

# REGIONAL HEALTH FORUM WEST – 23<sup>rd</sup> September 2014

## QUESTIONS RECEIVED

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**QUESTIONS RECEIVED**

NUMBER	QUESTION	RAISED BY
W53Q1415	What steps are in place to provide adequate psychotherapists in the Galway West Area (GR1) and in particular with a working knowledge of Irish under the Official Languages Act?	Cllr Terry O'Flaherty
<p>When reconfiguration of Galway/Roscommon Mental Health services is completed, during 2015, each Sector, including GR 1, will have Consultant Psychiatrists, NCHDs, Psychiatric Nurses and Psychologists delivering the service. Psychotherapists do not form part of the staffing of these teams.</p> <p>Every effort is made to ensure that the service can be delivered through Irish and we acknowledge that there are recruitment challenges in this regard, particularly when it comes to NCHDs on rotational training schemes, as many of these do not have the necessary level of fluency to deliver the service through Irish.</p> <p>To address this, we have recently advertised for expressions of interest from Registrars in Psychiatry with fluent Irish who are interested in working in GR 1, in order to ensure service delivery in Irish. We are also making a submission through the National Service Planning process for 2 Nurses for this sector which would be filled by people with fluent Irish.</p> <p>We also provide access to Irish Language classes for staff who wish to refresh their language skills</p> <p><i>C Cunningham, Area Manager, Galway/Roscommon</i></p>		
W53Q1416	Can it be confirmed whether or not the psychiatric unit in UCHG again had numerous leaks when we had heavy rains during August?	Cllr Tim Broderick
<p>Galway/Roscommon PCCC wishes to confirm that there were no leaks in the Acute Psychiatric Unit during August. The Buildings and Maintenance Dept continues to liaise with staff in the Psychiatric Unit regarding the monitoring of any possible leaks.</p> <p><i>C Cunningham, Area Manager, Galway/Roscommon</i></p>		
W53Q1417	Does the HSE intend providing a dedicated Helipad for Thurles?	Cllr David Doran
<p>The location of a helipad is a complex matter and is usually prioritised in the closest proximity to acute hospitals.</p> <p>The use of surveyed alternate landing areas nationally provides the aero-medical services with multiple landing areas over a wide geographical area. The assistance of all the sporting organisations is of vital support to the on-going daily operations of the Emergency Aero-Medical Services.</p> <p>Areas that are used for emergency aero-medical missions have been surveyed and are deemed suitable for emergency operations. In addition, the use of these sites enables the services to provide assistance at the nearest location to the patient as possible.</p> <p>Currently, there are three Pre-Determined Landing Zones [PDLZ] in the Thurles area.</p> <p>These are as follows@</p> <ol style="list-style-type: none"> <li>1. Thurles Rugby Club</li> <li>2. Race Course, Thurles</li> </ol>		



3. Caves Road area, Thurles

All have excellent access for ambulance service.

**Bernard Gloster, Area Manager, Mid West PCCC**

W53Q1418	What works have been carried out to date on the proposed ambulance base in Loughglynn, Co Roscommon? What time frame is proposed for the opening of this base?	Cllr Michael Creaton
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The contractors have now been appointed and we are awaiting a start date. It is expected that the work will take up to 6 to 8 weeks.

**Padraig O'Riordan, National Ambulance Services**

W53Q1419	What are the currently available figures for the number of patients waiting on trolleys in the Emergency Department of University Hospital Limerick during the months of June, July and August 2014 and could these be compared with the figures for same period in 2013?	Cllr Malachy McCreesh
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Response not available at time of printing.

W53Q1420	What steps have been taken at University Hospital Limerick to resolve the stressful conditions for staff working in the Emergency Department of University Hospital Limerick? The area is too small to accommodate the large volume of patients. Staff find it difficult to perform their duties in such a confined environment and it is a credit to their professional attitude that all patients are treated with a high degree of care despite having to work around many obstacles such as the numerous trolleys.	Cllr Malachy McCreesh
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1. To improve the ED experience for children and staff a dedicated paediatrics treatment area was opened in the spring of 2014. This has segregated paediatric presentations from adult activity. This is a spacious unit with isolation facilities and a separate waiting area
2. As part of changes to segregate paediatric activity the clinical decision unit was relocated to a fully renovated area within the ED
3. To support the staff and to address the workload within the department a number of additional resources have been recruited; 10 nurses (3 specifically for the paediatrics area), All vacant NCHD medical posts have been filled successfully in July 2014
4. The Acute Medical Unit (AMU) opened in 2013- this unit takes direct referrals from GP's and referrals from the Emergency Department - there is a Consultant on duty there each day, ensuring patients are seen by a senior decision maker in a timely fashion with regard to decision to admit and plan for treatment. This unit takes patients who would otherwise be seen in the ED. The unit is open every day from 8am to 8pm.
5. A Surgical Assessment Unit (SAU) has been opened. The SAU works in a similar fashion to the AMU - but for surgical patients.
6. A 17 bed short stay unit was opened at UHL in April 2014. This unit is managed by the acute medicine physicians, the ambition being to turn around patients within 48 hours of admission. It is anticipated that this unit will expand into an existing ward in the future, increasing the capacity of the unit to 49 beds.
7. The provision of a new ED at UHL is well advanced. The external building works are nearing completion. Internal fit out and equipping will take approximately 12 months to complete. It is anticipated that the new ED will open early in 2016. The new ED will provide much enhanced space and facilities for those attending the ED.



8. 4 patient flow managers have been appointed since July 2013. The patient flow managers are responsible for coordinating the transfer of patients from University Hospital Limerick (UHL) to Ennis, Nenagh & St. Johns Hospital
9. There is a daily teleconference chaired by a member of the executive team. All hospitals within the group participate in the teleconference and the bed situation in all the hospitals is discussed and any issues addressed.

**Noreen Spillane, Acting CEO, UL Hospital Group**

W53Q1421	What is the impact on the ambulance service in the region when one or more ambulances are forced to become mobile wards by plugging into the hospital electricity supply when there is no room within the Emergency Department at the University Hospital Limerick to accept the patient that have been transported from the Nenagh and Ennis districts? How often does this happen and what is the normal duration that an ambulance is effectively out of service?	Cllr Malachy McCreesh
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Response not available at time of printing.

W53Q1422	Have any additional resources been made available at the psychiatric unit of Ennis Hospital to ensure that at risk patients can be accommodated when the University Hospital Limerick does not have the beds available? This issue relates to the discharge of a patient from University Hospital Limerick who although advised by staff to seek admission to Ennis Hospital's psychiatric unit was initially unable to gain admission due to lack of beds.	Cllr Malachy McCreesh
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The current registration of the Acute Psychiatric Unit, University Hospital, Ennis as an Approved Centre in accordance with Section 64(9) of the Mental Health Act, 2001, has the following condition attaching:

*'The Mental Health Commission prohibits the transfer of residents to another approved centre to alleviate bed shortages; to ensure that this compliance is sustained in line with the 2013 Report of the Inspector of Mental Health Services for confirming that the Approved Centre was compliant with the condition.'*

The Vision for Change strategy gives clear guidance in relation to the number of acute inpatient beds which should be provided per head of population. In the Mid West area the requirement is approximately 78/79 acute inpatient beds.

The current acute inpatient bed capacity in the Mid West on 15/09/14 is as follows:

LOCATION	CAPACITY	IN USE
5B Acute Psychiatric Unit, University Hospital, Limerick. (Capacity reduced by 10 during the redevelopment work).	50	40
Acute Psychiatric Unit, University Hospital, Ennis.	39	39
<b>Total Mid West</b>	<b>89</b>	<b>79</b>

At present there is a redevelopment project underway in 5B, Acute Psychiatric Unit, University Hospital Limerick and the work is due for completion early 2015. To enable an informed decision to be made by the Mid West Mental Health Management Team, it has been decided to establish a Working Group to review the number and allocation of acute beds within the Mid West Region in line with *Vision for Change*, taking cognisance of the completion of the redevelopment project in 5B, and the most appropriate use of acute beds in the area. It is anticipated that the Working Group will report to the Management Team in the coming period and a decision will



be made on the reconfiguration of acute bed provision.

The Mid West Mental Health Management Team is satisfied that adequate resources are deployed to the Acute Psychiatric Unit, University Hospital, Ennis to meet the challenge posed by "at risk" patients.

It is the policy of HSE Mid-West not to comment on individual cases relating to discharge of patients.

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

W53Q1423	<p>In light of the recent tragic incident at Waterford University Hospital concern has been expressed to me regarding the situation at in-patient services, Clarion Road, Sligo.</p> <p>Following last year's reduction in the number of beds available to serve the Sligo, Leitrim, Donegal, west Cavan region for clients displaying aggressive, threatening and violent behaviour from ten units to a maximum of four, can HSE West advise if they have any plans to further reduce the staffing levels currently set at five.</p> <p>Further, on what date is the new early intervention unit in Galway for the region ready to be occupied or may it be delayed due to the recent announcement that the HSE nationally is currently 500 million euro over budget?</p>	Cllr Felim Gurn
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Sligo/ Leitrim/ Donegal/West Cavan In-patient Unit operates at 30 beds and its ultimate target for our population is 25 beds. We continue to develop our community services to ensure the appropriate resources and services are in place to meet our patient's needs. Staffing levels in our In-patient service are allocated based on occupancy levels in the Unit and are maintained accordingly.

**D McCallion, Area Manager, Sligo/Leitrim**

W53Q1424	<p>In light of the national budgetary overspend, what, if any, overspend occurred at Sligo General Hospital? Has HSE West drawn up a list of areas where they deem cutbacks may occur to bring expenditure into line with the national guidelines and what effect will this have on the overall running of Sligo General Hospital?</p>	Cllr Felim Gurn
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At the end of July 2014 Sligo Regional Hospital is €6.5 million overspent with a projected year end deficit of €10 million. The Hospital is operating at a lower cost base compared to 2013 however savings have been offset by exceptional costs being incurred for agency costs, drug costs and reducing income.

Despite the financial challenges the Hospital continues to deliver on 2014 activity targets.

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

W53Q1425	<p>Please let me know the number of investigations that are currently taking place into complaints by patients/former patients at Mayo General Hospital over the last three years, including the total number of complaints made, the number that have been resolved and the number of complaints still ongoing and what area of the hospital do they concern?</p>	Cllr. Michael Kilcoyne
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Please find attached in **Appendix A**: January 2012 to August 2014 complaint statistics.

This is the information which is submitted to Consumer Affairs on a monthly basis and is categorised by 6 themes which include Access, Dignity and Respect, Safe and Effective Care, Communication and Information, Privacy and Accountability.

The total number of complaints received in MGH from these dates is 253. Currently there are 19 complaints deemed opened.

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

W53Q1426	<p>What was the number of permanent staff at Mayo General at 1<sup>st</sup> Jan 2014, 1<sup>st</sup> Jan 2013 and 1<sup>st</sup> Jan 2012, to include a breakdown of numbers of Consultants, Doctors, Nurses?</p>	Cllr. Michael Kilcoyne
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Please see below a breakdown of the number of permanent staff on PPARs system in Jan 2012, 2013 and 2014



<b>WTE Summary</b>	<b>Jan-12</b>	<b>Jan-13</b>	<b>Jan-14</b>
	<b>WTE</b>	<b>WTE</b>	<b>WTE</b>
<b>Management &amp; Administration staff</b>	<b>158.61</b>	<b>151.37</b>	<b>151.63</b>
<b>Medical Staff</b>	<b>122.8</b>	<b>127.96</b>	<b>130.88</b>
<b>Nursing staff</b>	<b>435.77</b>	<b>439.59</b>	<b>434.23</b>
<b>Health and Social Care Professionals, Occupational Therapists, Speech and Language Therapists, Pharmacists, Technicians, Physiotherapists, Radiographers and Laboratory staff</b>	<b>100.7</b>	<b>98.56</b>	<b>96.05</b>
<b>General Support Services (Maintenance, Stores staff, Porters and Security)</b>	<b>67.27</b>	<b>63.68</b>	<b>54.69</b>
<b>Patient/Client Care (Health Care Assistants, Multitask Attendants, Physio Assistant etc)</b>	<b>84.31</b>	<b>84.25</b>	<b>88.48</b>
<b>Sub Total</b>	<b>969.46</b>	<b>965.41</b>	<b>955.96</b>

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

<b>W53Q1427</b>	How many patients were transferred in the past twelve months from Mayo General to the Sacred Heart Hospital include a breakdown of the number for short term care and long term care and what is the current number of patients in the Sacred Heart Hospital?	<b>Cllr. Michael Kilcoyne</b>
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No patients are discharged from an Acute setting into Long Stay Beds so that part of the question does not apply

There have been 178 direct transfers from Mayo General Hospital to Rehab Unit SHH from 01/09/2013 to 31/08/2014

As of today's date 15<sup>th</sup> September 2014 there are:

72 Long Stay Residential Patients in Sacred Heart Hospital  
28 patients in Rehab Unit in Sacred Heart Hospital

**Frank Murphy Mayo Area Manager**

<b>W53Q1428</b>	Has a dedicated phone line been set up to assist members of the forum querying medical card applications and has a supervisor been assigned to deal with medical card queries where there is undue delay in processing the application and who can be contacted directly by forum members?	<b>Cllr. Michael Kilcoyne</b>
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The HSE operates a dedicated contact channel for members of the Oireachtas to address queries relating to Medical Card and GP Visit Card matter.

Individuals, or others advocating on behalf of an individual applicant, may contact LoCall Number 1890 252 919 or, [clientregistration@hse.ie](mailto:clientregistration@hse.ie) to receive assistance and information relating to Medical Cards and GP Visit



Cards.

**John Hennessy, National Director, Primary Care**

W53Q1429	How many Respite Care beds are available in Donegal and what options are open to patients when they are full?	Cllr Gerry Mc Monagle
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The Respite listing is reviewed regularly priority is given to patients/clients with the greatest need.

In emergency circumstances a client can be accommodated in a short stay bed depending on availability.

In addition consideration can be given to increasing the home care package available to the client or boarding out if there are appropriate to the needs of the client.

Relatives are advised that they may use the respite allowance to avail of a private nursing home bed, if they are in receipt of this allowance.

In exceptional circumstances it is possible to seek short term funding for a private nursing home bed.

**John Hayes, Area Manager, Donegal PCCC**

W53Q1430	How made insurance claims have been made by Letterkenny General Hospital in the last ten years as a result of flooding and what was the settlements?	Cllr Gerry Mc Monagle
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Management at Letterkenny General Hospital have submitted only one insurance claim over past 10 years in October 2014 as a result of the flooding and the settlement value of that claim was €34m.

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

W53Q1431	Can I have a breakdown on the number of NCHDs on contract to LETTERKENNY General Hospital and the number employed as Locums and can I be given a breakdown of the difference in cost to Letterkenny General Hospital in hiring NCHDs on a Locum basis versus those on a contract basis over the typical period of NCHDs employment?	Cllr Gerry Mc Monagle
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At Letterkenny General Hospital 106 NCHD's are presently employed on Payroll contracts and 10 NCHD's are employed through agencies. The additional cost of a NCHD via Agency is 50 % over Payroll contract cost.

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

W53Q1432	Question Withdrawn	
W53Q1433	What are the nursing care staff levels in St. Patrick's Hospital, Carrick-on-Shannon? I have received a number of complaints within the past couple of months from relatives of patients who are concerned about the shortage of staffing levels and the pressure the staff are under trying to maintain a proper standard of care for the patients. They are doing an excellent job under the circumstances but appear to be working under duress at all times.	Cllr Caillian Ellis

St Patrick's Hospital, Carrick-on-Shannon, similar to all other Community Hospitals / Nursing Units within the Sligo Leitrim and West Cavan area are currently staffed in accordance with recommended levels suited to the type and dependency of the residents being cared for in each unit.

Any vacancies are reviewed each month and filled if under agreed levels. For example this month one nursing position and two health care assistant positions are currently being filled. These positions, currently being recruited, will ensure that the hospital remains at the recommended staffing level and will also support moving towards the recommended skill mix assigned to the Community Hospital / Unit as per the HSE Service Plan 2014.



In addition proposed roster changes, currently being negotiated will ensure staff are scheduled at the times when the patients needs are greatest e.g. we expect to implement these changes before the end of October.

All staff at the hospital continue to strive towards providing the high level of care that people expect from St Patrick's. Management wish to acknowledge this ongoing commitment shown by all staff.

**D McCallion, Area Manager, Sligo/Leitrim**

W53Q1434	What is the up to date report regarding the opening of the Community Care Centre in Ballinamore.	Cllr Caillan Ellis
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I can confirm that the building in Ballinamore has been completed and is in the process of being handed over to the HSE. Work is now in progress to have the building commissioned and equipment installed. It is hoped Primary Care Services will commence in the building in November.

The tender for an operator to run the 20 bedded community nursing unit is well advanced. The tender documents will issue in September and we are on target to have an operator in place for Quarter 1, 2015.

**D McCallion, Area Manager, Sligo/Leitrim**

W53Q1435	What funding is in place for suicide prevention and support projects for voluntary organisations and will there be an increase in next years budget.	Cllr Michael Creaton
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This summary provides comparative analysis for 2012 & 2013. The allocation to National Office for Suicide Prevention for 2014 is approx. €8.7 million and a similar funding strategy with particular emphasis on supporting front-line services is being followed.

The National Office for Suicide Prevention is currently working to develop a new National Strategic Framework for Suicide Prevention 2015-2019 and the funding strategy for services for 2015 and beyond will reflect the actions and priorities set-out in this new framework.

Expenditure has increased by over one third from €5.19m in 2012 to €8m in 2013.

This increase in funding is spread across a broad spectrum of agencies and services supporting:

- Intervention & Bereavement Support Services
- Older People & Families
- Marginalised Groups
- Men
- Research
- Young People
- Other agencies covering all demographics

**National Office for Suicide Prevention**

W53Q1436	Question Withdrawn	
W53Q1437	Question Withdrawn	
W53Q1438	Question Withdrawn	
W53Q1439	What is the funding breakdown allocated to: <ul style="list-style-type: none"> <li>• Each service user within the adult disability services in HSE West area</li> <li>• Each child user within the child disability services in HSE West area</li> <li>• Each service user within the adult disability services in Clare and Limerick areas.</li> <li>• Each child user within the child disability services in Clare and Limerick areas.</li> </ul>	Cllr Ann Norton

<p>Funding is not allocated client by client basis. Different funding arrangements are in place for each County for example significant funding is provided to service providers e.g. Brothers of Charity Galway, Daughters of Charity Midwest and Western Care Mayo. However in some Counties there is some direct care provision for some services e.g. respite, home support and transport.</p>														
<b>HSE West PCCC Areas</b>														
W53Q1440	<p>What is the funding breakdown allocated to:</p> <ul style="list-style-type: none"><li>• The waiting list for equipment for disabled people in HSE West.</li><li>• The waiting list for equipment for disabled people in Clare/Limerick</li><li>• The annual budget for the purchase of equipment for disabled people in HSE West and in Clare/Limerick</li><li>• The priority rating applied to each application for funding for equipment.</li></ul>	Cllr Ann Norton												
<p>Different arrangements are in place with regard to the provision of equipment to people with disabilities. There is no one waiting list for equipment across the HSE West. Further, the budget for purchase of equipment is handled in a variety of ways across each County e.g. in some Counties, some equipment is provided directly by HSE while other equipment is provided through funded agencies.</p>														
<b>HSE West PCCC Areas</b>														
W53Q1441	<p>An explanation on how a wheelchair request isn't automatically rated as priority 1 for wheelchair users?</p>	Cllr Ann Norton												
<p>Assessment for Wheelchairs is carried out by the relevant Clinician and they prioritise according to clinical need.</p>														
<b>Bernard Gloster, Area Manager, Mid West PCCC</b>														
W53Q1442	<p>What value for money standards are applied when purchasing equipment?</p>	Cllr Ann Norton												
<p>Response not available at time of printing.</p>														
W53Q1443	<p>Question Withdrawn.</p>													
W53Q1444	<p>What is the current status with regards staffing levels at Letterkenny General Hospital could we get a breakdown and what plans we have for recruitment?</p>	Cll. Claran Brogan												
<p>The Current breakdown of WTE in Letterkenny General Hospital as at end of August 2014 is as follows:</p> <table><tr><td>Clerical</td><td>201.13</td></tr><tr><td>Medical</td><td>148.76</td></tr><tr><td>Nursing</td><td>514.97</td></tr><tr><td>Health &amp; Social Care</td><td>131.94</td></tr><tr><td>Support Staff</td><td>221.34</td></tr><tr><td>Patient &amp; Client Care</td><td>130.76</td></tr></table>			Clerical	201.13	Medical	148.76	Nursing	514.97	Health & Social Care	131.94	Support Staff	221.34	Patient & Client Care	130.76
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Support Staff	221.34													
Patient & Client Care	130.76													
<p>In relation to recruitment, LGH is required to follow the WNWHG recruitment process, which involves the application to fill vacancies being made to the Employment Control Committee (ECC) held bi monthly. This forum is chaired by the Chief Operating Officer and attended by all the Hospital General Managers, Clinical Directors, Chief Finance Officer and Group HR Manager. If a post is sanctioned for recruitment then the recruitment process is initiated involving the National Recruitment Service.</p>														



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

<b>W53Q1445</b>	<b>What is the current budget status at Letterkenny General Hospital.</b>	<b>Cllr Ciaran Brogan</b>
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The budget allocation granted to Letterkenny General Hospital for Revenue spend in 2014 was €98.6m. This is to cover all agreed levels of activity in scheduled and unscheduled care and associated pay costs with 1350 WTE's.

On the current rate of expenditure we are projecting an overspend of €5.5m and we are pursuing a range of cost containment measures. The main areas of overspend include Agency costs associated with recruitment of Locum Consultants and NCHD's, Ambulance and non ambulance transport, Oncology related medicines, Laboratory, Blood products, demand led Renal Dialysis services Energy costs and a reduction in Private Health Insurance usage and associated loss of income to the Hospital.

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

<b>W53Q1446</b>	<b>What is the current waiting list for home help hours in Clare, Limerick and North Tipperary and what plans have HSE West in place to address this shortfall in home help funding.</b>	<b>Cllr Tom McNamara</b>
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LHO	Waiting List for Assessment	Waiting List for Service following Assessment	Waiting List for additional Home Help hours	Total
Limerick	63	36	14	113
Clare	83	225	82	390
N Tipp/E Limerick	35	24	12	71
<b>Total</b>	<b>181</b>	<b>285</b>	<b>108</b>	<b>574</b>

In respect of issue regarding funding we would like to refer the Councillor to our response to a previous Regional Health Forum Question, W45Q1136, that was issued in May of this year.

**Bernard Gloster, Area Manager, Mid West PCCC**

<b>W53Q1447</b>	<b>What progress has been made with the National Colorectal Cancer Screening Programme and how many colonoscopy's have been carried out in Ennis Regional Hospital under this programme.</b>	<b>Cllr Tom McNamara</b>
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The National Colorectal Cancer Screening Programme in Ennis has been up and running since May 2013. 408 colonoscopies have been performed to date under the Bowel Screening Program at Ennis Hospital.

**Noreen Spillane, Acting Chief Executive Officer UL Hospital Group**

<b>W53Q1448</b>	<b>Can you confirm the waiting time for children assessed for orthodontic treatment from their initial assessment to the time when they start to receive treatment.</b>	<b>Cllr Mary Hoade</b>
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The wait time for initial assessment is 2-3 months currently.

The wait time for treatment from assessment: Routine 3 years. Priority: Just over 1 year.

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

<b>W53Q1449</b>	<b>What is the current amount of time the Tuam Ambulance base is in use. Any update on it becoming a 24 hour base.</b>	<b>Cllr Mary Hoade</b>
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With regard to Tuam a crew is provided for a day shift on 3 occasions each week during the day.

The National Ambulance service has included a staffing requirement of 11 staff for Tuam in its submitted Service Plan for 2015

***Padraig O'Riordan National Ambulance Service.***

W53Q1450	Further to question ( W52Q1411) and the national figure given of 4,153 people who have opted for the loan and for which a charge has been registered how many people comprised within this number are Galway City/County based, ii) how many from Galway City County applied each year since the scheme came in 2009, iii) how many opted for the loan and have had charges registered, iv) how many homes/properties have been sold and monies recouped by Galway City/County, (v)what is the period of time for assessment and decision under this scheme for applicants generally and Galway in particular, vi) by whom, where and how is the assessment carried out and vii) the explanation and causes for the said period of time.	Cllr Catherine Connolly
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The national figure is 4,153. Of these there were 378 loan applications and 167 clients (44%) have accepted the loan funding offer and consented to having a charge raised on their asset by the HSE in Galway City/County  
**ii) how many from Galway City/County applied each year since the scheme came in in 2009,**

This breakdown is not available.

**iii) how many opted for the loan and have had charges registered,**

Since commencement of the scheme to the end of August 2014, 378 Ancillary State Support Loan applications have been submitted for Galway clients. From these 378 loan applications, 167 clients or 44% have accepted the loan funding offer and consented to having a charge raised on their asset by the HSE.

**iv) how many homes/properties have been sold and monies recouped by Galway**

The recoupment of the loan funding is the responsibility of the Revenue Commissioners as appointed by the Nursing Homes Support Scheme Act 2009. As at the end of August 2014, the HSE has advised the Revenue Commissioners that 20 Galway client loans were due for recoupment. As at end of August 2014 the Revenue Commissioners has confirmed to the HSE that 14 of these client loans were repaid in full.

Upon the death of a client in receipt of Ancillary State Support funding and as per Section 26(5) of the legislation, the repayable amount of the loan funding is deemed a debt due and payable out of the estate of the deceased person. Subsequently, it is not mandatory for any home to be sold in order to repay a loan. Therefore the detail of "how many homes/properties have been sold" is not required by or available to the HSE.

**v) what is the period of time for assessment and decision under this scheme for applicants generally and Galway in particular,**

The period of time for assessment is dependant on the information supplied by the applicant being correct and accompanied by supportive documentation for all assets and incomes. Once this application is finalised and verified in the Galway office, for Galway clients, it is inputted immediately on to the National System where calculations are concluded on input. Families are informed of their expected contribution for care.

**vi) by whom, where and how is the assessment carried out and**

The staff in the local Nursing Home Support Office in Galway deal with all application forms and assessments.

There are three steps in the application process: Step 1 is an application for a Care Needs Assessment. The Care Needs Assessment identifies whether or not long-term nursing home care is needed, that is, whether the client can be supported to continue living at home or whether long-term nursing home care is more appropriate. The



Care Needs Assessment will be carried out by appropriate healthcare professional. It can be completed at any time in a hospital or a community setting. Step 2 is an application for State support. The information given by the client will be used to complete the Financial Assessment, which decides how much they contribute to their care and how much State support the client receives. All applicants must complete Steps 1 and 2. Step 3 is an optional application for the Nursing Home Loan, that is, if the client wishes to defer paying the part of their contribution which is based on your home or other property.

**vii) the explanation and causes for the said period of time.**

There are no delays in the Galway office once all the information supplied is correct on the application form. However, there is now an estimated 14 weeks wait on the National Waiting List in order to be granted funding allocation. Galway Roscommon does not have any control over the waiting time.

**C Cunningham, Area Manager, Galway/Roscommon**

W53Q1451	<p>In relation to the following Public Nursing Homes</p> <ol style="list-style-type: none"> <li>1. Aras Mhic Dara- what is the status now of the proposed refurbishment including commencement and completion date and confirmation that the funding is in place and the number of people who have expressed a preference to live there for a long term bed there and further the position re full complement of nursing staff.</li> <li>2. Similarly in relation to Units 5/6 Merlin Park, what is their current status and HSE West plans for same including proposed time frame for any necessary works and including the complement of beds vs the actual beds occupied, the number of people who have expressed a preference for a bed in either of these units and the position re full complement of staff.</li> </ol>	Cllr Catherine Connolly
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**1) Re Aras Mac Dara**

The process for the proposed refurbishment has already commenced as we are in the design and tendering stage per EU legislation.

We do not have an exact starting date as the builder has not yet been appointed however the tender documents state that the works will be completed before the end of 2015.

There are 10 to 15 clients who have made enquiries in relation to beds but they have the choice to select alternative nursing homes if there are no beds available in Aras Mac Dara. This is the case for all nursing homes as the Fair Deal system operates on the basis of choice for the patient.

The interviews for staff nursing posts are taking place next week so we expect to have a full complement for our bed capacity by end 2014.

**2) Re Units 5/6**

Units 5/6 now come under the management of Galway Roscommon PCCC. It is to be rebranded Merlin Park Community Nursing Unit.

It is currently being assessed for compliance work re HIQA through our estates department and when these preliminary findings are known a plan will be drawn up to meet standards.

We are registered for 52 beds with 40 currently occupied with the unit to move towards full occupancy by year end. The current occupancy is 12 Respite, 2 Short Stay, 26 Long Stay beds. With regards to opening the balance by year end we are currently interviewing staff. The breakdown of beds at year end will be 12 Respite, 6 Short Stay and 34 Long Stay beds.

As with Aras Mac Dara interviews for staff nursing vacancies are taking place next week; we already have a panel in place of Intern attendant staff.

**C Cunningham, Area Manager, Galway/Roscommon**

W53Q1452	In relation to the roll out of primary care centres what is the current	Cllr Catherine
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	position re the provision of a primary care centre in Shantalla and also the current position and HSE plans for the primary care team at Ionad Sláinte na Tulaigh.	Connolly
<p>Galway/Roscommon PCCC, in conjunction with HSE West Estates, have identified the need for a Primary Care Centre to support service delivery in the west of Galway City to deliver Primary Care and Mental Health services. A number of avenues have been explored to progress development of such a centre including proposals by Merit Health Care, and expression of interest with Galway City Council. These did not come to fruition. This remains a priority and HSE are currently considering how such a Primary Care Centre could be developed within the West of the Galway City including on the Shantalla site.</p> <p>The Health Centre in Ionad Sláinte na Tulaigh is approx 10 years old and meets service needs. It is used by the Spiddal Primary Care Team. The centre provides a base for the Public Health Nurse for the Area, and provides a base and clinical facilities for Addiction Counselling, Dietetics, Physiotherapy, Occupational Therapy, and Speech and Language Therapy.</p> <p>The Public Health Nurses for Spiddal are based in Spiddal Health centre. The GP practice for the team area is based in its own practice premises, also in Spiddal. The HSE advertised for expressions of interest to develop a Primary Care Centre for Spiddal approx 5 years ago, but no expression of interest was received.</p>		
<b>C Cunningham, Area Manager, Galway/Roscommon</b>		
W53Q1453	Two years almost after the tragic death of Ms Halappanavar and further to the recent press statement from the Hospitals Group and further to three different investigations with very specific recommendations could the CEO now list out the said recommendations and confirm with each recommendation specifically relating to the Hospitals Group, what action if any has been taken and if no action has been taken why not.	Cllr Catherine Connolly
<p>The Board of the Group has asked for an external review after 12 months of the implementation of the HIQA recommendations and, in the interests of full transparency, to make available the report from this audit at a public board meeting. EY have been commissioned following a tendering process to perform this review and it will be presented at the November board meeting (which will be held in public).</p> <p>Patient safety is paramount for us all in the West / North West Hospitals Group and we are determined that we will have learned from the three investigations that took place. We are taking all action necessary to ensure the safety and welfare of all pregnant women and all other patients attending not just University Hospital Galway but all the other six hospitals in our newly established Group.</p> <p>We have made considerable progress in implementing the recommendations from the three investigations, including the following:</p> <p>Early Warning Score:</p> <ul style="list-style-type: none"> <li>* Most staff have been trained in the national early warning score – iMEWS - and it has been fully implemented for all pregnant women in GUH since November 2012. This early warning score is a structured approach to monitoring a patient's clinical condition with a colour coded alert system where parameters are abnormal. It is linked with a structured communication tool – ISBAR - for the communication of this information between members of the multidisciplinary team. This warning score will help ensure the early detection of any deteriorating patient and a structured approach to the communication of such information. Compliance is being audited on an on-going monthly basis and we are demonstrating consistently high levels of compliance with the new scoring system.</li> </ul> <p>Sepsis Training:</p> <ul style="list-style-type: none"> <li>* Staff in the maternity unit have undergone structured training in the detection and management of sepsis in pregnancy using an international accredited programme for training in the management of all obstetric emergencies called PROMPT (Practical Obstetric Multi-Professional Training). This training will be refreshed on an ongoing basis; an audit of adherence to the management of sepsis in pregnant women is in progress. The PROMPT programme commenced in December 2012 and all staff are now trained.</li> </ul>		



**Handover:**

\* Handover between shifts of medical staff is now via a structured handover meeting that all members of the multidisciplinary team attend. This ensures that all potentially deteriorating/unwell patients are discussed and their care formally handed over to all members of the multidisciplinary team. This has been in place for the last year. We are developing a smartphone app to help facilitate and record this handover.

**Care Pathways:**

\* A multidisciplinary group is reviewing and updating as required all patient care pathways with patient safety as the primary determinant. The initial focus was on the care pathway for patients presenting acutely via the Emergency Department or directly to the Maternity Unit. This group is now reviewing all other access and inpatient care pathways.

**National Guidelines**

\* All national guidelines have been reviewed by the 'Guidelines Subgroup' of the Women's and Children's directorate and endorsed and implemented. Audits tools will assess compliance with these guidelines on a six-monthly basis.

**National Maternity Healthcare Record:**

\* The new National Maternity Healthcare Record (NMCHR) has been rolled out across the maternity unit at University Hospital Galway. The NMCHR is a unified healthcare record that supports continuity of care and facilitates communication between all members of the multidisciplinary team.

**Risk management**

\* A revised risk management structure has been implemented across the group and in particular in the maternity units with an electronic reporting and monitoring system. All risk issues, including complaints, incidents, near misses, claims and reports from coroners' inquests and serious incident reviews are monitored on a weekly basis by the Women's and Children's Directorate and reported on a monthly basis as part of the monthly quality and patient safety report to the Executive Council and Group board.

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

W53Q1454	Question Withdrawn	
W53Q1455	Question Withdrawn	
W53Q1456	Question Withdrawn	
W53Q1457	Has the position of Regional Performance Director been discontinued by whom, for the HSE West region.	<b>Cllr. P Conneely</b>

The Director General has assigned responsibility at National level for the Regional Health Fora to Mr. John Hennessy. The Regional Health Forum, Western Area has been assigned to Mr. Bill Maher, Chief Executive Officer, West North West Hospital Group. The Management's commitment to support the work of the Regional Health Forum will continue in a way that it has here to fore. We wish Mr. Gerry O'Neill, continued success in his work with the HSE.

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

W53Q1458	What is the process and/or procedure where a person calls the A&E Department in Mayo General Hospital, or any other A&E Department under the control of the HSE West, seeking an ambulance? Is there a practice in place whereby people who are calling the A&E department for an ambulance are told they must get a Doctors letter/authorisation before an ambulance is sent and people are directed towards West Doc outside normal business hours?	<b>Cllr Lisa Chambers</b>
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If a member of the public contacts ED requesting an ambulance they are advised to call 999 in the case of an emergency. The hospital does not advise regarding the requirement for letter or authorisation prior to calling an ambulance.

If a member of the public rings seeking advice re a specific condition they are advised appropriately depending on the severity of their condition. In the case of an emergency they are advised to either call 999 for an ambulance or come to ED directly.



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

W53Q1459	What is the up -to-date situation regarding the Sacred Heart Hospital in Castlebar? i.e when are the proposed improvement works are due to commence? What is the timeframe for completion? Will the HIQA requirements concerning the Hospital be met within the allotted time? Has the required funding has been allocated and ring fenced by the Health Department and/or HSE for the project? Can members please be provided with a report on the above.	Cllr Lisa Chambers

It is intended that the work will commence on the Sacred Heart Hospital in Mid 2015. The full development will take approximately 2 years to complete. Based on the fact that we have a development plan and funding for the Sacred Heart Hospital facility, we are hopeful that HIQA will extend the registration deadline. The capital allocation has been provided by the HSE.

**Frank Murphy Mayo Area Manager**

W53Q1460	Question Withdrawn	
W53Q1461	In relation to the proposed change of date of The Western GP Training Scheme to July instead of March, to bring it in line with the start dates of other schemes, how does the HSE propose to deal with medical students who now will not be able to obtain a place on this scheme in 2015 due to the 2014 trainees being already selected and due to start in march 2015 and no places will be available until July 2016. How does the HSE propose to deal with the expected increase of applicant in 2016 due to no places being available in 2015? Will there be additional places available in 2016 to compensate for the effect of this change in start date?	Cllr Lisa Chambers

Historically, trainees on the Western GP Training Scheme were selected for the Scheme at the same time as other GP Trainees throughout the country but commenced their training 9 months later than the rest, in April each year rather than the previous July. During this 9 month period many of the trainees availed of the opportunity to travel abroad or took up SHO posts in Irish hospitals. For those who took up SHO posts, it meant that they had to leave those posts early in order to commence their GP Training. (April rather than July).

The matter was reviewed nationally by the HSE and it was decided that, from a training viewpoint, it would be best if the Western GP Training Scheme came into line with the other GP Training Schemes and also the hospital Schemes, by commencing their training each year in July.

This change will come into effect in July 2016. The trainees who have already been selected to commence their training in April 2015 will commence as planned at that time. The Western Scheme does not need, therefore, to be involved in the recruitment process in the Spring of 2015 as they will not be taking in trainees in April but in July 2016. Doctors who would normally have applied for the Western Scheme at that time will be able to apply for other GP Training Schemes throughout the country who will be selecting candidates for commencement of training in July 2015.

Alternatively, if they are only interested in getting a place on the Western Scheme, they can apply in the Spring of 2016 when the Western Scheme will be interviewing for trainees to commence their training in July 2016 in conjunction with the other GP Training Schemes.

At this stage it is not planned to increase the number of trainees in 2016. The usual cohort of 15 trainees will commence training on the Western Scheme in April 2015 and a further cohort of 15 trainees will commence their training in July 2016. Effectively the change will result in a three month deferral for the intake of trainees in 2016.

**C Cunningham, Area Manager, Galway/Roscommon**

W53Q1462	Have the HSE any plans to return to the old system of applying for a medical card or GP Card through the Local Health Office? The current	Cllr Tony Ward
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	system is not working with a backlog of applications and lengthy waiting times.	
The HSE has no plans to decentralise the processing of Medical Card applications.		
The HSE processes in excess of 90 % of all Medical Card application within 15 days. In cases where an applicant does not furnish all of the supporting documentation required to process the application, the HSE write to the applicant specifying the information or documentation that is outstanding, so that we can finalise the assessment process as quickly as possible. Further contact is also made with an applicant by phone/SMS, if there is no response to our letters, before we send out a closure letter to the applicant.		
Applications which are assessed as being above the financial thresholds for the grant of eligibility to a Medical Card or a GP Visit Card that include evidence of expenditure associated with medical or social conditions are reviewed by a Medical Officer, taking account of the Medical Report(s) furnished by the applicant or received directly from a GP or consultant. If a Medical Report is required, following the initial application form, this clearly impacts on the application processing timeframe.		
<b>John Hennessy, National Director, Primary Care</b>		
W53Q1463	Can the HSE Executive inform the Members of the Forum what plans has the HSE to restore the Motorised Transport Grant Scheme that was suspended in 2013? For persons who meet the medical eligibility criteria for the scheme.	Cllr Tony Ward
I wish to advise that the restoration of the Motorised Transport Grant Scheme is a matter for the Department of Health and is not within the gift of the Health Service Executive.		
However, the Department of Health outlined the current position as follows:		
<ul style="list-style-type: none"> <li>- <b>Mobility Allowance</b> - Persons who were in receipt of the allowance on 26th February 2013 continue to receive a payment of the same amount each month. <b>No decisions have been made on a replacement for the mobility allowance</b></li> <li>- <b>Motorised Transport Grant</b> - it was abolished on 26th February 2013. No payments made to anyone seeking the grant after 26th February 2013 including from people who may have received the grant in the past. <b>No decisions have been made on a replacement for the motorised transport grant.</b></li> </ul>		
<b>Disabled Drivers and Passengers Tax Concession Scheme</b> - a Department of Finance scheme operated by the Revenue Commissioners on foot of a primary medical certificate issued by the HSE. <b>No change to the eligibility criteria or benefits available to eligible individuals.</b>		
The Health Service Executive is awaiting the final report on this matter from the Department Of Health.		
<b>P Healy, National Director, Social Care</b>		
W53Q1464	Can the HSE Executive inform the Members of the Forum if the HSE will provide the necessary funding for the three Rural Men's Groups in County Roscommon, as no funding was provided by the Department of Social Protection in 2014?	Cllr Tony Ward
These groups are funded by the National Lottery and applications for funding are invited by advertisement in the newspapers each year.		
Following an assessment process, the funds disbursed by the National Lottery to the HSE for 2014 were allocated to successful applicant organisations earlier in the year.		
<b>C Cunningham, Area Manager, Galway/Roscommon</b>		
W53Q1465	Can the HSE Executive inform Members of the Forum, what is the waiting time for applicants who apply for the Fair Deal Scheme and how many are on the waiting list in County Roscommon?	Cllr Tony Ward
The Nursing Homes Support Scheme is a scheme of financial support for people who need long-term nursing home		



care. Under the Nursing Homes Support Scheme, a person will make a contribution towards the cost of their care and the State will pay the balance. This applies whether the nursing home is public, private or voluntary.

The HSE administers the Fair Deal Scheme within the resources available and in line with the Nursing Homes Support Scheme legislation. Applicants cannot avail of State funding for a nursing home place prior to receiving approval of their Fair Deal application.

The scheme has a number of steps and these are as follows:

In order to apply for the scheme one must be ordinarily resident in the State. Ordinarily resident means that a person has been living in the State for at least a year or that they intend to live here for at least a year. Applications are made to a person's local Nursing Home Support Office on the standard application form. There are three steps to the application process.

**Step 1** is an application for a Care Needs Assessment. The Care Needs Assessment identifies whether or not a person needs long-term nursing home care.

**Step 2** is an application for State Support. This will be used to complete the Financial Assessment which determines a person's contribution to their care and the corresponding level of financial assistance ("State Support"). Steps 1 and 2 must be completed by all applicants (if a person was resident in a nursing home before the scheme started please see section 10 of the information booklet).

**Step 3** is an optional step which should be completed if a person wishes to apply for the Nursing Home Loan (this is termed "Ancillary State Support" in the legislation).

The application form should be completed and signed by the person applying for nursing home care. However, in certain cases, another person may apply on their behalf.

The HSE is provided with a set level of funding for the scheme each year. While it is hoped that there would be sufficient funding to support everyone, there may be situations where a person's name must go onto a national placement list until funding becomes available. If this is the case the HSE will notify the applicant when it writes to advise whether they are eligible for financial support. Subsequently the applicant will be notified by the HSE when they have been approved for financial support under the scheme.

Funding release can take between 12-15 weeks at the moment. As of 12/09/14, there are 31 people awaiting funding release in Co. Roscommon.

***Pascal Moynihan, Specialist, Older People***