

# REGIONAL HEALTH FORUM WEST

## 28<sup>TH</sup> FEBRUARY, 2012

### QUESTIONS and RESPONSES

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NUMBER	QUESTION	RAISED BY
W37Q852	<p>Following the recent announcement by the HSE that 500 public beds in Community Hospitals could be taken out of service what impact would this proposal have for the following:</p> <p>(a) St. Patrick's Hospital, Carrick on Shannon  (b) Our Lady's Hospital, Manorhamilton  (c) Arus Carolan, Mohill?"</p>	Cllr Gerry Reynolds
<p><b>HSE Reply</b></p> <p>The only planned bed reductions in our area in 2012 are:</p> <ul style="list-style-type: none"> <li>▪ St. Patrick's Community Hospital – 10</li> <li>▪ St. John's Community Hospital – 17</li> </ul> <p>These are required in order to ensure that the hospitals meet the required standard and that the services are safe given reducing staffing levels.</p> <p>The Older People under our care will benefit from the reduction in bed numbers as it will ultimately afford them more individual space which in turn will allow for more privacy and dignity. It is no longer acceptable to a patient to have less than 7.4msq for individual space, as per the National Quality Standards for residential Care Settings for Older People in Ireland.</p> <p><b>Damien McCallion, Area Manager, Sligo/Leitrim</b></p>		
W37Q853	<p>Has the HSE provided capital funding in the 2012 Budget for the building of the new Community Hospital in Ballinamore, Co. Leitrim?</p>	Cllr Gerry Reynolds
<p><b>HSE Reply</b></p> <p>Capital funding of 250,000 has been provided in the HSE Capital Plan in 2012 for the development of Ballinamore Primary Care Centre and managed care unit. The tender report is now completed.</p> <p>Given the level of funding in the Capital Plan for 2012 I would not anticipate construction starting before Q4 2012.</p> <p><b>Damien McCallion, Area Manager, Sligo/Leitrim</b></p>		
W37Q854	<p>How many beds does the HSE envisage will remain open at Ballina District Hospital as there is considerable alarm throughout the Community who now fear there may be further downgrading?</p>	Cllr Annie May Reape
<p><b>HSE Reply</b></p> <p>The bed compliment at St Joseph's District Hospital, Ballina was reduced from 62 to 50 last year, and the HSE is committed to retaining those 50 beds. Negotiations with the relevant unions are currently taking place and, in the event of a satisfactory outcome, the HSE will be in a position to retain those 50 beds. However, if agreement cannot be reached regarding the staffing issues in the immediate future, it may be necessary to reduce the number of admissions until such time as the current negotiations are satisfactorily concluded.</p> <p><b>Frank Murphy, Area Manager, Mayo Services</b></p>		
W37Q855	<p>What plans are in place for the provision of a secure appropriate Psychiatric unit in the Mid-West?</p>	Cllr Brian Meaney
<p><b>HSE Reply</b></p> <p>Under the Report of the Expert Group on Mental Health Policy "A Vision for Change" a framework for mental health service delivery envisages Regional Intensive Care Rehabilitation Units being developed. One is earmarked for the West. At this point in time no decision has been made as to the location of the unit.</p>		

The framework also envisages that each Intensive Care Rehabilitation Unit will be complimented by two High support Intensive Care Residences – there are no definitive plans in the west for same at this point in time

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

**W37Q856** What Laboratory services are available and what times are they available at in each Acute Hospital in the Mid-West. Can the Lab services provide screening for all possible hospital acquired infections and are all patients screened prior to transfer between Hospitals or other residential care units?

**Cllr Brian Meaney**

**HSE Reply**

All Microbiology Service is centralised in the HSE Mid Western Regional Hospital, Dooradoyle, Microbiology/Serology Lab which provides a 24 hr, 7 day service (Out of hours service for emergency/urgent samples). With respect to Health care associated infections and screening (in respect to alert organisms, such as MRSA, VRE, CRE, KPC, ESBL etc.) these specific infections are processed according to National and local guidelines. Specific screening protocols are in place for specific alert organisms. Not all in patients in all hospitals are screened for all alert organisms.

**Ann Doherty, CEO, Mid West Region Hospitals Group**

**W37Q857** I request a breakdown, location, numbers and service area of pending and previous retirements in the staff retirement drive. Have all recent retiring staff been accurately advised of the entitlements due to them?

**Cllr Brian Meaney**

**HSE Reply**

The following Tables set out staff retirements across Area West from the recent initiatives inline with Government Policy to reduce Public Service employment levels.

The 1<sup>st</sup> Table details the 2009 Incentivised Early Retirement Scheme (ISER) and the 2010 Voluntary Early Retirement/Voluntary Redundancy Scheme (VER/VRS). The 2<sup>nd</sup> Table details the 2012 Grace Period Retirement Option.

	Location	VER/VRS	ISER	Grand Total
<b>Former MWHB</b>	Mid Western Hospital Group	49	4	53
	Limerick PCCC	58	0	58
	North Tipperary PCCC	6	0	6
	Clare PCCC	8	0	8
	Corporate	17	14	31

<b>Former MWHB Total</b>	<b>138</b>	<b>18</b>	<b>156</b>
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<b>Former NWHB</b>	Letterkenny General Hospital	22	3	25
	Sligo General Hospital	19	11	30
	Sligo Leitrim PCCC	30	0	30
	Donegal PCCC	33	0	33
	Corporate	31	14	45

<b>Former NWHB Total</b>	<b>135</b>	<b>28</b>	<b>163</b>
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<b>Former WHB</b>	Galway University Hospital Group	76	2	78
	Mayo General Hospital	7	0	7
	Galway PCCC	41	0	41
	Roscommon PCCC	5	0	5
	Mayo PCCC	14	0	14
	Corporate	7	5	12

<b>Former WHB Total</b>	<b>150</b>	<b>7</b>	<b>157</b>
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<b>GRAND TOTAL:</b>	<b>423</b>	<b>53</b>	<b>476</b>
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**Table 1: HSE West Retirements by Area (as at Feb 23rd 2012)**

<b>HSE Area</b>	<b>Total</b>
Former MWHB	291
Former NWHB	307
Former WHB	511
NHASS/VHSS (Brothers & Sisters of Charity Disability Services)	113
<b>TOTAL</b>	<b>1222</b>

**Table 2: HSE West Total Care Group (as at Feb 23rd 2012)**

<b>HSE West Care Group Totals</b>	<b>Total</b>
Acute Hospital Totals	394
Ambulance Service Totals	15
Corporate Totals	20
PCCC Totals	793
<b>TOTAL</b>	<b>1222</b>

**Table 2: HSE West Total Care Group and Location (as at Feb 23rd 2012)**

<b>Care Group</b>	<b>HSE Area</b>	<b>Location at Retirement</b>	<b>Total</b>
<b>Acute Hospitals</b>	Former MWHB	Mid-West Hospital Group	124
	Former NWHB	Letterkenny General Hosp	35
	Former NWHB	Sligo General Hospital	51
	Former WHB	Mayo General Hospital	37
	Former WHB	GUH Hospital Group	147
<b>Acute Hospital Totals</b>			<b>394</b>
<b>Ambulance Services</b>	Former MWHB	Ambulance Services	4
	Former NWHB	Ambulance Services	7
	Former WHB	Ambulance Services	4
<b>Ambulance Service Totals</b>			<b>15</b>
<b>Corporate</b>	Former MWHB	Corporate Services	4
	Former NWHB	Central Services	13
	Former WHB	Corporate Services	3
<b>Corporate Totals</b>			<b>20</b>

<b>PCCC</b>	Former MWHB	<b>Mid-West PCCC</b>	<b>205</b>
	Former NWHB	<b>Sligo Leitrim PCCC</b>	<b>143</b>
	Former NWHB	<b>Donegal PCCC</b>	<b>65</b>
	Former WHB	<b>Galway/Roscommon PCCC</b>	<b>264</b>
	Former WHB	<b>Mayo PCCC</b>	<b>116</b>
<b>PCCC Total</b>			<b>793</b>
<b>Grand Total</b>			<b>1222</b>

For each of these retirement initiatives there was comprehensive communication with staff setting out their entitlements and local superannuation departments dealt with staff queries on an individual basis as is normal practice for all retirements.

**Francis Rogers, Assistant National Director of Human Resources**

<b>W37Q858</b>	Can the HSE West disclose the daily rate (inclusive of VAT) that the HSE planned to pay an interim CEO for Galway University Hospital? Did the HSE proceed with the planned appointment and if not, why not? What was the duration of the contract offered by the HSE and was the payment proposal above the HSE budget planned for the position?	<b>Cllr Brian Meaney</b>
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**HSE Reply**

The newly appointed CEO of Galway/Roscommon Hospitals Group commenced duty on Monday 9<sup>th</sup> January, 2012.

Under the Health Act 2004, Part 8, Section 42, Subsection 2, the following matters are outside the function of the Regional Health Forum;

- (c) a matter relating to the recruitment or appointment of employees by the Executive or by a service provider.
- (d) a matter relating to or affecting the terms and conditions (including those relating to superannuation benefits, disciplinary procedures or grievance procedures) of a contract of employment that the Executive has entered into or proposes to enter into.

**Francis Rogers, Assistant National Director of Human Resources**

<b>W37Q859</b>	Does the H.S.E. have any plans to reduce the hours at the Urgent Care Centre in Roscommon Hospital?	<b>Cllr Paula McNamara</b>
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**HSE Reply**

The opening hours of UCC for the treatment of Minor Injuries will remain 8am-8pm daily.

**Elaine Prendergast, General Manager, Roscommon County Hospital**

<b>W37Q860</b>	When does the H.S.E. plan to start work on the Endoscope suite at Roscommon hospital and where will it be situated?	<b>Cllr Paula McNamara</b>
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**HSE Reply**

Funding of €2m has been received for the project and Roscommon County Hospital is working with the Estates Department in developing a proposal for the design team. The Endoscopy Unit will be within the footprint of the hospital. The project is expected to be commissioned in 2013.

**Elaine Prendergast, General Manager, Roscommon County Hospital**

<b>W37Q861</b>	What is the up to date situation about the rehab coming to Roscommon Hospital?	<b>Clr Paula McNamara</b>
<p><b>HSE Reply</b></p> <p>An application has been submitted for approval to appoint a Consultant in Rehabilitation Medicine. It is hoped it will be developed during 2012 subject to available resources.</p> <p><b>Elaine Prendergast, General Manager, Roscommon County Hospital</b></p>		
<b>W37Q862</b>	Can you confirm to me how many home helps and PHN posts will be vacant in Galway after the 29 <sup>th</sup> February, 2012? What contingency plans are in place to protect those frontline services? Is there a proposal to further reduce home helps in the Galway area?	<b>Clr Mary Hoade</b>
<p><b>HSE Reply</b></p> <p><b>Home Helps</b></p> <p>There are 6 Home helps retiring at the end of February. A service will be maintained to their existing clients through the existing Home Help service or where resources are available, through Agencies.</p> <p>The Home Help service is delivered on the basis of hours rather than posts. There were 674,363 hours delivered in 2011, of which 550,849 were to clients over 65 years of age. The reduction in Home Help hours for 2012 is 4.5% which equates to a reduction of 31,000 hours in Galway. Regarding Public Health Nursing, 11 retirements are expected by the end of February.</p> <p>In relation to contingency planning, management is working with Public Health Nursing management and Home Help Co-ordinators who are familiar with clients and patients needs and are aware of priorities and service needs in the area. This is a challenging task given an increased level of demand against reduced budget and staffing. We are striving to provide these services in as equitable a manner as possible, based on assessment and prioritization of need.</p> <p><b>Catherine Cunningham, Area Manager, Galway Roscommon PCCC</b></p>		
<b>W37Q863</b>	Can you confirm to me if we currently have a full time Discharge Officer in UCHG? If not what hours of cover have we got? This is a vital post in the hospital given the current situation with beds and bed management.	<b>Clr Mary Hoade</b>
<p><b>HSE Reply</b></p> <p>The Discharge Coordinator (substantive post - WTE) is on sick leave &amp; has applied for retirement Feb 2012. In the interim the Case Manager for Medicine and Surgery are completing this work along with an Assistant Director of Nursing that is completing work on Delayed Discharges.</p> <p>Once the retirement of the Discharge Coordinator post is finalised it is hoped that the Discharge Coordinator would be a priority post for replacement</p> <p><b>Bill Maher, CEO, Western Hospitals Group</b></p>		
<b>W37Q864</b>	Can you confirm if the post of Senior Audiologist is filled yet?	<b>Clr Mary Hoade</b>
<p><b>HSE Reply</b></p> <p>Following interview, one candidate was recommended for appointment to the post of Senior Audiologist. The appointment is currently being processed and we anticipate that the candidate will be in position within the next 2 months.</p> <p><b>Catherine Cunningham, Area Manager, Galway Roscommon PCCC</b></p>		

<b>W37Q865</b>	Can you confirm if we are providing all services to the Primary Schools in Galway at present? If not, how many schools have no services?	<b>Cllr Mary Hoade</b>
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**HSE Reply**

The services provided to primary schools in Galway include BCG, MMR and HPV vaccinations in addition to School Health Screening and Dental services.

**BCG Vaccinations**

Mantoux testing and BCG vaccinations (48-72 hours later) are provided to all pupils in 5<sup>th</sup> and 6<sup>th</sup> classes in alternate years. This has been completed in approximately 50% of the schools and the programme is on-going in South Connemara and the Ballinasloe areas. We are working towards full coverage by the end of the academic year.

**MMR Vaccinations**

These vaccinations are provided to all junior infant classes. The programme has been completed in all schools.

**School Health Screening**

School Health Screening (Vision, Hearing, Enuresis, Head Lice Management and other health concerns) is ongoing. Backlogs exist in the Gort, Tuam, Ballinasloe and Connemara areas. The Ballinasloe and Connemara areas are currently being served by the Schools PHN in the adjoining areas with a target to complete the programme by 2012. The Gort and Tuam areas have no designated service at present and every effort is made to provide a level of service when nursing staff are available.

**Dental Services**

In relation to the provision of Dental Services, Galway PCCC uses a planned targeted approach. Resources are deployed to the maximum possible extent to ensure dental examinations of children in target national school classes, namely 2<sup>nd</sup>, 4<sup>th</sup> and 6<sup>th</sup> classes. Where necessary, appointments are subsequently arranged in nearby HSE Dental clinics.

The time period for these examinations is over the school year. As a result, Galway PCCC does not maintain waiting lists as such. School class lists, as supplied by the schools, are the only lists which Galway PCCC currently maintains. A methodology for more detailed recording of this information in a consistent and standardised manner is being developed at national level. We will be in a position to provide more detailed information once the methodology has been rolled out.

Owing to the public sector moratorium on recruitment, we have been unable to replace Dentists who retire, resign or who avail of leave. However, every effort continues to be made to maintain essential services through reassignment and redeployment of staff.

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

<b>W37Q866</b>	To ask the HSE if the required staff, finance and other resources has been put in place to ensure that the Breast Cancer Services in Sligo General Hospital can be re-opened in line with previous commitments given by the Minister for Health James Reilly, and on what date will such Breast Cancer Services in Sligo General Hospital become fully operational?	<b>Cllr Sean MacManus</b>
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**HSE Reply**

Sligo Regional Hospital is one of a number of Hospitals from which breast cancer diagnosis and surgery was transferred in line with the HSE's Cancer Control Plan. No new referrals of patients presenting with symptomatic breast disease have been accepted since August 2009 and women in the Hospitals catchment area are now provided with breast cancer diagnosis and surgery at Galway.



It is important to note that some 96% of patients who attend the Galway Symptomatic Breast Disease Unit do not have cancer and only one visit is normally necessary for these patients. 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.

Inpatient, day-case and outpatient chemotherapy services continue at Sligo Regional Hospital, linked with the multi-disciplinary team at Galway. Recruitment of a second medical oncologist for Sligo is in train. There is also a specialist breast nurse in place in Sligo who works closely with the Galway-based team and detailed clinical pathways have been worked out for Sligo Regional Hospital patients presenting with post-operative infection or other conditions, so as to minimise the need to travel to Galway. Weekly outpatient radiation oncology clinics continue at Sligo General Hospital as before.

The Minister intends to keep the current arrangements for cancer treatment at Sligo General Hospital under review. There are no plans currently to reinstate breast cancer diagnosis and surgery.

A follow-up service for patients with breast cancer who require annual mammography will be put in place at SGH on an outreach basis from Galway when additional radiographers are recruited. These two positions will enable restoration of the follow up mammography service to Sligo for one day a month.

A National Panel for Radiographers has been formed for both Breastcheck and the symptomatic breast service. There are currently 10 people on this panel and UHG intend to appoint from this panel once an overall review of radiography requirements is complete. This follows an impact assessment on recent retirees.

In addition an equipment review was undertaken by UHG. The Radiography Managers have also agreed the arrangements for patients when they come to the Hospital each month.

Once the above actions are completed a date will be agreed for when the service can re-commence. It will be necessary to provide two weeks notice to patients in advance of their appointments. The appointments will be issued from Galway and the service will form part of the Integrated Cancer Services led from the Regional Centre at University Hospital Galway.

<b>W37Q867</b>	What is the current position of the new MEDICAL BLOCK / A&E at LGH and when will it be open?	<b>Cllr Ciaran Brogan</b>
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**HSE Reply**  
John SISK & Sons were appointed completion contractor in early October 2011. The original programme envisaged construction completion in early February 2012.

On the night of 13<sup>th</sup> December 2011, extreme adverse weather conditions caused an open culvert which runs through the Letterkenny General Hospital campus to overflow and cause some damage to the ground floor of the new Medical Block. The result of this damage and remedial work required will cause the completion of the construction works to be delayed by approximately 6 weeks.

The completion contractor acted immediately to minimise the damage caused and has begun to repair any damage and replace finishes when required. These additional works are being carried out in agreement with the contractors insurance company's representatives and no additional construction costs will be incurred by the project as a result of the flooding.

Once construction is completed there will be a period of commissioning including equipment installation and it is envisaged that the building will be ready for use by mid 2012.

**John Hayes, Area Manager, Donegal**

<b>W37Q868</b>	Could I have an update on the provision of paediatric diabetes service at LGH and if there is any progress with regards to the appointment of a dedicated Paediatric Clinical Nurse Specialist in diabetes?	<b>Cllr Ciaran Brogan</b>
<p><b>HSE Reply</b> A newly appointed Consultant Endocrinologist took up post on 23<sup>rd</sup> January 2012.</p> <p>There have been some discussions within the Diabetic Clinical Care Programme, to rationalise the provision of paediatric diabetic care to a limited number of hospitals. There has been no direct discussion to date between LGH and the Clinical Programme National Team regarding paediatric diabetic services. The appointment of the Consultant Endocrinologist referred to above will both strengthen our diabetic service and provide further opportunity to review the diabetic care provision within Donegal.</p> <p>There are two Clinical Nurse Specialist (CNS) employed at LGH who work with Adult &amp; Paediatric Service. Although, it would be highly desirable to have a dedicated Paediatric CNS given the number of children with diabetes who attend LGH, there has not to date been the funding to develop such a role. The Clinicians in Management at LGH support the delivery of the Diabetic Clinical Care Programme and will continue to work with the Clinical Programme National team to ensure that appropriate services are provided in Donegal for both adults and children with diabetes.</p> <p><b>John Hayes, Area Manager, Donegal</b></p>		
<b>W37Q869</b>	What plans has the HSE in place for the replacement of the consultant general surgeons' post who will retire at end of February?	<b>Cllr Ciaran Brogan</b>
<p><b>HSE Reply</b> The RDO, HSE West has agreed to submit the application for replacement of the retiring Consultant General Surgeon at Letterkenny General Hospital to the February meeting of the Consultant Appointments Advisory Committee.</p> <p><b>John Hayes, Area Manager, Donegal</b></p>		
<b>W37Q870</b>	In light of the fact that the pacemaker procedures have been suspended what plans has the HSE in place to restore this service to LGH as there is an added cost to the HSE when patients now have to be transferred to Galway University Hosps or St. James Hosp. in Dublin for the treatment they need?	<b>Cllr Ciaran Brogan</b>
<p><b>HSE Reply</b> The cardiac pacing Programme at Letterkenny General Hospital has been ceased as part of cost containment measures undertaken at the hospital. A business case in support of the re-establishment of the service is being developed by the hospital but it is not currently possible to say when the service will be reinstated.</p> <p><b>John Hayes, Area Manager, Donegal</b></p>		
<b>W37Q871</b>	What is the current situation in relation to the opening of the new 15 bed residential Alzheimers Unit in St. Josephs Hospital Ennis; and what progress has been made in the development of a Day Care Alzheimers Unit for Co. Clare?	<b>Cllr Tom McNamara</b>
<p><b>HSE Reply</b> The dementia service provided in Clare Mental Health service is currently based on the Cappahard Lodge site and it has been agreed as part of the Clare Mental Health Service Plan that this specialised service will relocate to a state of the art dementia specific unit (formally Unit 5) in the Elderly Care Unit at St Joseph's Hospital, Ennis. Unit 5 has been upgraded and is commissioned since the last quarter of 2010. It has been utilised by residents \ clients with dementia, in our older persons services, St Joseph's since 2011 as the existing units in St Joseph's Hospital required urgent fire \ safety</p>		

upgrading on a phased basis and it was not possible to maintain residents in the units while the fire \ safety upgradings were taking place. It is expected that these works will be completed by 30th June 2012 and following the final transfer of the older persons back to the units in St Joseph's Hospital unit 5 will be available to the Mental Health Services. It will be a challenge for the Mental Health Services to staff this specific dementia unit from within the reduced staffing resource available to the service following the retirement of a substantial number of nurses from the service. However, management of the Clare Mental Health Service will endeavour to reorganise its service delivery to enable this dementia unit to be utilised for dementia patients.

The Alzheimer's Society of Ireland (ASI) and the HSE are working in partnership to develop the current Gort Glas Unit as a dementia specific Day Centre and the Psychiatry of Old Age Outpatient Service. The model of service delivery with ASI will enhance integration of services across care groups (mental health and older persons), between hospital and community and between statutory and voluntary sectors. The project is on the HSE Capital Plan for 2012. Currently the design and costings are being examined and decisions are pending to ensure that the project progresses within the funding resources available to the ASI and the HSE.

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

<b>W37Q872</b>	What studies if any has the HSE West carried out to evaluate the benefit of the Primary Care Teams, how many of these teams are fully staffed in the Mid West and what criteria is been used when moving a member of one team to fill a vacancy in another team.	<b>Cllr Tom McNamara</b>
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**HSE Reply**

Prior to the development of all Primary Care Teams in the Midwest, an extensive mapping exercise was completed which examined the population profiles, staffing levels, deprivation indicators and the GP practices available in each area. Based on the data gathered with this exercise, the broad parameters of each Primary Care Team was agreed including the available resources to each team.

- The Controller and Auditor General completed an analysis of all Primary Care Teams in 2011. This evaluation broadly examined the development, staffing and operational activity of each Primary Care Team. The findings were presented to the Public Accounts Committee in 2011.
- A number of formal and informal evaluations have been completed by the Organisation and Development Unit of the HSE. The purpose of these evaluations was to review team performance to date and to agree a strategic approach for the short to medium term. For example, these reviews were completed in Shannon, Ennistymon, Cois Abhainn and Thurles.
- The University of Limerick completed a review of the Cois Abhainn Primary Care Team - An exploration of the experiences of team members.

All Primary Care Teams comprise of core staff, such as Nursing, Physio, OT, Speech & Language therapy and Home Help. The allocation of resources within a Primary Care Team and a Health and Social Care Network is continuously reviewed with the relevant service managers to ensure equitable distribution of resources and ensure safe service delivery.

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

<b>W37Q873</b>	What the HSE's position is with regard to providing the primary care centre planned for Glin and in particular what contractual obligation has the private partner to develop the Centre as well as within what given time frame?	<b>Cllr Jerome Scanlan</b>
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**HSE Reply**

Glin has been identified as one of the priority PCC locations.

HSE formulated a schedule of accommodation for the project based on the indicated GP involvement and also appropriate for the direct HSE staffing required to support an integrated Primary Care Team service commensurate with that level of GP presence and Primary Care Staff.

The initial application was supported by signed declarations from the GPs and it was made clear at all stages that the

project, as normal for the PCC Infrastructure leasing scheme was dependant on delivery and continued presence of the stated GP support.

A site in the town centre has been identified for this facility and planning permission has recently been granted.

The HSE continues to support the advancement of this Project.

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

<b>W37Q874</b>	<p>What is</p> <p>a) the number of care providers opted to leave St. Ita's, Newcastle West under the current parting arrangement?</p> <p>b) the present staffing numbers and that of those employed in caring there as of December 2008, and</p> <p>c) is it intended to redeploy staff from other areas to support the level of service being provided?</p>	<b>Cllr Jerome Scanlan</b>
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**HSE Reply**

**a) the number of care providers opted to leave St. Ita's, Newcastle West under the current parting arrangement?**  
 10 staff (7.9 WTE) including the Medical Officer are leaving St Ita's under the current parting arrangement. A further 8 staff (7.25 wte) have left through retirement/resignation since August 2011. This gives a total of 18 staff (15.15 wte) who have left St. Ita's Hospital since August 2011.

**b) the present staffing numbers and that of those employed in caring there as of December 2008, and**  
 At the 1st March 2012 there will be 123 care staff in St. Ita's Hospital, in December 2008 there were 154 care staff (note care staff include Nursing, Multi Task Attendants and Catering Staff).

**c) is it intended to redeploy staff from other areas to support the level of service being provided?**  
 Redeployment of staff is constantly under review. One person has been redeployed since January 2012.

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

<b>W37Q875</b>	<p>That the HSE provide a Detailed Listing of all Early Retirements under each Relevant Sections from the Health Services in North Tipperary, under the Governments Early Retirements Scheme 2012.</p>	<b>Cllr John Carroll</b>
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**HSE Reply**

The following Table details Retirements for Area West under the 2012 Grace Period Retirement Option.

**Table 1: HSE West Retirements by Area (as at Feb 23rd 2012)**

HSE Area	<u>Total</u>
Former MWHB	291
Former NWHB	307
Former WHB	511
NHASS/VHSS (Brothers & Sisters of Charity Disability Services)	113
<b>TOTAL</b>	<b>1222</b>

**Table 2: HSE West Total Care Group (as at Feb 23rd 2012)**

<b>HSE West Care Group Totals</b>	<b>Total</b>
<b>Acute Hospital Totals</b>	<b>394</b>
<b>Ambulance Service Totals</b>	<b>15</b>
<b>Corporate Totals</b>	<b>20</b>
<b>PCCC Totals</b>	<b>793</b>
<b>TOTAL</b>	<b>1222</b>

**Table 2: HSE West Total Care Group and Location (as at Feb 23rd 2012)**

<b>Care Group</b>	<b>HSE Area</b>	<b>Location at Retirement</b>	<b>Total</b>
<b>Acute Hospitals</b>	Former MWHB	Mid-West Hospital Group	124
	Former NWHB	Letterkenny General Hosp	35
	Former NWHB	Sligo General Hospital	51
	Former WHB	Mayo General Hospital	37
	Former WHB	GUH Hospital Group	147
<b>Acute Hospital Totals</b>			<b>394</b>
<b>Ambulance Services</b>	Former MWHB	Ambulance Services	4
	Former NWHB	Ambulance Services	7
	Former WHB	Ambulance Services	4
<b>Ambulance Service Totals</b>			<b>15</b>
<b>Corporate</b>	Former MWHB	Corporate Services	4
	Former NWHB	Central Services	13
	Former WHB	Corporate Services	3
<b>Corporate Totals</b>			<b>20</b>
<b>PCCC</b>	Former MWHB	Mid-West PCCC	205
	Former NWHB	Sligo Leitrim PCCC	143
	Former NWHB	Donegal PCCC	65
	Former WHB	Galway/Roscommon PCCC	264
	Former WHB	Mayo PCCC	116
<b>PCCC Total</b>			<b>793</b>
<b>Grand Total</b>			<b>1222</b>

*Francis Rogers, Asistant National Director of Human Resources*

<b>W37Q876</b>	Taking Account of the New HSE Service Plan 2012, That the HSE provide detailed Figures of Possible Respite Care Bed Closures in North Tipperary fin 2012.	<b>Cllr John Carroll</b>
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**HSE Reply**

I confirm that there are no planned respite bed closures in North Tipperary for 2012.

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

<b>W37Q877</b>	That the HSE Provide Details of Community Nursing Homes who are under threat of Closure in North Tipp.	<b>Cllr John Carroll</b>
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**HSE Reply**

There are no Community Nursing Units under threat of closure in North Tipperary at this time.

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

<b>W37Q878</b>	Please clarify the position in relation to existing waiting lists for the Regional and Merlin Park Hospitals in relation to all specialties both for inpatient and outpatient services.	<b>Cllr Catherine Connolly</b>
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**HSE Reply**

<b>Specialty</b>	<b>Out patient Total</b>	<b>Inpatient Total</b>
CARDIOLOGY	564	281
CLINICAL PHARMACOLOGY	26	
DERMATOLOGY	2616	16
EAR NOSE & THROAT	5525	630
GERIATRIC MEDICINE	47	0
GYNAECOLOGY	1313	72
HAEMATOLOGY	215	0
IMMUNOLOGY	285	0
MAXILLOFACIAL SURGERY	1688	572
MEDICAL	1730	
NEPHROLOGY	526	
NEUROLOGY	1242	25
OBSTETRICS	130	15
OPHTHALMOLOGY	2023	997
ORTHOPAEDICS	7205	577
PAEDIATRICS	346	
PAIN	469	330
PATHOLOGY	4	
PLASTIC	3103	945
RESPIRATORY	155	86
RHEUMATOLOGY	1464	
SURGERY	2818	1432
UROLOGY	3867	838
VASCULAR	1821	241
<b>TOTAL</b>	<b>39182</b>	<b>7057</b>

In 2011, GUH were the only hospital in Ireland, despite intensive efforts by all staff, that did not reach the Ministers 12 month targets. The Group do not wish to be in this position again and aim to deliver the 9 month targets ahead of time in 2012. Currently there are 7,500 patients on our Primary Target List (PTL) to be treated by the end of September 2012. The group have implemented a five-point plan to ensure that targets are met:

- Step 1: Increased focus on validation will result in accurate waiting lists
- Step 2: Improved reporting and ownership - There is now clear and consistent communication with all specialties on a weekly and monthly basis which highlights areas that are at risk of not reaching target.
- Step 3: Effective use of all resources across all Group hospitals - Plans are in progress to fully utilise all capacity across the Galway Roscommon Group of Hospitals to ensure that patients can be treated in a timely manner.
- Step 4: Patient education and engagement – Informing patients and GP’s about our treatment policies will be the key to the success of our plans.

<ul style="list-style-type: none"> <li>• <b>Step 5:</b> Effective utilisation of scarce theatre space - Clinical Directors, General Managers and Specialty Leads are working on plans to increase elective activity to deliver waiting lists in all hospitals. The waiting list for inpatient and daycase procedures are reducing by around 4% each week as a result of clinical and administrative management and the support of the Group management team. <b>Bill Maher, CEO, Galway Roscommon Hospitals Group</b></li> </ul>		
<b>W37Q879</b>	Please clarify the current number of empty beds and closed wards and theatres in the Regional and Merlin Park Hospitals.	<b>Cllr Catherine Connolly</b>
<p><b>HSE Reply</b> <b>UHG</b> 13 beds St Monicas (Gynaecology 8 day, 5 x 7 day) 2 ICU beds 8 beds St Bernadettes (Paediatrics) 2 Theatres on a rolling basis <b>MPH</b> 32 Hospital Ground 1 Theatre <b>Bill Maher, CEO, Galway Roscommon Hospitals Group</b></p>		
<b>W37Q880</b>	How many people have been assessed in the City and County of Galway since the Fair Deal System was introduced, how many of those have qualified for acceptance under the scheme, how many applicants in the City and County are currently awaiting to be assessed and where are they currently residing indicating and outside of residents in St Francis when was the last applicant assessed and accepted under the Fair Deal Scheme in Galway City and County.	<b>Cllr Catherine Connolly</b>
<p><b>HSE Reply</b> The number of people assessed in Galway since the Fair Deal Scheme was introduced is 1,628 as at 20<sup>th</sup> Feb 2012.  The number of people who have qualified for acceptance under the Scheme is 1,500.  The number of applicants in Galway currently waiting to be assessed is 61 and they are resident as follows: Nursing Homes 30; Acute Hospitals 19; Community 12.  The most recent applicant assessed and accepted under the Fair Deal Scheme was placed on the national waiting list on February 3<sup>rd</sup> and was allocated funding on 20<sup>th</sup> February. <b>Catherine Cunningham, Area Manager, Galway Roscommon PCCC</b></p>		
<b>W37Q881</b>	Please give a total figure for the number of Staff leaving the HSE West in Galway City and County on or before the end of February with a breakdown of the figure in relation to what positions the staff are leaving in both the Hospitals and Primary Care Services and specifically what contingency plans are in place in terms of filling these posts.	<b>Cllr Catherine Connolly</b>
<p><b>HSE Reply</b> The following Table details Retirements for Area West under the 2012 Grace Period Retirement Option.</p>		

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	Former WHB	Mayo PCCC	116
<b>PCCC Total</b>			<b>793</b>
<b>Grand Total</b>			<b>1222</b>

Service Contingency Plans are in place in all locations across Area West to ensure the continued provision of high quality and safe services. This Grace Period Retirement Option is in line with Government Policy to reduce Public Service Employment levels. In specific critical frontline services e.g. Maternity, Neo-Natal, Theatres, Intensive Care, focused staff recruitment is being provided.

**Francis Rogers, Asistant National Director of Human Resources**



<b>W37Q882</b>	The reason for the delay in rolling out the enhanced x-ray services and the treatment of children at Roscommon Hospital UCC; if it is intended to revise the admission policy to the MAU to facilitate referral by GP letter; and when such services will be in place.	<b>Cllr Laurence Fallon</b>
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**HSE Reply**

Children will be treated for Minor Injuries in the UCC from 1<sup>st</sup> March 2012.

The project has commenced with GUH to upgrade the X-ray system at Roscommon County Hospital to allow doctors to electronically view, report on and share X-rays quickly and easily.

**Elaine Prendergast, General Manager, Roscommon County Hospital**

<b>W37Q883</b>	The day, inpatient, A&E/UCC/MAU activity at each site in the Galway/Roscommon hospital group for 2011; the projected activity in each category, on each site for 2012.	<b>Cllr Laurence Fallon</b>
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**HSE Reply**

Activity 2012 Galway Roscommon Group

<u>Galway University Hospitals</u>		<b>2011Actual</b>		<b>Targets 2012</b>
<b>In-patient Discharges</b>		35935		34857
<b>Day Case Discharges</b>		82017		82017
<b>OPD Attendances</b>		217766		217766
<b>Emergency Presentations</b>		61060		61060
<b>ED Admissions</b>		24003		24003
<b>Number of Births</b>		3429		3429

<u>Portiuncula Hospital</u>		<b>2011 Actual</b>		<b>Targets 2012</b>
<b>In-patient Discharges</b>		11,023		10,802
<b>Day Case Discharges</b>		8,054		8,215
<b>OPD Attendances</b>		44,855		45,600
<b>Emergency Presentations</b>		21,225		21,225
<b>ED Admissions</b>		6,373		6,250
<b>Number of Births</b>		2,148		2,148

<u>Roscommon Hospital</u>		<b>2011 Actual</b>		<b>Targets 2012</b>
<b>In-patient Discharges</b>		3565		1620
<b>Day Case Discharges</b>		3789		6000
<b>OPD Attendances</b>		12836		12836
<b>Emergency Presentations</b>		6722		0
<b>Urgent Care Centre</b>		2655		4000

Roscommon Targets to be confirmed – under ongoing discussion.

**Bill Maher, CEO, Galway Roscommon Hospitals Group**

<b>W37Q884</b>	The timescale for the rolling out of electronic patient records; whether this will be available across all hospitals and services throughout the country; and whether an individual's PPS number will be used as the method of identifying patients.	<b>Cllr Laurence Fallon</b>
<p><b>HSE Reply</b></p> <p>Whilst various components of Electronic Patient Records (EPRs) are already deployed in many hospitals, there is currently no nationally agreed timetable for the implementation of a single national Electronic Patient Record across all hospitals and services.</p> <p>The significant costs and benefits of a single national EPR are well documented as is the experience within many jurisdictions internationally regarding the scale of the undertaking. The success in implementing a national EPR has varied considerably between jurisdictions and can take up to 10 years to fully complete.</p> <p>One of the key components required to implement a national EPR is to have a unique health identifier for each health service user. Legislation is expected this year that will finally put that in place. The individual's PPS number will not be used as the method of identifying patients for numerous reasons, many of which are identified in a report commissioned by HIQA.</p> <p><b>Fran Thompson, Acting National Director, ICT</b></p> <p><a href="http://www.hiqa.ie/system/files/Unique_Health_Identifier_Report.pdf">http://www.hiqa.ie/system/files/Unique_Health_Identifier_Report.pdf</a></p>		
<b>W37Q885</b>	The timetable for the commencement of construction and completion of the new endoscopy department at Roscommon County Hospital; if it will be new build or within the existing foot print of the hospital; the total budget for the project and the funds spent to date.	<b>Cllr Laurence Fallon</b>
<p><b>HSE Reply</b></p> <p>Funding of €2m has been received for the project and Roscommon County Hospital is working with the Estates Department in developing a proposal for the design team. The Endoscopy Unit will be within the footprint of the hospital. The project is expected to be commissioned in 2013. No funding has been spent yet.</p> <p><b>Elaine Prendergast, General Manager, Roscommon County Hospital</b></p>		
<b>W37Q886</b>	When does the HSE intend to set up the Regional Health Care Associated Infection Committee in the North West Region?	<b>Cllr Liam Blaney</b>
<p><b>HSE Reply</b></p> <p>A Regional committee is established for the North West to address healthcare associated infections. The committee meets quarterly. The membership and terms of reference will be reviewed in March 2012 on the establishment of a HSE West committee for the Western area</p> <p><b>John Hayes, Area Manager, Donegal</b></p>		
<b>W37Q887</b>	When will the pacemaker and internal defibrillator procedures be reinstated at Letterkenny General Hospital?	<b>Cllr Liam Blaney</b>
<p><b>HSE Reply</b></p> <p>The Cardiac pacing Programme at Letterkenny General Hospital has been ceased as part of cost containment measures being undertaken at the hospital. A business case in support of the re-establishment of the service is being developed by the hospital but it is not currently possible to say when the service will be reinstated.</p> <p><b>John Hayes, Area Manager, Donegal</b></p>		

<b>W37Q888</b>	When will the new A & E Unit be opened at Letterkenny General Hospital?	<b>Cllr Liam Blaney</b>
<p><b>HSE Reply</b></p> <p>Update positioning relation to Medical Block Letterkenny General Hospital</p> <p>John SISK &amp; Sons were appointed completion contractor in early October 2011. The original programme envisaged construction completion in early February 2012.</p> <p>On the night of 13<sup>th</sup> December 2011, extreme adverse weather conditions caused an open culvert which runs through the Letterkenny General Hospital campus to overflow and cause some damage to the ground floor of the new Medical Block. The result of this damage and remedial work required will cause the completion of the construction works to be delayed by approximately 6 weeks.</p> <p>The completion contractor acted immediately to minimise the damage caused and has begun to repair any damage and replace finishes when required. These additional works are being carried out in agreement with the contractors insurance company's representatives and no additional construction costs will be incurred by the project as a result of the flooding.</p> <p>Once construction is completed there will be a period of commissioning including equipment installation and it is envisaged that the building will be ready for use by mid 2012.</p> <p><b>John Hayes, Area Manager, Donegal</b></p>		
<b>W37Q889</b>	When will the Rheumatoid Arthritis treatment service be reinstated at Letterkenny General Hospital, thus alleviating Donegal patients travelling to Manorhamilton for this service?	<b>Cllr Liam Blaney</b>
<p><b>HSE Reply</b></p> <p>The HSE has significantly developed rheumatology services in the North West over the past two years. This has involved the appointment of two permanent rheumatologists in mid 2010 who are responsible for the delivery of the service in the North West.</p> <p>It is intended to re-establish an outpatient clinic at Letterkenny General Hospital following the opening of the new Emergency Department and medical block and the return of one of the consultants from maternity leave in 2012.</p> <p><b>John Hayes, Area Manager, Donegal</b></p>		
<b>Late Questions</b>		
<b>W37Q890</b>	<p>At the February meeting of the Regional Health Forum West I will ask the Executive, has any progress been made with regard to restoring the G.P service one day a week in the Primary Care Centre in Dromod.</p> <p>The local community are anxious that the GP service be restored as quickly as possible.</p>	<b>Cllr Sean McGowan</b>
<p><b>HSE Reply</b></p> <p>A GP service was operating in Dromod Health Centre for a number of months in 2009 by the Mohill General Practice. It was withdrawn due to the numbers attending being too low to justify the continuance of the service and the heavy workloads of GPs at the Mohill Practice. It is not the intention of the Mohill Practice to resume the service. The following services are provided in the centre, Speech and Language Therapy, Psychology, School Nurse, Community Welfare, Child Development clinics, Public Health Nursing, Area Medical Officer/BCG vaccination clinics and Environmental Health services.</p> <p><b>Damien McCallion, Area Manager, Sligo Leitrim</b></p>		

<b>W37Q891</b>	Has any progress been made with the provision of a Chiropody service, and also at a time when Diabetes and obesity are on the increase in the Country that the Diabetic nurse would hold a clinic at the centre once a month?	<b>Cllr Sean McGowan</b>
<p><b>HSE Reply</b></p> <p>Patients in the Dromod area who are referred for Chiropody are seen in the Chiropody clinic in Arus Carolan in Mohill. This clinic is a specially equipped facility. The HSE has no plans to equip and staff a clinic in Dromod Health Centre for Chiropody purposes. It would be the HSE's view that the present service in Mohill adequately meets the needs of Chiropody patients from the Dromod area.</p> <p><b>Damien McCallion, Area Manager, Sligo Leitrim</b></p>		
<b>W37Q892</b>	To ask the Executive when is it expected that work will commence on the new G.P centre and Community Nursing unit in Ballinamore, are plans on schedule to start in the first quarter of this year? Also at what stage are we in relation to the provision of the new Community hospital / day centre at Carrick-on Shannon, has a design team been put in place? Are there plans to provide a new G. P, Centre in Carrick-on-Shannon?	<b>Cllr Sean McGowan</b>
<p><b>HSE Reply</b></p> <p>Capital funding of 250,000 has been provided in the HSE Capital Plan in 2012 for the development of Ballinamore Primary Care Centre and managed care unit. The tender evaluation report is now completed.</p> <p>Given the level of funding in the Capital Plan for 2012 I would not anticipate construction starting before Q4 2012.</p> <p>We are currently concluding an Accommodation Strategy for Carrick-on-Shannon/South Leitrim. This will address our needs in the area and was instigated as a result of a number of concerns with our property in the area.</p> <p>One GP is currently based in the HSE Out of Hours building in Carrick, the other GP's are based in their own GP Centre on the Leitrim Road. Our plan is to develop an integrated Primary Care/Mental Health Centre in Carrick-on-Shannon subject to funding. This is dependent on completing the Accommodation Strategy and submitting to National Estates for approval. Ideally the GP's would come on board for the project and we will be discussing this with the GP's in the area at the appropriate time.</p> <p>There are no plans for a new Community Hospital in Carrick-on-Shannon. Our focus is on maintaining and developing the current campus in St. Patrick's Community Hospital.</p> <p><b>Damien McCallion, Area Manager, Sligo Leitrim</b></p>		
<b>W37Q893</b>	In view of the HIQUA report last year relating to the suitability of Ashbrook house in Mohill to provide safe care for the patients there "where it found that while the patients were receiving excellent care, but that the building was old and not suitable for staff and patients alike", have the Executive identified alternative accommodation in Mohill with a view to re-locating?	<b>Cllr Sean McGowan</b>
<p><b>HSE Reply</b></p> <p>We have undertaken a full multidisciplinary review of all our residents including those in Ashbrook House. The current number of long term residents in Ashbrook House is 6.</p> <p>As part of the review we have considered client needs in order to provide a better and more appropriate service for clients. This involves the provision of a Rehabilitation Assertive Team to support people in their own personal accommodation. The impact of our service decision to provide such an approach to care has demonstrated a reduction in demand for residential accommodation, such as is provided in Ashbrook House. We must now consider the need to</p>		

<p>provide residential care in its present form.</p> <p>Based on Vision For Change our assessment of need into the future will not require the number of supervised Residential Units in this area, including Ashbrook in Mohill instead a Community Mental Health Team providing cover 7 days, home care which support people in their own accommodation will be the preferred solution with access to a small number of respite beds.</p> <p>Any specific changes will be discussed first with residents, their families and staff before being progressed.</p> <p><b>Damien McCallion, Area Manager, Sligo Leitrim</b></p>		
<b>W37Q894</b>	When will the outstanding payments due to Cardiac Perfusionists at UHG / Merlin Park be resolved and avoid any risk to Cardiac Services at UHG?	<b>Clr P Conneely</b>
<p><b>HSE Reply</b></p> <p>The HSE is in ongoing discussions nationally on issues pertaining to Perfusionists for which no time limits have been agreed between the parties. There is no risk to Cardiac Services at UHG.</p> <p><b>Bill Maher, CEO, Galway Roscommon Hospitals Group</b></p>		
<b>W37Q895</b>	I am requesting the number of Private Security (extra) personnel employed at UHG and Merlin Park to provide personal security to individual patients?	<b>Clr P Conneely</b>
<p><b>HSE Reply</b></p> <p>Currently there are two patients on the UHG site which have security cover for a total of 252 hours per week. There are no patients on the MPUH site requiring security cover.</p> <p>There are many aspects to the care that is provided to patients in our hospitals. In a small number of cases, this care includes the provision of security personnel. The decision to provide security is always taken in the interest of the patient himself/ herself, other patients, visitors or indeed our own staff. Sometimes patients have behavioural disturbances due to their illness which will not respond to medication or where management with medication would be inappropriate or dangerous. All such patients are subject to exhaustive evaluation and Multidisciplinary assessment. We always use our own directly employed security staff in the first instance for these purposes and only retain the services of contract security staff when all other possibilities have been exhausted. Every effort is made to maintain expenditure on contracted security to a minimum, however, we cannot compromise the safety of our patients, visitors to our hospitals or indeed our own staff in our efforts to contain costs.</p> <p><b>Bill Maher, CEO, Galway Roscommon Hospitals Group</b></p>		
<b>W37Q896</b>	Will funding to Galway Hospice be maintained / increased for 2012?	<b>Clr P Conneely</b>
<p><b>HSE Reply</b></p> <p>The HSE acknowledges the great work being done by Galway Hospice and in particular, its notable achievement in being dually accredited for its service standards during 2011.</p> <p>In line with cost containment objectives, funding to Galway Hospice will be reduced by 3% during 2012. This reduction will mean that its funding allocation decreases from €3.5m in 2011 to €3.4m in 2012. The HSE will continue working in partnership with Galway Hospice in achieving this objective while protecting services to the greatest possible extent.</p> <p><b>Catherine Cunningham, Area Manager, Galway Roscommon PCCC</b></p>		
<b>W37Q897</b>	What is the outcome of the HSE investigation into a County Galway GP for non-compliance with patients to choose a pharmacist of their choice?	<b>Clr P Conneely</b>
<p><b>HSE Reply</b></p> <p>The HSE is currently investigating a GP practice in HSE West on foot of a complaint.</p> <p>We cannot comment further while the investigation is ongoing.</p> <p><b>Catherine Cunningham, Area Manager, Galway Roscommon PCCC</b></p>		