

**Minutes of Regional Health Forum West meeting held on
Tuesday, 22nd March, 2022 at 2.00pm in the Education Centre, Merlin Park, Galway.**

Miontuairiscí chruinniú an Fhóiraim Sláinte Réigiúnaigh a tionóladh Dé Máirt, 22ú Márta 2022 ag 2.00 i.n, i
Seomra 1 an tIonad Oideachais,
Feidhmeannacht na Seirbhíse Sláinte, Campas Ospidéal Páirc Mheirlinne, Gaillimh

Chairperson: Cllr Gerry McMonagle

Members Present	Members Present (continued)	Members Absent
Cllr Declan Bree	Cllr Michael Kilcoyne	Cllr Finola Armstrong McGuire
Cllr Ciaran Brogan	Cllr Donagh Killilea	Cllr Pat Burke
Cllr Liam Carroll	Cllr Seamus Morris	Cllr Bill Chambers
Cllr John Carroll	Cllr Martin McLoughlin	Cllr Tom Crosby
Cllr Tom Conaghan	Cllr Dr Evelyn Francis Parsons	Cllr Frankie Daly
Cllr John Connolly	Cllr Peter Roche	Cllr John Egan
Cllr Gerry Crawford	Cllr Tony Ward	Cllr Seán Hartigan
Cllr John Cummins	Apologies	Cllr Dara Mulvey
Cllr Albert Doherty	Cllr Liam Grant	Cllr Declan McDonnell
Cllr Paddy Farrell	Cllr Cillian Murphy	Cllr Dan McSweeney
Cllr Blackie Gavin	Cllr Martina O'Connor	Cllr John O'Hara
Cllr Donal Gilroy	Cllr Daithí Ó Cualáin	Cllr John Sheahan
Cllr Felim Gurn	Cllr Peggy Ryan	Cllr Kevin Sheahan

In attendance:

Tony Canavan, Executive Lead, Regional Health Forum/CEO, Saolta University Health Care Group
Ann Cosgrove, Chief Officer, Saolta University Health Care Group
Breda Crehan-Roche, Chief Officer, Community Healthcare West
Dermot Monaghan, A/Chief Officer, CHO, Area 1
JJ McGowan, Interim Chief Ambulance Officer, Operations West
Charlie Meehan, Head of Service, Mental Health, CHO, Area 2
Niall Beatty, Business Manager CHO2
Norah Owens, Regional Health Forum Office
Marian Cavanagh, Regional Health Forum Office
Anna Lyons, Regional Health Forum Office

796/98/22 Matters Arising:

W97Q3180: Primary Care Centre for Oranmore

Action: Joe Hoare to contact Cllr Liam Carroll directly on the progress of the Primary Care Centre in Oranmore.

797/98/22 Chairman's Business:

Chairperson Cllr McMonagle thanked Maria Bridgeman Chief Officer, Mid West Community Healthcare and her team for the tour of the new Kilrush Primary Care Centre and wished them well with the fine facility there.

798/98/22 Questions:

W98Q3206: Public Health Nurses and Community Nurses

Action: Breda-Crehan Roche to provide Cllr Killilea with the number of Student Public Health Nurses qualifying this year.

W98Q3226: Home Help refusal letter

Action: Breda Crehan-Roche agreed to consider changes to the Home Help refusal letter to inform the patient the reason for refusal.

W98Q3227: Westdoc response times:

Action: Breda Crehan-Roche to confirm the accuracy of Westdoc response times for Mayo with Richard Broderick, Primary Care

W98Q3230: Day Care Services restoration in Carndonagh

Action: Dermot Monaghan to provide Cllr Doherty with a list of the buildings that were visited in relation to restoring the day care service provision in Carndonagh.

W98Q3235: CAMHS Sligo:

Action: Dermot Monaghan to revert to Cllr Bree with the outcome of the submission to the National CAMHS wait list initiative fund once it is available.

W98Q3244: Sacred Heart Hospital, Roscommon:

Action: J. Hoare to revert to Cllr Tony Ward to confirm if funding has been ring-fenced for this project.

W98Q3248/3249: Drugs/Addiction/Opioids use

Action: Dermot Monaghan to revert to Cllr Gurn re the out of hours cover for drugs and addiction services

W98Q3255 Letterkenny Community Hospital:

Action: Dermot Monaghan to confirm to Cllr. Brogan if the tender process is scheduled for Q1 or Q2 2022.

W98Q3260: Tony Canavan undertook that the RHF office would arrange for a presentation on the Enhanced Community Care Programme at the October or December 2022 RHF Committee Meetings.

799/97/22 Motions:

W98M116: University Hospital Limerick:

This Motion was proposed by Cllr Seamus Morris, seconded by Cllr Declan Bree and deferred to the May meeting.

W98M117: Student Helpline:

This Motion was proposed by Cllr Evelyn Francis Parsons and seconded by Cllr Tony Ward.
The motion was unanimously carried by the Members.

Action: Breda Crehan-Roche agreed to forward this Motion to Mental Health nationally and propose a National Free phone student helpline.

Action: Breda Crehan-Roche agreed to produce a one page document with the necessary contact details for local support services for young students and promote it through social media.

W98M118: CAMHS Services:

This Motion was proposed by Cllr Declan Bree, seconded by Cllr Seamus Morris and unanimously carried by the Members

Action: RHF Office to forward this Motion to the Minister for Health and CEO, HSE.

800/98/22 Any Other Business:

Cllr Donagh Killilea asked if there was any progress regarding a Hybrid meeting and the Executive Chairperson Tony Canavan assured Cllr Killilea and the members that this was a very active work in progress.

801/98/22 Date & Time of Next Meeting:

Future Meetings:

The next **Regional Health Forum Committee Meeting** will take place on Tuesday 26th April, 2022 at 2pm in the Mayo County Council offices

The next **Regional Health Forum West** meeting will take place on Tuesday 24th May, 2022 at 2pm.

This concluded the business of the meeting.

Signed:

Cathaoirleach/Chairman

Adopted at the Regional Health Forum West meeting

QUESTIONS AND RESPONSES RECEIVED
REGIONAL HEALTH FORUM WEST – 24TH MAY 2022

Number:	QUESTION	RAISED BY	Page No
W99Q3261	Sligo Renal Dialysis	ClIr D Gilroy	4
W99Q3262	Waiting Times – UL Gynaecology appointments	ClIr L Grant	4-5
W99Q3263	Additional Acute beds – UL Hospital Group	ClIr S Morris	6-7
W99Q3264	Medical staffing in UHL	ClIr C Murphy	7-8
W99Q3265	Shannondoc Services	ClIr C Murphy	8-10
W99Q3266	Services in Kilmihil	ClIr C Murphy	10
W99Q3267	Day hospital at Sacred Heart Hospital Castlebar	ClIr B Gavin	10
W99Q3268	Emergency Ambulances attendance at UHL 2019/2020/2021	ClIr C Murphy	10-11
W99Q3269	Waiting list for CAMHS in Co Clare	ClIr M Howard	11-12
W99Q3270	Primary Care Centre in Ennis	ClIr M Howard	12-13
W99Q3271	Services/Supports eating dis order Co Clare	ClIr M Howard	13
W99Q3272	Capital funding for site for Respite for people with disabilities	ClIr F Armstrong McGuire	13
W99Q3273	New build – St Patricks Hospital in Carrick-on-Shannon	ClIr F Armstrong McGuire	13
W99Q3274	Dental services at Ballymote Primary Health	D Mulvey	14
W99Q3275	Visiting hours at Mayo University Hospital	M Kilcoyne	14
W99Q3276	Home Help Hours - Mayo	M Kilcoyne	14
W99Q3277	Civil Registration Service – Community Care West	M Kilcoyne	14-15
W99Q3278	GP's in HSE Primary Care Centre West	M Kilcoyne	15
W99Q3279	Angiogram Services at LUH	ClIr G McMonagle	15
W99Q3280	Flood report at LUH	ClIr G McMonagle	16
W99Q3281	Diabetic Services available at LUH	ClIr G McMonagle	16
W99Q3282	Recruitment of personnel for Community Interventions Teams	ClIr G McMonagle	16
W99Q3283	Proposed Extension to Ballina District Hospital	ClIr J O'Hara	17
W99Q3284	Ballina District Hospital – Caretakers cottage	ClIr J O'Hara	17
W99Q3285	Wait times for Ambulance in Ballina	ClIr J O'Hara	17
W99Q3286	Long waits for Bloods in GP Services	ClIr J O'Hara	17
W99Q3287	Dentists in South Roscommon in Medical Card Scheme	ClIr T Ward	17-18

W99Q3288	Dentists in South Roscommon not in Medical Card Scheme	Cllr T Ward	18
W99Q3289	Terms and conditions of Dental Medical Card Contract	Cllr T Ward	18
W99Q3290	ID Card for Older People with a medical card with personnel details	Cllr T Ward	18
W99Q3291	BreastCheck services in RHF West	Cllr F Armstrong McGuire	18-20
W99Q3292	Staff Numbers in the Saolta Hospital Healthcare Group	Cllr D McDonnell	20-21
W99Q3293	Appointment Communication in Saolta Group	Cllr D McDonnell	21-22
W99Q3294	Directive issued to Carers going into homes	Cllr D McDonnell	22
W99Q3295	Update on New ED at GUH	Cllr D McDonnell	22
W99Q3296	Regional Specialist Menopause Clinics	Cllr E Francis Parsons	22-23
W99Q3297	Post Natal Hubs	Cllr E Francis Parsons	23
W99Q3298	Endometriosis Services	Cllr E Francis Parsons	23
W99Q3299	HRT Medications	Cllr E Francis Parsons	23-24
W99Q3300	Aras Mhuire Tuam	Cllr D Killilea	24
W99Q3301	New A&E GUH	Cllr D Killilea	24-25
W99Q3302	Cost of private hospital care	Cllr D Killilea	25
W99Q3303	Update on new diagnostics for Tuam	Cllr D Killilea	25-26
W99Q3304	JCM Carndonagh	Cllr A Doherty	26
W99Q3305	HSE owned and leased properties in Inishowen	Cllr A Doherty	26-27
W99Q3306	Milltown House Carndonagh	Cllr A Doherty	27
W99Q3307	Macular Degeneration in LUH and Carndonagh CNU	Cllr A Doherty	27-28
W99Q3308	Rebranding costs of CHO1 and other CHO areas in RHF areas	Cllr D Bree	28-29
W99Q3309	Waiting lists for Services in CHO areas	Cllr D Bree	29-30
W99Q3310	Issue date of Report relating to ED in Sligo University Hospital	Cllr D Bree	31
W99Q3311	The importance of Markievicz House in Sligo heritage	Cllr D Bree	31
W99Q3312	Staffing quota of the CAMHS Community Mental Health Team	Cllr J Connolly	31-32
W99Q3313	Contractual terms between Park Rite and Saolta	Cllr J Connolly	32
W99Q3314	Hospitals that perform Cataract correct surgery	Cllr J Connolly	32&43
W99Q3315	No of children awaiting assessment of need	Cllr J Connolly	32-33
W99Q3316	Update on Surgical block at SUH	Cllr D Gilroy	33
W99Q3317	Update on Diabetes Technology Nurse specialist	Cllr D Gilroy	33-34

W99Q3318	Report on the procedures for dealing with patients under influence	Cllr D Gilroy	34
W99Q3319	Angiogram service in Cardiology department in LUH	Cllr T Conaghan	34-35
W99Q3320	Surgery waiting list at SUH	Cllr F Gurn	35
W99Q3321	Staff recruitment at SUH	Cllr F Gurn	35-36
W99Q3322	Provision of home care supports for CHO1 area	Cllr G Crawford	36
W99Q3323	Details available from Bowel Screen experience survey	Cllr G Crawford	36-37
W99Q3324	Timeframe on the staffing of DAFNE accredited Diabetes Centre	Cllr D McSweeney	37-38
W99Q3325	Waiting times for first appts for diabetes patients in UL	Cllr D McSweeney	38
W99Q3326	Update on Primary Care Centre in Oranmore	Cllr L Carroll	38-39
W99Q3327	Update on the new elective hospital for Galway	Cllr L Carroll	39
W99Q3328	Staff Parking at GUH	Cllr D Ó Cualáin	39
W99Q3329	Timeframe for the re-opening of Birth registration desk in GUH	Cllr D Ó Cualáin	39-40
W99Q3330	Waiting times on dental extraction and assessment	Cllr D Ó Cualáin	40-41
W99Q3331	How many dental practices in Galway and Connemara treat Medical Card patients?	Cllr D Ó Cualáin	41-42
W99Q3332	Report on Up take in the shared Living scheme in Donegal 2020 to date	Cllr G Crawford	42

Number:	QUESTION	RAISED BY
W99Q3261	The Minister for health Stephen Donnelly informed us last year that his office and the HSE are at the early stages of advancing this. In order to keep it a live issue, we would be delighted if you could ask: What stage is the new Sligo Renal dialysis unit project at now? Has a site at the hospital complex been identified yet?	Clr D Gilroy
<p>The proposed Renal Unit capital project at Sligo University Hospital is at initiation stage at local level. Work has commenced involving Estates, service personnel and hospital management to finalise a Schedule of Accommodation and prepare the business case documentation based on the latest service requirements. The suitability of a number of locations on the Sligo University Hospital Campus for the new service is also currently under review. An application for the future inclusion of the project on the HSE Capital Plan as a prioritised project will be submitted to national level later this year.</p> <p>Additionally an exercise is also underway to examine the possibility of providing 4 no. additional Dialysis bays either within the department or elsewhere in the hospital as a potential shorter term measure.</p> <p><i>Joe Hoare, Assistant National Director, Capital & Estates</i></p>		
W99Q3262	It was recently highlighted in the media that Ennis General Hospital has the second highest wait time for gynaecology appointments in the country. That 599 women are currently waiting for such appointments in Ennis, along with 1455 at UHL. The average wait time for an outpatient gynaecology appointment at Ennis General Hospital is close to one year and five months. I would like to ask what is being done to reduce the shocking wait times for such appointments."	Clr L Grant
<p>The Covid-19 pandemic resulted in significant disruption to health services across the country. Scheduled care across our hospitals has been particularly impacted. The reduction in scheduled care was in line with national policy on pandemic response. However, it has added to already long waiting lists.</p> <p>The 2022 Waiting List Action Plan and HSE National Service Plan 2022 were both published by the Department of Health recently, both of these documents set out new targets on waiting lists, with a focus on the longest waiters.</p> <p>The pandemic has contributed to growing waiting lists for surgical patients as scheduled care was reduced as part of the emergency response. While challenges remain around infection control and in relation to recruitment, plans are now being put in place to reduce waiting lists.</p> <p>There are a number of scheduled care initiatives operating across UL Hospitals Group to address waiting lists. These come under the National Treatment Purchase Fund (NTPF), Hospital Safety Net Service Agreement and the Advanced Clinical Prioritisation Programme. Under the Private Hospital Safety Net Service Agreement, UL Hospitals Group has referred urgent surgical and medical cases to private hospitals.</p> <p>I am pleased to advise in relation to gynaecology wait times in UL Hospitals Group, that a regional hub for women's health being established at Nenagh Hospital will improve access to diagnostics and reduce wait times for specialist care for women in the MidWest. The development of this new regional hub will ultimately reduce gynaecology wait times in Ennis Hospital and the entire MidWest region.</p> <p>Located in the new €1.5 million extension to the outpatients department in Nenagh, and supported by the Women's Health Taskforce and the HSE National Women's and Infants Health Programme (NWIHP), the initiative includes:</p> <ul style="list-style-type: none"> · An ambulatory gynaecology unit 		

- Menopause clinic
- Subfertility service

The ambulatory gynaecology service commenced in March 2022, one of a number of such units opened around the country to date under national plans to improve outcomes for women through a new model of care.

These services are being established as one-stop, “see-and-treat” gynaecology clinics in which women can be assessed and treated following a GP referral. This new model will improve access to diagnostics and treatment, resulting in fewer hospital visits and reducing overall wait times for women.

Coming under the clinical governance of University Maternity Hospital Limerick, the new ambulatory gynaecology service at Nenagh will provide a range of services to women in the MidWest. These include abnormal intrauterine bleeding, chronic pelvic pain, evaluation of adnexal mass, vulval issues, sexual minority health and amenorrhoea in adolescence.

Among the investigations available to women in the MidWest with the establishment of the new service are pelvic ultrasound, diagnostic hysteroscopy and endometrial biopsy. Treatments and minor procedures available in the clinic include both cervical and endometrial polypectomy and intrauterine device management.

Moving to this new model of care will also have benefits for the hospital system, freeing up clinic and theatre capacity for the management of more complex gynaecological patients by managing less complex investigations and procedures in the new clinic in Nenagh.

This regional hub for women’s health will improve the patient pathway, reduce the number of visits, thereby optimising the patients’ time and reduce their costs. For a majority of cases, the consultation, investigation, and treatment can all be carried out during the first visit. This is a vital and unique opportunity to reduce the waiting time and to enhance quality of life for these patients in the MidWest.

With the collaboration of GPs, patients can be directly referred to the regional hub thus making the process lean, responsive and women-centred. A multidisciplinary clinical team has been assembled to complete the diagnostic cycle in a single visit. The administrative team ensures that the hub is functioning freely from Monday to Friday.

In the coming weeks, a specialist menopause clinic will open in Nenagh as the regional hub for women’s health continues to take shape. This will initially entail one consultant clinic and one GP clinic per week. A clinical nurse specialist in menopause is also being recruited for this service.

Improving menopause services has been identified as a priority by the Women’s Health Taskforce and the Nenagh clinic is among the first four in the country to open through funding announced by the Minister for Health in Budget 2022. While the majority of women seeking help in menopause will continue to be treated and supported by their GP, it is anticipated that around 25% of women will meet the clinical criteria for onward referral to specialist services such as Nenagh.

The final element of the news service in Nenagh will see the opening of a subfertility clinic later this year. This has been identified as a key component in the development of fertility services around the country by the National Women’s and Infants Health Programme. This service will also be consultant-led and we expect to announce the appointment of a specialist in fertility services later this year.

This is part of a wider ongoing recruitment campaign to support these new services in the MidWest. This includes medical, nursing (including advanced nurse practitioners and clinical nurse specialists), allied health (physiotherapy, medical scientist, ultrasonography) administrative and support staff.

C. Cowan CEO UL Hospitals Group

W99Q3263	What efforts has the management of UHL to get increased Acute (sub-Acute allocated for the region and ICU beds also) bed capacity for the region served by UHL? It is very disappointing to see that as part of the National service planning programme for 2021 of which 411 beds were allocated nationally with none to the Mid West region. Why was that?	Cllr S Morris
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It should be noted that the allocation of funding for capital development projects is decided nationally and not by UL Hospitals Group. While additional beds are welcome, the Group has consistently stated that even sizeable ward block developments of the kind opened at University Hospital Limerick in the past two years would not fully address the long-standing, well-documented hospital bed shortfall in the Midwest.

This is not to minimise the importance of additional beds. We added an additional 98 beds at UHL and an additional 10 critical care beds in response to the Covid-19 pandemic during 2020/2021.

This new capacity has enabled us to keep vulnerable patients safe, including haematology, oncology and renal patients; to provide a safe pathway for people attending UHL for surgery; and to isolate COVID-positive patients.

We had at all times said the 60-bed block would only go some of the way in meeting the acknowledged historical shortage of inpatient bed capacity in the Mid-West. In addition to bed capacity, reducing overcrowding in our hospitals depends on whole system approaches around integrated care, admissions avoidance, community access to diagnostics and patient flow initiatives, all of which are committed to under Slaintecare.

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.

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

It is the belief of UL Hospitals Group that the Mid-West must have an Elective Hospital to serve the well described needs of patients in the Mid-West.

Admissions through the ED at UHL account for 83% of inpatient bed days, leaving limited capacity for elective activity. Frequent cancellations of elective activity to accommodate increases in demand for emergency care have resulted in long and growing inpatient/ day-case waiting lists.

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 shortcomings 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

Our next significant project in terms of bed capacity is the 96-bed block for UHL. This project has full planning permission, fire certification and is fully designed. The tender process has now been completed and a recommendation has been made to the HSE for their approval to appoint a contractor. Construction of this four storey, single room inpatient facility will take approximately 18 months to complete.

It is envisaged that when the new 96-bed block opens, approximately half the beds will be used to replace older bed stock on the UHL site. This stems from a long-identified need to move away from nightingale wards to single en-suite rooms in hospital due to cross-infection issues.

C. Cowan CEO UL Hospitals Group

W99Q3264	Can I be provided, in tabular form, with a) the details of the current existing vacancies, across all grades & specialities, for medical staff in UHL b) the length of time these positions have been vacant and c) an assessment from the CEO of UHL as to the impact these vacancies have on the current crisis level of patients on trolleys in the hospital in Limerick.	Cllr C Murphy
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UL Hospitals Group (ULHG) operates under the national HSE Performance & Accountability Framework where any posts for recruitment progression must advance through the local Employment Control Committee for approval and where senior posts must be approved at a national level.

Increases in WTE (whole-time equivalents) over the last number of years have largely been concentrated on new bed capacity developments and sanctioned funding initiatives under the HSE National Service Plan & Winter Service Plan.

Similar to any organisation, a significant part of vacancies arise due to natural attrition such as retirement. As travel opportunities open up post-pandemic, it is expected that some staff may choose to avail of same. Please see below details of current true vacancies across the organisation, true vacancies are vacancies for permanent posts at UL Hospitals Group. As recruitment is constantly ongoing and the situation is fluid, it is not possible to quantify the length of time these positions have been vacant.

Staff Category	Replacement Vacancy	UHL WTE	% Vacancy Rate
General Support	19	531	3.6%
Health & Social Care Professionals	29.38	410	7.2%
Nursing & Midwifery	42.78	1,217	3.5%
Patient & Client Care	12	252	4.8%
Medical Dental	40	562	7.1%
Total	143.16	2,972	4.8%

UL Hospitals Group is constantly recruiting new staff and is committed to having a well-resourced workforce to support the patient needs of the Mid-West.

Recruitment of additional staff is a core priority for UL Hospitals Group. Recruitment of additional consultants, NCHDs, advanced nurse practitioners, clinical nurse specialists, extended scope physiotherapists and clerical/admin staff grades will be one of the key drivers that will help us improve our waiting lists in 2022.

As well as the recruitment of new staff, it is vital that historical bed capacity shortages in the Mid-West region are addressed. 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.

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C. Cowan CEO UL Hospitals Group

W99Q3265	Can I be provided with a) an explanation as to how Shannodoc purports to service the communities of West Clare when patients who call for out of hours medical assistance are being referred to Ennis, Limerick or Nenagh	Cllr C Murphy
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- b) the most recent list of GP's participating in Shannondoc 'Out of Hours Service' in Clare
- c) a date for the reopening of the Shannondoc Kilrush facility

a) Since March 2020, the model of service delivery by ShannonDoc for the provision of Out of Hours services differs in that the GP may not always be present in the Treatment Centre but will be available to patients as required.

ShannonDoc have confirmed that a team of triage nurses, patient care administrators and central dispatchers are available to people across the Mid West, including West Clare, midweek from 6 p.m. to 8 a.m. Monday to Thursday and 24 hour cover at weekends and Public Holidays from 6 p.m. Friday to 8 a.m. Monday. Patients can access the service by calling the new Lo-call number **0818 123 500 or 061 459 500**. Every patient will receive a full clinical assessment by a nurse free of charge.

A team of doctors and patient assistants are on duty midweek from 6 p.m. to 8 a.m. Monday to Thursday and 24 hour cover at weekends and Public Holidays from 6 p.m. Friday to 8 a.m. Monday. If deemed clinically appropriate by the triage nurse the patient is referred for a Doctors' consultation. Depending on the clinical circumstances, the patient is given either a face-to-face appointment at one of the ShannonDoc Treatment Centres, a virtual consultation or the doctor will see the patient in their own home. In essence, every patient that needs to be seen is seen, and the delivery of quality clinical care remains the priority.

Please see below an outline of the operating hours of the ShannonDoc Treatment Centres in Co. Clare

Treatment Centre	Operating Hours Monday – Thursday	Operating Hours Weekends & Public Holidays
Ennis	6 p.m. – 8 a.m.	6 p.m. Friday – 8 a.m. Monday (9 a.m. on Bank Holidays) 9 a.m. – 8 a.m. Public Holidays (incl. Good Friday & Christmas Eve)
Shannon*	6 p.m. – 11 p.m.	9 a.m. – 10 p.m.
Miltown Malbay*	6 p.m. – 8 a.m. (Mon.-Thurs) 6 p.m.- 9 a.m. (Friday)	Saturday 7 p.m. – 9 a.m. Sunday Sunday 7 p.m. – 8 a.m. Monday (9 a.m. Public Holidays) Public Holidays 7 p.m. – 8 a.m.
Kilrush*		9 a.m. – 7 p.m.

****Doctor may not be onsite at all times, but there is a doctor on duty available to see patients when and if required.***

(b) In 2021, a total of 46 member GPs in Co. Clare were actively participating in ShannonDoc's Out of Hours Service. These individual General Practitioners are contracted to ShannonDoc and not the HSE. Under GDPR, ShannonDoc is not permitted to provide a list of the Company's members without their consent so therefore we are not in a position to provide this information.

(c) I can confirm that ShannonDoc Out of Hours Services commenced at Kilrush Primary Care Centre on the 7th May 2022. The operating hours for the Kilrush Treatment Centre are as per the table above.

It should be noted that ShannonDoc provides urgent out-of-hours medical services when your GP surgery is closed. For non-urgent medical problems, you are asked to please phone your own GP practice when it is next open.

Maria Bridgeman, Chief Officer, HSE Mid West Community Healthcare

W99Q3266	Can I be provided with the details of what services will be provided by the HSE from the former doctors surgery in Kilmihil, and to specifically request that vaccinations for children be provided at this location.	Cllr C Murphy
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Dr. Harty's GMS (medical card patients) panel was advertised on three occasions prior to Dr. Harty's retirement, however, no interested applicants applied for the vacancy. The vacancy was advertised again since Dr. Harty retired and two applicants expressed an interest in taking on Dr. Harty's GMS panel. Interviews were held in early May.

Since the 21st February 2022, the HSE has had a locum doctor, a practice nurse and a secretary in place five days per week to ensure that GP services for GMS (medical card) patients at Dr. Hartys' practice were not disrupted following his retirement at the beginning of March.

The Practice Nurse has been fully trained in the area of childhood vaccinations and this service is now facilitated from the practice.

Maria Bridgeman, Chief Officer, HSE Mid West Community Healthcare

W99Q3267	When will the day hospital be opening at the Sacred Heart Hospital in Castlebar?	Cllr B Gavin
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The former Day Hospital that was in operation on the grounds of the Sacred Heart Hospital is considered to be unsuitable due to heating and plumbing concerns.

The HSE had considered an alternate space for Day Services on the ground floor of a building in Castlebar but the owners have since rented the space to another Day Service. An alternative space located on the upper floor of this building was reviewed by the Chief Officer and General Manager of Older Peoples Services, however it was deemed unsuitable due to Health & Safety concerns. However, this was rented to another service provider.

An alternative space on the Sacred Heart Hospital campus is being pursued. The provision of a Day Service for the elderly on the Sacred Heart Hospital campus in Castlebar is preferable from an operational, governance and value for money perspective.

Breda Crehan-Roche, Chief Officer, Community Healthcare West

W99Q3268	Can I be provided in tabular form, by month for the years 2019, 2020, 2021, the number of emergency ambulance attendances at the ED in UHL, with a percentage breakdown by originating County for those ambulance attendances?	Cllr C Murphy
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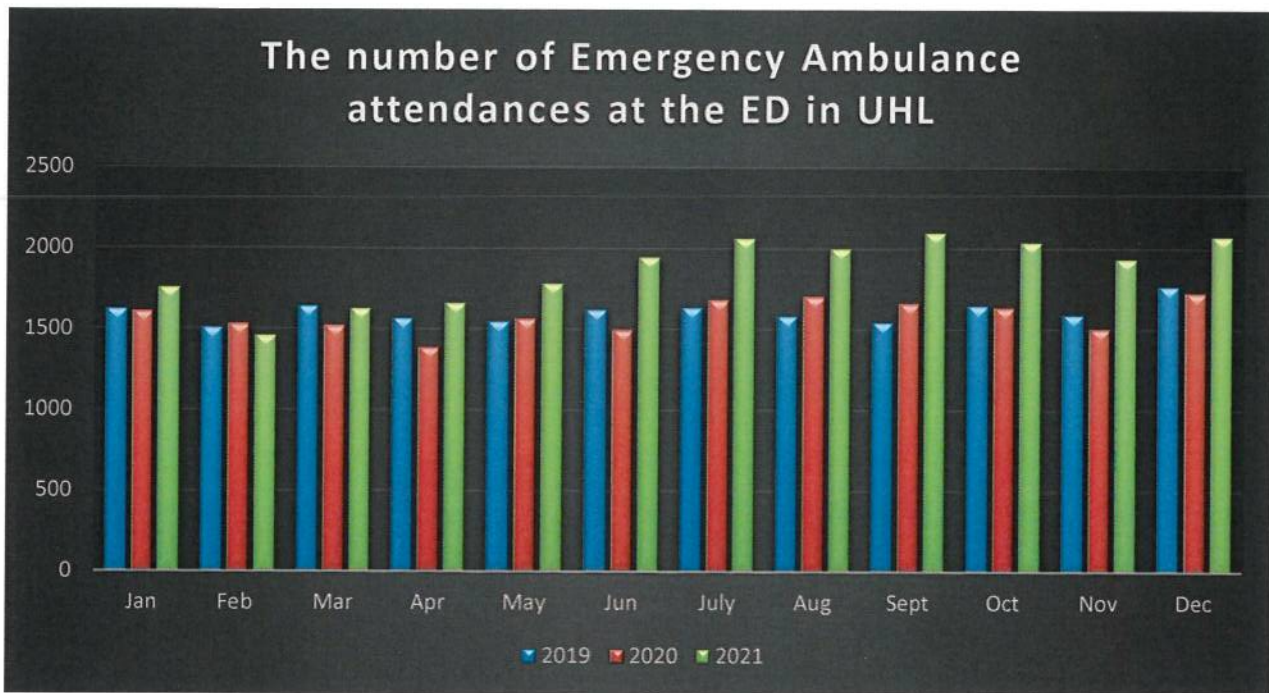
Please see below the number of emergency ambulance attendances at the ED of University Hospital Limerick as requested; in tabular form, by month and for the years 2019, 2020 and 2021.

I can confirm to you that all National Ambulance resources are dispatched to calls across the country from the NEOC on a nearest available (to the incident) basis and not on a county boundary basis. The National Emergency Operations Centre (NEOC) have visibility of all resources and can therefore assign the nearest available resource to respond to every emergency.

Total of AS1 & AS2 Ambulance Calls to UHL

	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec
2019	1623	1507	1641	1566	1546	1619	1632	1581	1541	1646	1589	1766
2020	1609	1532	1520	1384	1563	1494	1682	1702	1660	1635	1503	1726
2021	1755	1458	1625	1658	1780	1945	2062	1998	2097	2038	1935	2072
2022	1923	1865	2074									

The graph below illustrates clearly the rise in calls to UHL



JJ McGowan, Chief Ambulance Officer - West

W99Q3269

Could I get an updated report on the breakdown of the numbers of young people who are waiting on an appointment with CAMHS in Co Clare

Cllr M Howard

Referrals to CAMHS

In accordance with the HSE CAMHS Operational Guideline (2019), CAMHS offers assessment and treatment to children and young people with moderate to severe mental health difficulties up to their 18th birthday. Most of our referrals come either directly from the family G.P. but referrals are also accepted from senior clinicians/practitioners in other disciplines/services in collaboration with the [G.P.s](#) per the CAMHS Operational Guideline (as above).

In general, all referrals of children and young people to CAMHS are reviewed by the relevant catchment team to determine if the referral is appropriate to CAMHS. The criteria applied are as outlined in the CAMHS Operational Guideline (as above). If a referral meets the criteria the team will prioritise the referral according to the acuity of the presentation outlined in the referral and any other collateral information provided.

Referrals are prioritised according to acuity of the presenting difficulties, which encompasses the severity of the presenting difficulties, the associated mental health risks and the risk of harm. While a child may be wait listed and assigned a level of priority based on the above, subsequent referrals received, or children and young people already on the waiting list, may be deemed more urgent and so will usually be offered an appointment sooner than others on the basis of this prioritisation.

Waiting List

Waiting lists are reviewed regularly and validated by each team to ensure that those waiting longer are kept under consideration when allocating cases. A service wide Waiting List validation exercise was carried out in November 2021. If there is a significant deterioration in the mental state of the young person waiting, resulting in an acute mental health presentation, an urgent appointment may be sought through their GP.

As per the table below, 45 young people in Co. Clare were awaiting a CAMHS appointment as of April 30th, 2022.

Waiting List CAMHS Mid – West by Team as of 30/04/22

	Clare West	Clare East
0 to 3 months	7	12
3 to 6 months	1	11
6 to 9 months	3	7
9 to 12 months	3	1
12 months +	0	0
Total	14	31

Maria Bridgeman, Chief Officer, HSE Mid West Community Healthcare

W99Q3270	What services are available at the new Primary Care Centre in Ennis?.	ClIr M Howard
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It is anticipated that the Primary Care Centre at Station Road, Ennis, Co. Clare will become operational during Quarter 3 2022. The new facility will enable Primary Care and Specialist Teams, who are currently providing services across a number of sites in Ennis, to operate from one location.

The range of Primary Care and Specialist Team Services that will be available at the new Primary Care Centre include the following:

- Public Health Nursing
- Physiotherapy
- Occupational Therapy
- Dietetics
- Psychology
- Speech and Language Therapy
- Ophthalmology
- Audiology
- Podiatry
- Lymphoedema
- Dental
- Social Work
- Chronic Disease Management (the focus of the CDM team based in Ennis will be on the following conditions – Cardiovascular Disease, Type II Diabetes, Respiratory Disease (COPD and Asthma)
- Integrated Care Programme for Older People (ICPOP) – the ICPOP team will support older people (over 75 years of age) living with frailty to live well at home
- Community Diagnostics – X-Ray & Ultrasound
- TUSLA Services

- General Practitioner Practice (Private GP Practice)

Maria Bridgeman, Chief Officer, HSE Mid West Community Healthcare

W99Q3271	What supports / services are available to young people with eating disorders in Co Clare?	Cllr M Howard
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The East Clare and West Clare HSE CAMHS Teams offer assessment and interventions to children and adolescents with Eating Disorders, as well as supports to their parents and carers. Services provided include assessment and family based treatment in line with the National Clinical Programme for Eating Disorders. We also support admission to CAMHS inpatient units if necessary. We provide referral consultations and pre-admission/post-discharge support. We have advertised for two new dietitians to fill the CAMHS teams, and these will be available to support the assessment and treatment of children and young people with Eating Disorders. Currently, we also fund private sessions on an as needs basis.

Bodywhys (<https://www.bodywhys.ie/>) is a national organisation supporting people affected by eating disorders and operates on a self-referral basis. Their vision is that people affected by eating disorders will have their needs met through the provision of appropriate, integrated, quality services delivered by a range of statutory, private and voluntary agencies. They provide supports, advice and group work for parents and carers and young people with Eating Disorders, as well as county-by-county information on services available throughout Ireland, including Co. Clare. Their National Helpline is 01-2107906 and their email is alex@bodywhys.ie.

Maria Bridgeman, Chief Officer, HSE Mid West Community Healthcare

W99Q3272	I ask what has been the progress in provision of capital funding for site identified in Carrick on Shannon in 2016 for the provision of respite for people with complex disabilities?	Cllr F Armstrong McGuire
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In 2016 the HSE made a site in Carrick on Shannon, of approximately one acre, available to North West Parents & (NWPF) for the provision of a Respite Centre for individuals with a disability.

This site, which is on the land adjacent to St. Patrick's Community Hospital, remains available to NWPF.

Community Healthcare Cavan, Donegal, Leitrim, Monaghan, Sligo Disability Services and NWPF are currently reviewing current and future residential and respite needs for persons with disabilities attending and/or seeking NWPF services. The review will inform changes and developments required to meet needs of persons with disabilities in the counties.

Currently Community Healthcare Cavan, Donegal, Leitrim, Monaghan, Sligo Disability Services are progressing the development of a respite centre for children in the Sligo area as a result of development funding provided to the service. When this development occurs there will be increased capacity for adult respite provision at the existing respite centre in Tullaghan, Co. Leitrim.

Dermot Monaghan, A/Chief Officer, Community Healthcare Organisation, (Cavan, Donegal, Leitrim, Monaghan, Sligo)

W99Q3273	What is the current situation regarding the progress of the proposed new build of St Patricks Hospital on site also recently identified in Carrick on Shannon. Is purchase complete? When are plans of new building being made available to public?	Cllr F Armstrong McGuire
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The New Community Nursing Unit in Carrick on Shannon is a planned ninety bed unit. The development received planning permission in 2020 and the design team is currently completing detailed design. The site has been purchased. It is intended to proceed to tender and contract award in 2022, with a current forecast completion date of Q4 2024, subject to funding.

Dermot Monaghan, A/Chief Officer, Community Healthcare Organisation, (Cavan, Donegal, Leitrim, Monaghan, Sligo)

W99Q3274	Can the HSE provide dental services for adults at Ballymote Primary Health care centre south Sligo in light of adults having to travel to Sligo town or Boyle Co Roscommon for treatment.	Cllr D Mulvey
<p>Dental services are provided at Ballymote Primary Care and Mental Health Centre by HSE dental staff, to children under sixteen years of age and adults with special care needs. The dental teams who attend the centre are fully occupied providing care to these targeted groups and do not have capacity to provide treatment to the general adult population.</p> <p>The Dental Treatment Services Scheme (DTSS) provides for dental care for adult medical card holders. The dental care is provided by private dental practitioners who have a contract with the HSE, usually in practices independent of the HSE. The HSE does not provide dental services to adults who are not medical card holders.</p> <p>As alluded to in the question, there is no dental practice in Ballymote. Due to the need to focus on providing treatment to the target groups of children under the age of 16 and adults with special care needs, HSE dental staff are not in a position to provide dental services for adults in Ballymote.</p> <p>Dermot Monaghan, A/Chief Officer, Community Healthcare Organisation, (Cavan, Donegal, Leitrim, Monaghan, Sligo)</p>		
W99Q3275	Why are visiting hours at Mayo University Hospital still restricted? Is there any medical or scientific reason to support the continued restriction on families visiting their ill relatives?	Cllr M Kilcoyne
<p>Since 11 April Covid restrictions for visiting have been lifted. Currently all visiting is by appointment in consultation with the patient, ward manager and visiting person.</p> <p>T. Canavan, CEO, Saolta University Health Care Group</p>		
W99Q3276	How many hours of home help / home care are being provided to patients in Mayo? What percentage of this is being provided by (1) HSE employed staff (2) Contractors (3) Agency staff? How many persons in Mayo have applied for home help/ home care package and are still awaiting the provision of same?	Cllr M Kilcoyne
<p>How many hours of home help / home care are being provided to patients in Mayo?</p> <ul style="list-style-type: none"> Hours delivered as at 31/3/2022 = 55,697.5 <p>What percentage of this is being provided by (1) HSE employed staff (2) Contractors (3) Agency staff?</p> <p>(1) 56% HSE employed staff (2) Nil contractors (3) 44% Agency /Direct Providers</p> <p>How many persons in Mayo have applied for home help/ home care package and are still awaiting the provision of same?</p> <ul style="list-style-type: none"> Number of people who applied and are in receipt of Home Help/Home Care packages in the Mayo area is 2219 The Number of Clients awaiting Home Help/Home Care packages in Mayo is 125. <p>Breda Crehan-Roche, Chief Officer, Community Healthcare West</p>		
W99Q3277	Why is the Civil Registration Service for the registration of birth and deaths moving towards an appointment based service where members of the public will have to book an appointment on line? What consideration has been given to the 100,000 plus people in Community Care West who have no internet service and why are they being discriminated against?	Cllr M Kilcoyne
<p>The decision to move the Registration of Births and Deaths to an appointments based service was taken at National level to offer service users a facility to book an appointment rather than presenting on an ad-hoc basis.</p>		

It is envisaged that this would assist the public by enabling them to have visibility of available appointments across all CRS offices.

Service users who do not have internet access may contact their local office by phone to organise an appointment.

Breda Crehan-Roche, Chief Officer, Community Healthcare West

W99Q3278	<p>a) Why are the patients of recently appointed GP in Ballinrobe being denied access to the new HSE Primary Care Centre in Ballinrobe and therefore this GP's patients must attend at the old Health Centre on the Kilmaine Rd Ballinrobe, which is very cramped and has no proper toilet or waiting facilities?</p> <p>b) Who directed the assigning of the two full GP suites in the new Primary Care Centre to the other newly appointed GP in Ballinrobe? The above mentioned GP had previously expressed interest in accessing one of these suites and lack of access to a new suite has resulted in no suitable accommodation at the PCC being available to the Ballinrobe GP, causing distress and upset to her patients.</p>	Cllr M Kilcoyne
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- a) The allocation of the building on the grounds of the old Health Centre, Kilmaine Road to the recently appointed GP is a temporary measure and the HSE are working to address a more permanent solution as a matter of priority.
- b) The assignment of the GP Suites was arranged through the Estates Department in conjunction with Primary Care.

Breda Crehan-Roche, Chief Officer, Community Healthcare West

W99Q3279	<p>Can I have an update on the measures being taken by SAOLTA and LUH Hospital Management to maintain the Angiogram Services at LUH and is the critical mass of people in the Derry, Donegal and West Tyrone area being used as an argument to not only maintain the Angiogram service at LUH but to actually build on Cardiac services at LUH to serve all of the North West?</p>	Cllr G McMonagle
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The Saolta Group are working with the Hospital Managers on contingency measures in relation to the cessation of the mobile Cath Lab Services at Letterkenny University Hospital and Sligo University Hospital.

A review of the National Strategy on Cardiology is underway and is due to be published imminently. This review will set out the roadmap for future delivery for cardiac services nationally and we will follow the recommendations it contains. In the interim Galway will continue to support both sites in the delivery of Acute Cardiac Services.

In relation to the Interventional Radiology Suite at LUH, a Business Case has been submitted nationally as part of the service planning process over the past three years. However, there has been no national allocation of resources and we are continuing to advocate for the resources required to fully utilise the facility.

In the interim the Interventional Radiology Suite continues to be used for some Interventional Radiology Procedures; some Cardiology Procedures; and by the Ophthalmology Service, whilst we await funding to fully commission this suite on a five day basis.

An assessment of the equipment in both LUH and SUH is currently underway by an expert panel; who will make a recommendation with regards to the capacity of the facilities on both sites to provide Angiogram Services.

T. Canavan, CEO, Saolta University Health Care Group

W99Q3280	<p>When will the Report into the Floods at LUH be made public and be furnished to members of this Forum?</p>	Cllr G McMonagle
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The report into the flood at LUH has been completed and is now undergoing legal review prior to publication.

T. Canavan, CEO, Saolta University Health Care Group

W99Q3281	Can I have an update on the current Diabetic services available at LUH and Sligo UH and how many Diabetic Posts are still vacant and need to be filled at each of those hospitals?	Cllr G McMonagle
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There is currently approval for two Permanent Consultant Endocrinology posts at Letterkenny University Hospital (LUH), with one of those filled on a permanent capacity. The other post has not been filled on a permanent capacity despite advertising this post. It has however been filled with a Locum Physician. The post is currently once again advertised by Public Appointment Service for permanent filling.

LUH and CHO1 are currently preparing a Consultant Application for a Consultant Endocrinologist with 0.5 WTE commitment to LUH and 0.5 WTE commitment to Donegal Primary Care. There is one vacant CNS diabetic post – Interviews due to take place in next few weeks.

In Sligo University Hospital the adult multi-disciplinary diabetes team consists of two Consultants Endocrinologists; 1 WTE Advanced Nurse Practitioner; 2.8 WTE Clinical Nurse Specialists in Diabetes; 1.2 WTE Integrated care nurse specialists (20% hospital based, 80% primary care based); 1 WTE Podiatrist; 0.5 WTE Dietician (further 0.5WTE approved and awaited); 2 WTE staff nurses to support clinics; and 0.6WTE staff midwife undertaking post grad in Diabetes.

The Paediatric multi-disciplinary diabetes service team consists of 1 WTE Paediatric Consultant with special interest in Endocrinology; one Paediatric Diabetes Nurse Specialist (one Diabetes Nurse Specialist post vacant at present); and 1 WTE dietician for paediatric diabetes. This service is supported by staff in Letterkenny University Hospital as governance of the paediatric insulin pump service is under the Consultant Paediatrician in Sligo University Hospital.

A. Cosgrove, COO, Saolta University Health Care Group

W99Q3282	Can I be provided with an update on the Recruitment of personnel for the Community Intervention Teams?	Cllr G McMonagle
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We are actively recruiting staff for Community Intervention Teams across CHO1. There are 26 CIT posts approved in total. 22 of these posts have been recruited, and the 4 remaining posts have been accepted by candidates and are in pre-employment clearance at present.

Count of Job Title	Column Labels		
Row Labels	Onboarded	Post Accepted	Grand Total
Clerical Officer	2		2
CNM1	2	1	3
CNM2	1		1
Director of Public Health Nursing Assistant	1		1
Grade V	1		1
Staff Nurse	15	3	18
Grand Total	22	4	26

Dermot Monaghan, A/Chief Officer, Community Healthcare Organisation, (Cavan, Donegal, Leitrim, Monaghan, Sligo)

W99Q3283	What is the position regarding the proposed extension to Ballina District Hospital.	Cllr J O'Hara
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A proposal has been put forward to national level for the inclusion of a project on the HSE Capital Plan for the development of replacement accommodation at Ballina District Hospital. There has been engagement between management of Community Healthcare West, Capital & Estates personnel and Services for Older People personnel at national level in respect of the scope of the proposal and with a view to aligning the scale of any development plan for the site with both national strategy and an overall strategy for service delivery needs across the community healthcare organisation area. This engagement is not yet concluded and the project remains on the agenda for consideration.

Joe Hoare, Assistant National Director, Capital & Estates

W99Q3284	There is a vacant cottage which was occupied by the caretaker. That person has passed away. It is now an eyesore. Can it be repaired and used for some purpose. (Ballina District Hospital).	Cllr J O'Hara
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The cottage referred to in the question in a very poor condition and not suitable for use. It's future will be considered in the context of the overall redevelopment plans for the site.

Joe Hoare, Assistant National Director, Capital & Estates

W99Q3285	(a) When you phone 999 why does the receptionist keep asking questions for 5 minutes (b) Why does it take an ambulance 30 minutes to make a journey which usually takes 5 minutes when we have an ambulance basis in Ballina Town.	Cllr J O'Hara
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The call taking/dispatch function is operated by the National Ambulance Service National Emergency Operations Centre (NEOC) which operates across two sites, Dublin and Ballyshannon. NEOC utilises the Advanced Medical Priority Dispatch System (AMPDS) using international standards in triaging and prioritising emergency calls. NEOC dynamically deploys resources to areas where cover is required or to respond to incidents as they arise to ensure the nearest available resource responds to emergencies. All 112/999 calls are clinically triaged based on the patient's condition and the nature and location of other 112/999 calls in the area are understandably not apparent to callers when they call 112/999. The nearest available and most appropriate response is dispatched, with the most urgent calls prioritised. The ambulance service operates on a national basis and mobilises responses to calls for assistance based on patient needs, ambulances may travel to and be dispatched from various locations irrespective of their base as they are not confined to work in geographical areas. This means that an ambulance based in Killarney may be dispatched to a call in Cork if it has just handed over a patient in Cork University Hospital and it is the nearest available ambulance to the incident. The current deployment model is designed around international best practices and has eliminated previous practices where the nearest ambulance was not always dispatched due to former legacy boundaries

JJ McGowan, Chief Ambulance Officer - West

W99Q3286	Why is there such a long wait to get bloods done with our GP.	Cllr J O'Hara
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The taking of blood by GPs forms part of the treatment process for many patients. The bloods are sent to the relevant hospital laboratory for analysis following which the results are returned to the GPs to assist them in the treatment process. We have no report of any particular delay associated with these processes.

Breda Crehan-Roche, Chief Officer, Community Healthcare West

W99Q3287	Can the HSE provide a list of dentist in Co Roscommon and in the South Roscommon area that provide a services to people under the medical card scheme?	Cllr T Ward
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Please see a list of Dentists on the Medical Care Scheme hereunder;

Adrian Boyle, Castlereagh	0949622829
Tom Boland, Boyle	0719662432
Yasmin Ali, Boyle	0719662432

Tom Boland, Athlone	0906475956
Elizabeth Boland, Bolands, Athlone	0906475956
Harry Stevenson, Bolands, Athlone	0906475956

Eleanor Keaveney, Roscommon	0906627707
Daniel Harney, Westside Dental, Athlone	0906494110

Breda Crehan-Roche, Chief Officer, Community Healthcare West

W99Q3288	Can the HSE provide list of dentist in Co Roscommon and in the South Roscommon that will not provide a services to people under the medical card scheme?	Cllr T Ward
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We do not have a list of Dentists who do not participate in this scheme. There are many practices who operate on a private practice only basis or who choose not to enter into the DTSS contract and we would have no contact with them.

Breda Crehan-Roche, Chief Officer, Community Healthcare West

W99Q3289	Can the HSE inform members of the Forum what are terms and condition of the dentist contract with the HSE for the dentist who provides a service to people under the medical card scheme?	Cllr T Ward
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Dental Treatment Services Scheme (DTSS) contracts are available from the designated office, these designated offices are positioned by the National Office on a Community Health Care Organisation basis. For Roscommon, the designated office is located in the Roscommon Primary Care Centre.

The link for the HSE DTSS contract is:

<https://www.hse.ie/eng/about/who/gmscontracts/general-dental-practitioner-and-clinical-dental-technician-contracts>

Breda Crehan-Roche, Chief Officer, Community Healthcare West

W99Q3290	Can the HSE West provide ID card for older people and people with a medical card that would provide all their personal information such as their DOB and PPSN when they would have to attend the Hospital or the AE.	Cllr T Ward
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There is no scheme currently in place for an ID card for older people in the country. Any such scheme would have to be fully compliant with current legislation with Data Protection. Progress continues to be made on the development of an Individual Health Identifier this will assist in the roll out of a comprehensive electronic patient record.

T. Canavan, CEO, Saolta University Health Care Group

W99Q3291	What is the current situation with Breastcheck services in the RHF west area? I ask that Mobile Breast check units are reinstated in rural towns and community areas, as prior to pandemic, as a matter of extreme urgency so that attendances are increased for the general public.	Cllr F Armstrong McGuire
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BreastCheck, the HSE National Breast Screening Programme, offers population-based breast screening to eligible women on an area-by-area basis every two years.

BreastCheck and COVID-19

BreastCheck was paused between March and end of October 2020, and again between January and March 2021. The programme was paused in order to protect participants and staff by complying with social distancing guidelines to prevent the spread of COVID-19. Since March 2021, breast screening services have been operating nationwide, however we have lost approximately a year of screening time and

The pause in screening, along with COVID-19 infection control measures, which affect our capacity to screen, mean that women are waiting longer for their screening appointments. We have lost nearly a year of screening time because of the COVID-19 pandemic. Appointments in this screening round (where we invite women for screening once every two years) are delayed by up to a year. This means that if a woman was due to be screened in 2021, we will now aim to invite her in 2022.

Screening update

There are four regional centres responsible for the delivery of BreastCheck throughout the country: Eccles Street and Merrion Road in Dublin; Newcastle Road in Galway; and Infirmary Road in Cork.

However, not all eligible women wish, or are able, to travel to one of these regional units. An important principle for the BreastCheck programme is to offer screening services locally to women in counties and locations convenient to where they live. To achieve this, each of the four screening units operates in tandem with mobile units. The majority of women participating in BreastCheck have their mammogram in one of these units. A new mobile unit was added to the national BreastCheck fleet in 2021 and a further two mobile units have been commissioned to facilitate screening appointments around the country. We update our breast screening locations regularly on our website, [here](#).

Please see below further update on screening in the west.

Clare	Screening is ongoing via a mobile breast screening unit located at Clare County Council Office, New Road, Ennis.
Donegal	Mobile unit located at Public Services Centre, Neil T Blaney Rd, Letterkenny, Co. Donegal screening women in Letterkenny and surrounding areas.
Galway	Screening women from Galway city, Gort, Ballinasloe and surrounding areas at the BreastCheck Western Unit (at the rear of Galway University Hospital), Newcastle Road.
Leitrim	<p>BreastCheck invites women from Leitrim to be screened at a mobile located on the grounds of Sligo Rovers Football Club. The unit was scheduled to move to The Bush Hotel, Carrick on Shannon in Leitrim in May 2020. However, delays to the completion of the current screening round in Sligo meant the decision was taken to instead begin calling women from Leitrim to this location. This meant the screening of women from Leitrim would not be delayed any further as they have already been significantly delayed due to the screening pause.</p> <p>Women from Leitrim who were unable to take up the invitation of screening in Sligo are being offered screening at their nearest or most convenient alternative location, including at a unit located on the grounds of Roscommon General Hospital. Women can contact us using the details below and we will endeavour to find the most suitable location, date and time for them to attend.</p>
Limerick	<p>Screening is ongoing via a mobile breast screening unit located on the grounds of St Joseph's Hospital, Mulgrave Street, Limerick City.</p> <p>Screening is due to commence on the grounds of the Mid-Western Orthopaedic Hospital, Croom, Co. Limerick in approximately June/ July. We will update our website once we have a confirmation of a start date.</p>
Mayo	<p>Mobile unit located at the back of Cathedral Car Park, Cathedral Road, Ballina screening until 24 May 2022.</p> <p>Screening commencing on the grounds of Mayo General Hospital, Westport Road, Curragh, Castlebar, Co. Mayo from 13 June 2022.</p>

North Tipperary	Screening is ongoing on the grounds of Nenagh General Hospital, Co. Tipperary.
Roscommon	Screening is ongoing via a mobile breast screening unit located at car park of Roscommon General Hospital.
Sligo	Screening is ongoing via a mobile breast screening unit located at Sligo Rovers Football Club.

Being breast aware

We continue to emphasise to our participants that BreastCheck is a screening service for well women within the population age range (50-69 years) and is not for women with symptoms. If a person has any concerns or symptoms concerning their breasts, they should not attend screening and should instead contact their GP who will give them the appropriate advice.

It is important that every woman is breast aware. This means knowing what is normal for women so that if any unusual change occurs, they will recognise it. The sooner they notice a change the better because if cancer is found early, treatment is more likely to be successful. It is important for women to get into the habit of looking at and feeling their breasts at least on a monthly basis. More information on techniques for checking your breasts is available on www.breastcheck.ie

Women in the west of Ireland who have additional questions regarding breast screening can contact the BreastCheck Western unit on 091 580 600 Monday to Friday between 9am–5pm; Freephone 1800 45 45 55 from 9am-6pm, Monday to Friday; or email info@breastcheck.ie

Fiona Murphy, Chief Executive, National Screening Service

W99Q3292	To ask for a detailed breakdown of staff numbers by category e.g. doctors, nurses, healthcare assistants, administration staff etc. in University Hospital Galway and in the Saolta Hospital Group as a whole.	ClIr D McDonnell
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Saolta Group WTE April 2022

Hospital Group	Hospital	Staff Category	WTE MAR 2022	WTE APR 2022	WTE Change
Saolta University Hospital Care Group	Galway University Hospitals	Management/ Admin	586.03	587.06	1.03
		Medical/ Dental	772.75	768.68	-4.07
		Nursing/ Midwifery	1,562.89	1,560.29	-2.60
		Health & Social Care Professionals	570.96	565.14	-5.82
		General Support	288.08	289.06	0.98
		Patient & Client Care	303.21	304.75	1.54
			4,083.92	4,074.98	-8.94
	Sligo University Hospital	Management/ Admin	282.07	274.04	-8.03
		Medical/ Dental	263.81	267.48	3.67
		Nursing/ Midwifery	774.88	764.42	-10.46
		Health & Social Care Professionals	216.44	205.02	-11.42
		General Support	237.87	241.05	3.18
		Patient & Client Care	201.40	204.23	2.83
			1,976.47	1,956.24	-20.23
	Letterkenny University Hospital	Management/ Admin	280.11	271.00	-9.11
Medical/ Dental		224.19	234.34	10.15	
Nursing/ Midwifery		741.33	730.94	-10.39	

		Health & Social Care Professionals	197.05	189.96	-7.09
		General Support	310.09	311.88	1.79
		Patient & Client Care	223.55	221.18	-2.37
			1,976.32	1,959.30	-17.02
	Mayo University Hospital	Management/ Admin	205.22	209.18	3.96
		Medical/ Dental	213.72	216.80	3.08
		Nursing/ Midwifery	553.34	556.72	3.38
		Health & Social Care Professionals	179.92	177.25	-2.67
		General Support	60.21	56.99	-3.22
		Patient & Client Care	169.06	169.65	0.59
				1,381.47	1,386.59
	Portiuncla University Hospital	Management/ Admin	130.81	131.89	1.08
		Medical/ Dental	148.74	158.19	9.45
		Nursing/ Midwifery	372.80	376.00	3.20
		Health & Social Care Professionals	92.62	93.15	0.53
		General Support	81.77	81.46	-0.31
		Patient & Client Care	82.70	84.64	1.94
				909.44	925.33
	Roscommon University Hospital	Management/ Admin	77.44	75.76	-1.68
		Medical/ Dental	33.57	33.53	-0.04
		Nursing/ Midwifery	169.90	170.62	0.72
		Health & Social Care Professionals	33.39	33.42	0.03
		General Support	74.08	73.08	-1.00
		Patient & Client Care	30.41	29.89	-0.52
				418.79	416.30
	Hospital Group HQ	Management/ Admin	84.89	86.05	1.16
		Medical/ Dental	1.00	1.00	0.00
		Nursing/ Midwifery	11.00	11.25	0.25
		Health & Social Care Professionals	2.00	2.00	0.00
				98.89	100.30
			10,845.30	10,819.04	-26.26

T. Canavan, CEO, Saolta University Health Care Group

W99Q3293	What steps are being taken to improve communications across the Saolta Hospital Group and how often are staff changes updated internally to ensure that patient appointments are scheduled with the correct person.	Clr D McDonnell
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A commitment was made to provide GP members of the GUH GP Liaison Group details of consultants currently employed in Galway University Hospitals (GUH), to include the direct contact number of their secretary.

The Clinical Director's Office linked with each directorate and Managed Clinical and Academic Network to develop a comprehensive list of all consultants in GUH including specialty/ subspecialty (where appropriate) and contact number.

This list has been issued to members of the GP liaison group and will be issue more widely, to all GPs in the region, via the GP unit.

GUH also have a GP Liaison Nurse in post.

We are awaiting completion of a CNS directory also, which is being compiled and both will be issued together.

T. Canavan, CEO, Saolta University Health Care Group

W99Q3294	To ask the HSE for a copy of the directive that is issued to carers outlining exactly what tasks they can carry out for patients in their homes and are their different categories of healthcare assistants allowing some people to carry out different tasks.	Cllr D McDonnell
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Each HSE HCSA (Carer) has a generic job description. Each private provider develops their own job description based on needs. There is only one HCSA category type. Each client is issued with a letter outlining the duties being provided by Home Support, be it household duties or personal care duties.

Breda Crehan-Roche, Chief Officer, Community Healthcare West

W99Q3295	To ask for an update on the timeframe for when new Emergency Department at UHG will be going to tender.	Cllr D McDonnell
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The proposed new ED and Women & Children's development at UHG is a large and extremely complex project, requiring a number of enabling works contracts to be completed on site before the ED W&C project can commence. It is important to note that this is a project in excess of €100m and is therefore subject to the full rigours of the latest Public Spending Code as published by the Department of Public Expenditure and Reform (DPER). A Strategic Assessment Report has been submitted to National HSE in April 2022 and the Preliminary Business Case is currently being prepared for submission to the DPER. Consequently, this project will require Government approval on the Preliminary Business Case and at two other project milestones prior to any contractor procurement or construction. The Government is the Approving Authority on a project in excess of €100m. In addition the project may be subject to an independent review and assurance mechanism as indicated in the Public Spending Code.

Once the Preliminary Business Case is approved, we will be able to provide a date for the planning application for the new ED and Women & Children's development at UHG.

However, works in support of additional Covid accommodation are progressing on site at UHG with the construction of the interim (temporary) ED (under current Emergency COVID-19 legislation & regulations (SI 93 & SI 113). This accommodation shall also serve as an enabling advanced works project to clear the site for the permanent ED and Women & Children's development. Works commenced in June 2021 and are programmed to be completed in Q3 2022. A Grant of Planning for a second advanced contract was approved by Galway City Council Planning Department for a new Out-Patients Department (and a standalone Adult Cystic Fibrosis OPD) at Merlin Park University Hospital. These projects are currently at detailed design stage and will be issued to tender thereafter. Works are currently programmed to commence on site in Q3 2022 and having the new facility ready for Q3 2023.

T. Canavan, CEO, Saolta University Health Care Group

W99Q3296	Please expand on announcement made by Minister Donnelly in April re 6 Regional Specialist Menopause Clinics. How many GP Specialist Menopause Clinics will be sited in Western Regional Health Forum Area? Where specifically are the location/s and catchment areas served by the clinic/s? How are the Specialist Menopause Clinics envisaged to work in terms of staffing, services provided, referrals, operational timeline and	Cllr E Francis Parsons
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	fee structure with regard to medical card holders? Will the service be available free or fee based at the point of contact to all women? Is the GP medical staffing available to run the clinic/s	
<p>The clinic will be located in UHG as part of Gynaecology Services and will serve the needs of the women living in the Saolta region. This is a specialist service for women with additional needs around menopause care. The funding received included a 0.2 WTE of Consultant or equivocal with specialist training Whole Time Equivalent and a 1 WTE Specialist Nurse. Cost for access will be in line with other services available in an outpatient setting.</p> <p>A. Cosgrove, COO, Saolta University Health Care Group</p>		
W99Q3297	Minister Donnelly announced plans for 4 Postnatal Hubs nationally. Please provide details on where the postnatal hub in the Regional Health West area will be located and how it is envisaged to function with regard to service it will provide, staffing, referrals.	Cllr E Francis Parsons
<p>We have had no confirmation that there will be a Postnatal Hub in the Saolta region. A business case to support development of a Postnatal Hub is being finalised to submit to the HSE's National Women and Infants Health Programme (NWIHP) for consideration for the Galway City and Sligo Town area.</p> <p>A. Cosgrove, COO, Saolta University Health Care Group</p>		
W99Q3298	Minister Donnelly announced plans for expanded Endometriosis services incl two supra-regional specialist centres for complex care. Will be a supra-regional Endometriosis specialist centre be located in the Regional Health West Area, and if so where it will be located? If not what enhanced services will be available for women suffering with endometriosis in this area.	Cllr E Francis Parsons
<p>We have not had confirmation as to the final package that will be available for Saolta in relation to Endometriosis Services.</p> <p>A. Cosgrove, COO, Saolta University Health Care Group</p>		
W99Q3299	Please outline the current situation with regard to current difficulties obtaining prescribed HRT medications. When will full HRT medication supply be resolved for women being treated for menopause related conditions?	Cllr E Francis Parsons
<p>The Health Products Regulatory Authority (HPRA) is responsible for co-ordinating the management of shortages of medicines on the Irish market. The HPRA has an existing Medicine Shortages Framework in place to help prevent shortages from occurring and to reduce the impact of shortages on patients by coordinating the management of potential or actual shortages as they arise. Available at http://www.hpra.ie/homepage/about-us/publications-forms/guidance-documents/item?id=c81f0b26-9782-6eee-9b55-ff00008c97d0&t=/docs/default-source/publications-forms/guidance-documents/adv-g0020-medicines-shortages-framework-v2.</p> <p>The HPRA works with a variety of stakeholders including the HSE to respond to potential shortages and reduce the impact of shortages on patients.</p> <p>Shortages of medicinal products containing Hormone Replacement Therapy (HRT) have been reported in a number of countries recently, including Ireland. Suppliers have stated that recent shortages relate to an unexpected increase in demand. These shortages may result in short periods of intermittent supply issues or more prolonged periods where products are unavailable.</p> <p>At present, the HPRA are reporting ongoing shortages of Estrdot Transdermal Patch. The resupply of the full Estradot range is expected in July 2022. A letter from the company is published on the HPRA website at https://www.hpra.ie/docs/default-source/Shortages-Docs/estradot-letter-of-communication-mar-2022.pdf?sfvrsn=2. Evorel 50 mcg transdermal patch returned to stock in February.</p>		

The HSE Medicines Management Programme (MMP) developed prescribing guidance in response to HRT product shortages. This guidance document is available on the MMP webpage (<https://www.hse.ie/eng/about/who/cspd/ncps/medicines-management/guidance-on-shortages/mmp-guidance-for-prescribers-on-hrt-shortages-september-2020.pdf>) and HPRA website ([https://www.hpra.ie/docs/default-source/Shortages-Docs/mmp-guidance-for-prescribers-on-hrt-shortages-september-2020-cleaned-\(4\).pdf?sfvrsn=2](https://www.hpra.ie/docs/default-source/Shortages-Docs/mmp-guidance-for-prescribers-on-hrt-shortages-september-2020-cleaned-(4).pdf?sfvrsn=2))

HSE Primary Care Reimbursement Service

W99Q3300	Could the HSE West confirm the works progress on the new CNU and Grove site in Tuam. What if any are the plans for the Aras Mhuire site and facility once the move to the new CNU are completed?	Clr D Killilea
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The capital developments for both the new 50 CNU and the ‘Grove’ site in Tuam are progressing well. The reconfiguration of the former Grove hospital site project which includes a Mental Health Centre (team base and day hospital), and Disability Centre (team base and clinics) commenced on site in June 2021 and is due for completion in Q1 2023. The partial demolitions and reconstruction of the superstructure along with the first fixing of building services are nearing completion. The new 50 Bed Residual Care centre which includes a 10 bed dementia unit commenced on site in August 2021 and is also due for completion in Q1 2023. The superstructure and first fix of building services are nearing completion on the residential care site project also.

Joe Hoare, Assistant National Director, Capital & Estates

W99Q3301	Could the HSE West confirm any update on the new hospital for Galway and a new A&E.	Clr D Killilea
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Emergency Department (ED)

The proposed new ED and Women & Children’s development at UHG is a large and extremely complex project, requiring a number of enabling works contracts to be completed on site before the ED W&C project can commence. It is important to note that this is a project in excess of €100m and is therefore subject to the full rigours of the latest Public Spending Code as published by the Department of Public Expenditure and Reform (DPER). A Strategic Assessment Report has been submitted to National HSE in April 2022 and the Preliminary Business Case is currently being prepared for submission to the DPER. Consequently, this project will require Government approval on the Preliminary Business Case and at two other project milestones prior to any contractor procurement or construction. The Government is the Approving Authority on a project in excess of €100m. In addition the project may be subject to an independent review and assurance mechanism as indicated in the Public Spending Code.

Once the Preliminary Business Case is approved, we will be able to provide a date for the planning application for the new ED and Women & Children’s development at UHG.

However, works in support of additional Covid accommodation are progressing on site at UHG with the construction of the interim (temporary) ED (under current Emergency COVID-19 legislation & regulations (SI 93 & SI 113). This accommodation shall also serve as an enabling advanced works project to clear the site for the permanent ED and Women & Children’s development. Works commenced in June 2021 and are programmed to be completed in Q3 2022. A Grant of Planning for a second advanced contract was approved by Galway City Council Planning Department for a new Out-Patients Department (and a standalone Adult Cystic Fibrosis OPD) at Merlin Park University Hospital. These projects are currently at detailed design stage and will be issued to tender thereafter. Works are currently programmed to commence on site in Q3 2022 and having the new facility ready for Q3 2023.

T. Canavan, CEO, Saolta University Health Care Group

Elective Hospital

In December 2021 the Government approved, subject to the necessary approvals and requirements under the Public Spending Code being met, a new National Elective Ambulatory Care Strategy. This new strategy aims to change the way in which day case, scheduled procedures, surgeries, scans and outpatient services can be better arranged to ensure greater capacity in the future and help to address waiting lists. The development of additional capacity will be provided through dedicated, standalone Elective Hospitals in Cork, Galway and Dublin.

The elective care scope of service will be developed in two phases commencing with day cases, diagnostics, and outpatients and then by inpatient treatment. On this basis, the Elective Care Centres (ECCs) will be designed to provide sufficient capacity to facilitate future phases, including some elective inpatient capacity, thereby providing a sustainable and strategic response to cater for the highly dynamic landscape of healthcare policy and practice.

A Preliminary Business Case (PBC) for Galway is at an advanced stage of development and is expected to be submitted to the Department of Health in the near future. If technically compliant with the Spending Code requirements and approved internally, the PBC will be further reviewed by the Department of Public Expenditure and Reform, after which, subject to all Public Spending Code requirements being met, approval-in-principle to proceed to the next stage of the Code could be sought from Government.

Department of Health

W99Q3302	Could the HSE West confirm what uses and the cost of private hospital care from the start of the pandemic to date for the Galway public hospitals?	Clr D Killilea
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Under a service level agreement with private hospitals in Galway a total of 771 patients have been treated since the start of the pandemic to date, at a cost of €12,498,666.

A further 3,438 patients were treated under safety net agreements (initial SN and SN2). The costs of care under safety net agreements have been managed nationally.

To date under the current Safety Net agreement (SN4) 132 patients have been transferred to private hospitals for treatment. This avenue is available until the end of June 2022.

Uses of private hospital care include inpatient medical and oncology beds, surgical care (day case and inpatient), Radiotherapy and Diagnostics. Costs also include accommodation, theatre, ICU, diagnostics and professional costs.

A. Cosgrove, COO, Saolta University Health Care Group

W99Q3303	Could the HSE west are confirm any update on new diagnostics for Tuam area, including the proposed X Ray unit.	Clr D Killilea
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Tuam Diagnostic Service is being developed in conjunction with Portlinculla University Hospital Ballinasloe, the Saolta Group, Primary Care Services Community Healthcare West and HSE Capital & Estates.

X Ray Service

The PPP Company continue with the preparation of tender documentation for the works arising and it is expected that these works will be tendered in the near future. Due diligence is currently underway by HSE Estates on indicative proposals put forward by the PPP Company with further meetings planned in May 2022 to progress. Following tender analysis and review of all relevant associated costs arising the PPP Company will then revert to HSE Capital & Estates with the proposed final costs. Subject to agreement on costs and the required approvals, it is hoped that works could commence in Q3 / Q4 2022 and be completed before the end of Q1 / Q2 2023.

Ultrasound Service

Since December 2021 the Ultrasound service was increased to a three day week service. GP in surrounding Primary Care Teams areas can refer directly for Ultrasound services.

Investment:

National Primary Care has invested in staff, equipment and capital funding for the development of a Diagnostic Unit in Tuam PCC. Currently Ultrasound is delivered by an Ultrasonography, a Healthcare Assistant with Administration support, a clinical specialist radiographer post is currently going through the process of recruitment in the NRS.

Breda Crehan-Roche, Chief Officer, Community Healthcare West

W99Q3304	JCM CARNDONAGH: Given , The criticism in the recent HIQA report, The continued decongregation process, The required refurbishment and modernisation needs of the old building, What is the HSE future use plans and roles for JCM Carndonagh?	Clr A Doherty
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The future use for the JCM Carndonagh has yet to be determined. An Accommodation Strategy/Review needs to be undertaken to assess all HSE needs within the Carndonagh area to identify suitable long-term use for the JCM. CHO1 management in conjunction with HSE Estates will consider further potential uses for the JCM building after decongregation based on service needs in the area and in consideration of structural and design assessments.

Dermot Monaghan, A/Chief Officer, Community Healthcare Organisation, (Cavan, Donegal, Leitrim, Monaghan, Sligo)

W99Q3305	What properties are owned and leased by the HSE in Inishowen. How many of the properties are currently vacant?	Clr A Doherty
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Please see attached lists outlining the properties that are owned and leased by the HSE in Inishowen.

HSE Owned Property

Property Name	Address
Buncrana Primary Care	Buncrana, Co Donegal
Buncrana Health Centre	Buncrana, Co. Donegal
Buncrana Nursing Unit	Maguinn Avenue, Buncrana, Co.Donegal
Buncrana (Commercial Unit)	Lisdannon Industrial Estate, Buncrana, Co. Donegal
Riverwalk House	Carndonagh, Co. Donegal
No. 11 Convent Road	Carndonagh, Co. Donegal
Carndonagh JCM	Carndonagh, Co. Donegal
Carndonagh Day Centre	Carndonagh, Co. Donegal
Carndonagh District Hospital	Carndonagh, Co. Donegal
Carndonagh (Former Convent Mercy)	Carndonagh, Co. Donegal
Clonmany PCC & Day Centre	Carndonagh, Co. Donegal
Old Health Centre, Clonmany	Clonmany, Co. Donegal
Fahan Health Centre	Fahan, Buncrana, Co. Donegal
Glengad Health Centre	Glengad, Co. Donegal
Malin Health Centre	Malin town, Co. Donegal
Primary Care Centre, Moville	Moville, Co. Donegal
No 2 Montgomery Tce (Serenity House)	Moville, Co. Donegal
Muff Health Centre	Muff, Co. Donegal
Quigley's Point Head Centre	Quigley's Point, Co. Donegal

HSE Leased Property

Links Business Centre	Links Business Centre, Lidfanon, Buncrana , Co. Donegal
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Community Services	10a Lower Main St, Buncrana, Co. Donegal
39 Marian Park	39 Marian Park, Buncrana, Co. Donegal
Cashel no Cor	Cashel na Cor, Buncran, Co. Donegal
Day Centre for Older Persons	Sliabh Sneacht Centre, Dunfries, Buncrana, Co. Donegal
Community Health Network Team	1 st Floor, Sliabh Sneacht Centre, Drumfries, Buncrana, Co. Donegal
Day Centre for Older Persons (Mental Health)	15 Ardaravan Square, Buncrana, Co. Donegal
Milltown House	Carndonagh, Co. Donegal
Ambulance Base	Ambulance Base, Ballyloskey Road, Carndonagh, co. Donegal
Day Services	Units 31 & 32 Gaelic Park, Carndonagh, Co. Donegal
Residential	Tiernaleague, Carndonagh, Co. Donegal
Malin Head PCC	Malin Head, Co. Donegal

All the listed properties are currently occupied with the exception of the Old Health Centre, Clonmany, Co Donegal, highlighted in red above, which is vacant (currently perfecting title).

Dermot Monaghan, A/Chief Officer, Community Healthcare Organisation, (Cavan, Donegal, Leitrim, Monaghan, Sligo)

W99Q3306	Milltown House CARNDONAGH. What is the current status of agreed building investigations and refurbishment needs at Milltown House and is a date for restoration of Respite services agreed?	Cllr A Doherty
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The HSE Estates department is in the process of having a structural and mica assessment of Milltown House carried out. When completed, which is expected to be in July 2022 as previously advised, this assessment will inform a plan for upgrade works which will be needed to bring Milltown House to the required regulatory standards for respite service provision. When the necessary upgrade works are identified, this will inform the funding requirements for upgrading and the final terms of the lease can then be agreed by the HSE CHO1 & the Milltown House committee. A definitive date for the delivery of respite services from Milltown House cannot be advised at this time

Dermot Monaghan, A/Chief Officer, Community Healthcare Organisation, (Cavan, Donegal, Leitrim, Monaghan, Sligo)

W99Q3307	Will the HSE ensure the provision and access for Macular Degeneration treatment/ service is available in Letterkenny and Carndonagh Community Hospital?	Cllr A Doherty
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There is a Sláintecare project currently in progress with the purpose of delivering a Medical Retina and Intravitreal Injection Service in Letterkenny University Hospital, to patients with a diagnosis of Diabetic Retinopathy.

To date, the key learning from this project is that appropriately skilled medical, nursing, allied health professional and administrative staff are essential to the delivery of a safe and sustainable Medical Retina and Intravitreal Injection Service.

Work has commenced to secure the resources required to expand a Medical Retina and Intravitreal Injection Service to all patients in Donegal, including those who have a diagnosis of Macular Degeneration.

The HSE is also currently undertaking a national campaign to recruit a Consultant Medical Ophthalmologist, who will govern and incrementally deliver a safe Medical Retina and Intravitreal Injection Service for all patients in Donegal.

In the best interest of patient safety, there are currently no plans to deliver this Service in Carndonagh Community Hospital.

Dermot Monaghan, A/Chief Officer, Community Healthcare Organisation, (Cavan, Donegal, Leitrim, Monaghan, Sligo)

The Ophthalmic Service for the North West is based in Sligo University Hospital. This is where the consultants are based, and where the vast majority of clinics, diagnostic procedures and treatments take place. All patients needing treatment for wet Macular degeneration from the Northwest catchment area (Sligo, Donegal and Leitrim) attend the tertiary referral ophthalmic service at Sligo University Hospital. There are in addition patients attending from parts of counties Cavan, Longford, Mayo and Roscommon. Alternatives to Sligo University Hospital for this service are University Hospital Galway, The Mater University Hospital or The Royal Victoria Eye and Ear Hospital. There are outreach clinics provided at St Conal's Hospital by the Sligo based consultants, but retinal imaging fluorescein angiography, medical retina clinics and intravitreal therapy for AMD patients is not available there at present. The intravitreal injection pilot project for patients with diabetic retinopathy has proven very successful, but is limited to a very specific cohort of patients. To establish a medical retina service for macular degeneration and other retinal disorders in Letterkenny, considerable additional nursing and medical staff would be required, and development of a dedicated intravitreal injection suite.

T. Canavan, CEO, Saolta University Health Care Group

W99Q3308	That the Forum be provided with (1) a breakdown of the costs relating to the rebranding of the community healthcare area formerly described as Community Healthcare Organisation Area 1 and now described as Community Healthcare Cavan, Donegal, Leitrim, Monaghan, Sligo; (2) the reason for the rebranding; (3) details of rebranding which has been carried out in other areas in the Health Forum West region and the cost of same.	Cllr D Bree
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All community healthcare areas, hospital groups and a number of national divisions across the HSE have their own name or logo or both and, therefore, their own visual identity. We have been asked for a logo for our Community Healthcare area on many occasions by our own HSE staff across the area, by national HSE divisions and by partner organisations whom we work with collaboratively, outside of the HSE, who wish to represent our involvement in various projects, events, etc.

The new name and logo have been designed to create and promote our visual identity and to assist service users and the public to identify and trust communications from our area. The work on the creation and design of the logo has been ongoing for some time; it was significantly delayed due to urgent priorities including the Covid 19 pandemic and subsequently the cyber-attack taking precedence but the work has now been completed.

The logo was designed in-house by our staff then a local print company did some minor editing work and assisted us with incorporation into various templates. The cost associated with the editing is €128 ex VAT and has created a strong and meaningful identity for our healthcare area. We have also received positive feedback from HSE staff.

Dermot Monaghan, A/Chief Officer, Community Healthcare Organisation, (Cavan, Donegal, Leitrim, Monaghan, Sligo)

In 2017 CHO3 was re-branded as HSE Mid West Community Healthcare. The decision to re-brand was made following feedback communication sessions with staff who wanted a meaningful identity for Community Healthcare in the Mid West area. All 9 CHO areas completed similar re-branding exercises for their own visual identity.

The new name and logo design have enhanced our ability to promote Community Healthcare in the Mid West. The logo was designed in house by the Communications Officer and with the assistance of a local graphic designer

(Snap Printing Limerick), the logo was finalised under HSE branding guidelines at a cost of 125 Euro excluding VAT.

The re-brand has received favourable responses from stakeholders in the Mid West who can easily identify Community Healthcare services.

Maria Bridgeman, Chief Officer, HSE Mid West Community Healthcare

In April 2018 CHO2 was rebranded as Community Healthcare West. This followed consultation and engagement with staff who wished to establish and promote our own identity. 90% of the design process was completed in-house by the local Communications Department, having to outsource the creation of the logo to a company familiar with HSE branding costing €160 excl. VAT.

Breda Crehan-Roche, Chief Officer, Community Healthcare West

W99Q3309	How many children in each CHO area in the Health Forum region, are on waiting lists for the following service: (1) Dietetics (waiting for treatment) (2) Occupational Therapy (waiting for initial assessment) (3) Physiotherapy (waiting for initial assessment) (4) Psychology (waiting for treatment) (5) Speech and Language Therapy (waiting for initial assessment) (6) Speech and Language Therapy (waiting for initial treatment) (7) Speech and Language Therapy (waiting for further treatment)	Cllr D Bree
W99Q3309- How many children in each CHO area in the Health Forum Region, are on waiting lists for the following services		CHO1
Dietetics (waiting for treatment)		307
Psychology (waiting for treatment)		277
Occupational Therapy (waiting for initial assessment)		357
Physiotherapy (waiting for initial assessment)		362
Speech & Language Therapy (waiting for initial assessment)		902
Speech & Language Therapy (waiting for initial treatment)		103
Speech & Language Therapy (waiting for further treatment)		515

Dermot Monaghan, A/Chief Officer, Community Healthcare Organisation, (Cavan, Donegal, Leitrim, Monaghan, Sligo)

Please be advised the numbers provided within the table hereunder relate to **Primary Care Services ONLY**

Question W99Q3309

Community

How many children in each CHO area in the Health Forum region, are on waiting lists for the following service:		Healthcare West
(1). Dietetics	Waiting for Treatment	580
(2). Occupational Therapy	Waiting for Initial Assessment	1066
(3). Physiotherapy	Waiting for Initial Assessment	866
(4). Psychology	Waiting for Treatment	1011
(5). Speech and Language Therapy	Waiting for Initial Assessment	1448
(6). Speech and Language Therapy	Waiting for Initial Treatment	905
(7). Speech and Language Therapy	Waiting for Further Treatment	1156

Breda Crehan-Roche, Chief Officer, Community Healthcare West

The following table outlines the latest available figures regarding the Mid West Community West Healthcare's Primary Care and Child and Adolescent Mental Health Services (CAMHS):

Service	Numbers on Waiting List in HSE Mid West Community Healthcare Area (CHO3)
Dietetics (waiting for treatment)	1034
Occupational Therapy (waiting for initial assessment)	464
Physiotherapy (waiting for initial assessment)	475
Psychology (waiting for treatment)	355
Speech & Language Therapy (waiting for initial assessment)	1850 (1814 Primary Care and 36 CAMHS)
Speech & Language Therapy (waiting for initial treatment)	730 (718 Primary Care and 12 CAMHS)
Speech & Language Therapy (waiting for further treatment)	1590 (1569 Primary Care and 21 CAMHS)

It has not been possible to get the figures for Occupational Therapy within our CAMHS service within the timeframe provided. I will forward these separately to the Councillor once they are available.

Waiting lists for services provided by our CAMHS psychology services and our Children's Disability Network Teams (CDNT), which operate on a multidisciplinary basis, are maintained on a Team-by-Team basis, and not for individual disciplines.

Maria Bridgeman, Chief Officer, Mid West Community Healthcare

W99Q3310	When will the Report relating to the Accident & Emergency Department in University Hospital Sligo, be made available to Forum members; what recommendations, including recommendations for the employment of additional staff are contained in the Report; when will the recommendations be implemented.	Clr D Bree
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The ED staffing review report outlines a recommendation for the additional staffing needs for the Emergency Department. Discussions are ongoing with the INMO regarding an implementation plan to recruit 15.6 additional staff nurses over a phased basis, in the next three years. This additional number of staff is in line with the staffing model outlined in the report. A process to commence immediate recruitment of 5 extra nurses is underway in response to the report.

T. Canavan, CEO, Saolta University Health Care Group

W99Q3311	Is the HSE aware of the importance of Markievicz House, Barrack Street, Rathquarter, Sligo, formerly the High School -Ardmore House – a Protected Structure and a significant part of Sligo’s built heritage; and what steps does the HSE intend to take to refurbish the building and make it available for use by HSE staff.	Cllr D Bree
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The HSE is aware of the importance of Markievicz House and also the potential role it could play in future service delivery. Work has been underway recently to prepare an updated accommodation strategy for the Sligo area. Consideration has been given to both the consolidation of existing services and accommodation for anticipated service development posts. The next step in the process is to complete a feasibility study to sense check the extent of potential services that might be accommodated in Markievicz House and the costs involved as one element of this overall accommodation strategy. It is intended to advance this feasibility study in the coming months. An application could subsequently be made for the future inclusion of a project for the redevelopment of this facility in the HSE Capital Plan.

Joe Hoare, Assistant National Director, Capital & Estates

W99Q3312	What is the Full Staffing Quota of the CAMHS Community Mental Health Team in each CAMHS area in County Galway? What are the range and number of professionals in each team, and can the forum be advised what vacancies currently exist within each team?	Cllr J Connolly
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This data is compiled manually as there is no integrated IT system to provide live reports on staffing and vacancy management and to note that, in light of recruitment difficulties, unprecedented demand on services, and maintaining equitable services CAMHS staffing data by team is under constant review.

What is the Full Staffing Quota of the CAMHS Community Mental Health Team in each CAMHS area in County Galway?	
Area	WTE
Galway North CAMHS	12.2
Galway West CAMHS	12.1
Galway East and Roscommon CAMHS	10.1
Galway South CAMHS	15.9
Total	50.3

What are the range and number of professionals in each team															
Area	Consultant	Sr Reg	Reg/SHO	Social Worker	Clinical Psychologist	O.T	S&L	Nurse	Child/Social Care Worker	Other Therapist	Admin Support	Non - Nursing	Long Term Sick	Maternity Leave	TOTAL WTE
Galway North CAMHS	1	1	1	2	0.8	0.8	0.8	1	0.8	0	2	0	0	1	12.2
Galway West CAMHS	1	0.8	1	2	1.8	0.7	0.8	1	0.6	0.4	2	0	0	0	12.1
Galway East and Roscommon CAMHS	1.4	0	1	1	2	1	0	1.5	0	0.2	0	0	1	1	10.1
Galway South CAMHS	2	1	3	1	3	1	1	2	0	0	1.9	0	0	1	15.9
															50.3

Can the forum be advised what vacancies currently exist within each team?

Area	Vacant posts
Galway North CAMHS	1 Psychologist 1 community Nurse 1 Social Worker
Galway West CAMHS	1 CNM2 Nurse
Galway East and Roscommon CAMHS	1 CNM1 Nurse
Galway South CAMHS	1 Social worker
Total	6

Breda Crehan-Roche, Chief Officer, Community Healthcare West

W99Q3313	What are the contractual terms between Park Rite and the Saolta Group for the operation of the public car park at UCHG? What income is generated for the Saolta Group through the operation of the Car Park by Park Rite?	Cllr J Connolly
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1. The new contract for parking management services at UHG commenced on 1st March 2022. The contract is between the Health Service Executive (HSE) and Tazbell Group, trading as Park Rite. The contract is a standard one which was provided to the HSE by the Office of Government Procurement Ireland, who managed the tender process. GUH pay the Car Park management company a monthly fee to include wages of staff, management fee and insurance. The income generated becomes part of the hospital budget and is used in the running of services at GUH.
2. Income generated for 2021 was €657,290.

A. Cosgrove, COO, Saolta University Health Care Group

W99Q3314	How many Hospitals within CHO area 2 perform cataract corrective surgery? How many patients are currently waiting for such a procedure at each of the respective hospitals and what is the prospective waiting times for a patient in each of the hospitals?	Cllr J Connolly
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GUH RESPONSE

Please see Appendix 1 for the current waits

- 1.Active (no date).
- 2.Pre-admit (has a date for surgery).
- 3.Suspension (majority outsourced to private sector via the NTPF).

A. Cosgrove, COO, Saolta University Health Care Group

W99Q3315	How many Children within County Galway are currently awaiting an assessment of need?	Cllr J Connolly
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Disability Services do not operate waiting lists for AoN services.

Once applications are received they are processed within 2 weeks and then moved to the desktop stage (stage 1) where they can remain for 10 weeks, prior to being progressed to the assessment stage (stage 2), where they can remain for a further 10 weeks. The issue arises when assessments are not completed and returned by clinicians within the specified AoN timeframe.

The number of applicants awaiting assessment is 10 for Stage 2 of the AON process.

Breda Crehan-Roche, Chief Officer, Community Healthcare West

W99Q3316	Can the HSE provide an update on the planned new Surgical Block at Sligo University Hospital? With the current situation of overcrowding and lack of beds. There are no surgical beds as they are full of medical patients and the	Cllr D Gilroy
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	<p>elective surgical lists being cancelled. Surgeons cannot operate. The new hospital block has planning and has plans drawn up already but needs funding. It will allow elective surgical beds and free up the existing building for medical patients. It is due to be built on the hill over the car park. Zero Applications have been received for the last four consultant posts in Sligo University Hospital advertised, 26% of the total eighty consultant posts in Sligo remain unfilled by a permanent person. A further three of the four general surgeons are due to retire in the medium to short term. Can the RHFWS be told who will replace them if they cannot operate? Why can we attract no applications for vacant posts? This new hospital Surgical block is planned to contain Surgery, Paediatrics, Emergency Dept, Radiology, Maternity, labour ward, Gynae. Without it the hospital will be downgraded. The members need a plan for developing a hospital to provide a service for the needs in 10 years' time, not merely to provide for now.</p> <p>Please include all of this in the report to the members</p>	
<p>Sligo University Hospital has 288 beds in total, of which 56 are surgical beds. However, due to increasing demand for medical beds it is not possible to have protected surgical bed. To address bed capacity, the hospital has a short term plan to develop 42 bed block over the next two years to increase overall bed capacity. In addition, there is a medium to longer term plan to develop a larger block development of 140+ beds to allow for current and future needs of the hospital to be met.</p>		
<p>In the meantime, the hospital is planned to resume elective surgical activity from mid-May on a phased basis. Saolta University Health Care Group Chief Clinical Doctor has commenced a review of Consultant workforce in Model 3 and Model 2 hospitals across the group to help identify solutions for Consultant workforce going forward. A National workforce plan is also being developed by National Director Training and Planning (NDTP) and Royal College of Surgeons Ireland who are examining the predicted workforce over the next eight years and identify recommendations to help reach required staffing levels in Model 3 hospitals.</p>		
<p>A. Cosgrove, COO, Saolta University Health Care Group</p>		
<p>W99Q3317</p>	<p>Can the RHFWS be provided with an update on when Diabetes Technology Nurse specialist (Broader than just Pump nurse who will also do DEXCOM, LIBRE etc.) services will be provided at Sligo University Hospital so that patients who are years waiting for the Pump Service that is available in other areas of the country.</p>	<p>Cllr D Gilroy</p>
<p>Sligo University Hospital is continuing with the process of seeking approval for one Candidate Advanced Nurse Practitioner (ANP) for Type 1/pump/technology for the adult service and one Candidate ANP for the ongoing development of the Paediatric pump service, but funding is required for both posts. The approval of these posts would lend to solving inequities in the service we currently provide for patients with diabetes attending SUH, allowing SUH to provide a diabetes service for patients which would be on par with service provided in the East of the country.</p>		
<p>A. Cosgrove, COO, Saolta University Health Care Group</p>		
<p>W99Q3318</p>	<p>Can the RHFWS be provided with a report on the procedures for dealing with patients under the influence of Alcohol or Drugs who represent at A&E following attempted Suicide and self-harm. Can the Forum also be provided with a report to confirm if these patients are referred to suitably trained staff in the Mental Health Service or if they are detained by Untrained over stretched Gardai and Untrained Over stretched A&E Staff until they are no longer under the influence of intoxicants.</p>	<p>Cllr D Gilroy</p>

All patients presenting to the Emergency Department at Sligo University Hospital (SUH) are assessed and treated according to their individual needs. Patients may be kept in the Emergency Department (ED) for a period of clinical observation by the ED staff, who are fully trained. Some patients presenting under the influence of alcohol and drugs may require an admission for acute care provided by SUH. Patients are referred to the Psychiatry Liaison Team, where appropriate, who provide a seven day service within the ED in SUH. The required follow on care is then considered and a plan put in place by the Psychiatry Liaison Team regarding access to Mental Health Services.

A. Cosgrove, COO, Saolta University Health Care Group

Each person is assessed at triage by a member of the Emergency Department [ED] staff and the action taken by them is dependent on presentation and assessment– the ED have their own protocol for the management of intoxicated individuals. The relationship between ED staff and the Liaison Mental Health Team is very good, and they work collaboratively with frequent communication and discussion of any challenging issues that arise.

If a patient is presenting as suicidal or self-harming, they may be referred for assessment to the Liaison team or the on-call psychiatry doctor for assessment and joint management if required.

The Liaison Mental Health Team and the on- call Psychiatry Doctors are highly and appropriately trained, and have access to support from a Consultant Psychiatrist should that be needed.

Dermot Monaghan, A/Chief Officer, Community Healthcare Organisation, (Cavan, Donegal, Leitrim, Monaghan, Sligo)

W99Q3319	What is the update information regarding the angiogram service at the cardiology department Letterkenny General Hospital? It is imperative that this vital service is kept for the people of the North West.	Cllr T Conaghan
<p>The Saolta Group are working with the Hospital Managers on contingency measures in relation to the cessation of the mobile Cath Lab Services at Letterkenny University Hospital and Sligo University Hospital.</p> <p>A review of the National Strategy on Cardiology is underway and is due to be published imminently. This review will set out the roadmap for future delivery for cardiac services nationally and we will follow the recommendations it contains. In the interim Galway will continue to support both sites in the delivery of Acute Cardiac Services.</p> <p>In relation to the Interventional Radiology Suite at LUH, a Business Case has been submitted nationally as part of the service planning process over the past three years. However, there has been no national allocation of resources and we are continuing to advocate for the resources required to fully utilise the facility.</p> <p>In the interim the Interventional Radiology Suite continues to be used for some Interventional Radiology Procedures; some Cardiology Procedures; and by the Ophthalmology Service, whilst we await funding to fully commission this suite on a five day basis.</p> <p>An assessment of the equipment in both LUH and SUH is currently underway by an expert panel; who will make a recommendation with regards to the capacity of the facilities on both sites to provide Angiogram Services.</p>		
<p>T. Canavan, CEO, Saolta University Health Care Group</p>		
W99Q3320	How many people are waiting for all types of surgery on waiting list at Sligo University hospital pre Covid and now after Covid reopening of society.	Cllr F Gurn

The tables below outline the wait time for patients across the different specialities for inpatient and day cases in 2019 and April 2022.

Specialty	0-3 Mths	3-6 Mths	6-8 Mths	8-12 Mths	12-15 Mths	15-18 Mths	18-24 Mths	24-36 Mths	36-48 Mths	Total
Dermatology	30	9	4	0	0	0	0	0	0	43
Endocrinology	2	0	0	0	0	0	0	0	0	2
General Medicine	182	23	1	0	0	0	0	0	0	206
General Surgery	346	170	11	8	3	0	0	0	0	538
Gynaecology	144	48	10	10	3	4	6	4	0	229
Neurology	21	2	3	6	1	0	0	0	0	33
Ophthalmology	345	303	94	88	19	22	21	8	0	900
Orthopaedics	213	118	40	66	22	9	1	0	0	469
Otolaryngology (ENT)	150	85	46	74	27	17	35	36	4	474
Pain Relief	28	22	8	36	28	6	7	4	0	139
Rheumatology	134	70	16	11	4	0	0	0	0	235
Urology	88	28	14	20	13	3	1	0	0	167
Grand Total	1683	878	247	319	120	61	71	52	4	3435

Specialty	0-3 Mths	3-6 Mths	6-9 Mths	9-12 Mths	12-15 Mths	15-18 Mths	18-24 Mths	24-36 Mths	36-48 Mths	49+ M	Total
Dermatology	39	1	1								41
Endocrinology	1		1	2							4
General Medicine	257	48	15			1					321
General Surgery	357	221	169	40	19	7	11	9			833
Gynaecology	229	88	74	43	26	32	14	17	2		525
Neurology	41	19	4	4	4	1		1			74
Ophthalmology	292	180	86	43	31	19	24	39	5	1	720
Orthopaedics	216	105	57	47	47	60	67	75	3		677
Otolaryngology (ENT)	186	76	40	20	21	7	18	38	19	7	432
Pain Relief	53	28	49	10	9	6	6	3	1		165
Rheumatology	71	58	72	19	22	17	12	2			273
Urology	81	44	17	20	14	17	5				198
Grand Total	1823	868	585	248	193	167	157	184	30	8	4263

A. Cosgrove, COO, Saolta University Health Care Group

W99Q3321	Staff recruitment at Sligo University hospital: with shortages of staff in different sectors in the hospital and the level of agency workers in the hospital, what reasons has staff not been able to be required full time.	CIlr F Gurn
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The use of agency staff for Medical and Nursing is limited to providing locum cover for leave for existing staff.

Health and Social Care Professionals: there is 0.9 WTE agency staff per month to cover a specialised post that the hospital has been unable to recruit to date. A further recruitment campaign for this post is scheduled.

Health Care Assistants: SUH contracts are given to all approved posts. However, agency staff are used for some urgent service gaps and for one-to-one care to individual patients who require enhanced level of care/specialty.

Staff Category	SUH Agency WTE average each month 2022	Reason for Agency Use
Medical	13.75	Locum Cover existing staff
Nursing	3.96	Unscheduled Locum Cover existing staff where extra hours/overtime not available within existing staff

Health & Social Care Professionals	0.9	Agency use for post Unable to Recruit - further recruit campaign scheduled
Health Care Assistants	47.71	Agency HCA for unscheduled special one-on-one HCA assignment to individual patient requirements

A. Cosgrove, COO, Saolta University Health Care Group

W99Q3322	An increased level of Funding for home support services in Area 1 for 2022 has been announced. What will this mean for the provision of this service in Donegal?	Cllr G Crawford
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The increased level of funding for home support services in CHO1 was in response to the restrictions placed on day care and respite facilities which could only offer very reduced services during the Covid pandemic.

As a consequence of the increased funding, Donegal Home Support Services and older persons in the community have benefitted immensely. A new respite service has been incorporated into the remit of Home Support to provide a substitute for the curtailed services outlined above with respite care in the home. To date in County Donegal, approximately 1,000 hours of respite are being provided per week to the most high-dependent and vulnerable clients. These hours are a combination of both day and overnight respite which is invaluable to clients and their families in helping older persons to stay at home for as long as possible.

The HSE respite is also complemented by additional funding to the Alzheimer's Society of Ireland, with whom Donegal Older Persons Services is working very closely. Donegal Alzheimer's Society is providing over 250 hours per week in home respite.

Due to the increased funding, Donegal Home Support Service was able to provide in the region of 120,000 additional home support hours in 2021 (an increase of 17.5% on 2020) and is on track for another substantial increase in 2022.

Despite these increased services and additional hours of care to older persons in the community, the demand for services is ever-increasing and many challenges still remain, particularly regarding the recruitment and retention of staff. However, Donegal Home Support has managed through its rolling recruitment service to appoint 125 staff in the past year and a half. The Donegal Home Support Service will continue to work tirelessly to provide a quality service to its clients in Co Donegal within the available financial and human resources.

Dermot Monaghan, A/Chief Officer, Community Healthcare Organisation, (Cavan, Donegal, Leitrim, Monaghan, Sligo)

W99Q3323	What details are available re the roll out of the Bowel Screen experience survey?	Cllr G Crawford
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Last month we launched our Pilot BowelScreen Patient Experience Survey as part of Bowel Cancer Awareness month. This was in partnership with a patient reporting software group, Cemplicity. The purpose of this survey is to gather feedback from screening participants to enable us to better understand their experience at each stage of their BowelScreen journey.

The NSS is committed to Patient and Public Partnership by ensuring that BowelScreen services meet the needs of its participants and that these services are truly person-centred. To do this we need to understand what it feels like to use our services, and what difficulties people face, so that we can strive to continually improve the programme.

As part of this pilot survey, a selection of BowelScreen participants will receive a link to an online survey by SMS (text) message. They will be asked questions about their recent experience of using the FIT home test and their

colonoscopy (if they had one). As a pilot study the survey will test the feasibility of using SMS messaging to allow us to invite, capture and analyse patient experience in real-time. Responses to the survey, which will be anonymous, will help guide future service planning and put continuous learning and improvement at the core of what we do in BowelScreen.

Further details on the patient experience survey are also available [here](#)

We have published a blog on our website, which you can find by clicking [here](#) explaining the importance of this survey and what we aim to achieve. During April, the National Screening Service released results of our attitudes survey for all four screening programmes. The findings of the BowelScreen programme can be found [here](#).

We provide updates on bowel screening on www.bowelscreen.ie If you have any queries about the survey, you can email BCS001@bowelscreen.ie. For other queries you can contact the Freephone information line 1800 45 45 55 or send an email to info@bowelscreen.ie

Fiona Murphy, Chief Executive, National Screening Service

W99Q3324	To ask that a timeframe on when UHL will become a DAFNE accredited diabetes centre and to provide the current total number of WTE (whole time equivalent) posts (Consultant Endocrinologists, Diabetes Specialist Dietitians, Advanced Nurse Practitioners, Clinical Diabetes Nurse Specialists, Staff Nurses, and Administrative Support) currently in place in the Adult Outpatient Diabetes Clinic in each of the hospitals in the University of Limerick Hospitals Group in tabular form.	ClIr D McSweeney
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We have made progress recently in recruiting staff for our adult diabetic services. A second consultant endocrinologist took up post on the 1st October 2020. In addition, two further consultant endocrinology posts have been approved for University Hospital Limerick. These posts have been advertised and interviews have recently taken place.

In December 2020, UL Hospitals Group received funding to recruit three additional dietetic posts for the treatment of adult diabetes. This funding was made available through the national clinical programme for diabetes. These posts include two senior dieticians and one staff grade dietician. These posts have now been filled.

The Adult Diabetes Service is also supported by a dedicated team of Clinical Nurse Specialists (CNS) and Staff Nurses. Four Diabetic CNS posts have been approved for University Hospital Limerick. Following recruitment campaigns, all four Clinical Nurse Specialists are now in place. There are also three Diabetic Staff Nurses in post at University Hospital Limerick.

Please see below for a staff breakdown by site in tabular form:

Role	WTE UHL	WTE Nenagh Hospital	WTE Ennis Hospital	WTE UMHL
Endocrinologists (Group Appointment)	2	-	-	-
Specialist Dieticians	2	-	-	-
Staff Grade Dietician	1	-	-	-
Clinical Nurse Specialists	4	-	1	1
Staff Nurses	3	-	-	-
Admin Staff	2	-	-	-

A Consultant Endocrinologist from UL Hospitals Group has been in contact with DAFNE UK to initiate the required staff training to become a DAFNE accredited centre. A proposal has been received and is currently being reviewed. It is not possible at this stage of the process to indicate when UL Hospitals Group will become a DAFNE accredited centre.

Developing our diabetes services continues to be a core focus for UL Hospitals Group and we are committed to improving this service for our patients.

C. Cowan CEO UL Hospitals Group

W99Q3325	<p>To ask the number of persons with diabetes, as of 31st January 2022, that are waiting on a first appointment to the adult outpatients diabetes clinic in any of the University of Limerick Hospital Group hospitals; and the number of people waiting</p> <ul style="list-style-type: none"> · 6 to 12 · 12 to 18 · 18 to 24 months · 2 to 4 years · 4-5 years · 5-6 years · 6-7 years <p>respectively, in tabular form.</p>	Cllr D McSweeney
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Please see below for a breakdown of the number of patients who are waiting for a first appointment at an outpatients diabetes clinic at UL Hospitals Group as of the 31st January 2022:

Time Waiting	Number on List
0-6 months	58
6-12 months	72
12-18 months	47
18-24 months	57
2-4 years	205
4-5 years	101
5-6 years	28
6-7 years	5
Total	573

C. Cowan CEO UL Hospitals Group

W99Q3326	<p>Please could I have an update on the status of the proposed Primary Health Care Centre for Oranmore. I have sought updates at the previous 2 meetings of the Forum and to date have not had a satisfactory response.</p>	Cllr L Carroll
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A scheme has completed for a new Primary Care Centre in Oranmore and planning permission is in place for same. The next step in the process requires the completion of a legal agreement between the developer and the HSE in respect of the proposed HSE accommodation space. There was a change in the development company in mid-2021 with the departure of the previous management team and a new management team subsequently appointed for the delivery of primary care centres. Discussions between the parties have not yet concluded on a legal agreement in respect of the Oranmore project. It is intended for the parties to meet shortly to review the matter.

Joe Hoare, Assistant National Director, Capital & Estates

W99Q3327	<p>At a Cabinet meeting in December 2021 I understand that approval was given for a proposed new elective hospital for Galway to include inpatient</p>	Cllr L Carroll
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	services. Have any further engagements taken place with the clinicians and stakeholders to proceed with plans for this proposed new hospital?	
<p>In December 2021 the Government approved, subject to the necessary approvals and requirements under the Public Spending Code being met, a new National Elective Ambulatory Care Strategy. This new strategy aims to change the way in which day case, scheduled procedures, surgeries, scans and outpatient services can be better arranged to ensure greater capacity in the future and help to address waiting lists. The development of additional capacity will be provided through dedicated, standalone Elective Hospitals in Cork, Galway and Dublin.</p> <p>The elective care scope of service will be developed in two phases commencing with day cases, diagnostics, and outpatients and then by inpatient treatment. On this basis, the Elective Care Centres (ECCs) will be designed to provide sufficient capacity to facilitate future phases, including some elective inpatient capacity, thereby providing a sustainable and strategic response to cater for the highly dynamic landscape of healthcare policy and practice.</p> <p>A Preliminary Business Case (PBC) for Galway is at an advanced stage of development and is expected to be submitted to the Department of Health in the near future. If technically compliant with the Spending Code requirements and approved internally, the PBC will be further reviewed by the Department of Public Expenditure and Reform, after which, subject to all Public Spending Code requirements being met, approval-in-principle to proceed to the next stage of the Code could be sought from Government.</p>		
Department of Health		
W99Q3328	Given the increasing demand and availability on both staff and public parking facilities at GUH, Are there any plans to increase public or staff parking on site at GUH? What measures are being considered to address the problem?	Clr D Ó Cualáin
<p>Galway University Hospitals currently has offsite parking for staff available at two schools which are within walking distance of UHG. We are seeking to source additional off-site parking close to the hospital but this is very challenging with the prevailing situation, in terms of scarce property in the Galway City area.</p> <p>Also, there is a 'park and ride' staff shuttle bus between Merlin Park University Hospital and UHG, which is helping to reduce the number of vehicles arriving at the UHG site each day. It is planned to also offer this service to patients attending appointments at UHG, when additional parking can be provided on the Merlin Park site. There are plans for additional surface car parking in Merlin Park, in conjunction with future developments on that site.</p> <p>The HSE and the hospital are working closely with Galway City Council, to update the Mobility Management Plans for UHG and Merlin Park University Hospital. The plans include a number of initiatives to encourage the increased usage of public transport amongst staff and patients, when travelling to each site. Also, there are initiatives to encourage staff to walk or cycle to work where those options are possible.</p>		
T. Canavan, CEO, Saolta University Health Care Group		
W99Q3329	When will the birth registration office, which was located adjacent to St Angela's Ward in GUH be reopened? Why has the service not reopened or resumed operation on the site to date?	Clr D Ó Cualáin
<p>At this point there is no definitive date for re-opening the service but it is our intention to re-open once the staff are recruited and trained.</p>		
Breda Crehan-Roche, Chief Officer, Community Healthcare West		
W99Q3330	Can I get a breakdown on how many adults and children are currently awaiting dental extraction and assessment under the HSE Dental Service and the Oral Maxillo Facial service in Galway? Can I also get a breakdown on how long people are waiting for assessment and their procedures?	Clr D Ó Cualáin

There is a Hospital Theatre Service for extractions for very young patients, complex patients and nervous patients. Currently 143 patients are waiting for this service, some for over 2 years. Theatre access was significantly reduced due to COVID – 19.

Adults with medical cards can access the Dental Treatment Services Scheme (DTSS). There is currently a COVID – 19 backlog creating access issues.

Breda Crehan-Roche, Chief Officer, Community Healthcare West

Orthodontic MPUH Waiting lists: We currently have 757 patients awaiting assessment, but these all have an appointment by the end of July. Our assessment (first visit) waiting time is currently approx. 3 months.

We have 1402 patients on our treatment waiting list, these have been deemed eligible for treatment. The waiting time for treatment is currently approx. 3.5 years.

GUH OPD Waiting List: This includes all OPD referrals (Adult and Children) into the hospital and our GUH data does not differentiate between dental extractions and other Maxfacial related complaints.

Specialty	Oral Surgery	.T										
Adult/Child	Adult	.T										
Count of hospital name												
Row Labels	0-3 Months	3-6 Months	6-9 Months	9-12 Months	12-15 Months	15-18 Months	18-21 Months	21-24 Months	24-36 Months	36-48 Months	48+ Months	Grand Total
Has Appointment Date	27	9	19	18	7	5	3	6	18	4	8	124
No Appointment Date	222	218	186	165	138	156	116	82	491	305	359	2438
Suspended						16	23	11	30	8		88
Grand Total	249	227	205	183	145	177	142	99	539	317	367	2650

Specialty	Oral Surgery	.T										
Adult/Child	Child	.T										
Count of hospital name												
Row Labels	0-3 Months	3-6 Months	6-9 Months	9-12 Months	12-15 Months	15-18 Months	18-21 Months	21-24 Months	24-36 Months	36-48 Months	48+ Months	Grand Total
Has Appointment Date	7		7	5		1			2		1	23
No Appointment Date	60	41	26	33	8	8	7	3	25	6	5	200
Suspended						3	1	1	1			6
Grand Total	67	41	33	38	8	12	8	4	28	6	6	229

GUH Inpatient Waiting List: There are a number of other procedures on the Maxfacial waiting list, the RHF requested information on dental which are included below

Wait category	(All)										
Count of Hospital Name											
Row Labels	0-3 Mths	3-6 Mths	6-9 Mths	9-12 Mths	12-15 Mths	15-18 Mths	18-24 Mths	24-36 Mths	36-48 Mths	48+ Mths	Grand Total
Removal of 1 tooth or part(s) thereof	7	7	6	5	4	2	14	22	10		77
Removal of 10 - 14 teeth or part(s) thereof					1						1
Removal of 2 teeth or part(s) thereof	8	4	5	3	6		5				31
Removal of 3 teeth or part(s) thereof	4	2	1	2	4	4	1		1		19
Removal of 4 teeth or part(s) thereof	7	2	7	7	12	3	3		1		42
Removal of 5 - 9 teeth or part(s) thereof	2	2	3	3	1		2				13
Removal of arch bars from maxilla or mandible	5	1	1				1				8
Splinting of displaced tooth per tooth	4										4
Surgical exposure of unerupted tooth with attachment of device for orthodontic traction			1								1
Surgical exposure of unerupted tooth with stimulation and packing	1							3		1	3
Surgical periodontal procedure not elsewhere classified per tooth or implant			1								1
Surgical removal of 1 tooth not requiring removal of bone or tooth division								6	13	5	2
Surgical removal of 1 tooth requiring removal of bone	30	3	3	4	2	1					43
Surgical removal of 10 - 14 teeth requiring removal of bone			1								1
Surgical removal of 2 teeth requiring removal of bone	12	9	5		3						30
Surgical removal of 3 teeth requiring removal of bone	8	1	1	1	4	1					16
Surgical removal of 4 teeth requiring removal of bone	16	5	4	1	3						29
Surgical removal of 5 - 9 teeth requiring removal of bone	5	3									8
Surgical removal of unspecified number of teeth not requiring removal of bone c	1				1	1					3
Surgical removal of unspecified number of teeth requiring removal of bone											4
Temporomandibular meniscectomy				1	2	1			1		1
Tooth root resection per root					1	1					2
Grand Total	165	61	49	36	49	15	43	49	30	5	502

T. Canavan, CEO, Saolta University Health Care Group

W99Q3331	How many private dental practices in Galway and Connemara are currently registered with the HSE to treat medical card holders. Can a list of these practices be provided to the forum. Where are the HSE run Community Dental clinics currently located outside of Galway city throughout the county?	Cllr D Ó Cualáin
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1. There are 25 private dental practices in Galway and Connemara currently registered with the HSE to treat medical card holders which the attached list refers.
2. Please see listing below.
3. Clifden, Ceathrú Rua, Oughterard and Gort are the clinics located outside of Galway City

Dentists Operating the DTSS (Medical Cards)

Galway City

Dr Rachel King, 5 Commerce House, Flood St,	091 507001
Dr Vincent OConnor, Eglinton St, Galway	091 567694
Dr Brid McGlacken, Forester Court Galway	091 562223
R – Dent Dental, Unit 70, Headford Rd, Galway	091 563792
Dr J McEvaddy, Devon Park, Salthill	091 520222
Dr McEvaddy, Middle St.	091 566517
Dr Kelly, Liosbaun Ind. Est. Tuam Rd.	091 770670
Dr McGee, Merchants Rd	091 566614
Dr D O'Reilly, Newcastle	091 525688
Dr O'Hagan, Galway Dental, Salthill	091 582222
Dr C Long, Lower Cross St	091 564272
Dr. C. Davitt, Laura Ashley Building, Tuam Rd	091 756222
Westend Dental Practice	091 863826

Galway East

Dr McCarthy, Claregalway	091 798333
Dr Una Burke, Gort	091 630731
Seaport Dental, Gort	091 631276
Dr McGuckin, Ballinasloe	090 9643041
Dr Whitney, Oranmore	091 795195
Dr Mangan, Walsh ,Athenry	091 845945
Seaport Dental Loughrea	091 841466
Oranmore Dental Care, Cloonarkin Drive,	091 790609
Mountbellew Dental Practice, College Road,	0909 623794

Galway West

Barna Village Dental Practice	091 596640
Dr Kirrane, Oughterard	091 866018
Dr John Flavelle Spiddal	091 558944

Breda Crehan-Roche, Chief Officer, Community Healthcare West

W99Q3332	What has been the up take in the shared Living scheme in Donegal 2020 to date.	Cllr G Crawford
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Shared Living Donegal is part of a continuum of care aimed at keeping older people as independent as possible by living with host families in their own communities. For the older person, it is an opportunity to remain living in the community and maintain a high level of independence. The older person also has the benefit of living in a

caring home environment where the host gets to know their needs. The older person placed in the host's home is assessed by experienced staff to ensure the scheme can safely meet their needs.

For the host, being part of the Shared Living Scheme is an opportunity to participate in an older person's life in a special way. Providing care for an older person who is facing huge changes in their life can be a challenging and rewarding experience. Placements are usually arranged for the long term and a host's home can accommodate up to four older persons depending on the assessment. The host families or host individuals are assessed by the HSE to ensure they are ready for the commitment and their homes are suitable. Shared Living/Home Sharing is a statutory scheme and the HSE, as well as the older person, make a payment to the host to cover expenses.

Shared living has been operating in Donegal under different names since 1983, with experienced staff providing ongoing support and advice to the hosts and older people participating in the scheme.

A total of 20 people have had a placement in Shared Living/ Home Sharing from 2020 to date. In addition, three people have been placed in Ozanam House, Bundoran, which offers Assisted Living for older people who wish to keep their independence yet be supported in a safe and secure environment.

Dermot Monaghan, A/Chief Officer, Community Healthcare Organisation, (Cavan, Donegal, Leitrim, Monaghan, Sligo)

Appendix 1

Specialty	Ophthalmology .T									
Wait category	ACTIVE .T									
Count of Hospital Name	Column Labels									
Row Labels	.T 0-3 Mths	3-6 Mths	6-9 Mths	9-12 Mths	12-15 Mths	15-18 Mths	18-24 Mths	24-36 Mths	48+ Mths	Grand Total
Extracapsular extraction of crystalline lens by phacoemulsification and aspiration of cataract with	314	133	34	18	3	6	3	4	1	516
Extracapsular extraction of crystalline lens by simple aspiration (and irrigation) technique with in				1						1
Grand Total	314	133	34	19	3	6	3	4	1	517

Specialty	Ophthalmology .T									
Wait category	PREADMIT .T									
Count of Hospital Name	Column Labels									
Row Labels	.T 0-3 Mths	3-6 Mths	6-9 Mths	Grand Total						
Extracapsular extraction of crystalline lens by phacoemulsification and aspiration of cataract with	9	8	6	23						
Grand Total	9	8	6	23						

Specialty	Ophthalmology .T									
Wait category	SUSPENSION .T									
Count of Hospital Name	Column Labels									
Row Labels	.T 0-3 Mths	3-6 Mths	6-9 Mths	9-12 Mths	12-15 Mths	48+ Mths	Grand Total			
Extracapsular extraction of crystalline lens by phacoemulsification and aspiration of cataract with	61	135	28	2	1	229				
Grand Total	61	135	28	2	1	229				