

REGIONAL HEALTH FORUM WEST

21ST JUNE, 2011

QUESTIONS AND RESPONSES (Post Meeting)

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NUMBER	QUESTION	RAISED BY
W34Q757	To ask the Executive of the H.S.E North & West what is the up to date position regarding the provision of a new community hospital/day care centre in Ballinamore. I understand that planning permission has been granted by Leitrim County Council since the end of last year & is now awaiting approval from the department of health to proceed with construction. Can I therefore ask has it been approved in the 2010 National Development Plan & if so what is the envisaged budget, the facilities it will comprise & time frame for the completion of this project?	Cllr Gordon Hughes
<p>HSE Response: The project is ready to go to tender and is included in the draft HSE capital plan with a target for construction to commence in late 2011. The HSE Capital Plan is awaiting departmental approval before specific approval can be given for projects contained in the capital plan. The facility will include a twenty bed nursing unit for older people, a day care unit for older people and a primary care centre. The total project cost is estimated at circa €5.8m. It is expected that construction will take 15/18 months.</p> <p><i>Damien McCallion, ISA Manager, Sligo/Leitrim</i></p>		
W34Q758	<p>I request an explanation be given to this forum on the delay in transferring a patient from Ennis Hospital to Limerick Regional in December 2006 which required the HSE to reach an out of court settlement with the patients family. Did any internal investigation take place? If so, what are the results and was any employee disciplined what are the full legal costs relating to this case.</p> <p>Why has the HSE not admitted liability or apologised to the family and why did the HSE decide to settle the case and not contest the matter in court?</p>	Cllr Brian Meaney
<p>HSE Response: Settlement in cases involving claims in respect of the Health Service Executive are settled by insurers and not normally directly by the agency in its own right.</p> <p>It is not appropriate to put details in respect of individual cases before the forum and therefore this cannot be done in response to this particular question.</p> <p>It is widely accepted that admission of liability has a particular construct in Irish law and again is within the remit of the insurers of any particular party.</p> <p><i>Bernard Gloster, Area Manager, HSE Mid West</i></p>		
W34Q759	What new protocols, if any, have been put in place since December 2006 preventing delays in the transfer of patients from Ennis General Hospital to Limerick Regional Hospital?	Cllr Brian Meaney
<p>HSE Response: The Councillor will be aware that in respect of the process of reconfiguration of acute hospitals since 2009 in the Mid West area, including Ennis General Hospital, that there is now an interdependency between all hospitals in the region. To facilitate this there are appropriate transfer protocols in place, which are the subject of audit and analysis on an ongoing basis and these have recently been further audited and updated and presented to HIQA as part of ongoing regulatory compliance and monitoring processes. The HSE is absolutely satisfied that the context of patient transfer from Ennis General Hospital to the Mid Western Regional Hospital in Limerick is in no way reflective in 2011 of the situation that prevailed in 2006.</p> <p><i>Bernard Gloster, Area Manager, HSE Mid West</i></p>		
W34Q760	How many dosages of Potassium Iodate Tablets are kept in Stock by the HSE West and what emergency distribution plans are in place?	Cllr Brian Meaney

HSE Response I am told by the Assistant National Director for Emergency Planning that there should be none. The instruction to dispose of remaining stocks went out in 2009. The Radiological Protection Institute of Ireland have advised that there are now very few reactors in the UK that would give rise in a release of radioactive iodine in any scenario. <i>Diarmuid O'Donovan MD FFPHMI, Director of Public Health</i>		
W34Q761	I request a copy to the HSE West electronic data management policy.	Cllr Brian Meaney
HSE Response: It is planned to publish this policy on the internet within the next week or two, after which it will be available for any person to download. <i>Darach Glennon, Director of Information Systems</i>		
W34Q762	I am requesting the number of applicants for the following: 1) Chief Executive, 2) Chief Operating Officer, 3) Chief Financial Officer for Galway Hospitals Group and the number of Internal and outside applicants for each position.	Cllr Padraig Conneely
HSE Response: The closing date for applications for the competition for the three senior management posts in GUH was last week. Due to the strict licensing arrangements in place with the CPSA (Commission for Public Service Appointments), it would not be appropriate to comment on an individual competition or competitions. The Commission has a statutory role to ensure that appointments in the organisations subject to its remit (including the HSE) are made on merit and as the result of fair and transparent appointment processes. <i>Siobhan Patten, A/ Asst National Director, Human Resources</i>		
W34Q763	What is the current state of the Recompression Chamber / Unit at UHG in relation to staffing and running costs, and is the Unit available on a 24/7 basis, what was Capital Cost of unit and is current funding National or HSE West budget?	Cllr Padraig Conneely
HSE Response: The capital cost of the unit was funded by a capital grant from the HSE €2.586 million. No revenue or staffing allocation was granted to allow the chamber to operate either on an emergency basis primarily for Divers or on a therapeutic basis for which it has a number of uses. Heretofore since the chamber was commissioned it was used for emergencies, primarily divers, with a combination of voluntary hours from and hospital clinical / technical staff and local sub aqua clubs funded on a limited basis by the hospital. This was only a temporary measure while appropriate funding was sought and awaited however no funding has been allocated to date. The current situation where cover is provided on an ad hoc basis, day by day with many gaps in the service is proving very difficult. This cannot continue indefinitely and service will be disrupted and closed for considerable periods of time. <i>Dr David O'Keeffe, Clinical Director of Acute and Continuing Services, Galway & Roscommon</i>		
W34Q764	What was the total amount paid to Private Security Firms for Patient Security and other security work at UHG and Merlin Park for the years 2006, 2007, 2008, 2009 and 2010?	Cllr Padraig Conneely
HSE Response The information is in the process of being collated and verified for GUH so that the Patient Security figures are presented. We also engage private security companies to do cash pick ups from a number of areas in the service and this cost is not relevant in the context of the specific query on patient security. <i>Dr David O'Keeffe, Clinical Director for Acute and Continuing Care, Galway & Roscommon</i> GUH Response to Regional Health Forum Query W34Q764 What was the total amount paid to Private Security Firms for Patient Security and other security work at UHG and Merlin Park for the years 2006, 2007, 2008, 2009 and 2010?		

Private Security Costs GUH 2006 - 2010

5554

Year	UHG	MPUH
2006	n/a	124797
2007	n/a	142910
2008	14,032	253971
2009	179181	289895
2010 <i>(added to document after the meeting)</i>	193024	288810

W34Q765	What is the time scale of the waiting list for routine orthodontic care in Letterkenny?	Cllr Ciaran Brogan
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HSE Response:

The following are the current waiting lists for Orthodontic Assessment and Treatment for patients in Donegal

1. Patients waiting for assessment = 237
2. Average waiting time from referral to assessment = 5 months
3. Number of persons on treatment waiting list = 458
4. Average waiting time for treatment = 39 months for IOTN4
5. Average waiting time for treatment = 15 months for IOTN5
6. Total number of patients receiving treatment = 545

John Hayes, ISA Manager Donegal

W34Q766	Has a contractor been appointed yet for the completion of the medical Assessment Unit at Letterkenny General Hospital?	Cllr Ciaran Brogan
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HSE Response:

A completion contractor has not yet been appointed. However, discussions are at an advanced stage between the HSE, the Bondsman and the Bondsman's recommended completion contractor.

John Hayes, ISA Manager Donegal

W34Q767	What is the future of the Endoscopy unit in St Johns hospital and if its going what will replace it?	Cllr Gerry McLoughlin
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HSE Response

The HSE is not currently in any discussions with St John's Hospital regarding the discontinuation of endoscopy services at the Hospital.

Bernard Gloster, Area Manager, HSE Mid West

W34Q768	Whose decision is it to close the 2 main theatres in July and August and why will one theatre be closed in September?	Cllr Gerry McLoughlin
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HSE Response

The decision to close the theatre capacity in July and August was a decision made by the management of St John's Hospital and they have further advised that one of these theatres will remain closed post the summer period. St John's Hospital cite cost containment measures as having informed this decision.

Bernard Gloster, Area Manager, HSE Mid West

W34Q769	Did the HSE withdraw a promise of funding in 2009 which resulted in the closure of the ground floor wards which had been reopened as a result of the expected funding?	Cllr Gerry McLoughlin
<p>HSE Response</p> <p>In answering this question, the HSE assumes that the Councillor is referring to the period 2010, as our information would indicate this to be so.</p> <p>The HSE in 2009 had anticipated the possibility of funding protected bed capacity within St John's Hospital in the order of 15 beds. As the financial circumstances of both the country, the public service and the HSE changed it became evident that this funding would not be sustainable and St John's decided to close the beds citing overall budgetary restriction as the reason for doing so and the inability to identify the funding to keep the beds open within any other part of the budget position of the Hospital.</p> <p><i>Bernard Gloster, Area Manager, HSE Mid West</i></p>		
W34Q770	Does the HSE owe the hospital 600,000 euro since last year?	Cllr Gerry McLoughlin
<p>HSE Response</p> <p>This is linked to the answer to question W34Q769. It is acknowledged that there are ongoing discussions regarding the €600,000 which appears in the St John's Hospital accounts as a deficit in 2009 and how this will be treated in the context of the overall budget position for the Hospital in 2011 and going forward.</p> <p><i>Bernard Gloster, Area Manager, HSE Mid West</i></p>		
W34Q771	Has the necessary staff and resources been put in place to ensure the re-opening of the Breast Cancer Service in Sligo General Hospital in accordance with Government commitments, and on what date will the re-established Breast Cancer Service in Sligo General Hospital become operational?	Cllr Declan Bree
<p>HSE Response</p> <p>In 2007, the HSE designated eight hospitals as cancer centres (with a satellite unit at Letterkenny General Hospital) and established the National Cancer Control Programme to implement changes in how treatment services were organised and delivered. A key element of this is the centralisation of diagnosis and treatment for cancer in the eight centres. This is in line with international evidence which shows that the best outcomes for patients are achieved by specialist teams in specialist settings with access to ongoing education, training, research and peer review.</p> <p>Sligo General Hospital is one of a number of hospitals from which breast cancer diagnosis and surgery was transferred in line with the HSE's Cancer Strategy. The transfer took place in August 2009, and women in the Sligo area are now provided with breast cancer diagnosis and surgery at Galway. Some 96% of women who attend the Galway breast unit do not have cancer, and only one visit is normally necessary. For the small number diagnosed with breast cancer, some 85% will require radiotherapy as well as surgery, which would involve treatment in Galway in any event.</p> <p>Chemotherapy is still provided to all cancer patients in Sligo. The recruitment of a second permanent medical oncologist is in train. For breast cancer patients specifically, there is a specialist breast nurse in place and detailed clinical pathways have been worked out for Sligo patients presenting with post-operative infection or other conditions, so as to minimise the need to travel to Galway.</p> <p>Breast cancer diagnosis and breast surgery are the only cancer services to have ceased at Sligo General. As one of the two designated cancer centres for the HSE West region, Galway has a critical mass of expertise, sufficient throughput of cases and relevant multi-disciplinary specialist skills in cancer services which, as outlined by international evidence, achieve the best outcomes for patients.</p> <p>Sligo General also provides a significant range of other cancer services, including surgery for non-melanoma skin cancer and colorectal cancer. Sligo has also been selected as one of the 15 candidate colonoscopy centres for the colorectal cancer screening programme to be launched next year.</p> <p>I understand that the Minister intends to keep the current arrangements for cancer treatment at Sligo General under review, particularly in relation to follow-up mammography services for women. These services are currently provided at Galway.</p>		

W34Q772	Noting that a patient underwent a mediastinoscopy in University Hospital Galway on the 10 th of February 2011 which raised concerns about the possibility of the patient having cancer, and given the urgent need to have the patient undergo a mini thoracotomy; why was the urgent procedure cancelled on a number of occasions by University Hospital Galway and delayed until the 4 th of April 2011, causing significant additional anxiety and distress for the patient and her family; and to ask if steps will be taken to ensure that similar delays will not occur with suspected cancer patients in future and to ask if the HSE Management will make a full statement on the matter?	Cllr Declan Bree
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HSE Response:
Point 25 of the Standing Orders details what can be raised in Questions; it states that questions must “be brief and contain no personal imputation, or reference to any individual person by name in respect of a service for which the Executive is responsible”. Members will be aware there is a separate process to make representations on behalf of individuals, patients/clients.

W34Q773	What payments have been made by the HSE West to the Mater Private Hospital for the years 2007, 2008, 2009 and 2010 and what services have been provided by the Mater Private Hospital in return for the payments; and to ask if the HSE West makes payments to other private hospitals and the purpose for such payment?	Cllr Declan Bree
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HSE Response:
Payments to MATER PRIVATE HOSPITAL

	2007	2008	2009	2010	Service Provided
West		2150	1590	4134	PET Services
Midwest	2,106,347.29	3,111,064.48	2,473,922.25	4,921,737.23	Oncology radiotherapy services provided onsite at MW Regional Hospital at Dooradoyle
Northwest	5254.00	5195.13	11859.48	11156.21	MRI and CAT Scans - Sligo General and Letterkenny

It is probable that the HSE West makes payments to other private hospitals but in order to extract these details from our legacy financial systems specific hospital names would be required.

*Liam Minihan, Asst National Director, Finance
(added to document after the meeting)*

W34Q774	Noting that information sought by the Forum in respect of rented properties was provided to the Forum in 2006 and 2008, and noting that there has been no change in legislation relating to the role and work of the Regional Health Forum in the intervening period, I now ask that the Health Forum be provided with up to date details, including the identity of each property rented by the HSE in Sligo and Leitrim, the purpose for which each property is used by the HSE, the annual rent paid for each property, the rent paid per square foot, and the date on which the rental agreement was entered into in respect of each property?	Cllr Declan Bree
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HSE Response:
Not available at the time of Printing.

W34Q775	What plans have the HSE in relation to out of hours service for public health nurse on the off shore Island?	Cllr Austin Francis O'Malley
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HSE Response:

Donegal

Donegal has two significant island communities - **Aranmore Island** (pop. 522) and **Tory Island** (pop.142) - Census 2006. Public Health Nursing Services are provided primarily to people aged 5 years-old and under and those aged 65 years-old and over. Services are provided 5 days per week from 9am to 5.30pm. Essential pre-planned services are provided at weekends

Aranmore Island - PHN Service is provided by a nurse based in the island Health Centre .GP resides on the Island. Out-of-hours medical service provided by NoWDOC.

Tory Island - Nursing Services are provided by two job-sharing nurses who, on a fortnightly rotational basis, reside on the Island. This is facilitated by payment of appropriate allowances. GP surgery is provided on fortnightly basis.

John Hayes, ISA Manager, Donegal

Mayo

Clare Island – PHN cover 24/7

Inisturk Island – PHN cover 24/7

Inisbiggle Island – Daytime cover by a PHN, our of hours cover by GP on mainland.

These services have been in place for quite a long time.

Frank Murphy, ISA Manager, Mayo

Galway

We currently have a Public Health Nursing service on all three **Aran Islands** and **Inis Boffin**.

On **Inis Mór** we have a full time Public Health Nurse Monday to Friday with planned essential calls carried out at the weekends. The same service applies on **Inis Oirr** and is broadly comparable in this respect to the mainland Public Health Nursing service.

On **Inis Meain** and **Inis Boffin** we are currently providing a full Public Health Nursing Service Monday to Friday (9am to 5pm). In addition we also provide a full Public Health Nurse on call service on these islands 24hours a day all year round.

We are currently undertaking a risk assessment of the Public Health Nursing service on Inis Meain and Inis Boffin. In particular, we are examining the possible consequences of a reduced Public Health Nursing service on both of these islands. The purpose of this assessment is to give an objective picture of the potential impact if any of reducing the on-call element of the Public Health Nursing service on these islands. This process is not yet complete.

Tony Canavan, A/LHM, Galway

W34Q776	Under Health Promotion could the HSE West confirm/clarify it's position in relation to making land available for allotments given the extra-ordinary interest expressed by residents throughout the City in having and running their own allotment as confirmed by the numbers on an expression of interests list held by the City Council and further clarify what steps the HSE West will take to facilitate such an initiative.	Cllr Catherine Connolly
HSE Response: Health Promotion Services in HSE West are actively encouraging community collective growing. In Galway City a number of community based organic garden projects are supported by Health Promotion in partnership with other agencies including Ballybane, Ballinfoile, Shantalla and Westside. Health Promotion supports the idea of initiatives such as allotments and we understand that Galway City Council Parks Section is working to make land available for allotments through the relevant SPC.		
W34Q777	Clarify the situation in relation to Tearman Eanna and in particular what private company(ies) are/is operating there, the number of staff working there from the Private Company and separately the staff employed directly by the HSE West and clarify the qualifications of the staff and the exact position in relation to whether a qualified nurse(s) is/ are on duty throughout the day and night.	Cllr Catherine Connolly

HSE Response:

In September 2010 Home Instead Senior Care were contracted to support the West Galway Mental Health Service in the delivery of care to the residents of Tearman Éanna, Tully Ballinahowan.

Tearman Éanna is managed and supervised on a day to day basis by staff employed by this company, on the basis of a service level agreement with the HSE. All Home Instead Senior Care Staff are qualified to FETAC level 5 with a Mental Health module. All staff are Garda vetted, are provided with in service training and relevant health checks. In particular, Carer's have been provided with ASIST training and CPI training.

There is a carer present in Tearman Éanna from 8am to 11am and 4pm to 11pm Monday to Friday. At weekends (including public holidays) there is a carer present from 8am to 11pm. In addition to the above there is a carer present on 'sleep over' from 11pm to 8am each night. A Care Manager from Home Instead visits bi weekly and on a needs basis. The Care Manager provides support to the carers, assesses the needs of the residents and monitors the quality of service.

The Director of Nursing for West Galway Mental Health Service also visits Tearman Éanna weekly. A Clinical Nurse Manager from Carraroe visits twice weekly and on a needs basis. Residents are also supported by two community Mental Health Nurses working in the area.

All clients attending Tearman Éanna are under the clinical supervision of their treating Psychiatrist. Clinical reviews are normally conducted on a 3 monthly basis.

The West Galway Mental Health Service staff and staff of Home Instead Senior Care work closely together to ensure clients are cared for properly. A full review meeting is held with Home Instead on an annual basis at Company Director level.

Tearman Éanna currently has 4 residents all of whom are from the south Connemara/Aran Islands region.

Tony Canavan, A/LHM Galway

W34Q778

Please clarify the number of private companies used by the HSE West to supply home help in Galway City and County and the number of home helps employed in this manner, the nature and duration of each contract, the monies paid to the said companies and the number of home helps employed directly by the HSE West in the City and County.

Cllr Catherine Connolly

HSE Response

We currently have 9 private companies providing home help services in County Galway. They are:

1. Home Instead
2. Servisource
3. Bluebird Care
4. Roscommon Home Services
5. Western Alzheimer's
6. Alzheimer's Society of Ireland
7. Galway Centre for Independent Living
8. Irish Wheelchair Association
9. Comfort Keepers

It is difficult to quantify the number of Home Help Staff used by these agencies to deliver care. It varies from week to week, however, we currently have 480 clients being looked after by the above companies. In a number of these cases, care is being provided jointly by HSE staff and by staff employed by one of these companies.

We do not have a formal contract in place with any of the above companies specifying duration or other terms. We have agreed hourly rates with all of the above companies and in many cases re-negotiated these rates downwards in recent years.

The HSE have recently gone to national tender for the provision of Enhanced Home Care Services (Home Care Packages as opposed to direct Home Help) where the best four services tenders will be selected for each LHO area throughout the country.

We expect this contract to be implemented in the West in the 03rd Quarter of 2011.

Galway PCCC employs 414 Home Help staff directly. We currently have 2,153 cases on hand including Home Care Packages.

In 2010, Galway PCCC provided 629,000 hours of home help to the people of County Galway. This was an increase of 19,000 hours over 2009. In the first four months of this year we have delivered 204,000 hours and will seek to match the number of hours delivered last year within a reduced budgetary allocation.

Tony Canavan, A/LHM Galway

W34Q779	Please clarify the situation in relation to the cut backs vis a vis Public Health Nurses in Galway City and County in particular the complement of Public Health Nurses now as compared with 2009 and 2010, the number of vacant positions and the exact position re the three Aran Islands and Inis Boffin together with the result of the Risk Assessment which was commissioned by the Acting Local Health Manager.	Clr Catherine Connolly
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HSE Response:
 The Public Health Nursing Department in County Galway has an employment ceiling of 145.39 WTE. This includes Public Health Nurses and Community based Registered General Nurse's.

In January 2009 the actual number of nursing staff working in the department was 146 (WTE). During the year the actual numbers employed rose to a high of 152 (WTE) reflecting the provision of locum cover for sick leave and maternity leave giving an average WTE for the year of 149 (rounded WTE).

In 2010 this average fell to 142 (rounded WTE). The overall trend for 2010 was downward with a December actual WTE of just over 138 WTE.

Over the last two years Galway PCCC Public Health Nursing Department have lost significant numbers of staff through retirement and resignations. Over the same period absenteeism through sick leave has also risen from an average of 4.65% in 2009 to an average of 7.5% in 2010. In 2009 we had 4 Public Health Nursing staff on maternity leave. In 2010 this rose to 9.5.

Public Health Nursing is not an exempted grade under the moratorium on Public Service recruitment. Where it was possible to replace staff who had retired or staff who were on leave in previous years this has not been possible since the introduction of the Moratorium on Public Service Recruitment.

We have received approval to bring in 7 new Public Health Nursing students from September this year and this will help to reduce the deficit in services to some degree.

We currently have a Public Health Nursing service on all three Aran Islands and Inis Boffin.

On Inis Mór we have a full time Public Health Nurse Monday to Friday with planned essential calls carried out at the weekends. The same service applies on Inis Oirr and is broadly comparable in this respect to the mainland Public Health Nursing service.

On Inis Meain and Inis Boffin we are currently providing a full Public Health Nursing Service Monday to Friday (9am to 5pm). In addition we also provide a full Public Health Nurse on call service on these islands 24hours a day all year round.

We are currently undertaking a risk assessment of the Public Health Nursing service on Inis Meain and Inis Boffin. In particular, we are examining the possible consequences of a reduced Public Health Nursing service on both of these islands. The purpose of this assessment is to give an objective picture of the potential impact if any of reducing the on-call element of the Public Health Nursing service on these islands. This process is not yet complete.

Tony Canavan, A/LHM Galway