning reference relates to a new 75 bed ward block at the UHG site which is replacement accommodation.

The 75 beds will replace existing old ward accommodation. Tender documents and short listing of contractors is currently being finalised for the project. Planning permission was granted for the three storey 75 bed ward block by the planning authority on the 24<sup>th</sup> April 2013, planning reference Ref 13/26. We estimate that this will still leave the hospital short of approximately 50 beds.

The planning permission granted is valid for five years from the date permission is granted.

The proposed ward block is located to the South of the UHG site, adjacent to the Maternity block and Block 2A and will link in to the existing hospital.

Admission will be governed by the current GUH Admission Policy.

**Bill Maher, CEO, West North West Hospital Group**

<b>W51Q1388</b>	Please clarify the current position in relation to the proposed construction of the 50 bed Mental Health Unit on the grounds of UCG and in particular the position re the proposed construction of a temporary helipad, the proposed construction of a replacement car park and the proposed construction of the new 50 bed unit giving time frames etc.	<b>Cllr Catherine Connolly</b>
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The construction of the new 50 bedded Adult Acute Mental health Unit is one element of the Vision for Change strategy, moving away from the old model of Mental Health institutionally-based care and towards a modern, holistic community-based mental

health service. It will include 15 specialist beds to cater for people with Eating Disorders, Psychiatry of Later Life and Mental Health Intellectual Disability.

Regarding this new Unit and the Double Deck car park in UHG, a contractor (BAM) has been appointed for the Design Build contract. The Double Deck car park is due to commence in May, with a six/ seven months construction programme. Once the car park is completed the Adult Acute Mental Health unit will commence construction in Jan 2015 and be completed in early 2016. Regarding the temporary Helicopter landing zone, which is currently under construction, this will become operational in May 2014.

**Catherine Cunningham, Area Manager, Galway Roscommon PCCC**

<b>W51Q1389</b>	On what legibility is the requirement for non-medical card holders to personally provide wheelchairs for their inpatient use. Can you confirm if such a development provides unnecessary infection control risks by bringing potentially unsafe and unsterilized equipment into a hospital environment?	<b>Clr M Hoade</b>
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There is no requirement for non medical card holders to personally provide wheelchairs for their inpatient use.

From time to time we have recommended that someone bring in the wheelchair that the person is already sitting in at home; so as to evaluate it for suitability following their most recent illness/disability in the context of a comprehensive seating assessment.

Patient's who are admitted for management of pressure sores under Plastic Surgery are routinely asked to bring their wheelchair and cushion in for review as part of an assessment of their 24 hour postural management schedule. Patients are instructed in routine hygiene of their wheelchairs when issued by their providers.

Isolated patients would have their wheelchairs isolated in their rooms also and would follow routine hygiene protocols.

Non medical card holders may need wheelchairs post injury (e.g. Post lower limb fracture and non weight bearing for 4- 6 weeks) to facilitate discharge home. These patients have to rent from local suppliers; if the discharge is delayed due to other medical issues they may choose to use this wheelchair while an inpatient for their own comfort. E.g. going to coffee shop, Church etc. Hygiene and safety issues are highlighted by supplier as these are a private hire contract.

From an infection control perspective, designated personal patient equipment brought into the hospital does not pose any greater risk to the hospital environment, other patients or staff than any other personal patient belongings brought into the hospital. Generally it is preferable for patients to use their own designated equipment where possible.

**Bill Maher, CEO, West North West Hospital Group**

<b>W51Q1390</b>	Can you confirm why there is no access by GPs to ultrasound and X-ray facilities in the West, unlike other parts of the country and the inherent, inequity for Western patients., are there any plans for facilitating GP referrals for ultrasound and X-rays in hospital facilities or in other non - hospital settings.?	<b>Clr M Hoade</b>
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Direct GP referral/access to X-rays is provided at both MPUH and UHG.

Access to ultrasound is provided on a GP to Consultant referral basis. The position with regard to GP access will be reviewed over the coming 12 months with a view to enhancing the overall level of access within the context of our available resources.

	<b>GP Access to Ultrasound</b>	<b>GP Access to Radiology</b>
<i>GUH/MP</i>	<ul style="list-style-type: none"> <li>• GP to Consultant Referral only</li> </ul>	<ul style="list-style-type: none"> <li>• Open Access for chest xrays</li> <li>• By appointment only for all other examinations.</li> </ul>
<i>SRH</i>	<ul style="list-style-type: none"> <li>• GP access to ultrasound.</li> </ul>	<ul style="list-style-type: none"> <li>• Open access for chest xrays &amp; injuries</li> <li>• By appointment only for general xray. Waiting list is only a few days.</li> </ul>
<i>Roscommon</i>	<ul style="list-style-type: none"> <li>• GP access to ultrasound</li> </ul>	<ul style="list-style-type: none"> <li>• Open access for General xrays</li> </ul>
<i>Mayo</i>	<ul style="list-style-type: none"> <li>• GP access to ultrasound</li> </ul>	<ul style="list-style-type: none"> <li>• Open access for chest xrays</li> </ul>

		<ul style="list-style-type: none"> <li>• By appointment only for general xrays. Waiting list less than 2 weeks.</li> </ul>
<i>Portiuncula</i>	<ul style="list-style-type: none"> <li>• GP access to ultrasound</li> </ul>	<ul style="list-style-type: none"> <li>• Open access for General xrays when staffing allows.</li> </ul>
<i>LGH</i>	<ul style="list-style-type: none"> <li>• GP to Consultant Referral only</li> </ul>	<ul style="list-style-type: none"> <li>• Open access for chest xrays</li> <li>• By appointment only for all other examinations.</li> </ul>

**Bill Maher, CEO, West North West Hospital Group**

<b>W51Q1391</b>	As patients are experiencing very long delays in the ED department for minor injuries and non life-threatening complaints are there any plans to address this by fast tracking GP referred patients (who have already been triaged by the GP) with minor injuries or by installing a separate queue for minor injuries or by employing doctors and nurses specialising in minor injuries to deal with this particular patient and help reduce the waiting times in E.D	<b>Clr M Hoade</b>
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1. All patients attending the Emergency Department are triaged using the National Triage System (Manchester)
2. Ambulatory /Minor patients are streamlined to a separate area
3. Advanced Nurse Practitioners (ANPs) manage minor patients in GUH so these patients are fast tracked. ANP audits show significantly reduced waiting times. There are 3 ANPs currently in post. They operate within the department during the hours of 07.30 to 20.30 hrs . There are 3 additional ANPs being appointed. One will be appointed by September 2014, the other 2 in 2015. There will be a 7 day service once all the ANPs are in post.
4. Musculoskeletal physiotherapists attend Monday to Friday and review patients with minor injuries seen by the ED Doctor and ANP.
5. Medical patients are referred directly following triage in ED to the Acute Medical Assessment Unit for assessment from Monday to Saturday which has significantly improved patient experience time in ED.
6. Surgical patients are triaged and seen by ED and then referred to the surgical team. A acute surgical assessment/admission unit is being discussed at present.
7. Oncology patients are seen directly by their own teams in ED if they are currently on treatment or have completed treatment in the last 3 months.

**Bill Maher, CEO, West North West Hospital Group**